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SOCIAL AND WELFARE ADMINISTRATION IN NIGERIA

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MAIN CONTENT

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SOCIAL AND WELFARE ADMINISTRATION IN NIGERIA

PAD 402

MAIN CONTENT

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MODULE ONE

Unit 1; SOCIAL WELFARE IN RURAL DEVELOPMENT

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1.0 INTRODUCTION.

The unit is all about some definitions of social welfare, the neo-classical and Marxist perception of social welfare as well as the policy issues in social welfare.

2.0 OBJECTIVES.

A student at the end of this unit, should be able to:

- Give a good definition of social welfare,
- Identify the various schools of social welfare and evaluate the policy issues in social welfare.

3.0 MAIN CONTENTS

3.1 DEFINITION OF SOCIAL WELFARE .

The achievement of social welfare first and foremost is the alleviation of poverty in its many ramifications. This cannot be solely a matter of redistributing more fairly what wealth is available, and the distribution network to be incorporated within a policy for economic growth. In other words, it depends on the achievements of developments in the best sense of the word

3.1.2 THE NEO-CLASSICAL PERSPECTIVE.

Economist of the Neo- Classical school, argue that development will occur only if countries liberate their economies from the hammer of government intention. Other than the neutral advantages of a free market may be realized. However, close examination of the requirements for growth and for an effective social policy makes it clear that government intention is unavoidable, and that it calls for planning in which these aspects are closely integrated.

3.1.3 THE SOCIAL POLICY

In the provision and development of social services, the key requirement seems to be the use of what is now often called appropriate technology. A number of factors combine to make social welfare approaches in

the developed countries unsuitable for use in many third world countries.

How GNP (Gross National Product) is important among these factors indicating a need to concentrate on preventive rather than remedial services. In that respect, poverty has to be focused on through the pursuit of growth and a more equitable distribution of resources like land, capital and a healthy environment rather than through income maintenance services.

ACTIVITY

What would you advocate for the reason behinds social welfare in rural development?

4.0 CONCLUSION

Social welfare policy based on direct work with individuals and families in need is inappropriate for third world countries is a feature of many aspects of social welfare. This has been the case in land reform and agriculture improvement, in education and support of the need y in health, the improvement of nutrition in electing greater participation in decision making by the population.

5.0 SUMMARY

The unit amply death with the definition of social welfare considered the major school o f thought concerned with social welfare and policy issues in the field.

6.0 TUTOR MARKED ASSIGNMENT.

What is the main thirst of social welfare policy as it relate to the grassroots developments

7.0 FURTHER READING/REFERENCES

Adelment I. etal, (1980) Economic Growth and Social Equity in Developing Countires, Stanford University Press.

Abel-Smith B. etal, (1990) Poverty Development and Health Policy, WHO Geneva.

Unit 2: SOCIAL WELFARE IN RURAL COMMUNITY AND DEVELOPMENT

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1 The Marxist School

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7.0 Tutor - Marked Assignments

1.0 Introduction:

In this Unit, you will learn about some definitions of Social Welfare, the Neo- classical and Marxist perceptions of social welfare as well as the policy issues in Social Welfare.

2.0 Objectives:

At the end of this unit, you should be able to:

- define what is Social Welfare.

- identify the various schools of thought and their perceptions of Social Welfare; and evaluate the policy issues in Social Welfare.

3.1 Definitions of Social Welfare:

The achievement of social welfare means first and foremost the alleviation of poverty in its many ramifications. This cannot be solely a matter of redistributing more fairly what wealth there already is, but requires in poor countries that redistribution be incorporated within a policy for economic growth. In other words, it depends on the achievement of development in the fullest sense of that word.

3.2 The Neo-classical perspective:

Economists of the neo- classical school argue that development will occur only if countries liberate their economics from the trammels of government intervention in order that the neutral advantages of a free market may be realized. However, close examination of the requirements for growth and for an effective Social policy makes it clear that government intervention is unavoidable, and that it calls for planning in which these aspects are closely integrated.

3.2.1 The Marxist School:

The Marxists argue that social services are palliatives, softening the rigorous of an exploitive capitalism. Such measures they maintained divert attention from radical solutions, which will involve the reconstruction of the economic system itself into the safe channels of Social reform.

3.2.2 The Social policy:

In the development of social services, the key requirement seems to be the use of what is now often called appropriate technology. A number of factors combine to make Social welfare approaches in the developed unsuitable for use in many third world countries. How GNP is important countries among these factors, indicating a need to concentrate on preventive rather than remedial services. In that respect, poverty has to be attacked through the pursuit of growth and a more equitable distribution of resources, like land, capital and a healthy environment rather than through income maintenance services.

