

Nigerian Realities: Can we Ignore Traditional Leadership in Developing Successful CBR?

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ABSTRACT

Purpose: *To study the role of traditional leaders (Sarakuna) who provide a form of social welfare for persons with disabilities in the Hausa society of Northern Nigeria. From the results of this study, lessons are derived for cooperation with Sarakuna in (emerging) Community Based Rehabilitation programmes.*

Methods: *A literature study was done using different (non-)electronic sources. In addition, 26 semi-structured interviews were conducted with different stakeholders (e.g., non-governmental organisations, disabled people's organisations), and 8 focus group discussions were held with (leaders of) persons with a disability. Question-led analysis was utilised by considering 4 dimensions: rehabilitation outcomes, rehabilitation services, involvement of beneficiaries, and social acceptability.*

Results: *Not much literature is available on the role of traditional leadership in rehabilitation programmes and social welfare. Nevertheless, this study found indications that traditional leadership is still present in contemporary Northern Nigeria. Some Sarakuna improve the socio-economic position of persons with disabilities by functioning as mediators and by their ability to provide social insurance. Their cooperation with multiple stakeholders enables them to distribute food and clothes. Also, since they possess essential information, NGOs are helped to access the community of persons with disabilities. Sarakuna are in a position to promote the inclusion and rehabilitation of persons with disabilities, but often lack necessary skills and training; yet, Community Based Rehabilitation programmes often ignore them.*

Conclusions and Implications: *Community Based Rehabilitation programmes should take better note of social contexts and therefore should also work in the*

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specific context of traditional leadership. In this way, rehabilitation programmes are more likely to meet the expectations of persons with disability.

Key words: *Hausa culture, Nigeria, persons with a disability, social welfare, rehabilitation programmes, Sarakuna*

INTRODUCTION

The Hausas are the largest ethnic group in Northern Nigeria. Traditionally, Hausaland was divided into kingdoms, which were ruled by a Sarki (king or chief) (Wall, 1988). Within Hausaland, a hierarchy of different officials was present, with titles such as SarkinKasuwa (Chief of the market) or SarkinMakafi (Chief of the blind) (Onwuejeogwu, 1999). The emir of the state controls all the Sarakuna (plural of Sarki). Today, the hierarchy of traditional leaders still exists in Northern Nigeria and is influential at the local government level, especially when religious or security matters are at stake (Miles, 1987). It is however unclear what influence traditional leaders have on the socio-economic position of persons with disabilities.

In the traditional Hausa religion, illnesses and disabilities are regarded as spirits who possess a part of the body. The body is seen as a house in which 'the self' lives. In case of a disease or disability, a bad spirit possesses the body, while the person or 'self' remains whole (Last, 2000). Disability and diseases were accepted as 'the will of God' and therefore it was the responsibility of society to take care of persons with disabilities or illness (Abang, 1988; Wall, 1988). Whereas physical exclusion of persons with disabilities is still rare, social exclusion is however common practice (Cornielje and Idah, 2009).

Acceptance of, and care for persons with disabilities, has since long been structured within Hausa society. Clapperton (1824) for example describes a community of persons with a visual impairment in Northern Nigeria. Each group of people with a specific disability is headed by their own Sarki, who has a similar type of disability. In this way, persons with a disability formed their own communities within towns, and had a sub-economy on their own. Some groups would earn money by begging, while others would make a living by singing religious poetry, by teaching Islam, or would serve as traffic controllers (Last, 2000). Persons with disabilities were commonly organised in four different groups: persons with a visual impairment, persons with a hearing impairment, persons with a disability of the limbs, and persons affected by leprosy (Bamisaiye, 1974).

A systematic literature review indicated however that little literature is available on traditional systems of care for persons with disabilities. For this review, the keywords '((disab* OR handicap*[Title])) AND (leader* AND care)' were used in two academic search engines: Web of Science and Scopus. No limitations were set with regard to language, publication date or source type. When selecting studies carried out exclusively in non-Western countries, 18 articles were found.

Although little is known about traditional leadership in the Hausa culture, it does exist and can therefore not be ignored. It is however not clear yet how this traditional system of care compares to the services of CBR programmes and how these two systems could be integrated. Finkenflügel et al (2008) identified 11 frameworks that have been used to evaluate CBR programmes. From this overview, the lead researcher chose to use the model of Cornielje et al (2000) to study the role of the Sarakuna for persons with disabilities, because she felt that this model takes into consideration the eco-social context. As traditional leadership forms a specific context in which CBR programmes (should) operate, this model could provide useful insights. Others, such as Kuipers et al (2003), Finkenflügel et al (2005), and Kuipers and Hartley (2006) also refer to this classification model for evaluating CBR programmes. The model consists of four dimensions: outcome in quality of life of persons with disabilities, services offered by traditional leaders, the commitment to involve others, and the acceptability of the services for persons with disabilities.

Objective

Persons with disabilities have their own traditional leaders, but not much is known about the role these leaders currently play in the lives of their people or about how they could play a role in CBR programmes. Knowledge of cultural and societal structures is essential for agencies involved in rehabilitation Miles, 1998; Asindua, 2002; Watermeyer, 2006; World Health Organisation, 2010; Mckenzie et al, 2013). There is a clear need to know more about the role of traditional leaders with regard to social welfare for persons with disabilities, and consequently, how future CBR programmes can take this into account.

On the basis of the chosen framework, the authors of the current study intended to gain insight into the role of traditional leaders in terms of:

- What outcomes do the Sarakuna set regarding the improvement of the quality of life of persons with disabilities;

- What services are being offered by traditional leaders;
- What is their commitment to involve other stakeholders in the rehabilitation of persons with disabilities;
- How acceptable is the care/rehabilitation provided by the Sarakuna to persons with disabilities; and,
- To what extent does traditional leadership facilitate or hinder these aspects of CBR.

METHOD

Study Setting

This article resulted from an internship for The Netherlands Leprosy Relief. The lead researcher gathered data in the states of Kaduna, Kano, Katsina and Plateau (Northern Nigeria), from May to June 2010.

Study Design

An observational and descriptive design was followed. Qualitative research methods were used to gather and analyse data so as to understand the role of traditional leaders. Qualitative methods provide rich data and give insight into the opinions of different actors (Kothari, 2004). A case study design was used because the topic of this article is a so-called “complex social phenomena”, and because it attempts to understand the “real-life events” of traditional leadership of persons with disabilities (Yin, 2003).

Procedure

26 semi-structured interviews were carried out with representatives of the traditional leaders, Disabled People’s Organisations (DPOs), government officials, NGOs, staff of special schools, the emirate council, and with persons with a disability themselves. All individuals were asked the same questions, but there was room for flexibility (Kothari, 2004). The topic lists of the interviews and Focus Group Discussions (FGDs) were based on the knowledge gained from the literature review and on expert knowledge. Experts tested the validity of the interview questions during pilot interviews. In addition, 8 FGDs were held with persons with disabilities. Each FGD consisted of either men or women, and of one of the four disability groups. FGDs were used to describe the views of persons with disabilities about their traditional leaders.

The validity of this study was a matter of concern because interpreters were used. Therefore, the study was discussed with the interpreters before data collection, in order to familiarise them with the aim and scope of the questions. Transcribed data was discussed with the interpreters for clarifications. The reliability of the study was also a concern because the lead researcher had limited knowledge and experience of Hausa culture and thinking. To overcome this, she stayed in Nigeria for some months to become better acquainted with Hausa customs.

Selection of Participants

Via the national leprosy programme in Kaduna State, participants were contacted through convenience sampling for both the interviews and FGDs. Each FGD consisted of either men or women. In order to identify potential participants for the interviews, relevant NGOs, DPOs and social networking were used. Participants gave their suggestions for the inclusion of other participants, mentioning their social networks or whom they regarded as “interesting or powerful” people. Sometimes the researchers were also simply “forced to gather information from whatever sources available” to them (Bryman, 2012). The number of interviews was determined by reaching information saturation.