Exercise

What should be the role of the National Youth Service Corps (NYSC) scheme in rural community and development?

4.0 Conclusion:

Social Welfare policy based on direct work with individuals and families in need is inappropriate for third world countries and needs to be replaced with community work. Work in communities is a feature of many aspects of social welfare. This has been the case in land reform and agricultural improvement, in education and supports of the needy, in health, the improvement of nutrition in eliciting greater participation in decision-making by the population.

5.0 Summary:

In this unit, we have dealt with the definition of Social Welfare, considered the major schools of thought concerned with social welfare and policy issues in the field.

6.0 Tutor - Marked Assignment:

What is the main thrust of Social welfare policy as it relates to the grassroots development?

7.0 Further Reading/ References:

Abel- Smith B. etal, (1990) Poverty, Development and Health Policy, WHO, Geneva

Adelment I. etal, (1980) Economic Growth and Social Equity in Developing Countries, Stanford University Press.

Unit 3; ROLES OF THE SOCIAL WORKER IN RURAL COMMUNITY AND DEVELOPMENT

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2.0 Objection

3 Social Work

4 Community Care

5 Training and Organization

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6.0 Further Reading

7.0 Tutor-Marked Assignments

1.0 Introduction

In this unit, you will learn about the role of the social worker in the development of the rural communities. What we might call the human face of welfare is represented by social workers and in certain important respects by community development workers.

2.0 Objectives

At the end of the unit, you should be able to:

- state the roles played by social workers in community development
- explain the difference between a social worker and a community development worker.

3.1 Social Work

Social work is commonly understood to mean finding a solution to a person's difficulties through personal discussion or interaction. Many see this kind of individualized casework as unrealistic because as they argue, the problems it seeks to tackle are social in nature, arising out of social conditions human and relationships, and having consequences which extend beyond the individual immediately concerned. Because social work method concentrates on the individual and adjustment to society, it is also charged with being manipulative and supportive of an often-unjust status quo as against social reform. The social worker helps his clients to assess their needs in order to match these up with what is available. It is a highly skilled activity, requiring knowledge of the social and personal factors, which have brought about the problem confronting the individual.

3.2 Community Care

It is now assumed that the mutual aid within the extended family or what is sometimes called the "economy of affection" is on the retreat. This is usually taken to be the inevitable result of economic growth and its accompanying modernization. The scale of the human problems generated in an under developed society are such that relatives and friends can no longer be expected to cope with them without expert advice and support including some financial support. To see community development as a substitute for Social work with clients even in the form of community care is to misunderstand the nature of both activities. The problems of individuals can only be tangentially approached through an approach in which the community is the clients

3.2.1 Training and Organization

Social workers seek professional training and the status and pay which this can bring with it. These are a growing sensitivity in the developing countries nowadays to the peculiar problems presented by under development and by the cultural, geographical and demographic characteristics of under development. If they are therefore, prepared to design courses, which are informed by these insights, little will be lost by those developing countries, which use them for the training of their social worker.

Exercise

What role should co-operatives play in rural community and development?

4.0 Conclusion

In the discussion under this unit, a case was made for a Social work service, suitably indigenous in developing societies. The emphasis of the social work service would be on community care in order to utilize and perhaps give new life to the caring traditions of the third world communities. Provisions for the care of children, elderly and the sick community care framework.

5.0 Summary

We have in the unit dealt with the role of the social worker in Rural Development. We did discuss the principle behind social work; the community cares component, and the facilities for local training of the social worker to attune him with the local environment.

6.0 Tutor -Marked Assignment:

Distinguish between a social worker and community development worker

7.0 Further Reading:

Dreitze (ed) Conflict Sociology, Academic Press New York, 1980.

Confers D., (1982) An Introduction to Social Planning; in the Third World, Oxford University Press.

Unit 4; DEVELOPMENT, GROWTH AND WELFARE ISSUES IN RURAL COMMUNITY AND DEVELOPMENT

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1.0 Introduction

2.0 Objectives

3.1 Development

3.2 Growth

3.2.1 Welfare

4.0 Conclusion

5.0 Summary

6.0 Further Readings

7.0 Tutor - Marked Assignments

1.0 Introduction

In this unit, you will learn about certain concepts, which are fundamental to the understanding and assessment of the phenomenon of rural community and development.

These include the concepts of development, growth and welfare of the rural dwellers. Millions of rural dwellers die every year from preventable diseases or starvation while many of those who survive remain malnourished and illiterate for the rest of their lives. Even where a little progress had been made, large minorities still languish in absolute poverty and the rest

are caught in an underdevelopment trap from which there seems little chance of escaping.