Data Management and Analysis

The interviews and FGDs were done in Hausa, recorded and then fully transcribed in English by the local interpreters. Based on the theoretical framework and research questions, an analysis framework was developed. This framework was tested and completed using 5 interviewees with different backgrounds. Next, data from the interviews and FGDs was categorised according to the analysis framework. Data that did not fit in the analysis framework was reported separately in a Master’s thesis.

Ethical Considerations

Before interviews and FGDs were conducted, the aim of the study was explained to the participants, and their written or verbal consent was requested. It was emphasised that privacy was guaranteed. Apart from a drink and snack, no incentives were provided. Travel costs, if any, were reimbursed.

RESULTS

This section aims to describe the function of Sarakunain terms of increasing social welfare of persons with disabilities. The data used here comes from the

interviews and Focus Group Discussions. The results are structured according to the four dimensions from the framework developed by Cornielje et al (2000), which helps in the evaluation of the context of traditional leadership in which CBR programmes (should) operate.

Outcomes (influence of the *Sarakuna*)

In theory, the role of *Sarakuna* is to command their people, to mediate, and represent them.

"His major function on a daily basis is to rule the people, to provide access to them" (SarkinGuragu – "Chief of the lame").

However, in practice, the *Sarakuna* can have a variety of tasks which they perform to different extents.

Some *Sarakuna* benefit their people in a financial way. For example, if wealthy individuals want to support persons with disabilities with food, clothes or money, they bring it to the *Sarakuna*, who distribute the gifts among their people. Sometimes *Sarakuna* receive help from wealthy individuals or rotary clubs. Some *Sarakuna* used to go to wealthy individuals when they needed money for a social event like a burial or a marriage.

"If it is a matter of marriage, they will not take it to the local government, they will ask wealthy individuals. Normally at the time of this wedding ceremony they contribute, they respond to assist the marriage" (SarkinKutare – "Chief of the lepers").

However, the Sarki cannot directly take care of the financial needs of his people. He is poor, like the other persons with disabilities, and like them he often earns money by begging.

"Don't forget he is a poor man, what can he give the people?" (NGO – Hope for the Blind).

Nevertheless some of the *Sarakuna* provide a kind of social insurance for their people.

"They used to gather money from members, so every Friday each person will give and then the Sarki will keep the money and wait for anything that comes up" (SarkinKutare – "Chief of the lepers").

In any emergency among the people - a health problem, a marriage, or a burial - the gathered money will be used (i.e., a merry-go-round system).

Furthermore, some Sarki have the role of mentor, for instance about health, education or employment.

“He can give them advice, he can give them direction” (NGO – Hope for the Blind).

Additionally, the Sarakuna often play the role of advocate. The Sarki is not able to provide healthcare or employment for all his people by himself, but he can approach and refer to existing services. Thus, the Sarki can make a difference in the life of his people, in different life domains and through different means.

Services (type of intervention)

The majority of Sarakuna provide help to their people mainly by functioning as intermediaries between the state, NGOs, the emirate council, and persons with disabilities. NGOs for example get access to persons with disabilities through the Sarakuna.

The Sarakuna have traditionally been appointed as intermediaries between their people and institutions who have either the power (DPOs, political leaders) or the financial means (Government, NGOs) to help persons with disabilities. However, in practice, the Sarakuna encounter many barriers to their role as intermediaries. The Sarakuna are governed by the emirate council of the state. The emir of the state appoints the Sarakuna in a special ‘turbanning’ ceremony in which they receive the turban, by which traditional leaders in northern Nigeria can be recognised. The emir sometimes gives food or clothes to the Sarki. Additionally, if there is any problem or need which the Sarki himself cannot address, he can forward this request to the emir.

“Every Friday the leaders can come to the emir to share their problems” (Emirate council).

Nevertheless, in practice such requests often do not reach him because

“Sarakuna always find it very difficult to see the emir” (FGD men affected by leprosy).

It is not easy to access the emir because money is needed for transport and to buy the goodwill of the emir’s staff. Even if the emir of the state is reached, he is not always able to help them because his resources are also limited.

“The emir is always aware of our problems, but he cannot help us. He cannot say anything to the government” (FGD men affected by leprosy).