2.0 Objectives:

At the end of this unit, you should be able to:

- define and explain:

- a development

- b growth

- c welfare; and

- suggest policies which you think governments should adopt so as to cope with the grievous social problems facing them.

3.1 Development

The term development is often used as if it were synonymous with economic development or growth. In this unit and in the context or we use the term "development" to mean "social development", a broader concept. This excludes situations, sadly not uncommon, in which a much country's gross national product (GNP) is increasing but little or none of it finds its way either into the hands of the poor or into socially desirable forms of public expenditure such as education, public health and hygiene, housing or family welfare. The debate about development cannot avoid being concerned with value-laden issues like these. To talk of developing countries therefore, is to imply that these advances are actually taking place, but, even using the narrow criterion of economic growth as the measure to development, the facts give the lie to this.

3.3 Growth

There is reason to believe that certain patterns of economic growth actually widen the gap within a country between the rich and poor.

Adverse consequences are particularly likely for the rural poor. There is general agreement with the hypothesis that the initial effect of growth will be to increase inequality and that this trend would only be reversed when a certain minimum per capital level of GNP has been reached. On this basis, the tide never would turn for the rural areas. It is also argued that growth can nevertheless raise the incomes of the most deprived families even if it is at a slower rate than the average for a country as a whole, and therefore causes inequalities to increase.

However, suppose, that deliberate policies are adopted to reduce inequality, some argue that there then has to be a trade-off in growth for two main reasons. First, that redistribution reduces the surplus available to the better-off for saving and therefore, investment. Secondly, that it reduces the reward for success and so weakens incentives for efforts. There could also be a third factor. Redistribution could take the form of directing the growth process itself in to channels which benefit the poor. Thus the government could:

a. increase linkage of the poor to the faster growing segments of the economy so as to increase the flow of indirect benefits; and

b. provide much greater direct support to productive activities upon which the poor are heavily dependent and which have a potential for effective expansion.

Free-market economists like the neo-classicists would see this as clumsy interference with efficient allocation of resources through the price mechanism, bound to exact its economic toll. However, here one may be quick to add that the success of the so-called "baby-tigers" (Taiwan and Korea) of the post second world war development stems not from adherence to free-market principles, but from government intervention to create a small-farm agriculture and labour-intensive export-led industrialization.

3.2.1 Welfare

The charge that redistribution involves a significant trade-off against growth is leveled particularly against the social service, or welfare. For instance, they are said to sap the independence and energy of recipients. Where this does not simply call attention to the need for more intelligent methods of service delivery, it is a variation on the theme of incentives, which can have little meaning for the very poor. There is also the argument that welfare expenditure is a luxury, and that only economically successful countries can afford it. In line with this belief, donors of official aid are much more willing to provide finance for what they call productive investment. Two schools of thought have emerged in opposition to the naive proposition.

These are:

- a. convergence theory
- b. the concept of human capital

The general hypothesis of the convergence theorist is that social structure is related to the level of industrialization achieved by a country rather than its political ideology. In this respect, welfare system would be correlated with the progress made in industrialization. The concept of human capital on the other hand, advances the argument that welfare provisions actually facilitates economic development.

According to this view, which is in line with the "basic needs policy" better health and nutrition mean a more vigorous people; and education gives them the knowledge and skills they need in order to achieve growth. Investment in human capital may therefore, prove to be even more profitable than that in more tangible assets. It is however, a long-term policy needing time to produce its effects.

Exercise

Why is a country's GNP often not a good indicator of its development?

4.0 Conclusion

It is clear from the foregoing discussion that growth and welfare are not at all opposed to each other rather development, growth and welfare should all be seen as partners in progress. Prosperity does enable a country to have better services.

5.0 Summary

In this unit, we have dealt with the controversial issues of development, growth and welfare. We have demonstrated that development is a broader concept encompassing both growth and welfare. We also argued that the optimism about the role of welfare expenditure in stimulating growth must be moderated

by the recognition that a country's development is determined first and foremost by domestic economic policies and global factors calling for global structural solutions with the hard work and enterprise of its people playing only a part.

6.0 Tutor-Marked Assignment

Write brief notes on each of the following:

- development
- growth – welfare

7.0 Further Reading

Joseph S.K., (1977) "The cycle of Deprivation" in E. Butterworth et al (eds), Social Welfare in Modern Britain, Foutana, London.