The Sarakuna can also directly contact the government if a problem cannot be solved.

The Sarki can *“take the problem to the local government area because the village is under the local government”* (SarkinKutare - "Chief of the lepers").

Accessing the government is also difficult, especially when the Sarakuna are not well-educated or do not know how to gain access. The government does not always respond to letters and is not always willing or able to give assistance. Even if assistance is provided, it will not always (fully) reach persons with disabilities due to corruption, which is widespread in the country.

Organisations that involve Sarakuna in decision-making concerning services and assistance to persons with disabilities are often DPOs. The involvement varies from partnership –*“We are working hand in hand to fight our own right”* (FGD men with a physical impairment) - to requests for advice –*“We discuss some problems with regard to disabled persons, we seek their advice”* (DPO Secretary).

However, in most cases, the DPOs only contact the Sarakuna in order to ensure that they can reach their target population with certain interventions.

“We normally make contact with the Sarki for mobilisation and to raise awareness. You come first to the Sarki, because he is closer to the people than the Association” (Secretary of JONAPWD – Umbrella organisation of DPOs).

In this way, the Sarki is powerful because without his permission no access to people in the communities will be granted.

NGOs often use the Sarakuna in the same way as the DPOs, to reach their target population. However, because there are not many NGOs involved in the field of disability and rehabilitation, most Sarakuna do not have any contact with NGOs. In general, Sarakuna are not asked for help by those organisations, mostly because they are not aware of the role of Sarakuna.

“They (the NGOs) know that there are blind people in Katsina. If they are willing to help, they have to come to him and do so” (SarkinMakafi – "Chief of the blind").

Involvement (participation of others)

In his activities, the Sarki is expected to include men and women, Muslims and Christians, and Hausas as well as other ethnic groups. In practice however, women in particular hardly have access to the Sarki. This can be understood from the general gender relations in Northern Nigeria. Women and men often live their own lives in terms of leadership. Women can therefore only address the Sarki by approaching the Sarki's wife.

Moreover, the position of Sarki is only open to men; culture and religion do not allow women to participate in a wider society.

“Women do not participate in traditional leadership programmes” (FGD women affected by leprosy).

Originally, only Muslims of Hausa origin could receive the title of Sarki. This is now changing.

“It is no more only Hausa or Muslim people. For example, in Kaduna we have a Sarki, he is not a Hausa, is not a Muslim” (Local government official).

In their activities, some Sarakuna work together with the Sarakuna of persons with other types of disabilities. Sometimes they include the parents and other family members of persons with disabilities. Sarakuna do not usually cooperate or ask for help from religious leaders. Even though there are opportunities, the traditional leaders generally do not take initiatives to connect, let alone collaborate, with other institutions.

Acceptability (inclusion and appropriateness)

Since leadership is highly respected in Northern Nigeria, the Sarakuna can (though not always) have a lot of influence on their people, and make a difference in their lives. Different interviewees indeed refer to influential Sarki.

“Great respect. Even if he does not have money, to give them, his word is still powerful” (NGO). However, it is remarkable that this is only mentioned by the people who are not under the supervision of the Sarki. During the FGDs with persons with disabilities, the Sarakuna were never mentioned as people important for rehabilitation. When asked about the influence of the Sarakuna in their lives, many participants stated that this was marginal.

“He is not very active” (Interview - person with a disability).

“He has been appointed alone to be SarkinMakafi but he does not do anything for his people” (FGD men with a physical impairment).

“The cabinet of the emir will just look at him as a beggar. They don’t see the SarkinGuragu as something, because they don’t give them any allowances, only a name, an honour” (FGD men with a physical impairment).

Sarakuna are often old, not well-educated and sometimes have problems with communication.

“He cannot comprehend because he is an old man” (Interview - Person with a disability).

Other stakeholders have higher expectations of the Sarki. Among some NGOs and the government, Sarakuna are seen as grassroots leaders and are expected to represent persons with disabilities. However, they are often unaware that many persons with disabilities neither have contact with their Sarki, nor do they have much influence on the decisions taken by him.

“This thing is not only the problem of SarkinGuragu but it is the general problem with leaders that we are facing in our society (...) The problem is that they don’t listen to the persons that they are leading” (Interview – Person with a disability).

Sarakuna are chosen by influential persons in a certain area, who are not always aware of the capability (or lack of it) of the Sarakuna they appoint.

DISCUSSION

One of the main points of discussion is represented by the following quote: *“The Western rehabilitation worker often gets stuck in Western ideas, paradigms and classification systems (...). Western rehabilitation programmes should at most be complementary of character. However, because rehabilitation remains limited to a Western paradigm, and rather supplements than complements traditional interventions, conflict will prove to be inevitable”*(translated, Cornielje, 1997).

If the aim is to match the CBR programmes to the expectations and needs of persons with disabilities (one of the pillars of CBR), the meaning of participation, empowerment, community-involvement, rehabilitation, and rights should be considered within the social context.

Therefore, improving rehabilitation programmes supported by foreign aid agencies should start with exploring ‘African realities’ (Miles, 1998; Asindua, 2002; Watermeyer, 2006; World Health Organisation, 2010; Mckenzie et al, 2013). Rehabilitation programmes in Northern Nigeria operate right in the middle of such an African reality, namely, the traditional leadership system of persons with disabilities. Or, in the words of Borkhensha and Hodge (1969): *“The type of social relations within communities should determine the choice of rehabilitation intervention that may be used”* (Kassah, 2006: p.51).

CBR programmes in Northern Nigeria would do well to recognise this and cooperate with traditional leaders of persons with disabilities to achieve better outcomes.

There are many differences between Sarakuna in terms of their function, status and role in social welfare for persons with disabilities. However, despite the many difficulties they encounter in providing social support to their people, they are still part of the system of leadership and are, or can be, entry-points for rehabilitation programmes. It is important that these programmes take account of the Sarakuna, and this can be done in different ways.

First of all, the results of the study have shown that Sarakuna provide DPOs and NGOs access to persons with disabilities. A first step of CBR programmes is to gather baseline data and to identify the needs of persons with disabilities. CBR programmes would therefore do well to consult the Sarakuna, and ask them where and how to approach persons with disabilities. Secondly, results indicate that Sarakuna are often not highly respected by their people, the emir, or State officials. A reason for this low status may be that Sarakuna are often poor and not well educated. If, however, Sarakuna could gain more respect, they potentially would be interesting advocates and representatives of persons with disabilities. CBR programmes should take advantage of this and consider training the Sarakuna in terms of lobbying and advocacy.

Nevertheless, CBR programmes should take into consideration that the system of traditional leadership in Northern Nigeria does not promote gender equality. Women cannot access the Sarakuna directly and their needs are likely to be ignored. Raising awareness on this specific point could benefit many women with disabilities.

Limitations

While the sampling method in this study was not ideal, it was the most convenient method to contact participants. If there had been more time available, more time could have been set aside to really understand Hausa culture and to establish contacts with different stakeholders.

CONCLUSION

The four dimensions of Cornielje et al (2000) helped to study the role of Sarakuna in providing social support to persons with disabilities. The results illustrate that Sarakuna can, to a certain extent, influence the lives of persons with disabilities in multiple ways. The traditional function of the Sarakuna is to command their people and to function as mediators between persons with disabilities and others,

such as NGOs and DPOs. Some of them indeed have such a role, and they can provide a sort of social insurance structure; for example, in distributing food and clothes donated by rich people or by the emirs. Although other Sarakuna are often not as powerful as they could be, NGOs and governments could make better use of them in order to reach their target groups and enhance their rehabilitation programmes. Managers of CBR programmes should give specific attention to access traditional leaders and their networks, to gender equality, and to the training of the Sarakuna.

The main lesson that CBR programmes can learn from this study is that their effectiveness could increase if they were to recognise the existence, and potential role, of traditional leaders. Rather than discharging the Sarakuna as incapable and powerless, they could actually involve Sarakuna in their activities and, where necessary, train them in lobbying, advocacy, and effective networking. This is likely to contribute to the design and implementation of effective rehabilitation programmes.

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