E. C. Amucheazi, (1990) Readings in Social Science issues in National Development, Fourth Dimension Publishers, Lagos.

Unit 5; RURAL COMMUNITY AND DEVELOPMENT AS A FACTOR IN NATIONAL DEVELOPMENT

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7.0 Tutor - Marked Assignments

1.0 Introduction

The bulk of the Nigerian population who are rural dwellers, is grandly poor and because of this poverty is spread over the entire rural areas, rural target groups are comparatively large and everywhere. It is therefore, not only that rural community and development is a factor in national development, it is rural community and development programmes be conceived and also necessary that continuous, dynamic process of national development rather than its ancillary.

In this unit, you will learn about the crucial factor of Rural Development in national development.

2.0 Objectives

By the end of this unit, you should be able to:

- see rural community and development in its proper perspective as the which any meaningful and sustainable national development could be foundation upon built.
- identify the specific contributions of the rural sector to national development.

3.1 The Rural Population of Nigeria

The second National Development Plan, 1970 - 74, estimated that about 80% of Nigerian population are rural dwellers. The rural sector of the Nigerian population is distinguished from the urban sector in terms of the respective volumes of agricultural and nonagricultural components of economic activity that take place in the two sectors. The main economic activity in the rural milieu revolves directly and indirectly around the exploitation or utilization of land. It centers principally around farming, animal husbandry, poultry, fishing, forestry, food processing and cottage industry. It has been estimated agricultural activity occupies four-fifth of the rural population in Nigeria.

3.2 Rural/Urban Occupation

During the 16-year period, 1955-70, the Nigerian economy performed relatively well under an agricultural structure that was predominantly peasant. The sector as at then employed about 80% of the country's adult working population in one form or another. Agriculture which

is the main occupation of Nigeria's rural population has made much greater contribution to the national income than industries which exist mainly in the urban centers. However, in spite of the relatively greater contributions of the mainly rural base primary products to the national economy prior to the era of oil boom studies have shown that the benefits of government expenditures on education, health, water industries and roads in Nigeria are concentrated almost exclusively in urban supply, areas.

3.3 Rural Contribution to National Development

Talking about rural contribution to national development, Salah ElShakhs in Town Planning Review, XIVII/ 2 (April, 1976) P.128 wrote, "for it seems rather odd to talk of poverty in a country in which 90% of the population live in the rural areas and in which up to now, the development effort has been sustained very largely by the foreign earnings from export commodities produced in rural areas. It seems also surprising that we should talk about the poverty of the rural commodities which produce more than 80% of the total food consumed in the country". What has emerged from the statement is the picture of heavy dependence not only of the urban but also of the entire governmental system in Nigeria on rural contributions in their various aspects. This dependence has however, lessened since the era of the oil boom.

Exercise

Why is rural community and development a major cause of countries including Nigeria?

4.0 Conclusion

We have shown in this unit, the unabated impoverishment of the rural milieu as a result of gross neglect. Our analysis also depicts that the growth of the national economy and its inherent strength including the factor of political stability are bound to be dependent to a very large extent on government's performance in the rural sector.

5.0 Summary

In this unit, we have dealt with the issue of rural community and national development by looking at the rural population, their occupation vis-a-vis the urban centers and contributions. The point was made that important as the urban sector is to the transformation of the economy, the rural sector remains its very core.

6.0 Tutor-Marked Assignment

Why is rural development considered a foundation upon which to build meaningful and sustainable national development

7.0 Further Reading

Amucheazi, E. C. (eds), (1979), Readings in Social Sciences Issues in national development 4th Dimension Publishers, Lagos.

Michael Lipton, (1989) Why Poor People Stay_ Poor Urban Bias in World Development Gower, Publishing Coy Ltd, England.

MODULE TWO

Unit 1; **HISTORY OF EDUCATION IN NIGERIA**

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4.0 Conclusion

5.0 Summary

6.0 Further Readings and Other Resources

7.0 Tutor Marked Assignment.

1.0 INTRODUCTION

This unit is designed to give you an insight view of some major concepts in History of education. It will also expose you to concepts of history, sources of history as well as that of education, forms of education and history of education. By the end of the unit, you would have had an over-all view of the importance of history of education.

2.0 OBJECTIVES

By the end of the unit, you should be able to:

- (a) explain the basic concepts “History” and “education” respectively;
- (b) discuss the two main sources of history;
- (c) distinguish between formal and informal education;
- (d) define what history of education is; and
- (e) give, at least five reasons why history of education should be studied in our teacher education programmes.

3.0 EXPLANATION OF THE TERM ‘HISTORY’

History is not mere story telling. It is also not a mere fabrication. History is an account of what actually happened in the past which has a link to what is happening at present and can help in planning or projecting for the future.

In other words, history is about yesterday, today and tomorrow. We study important development in human existence in the past for the development of today. Historical records or accounts are presented in sequential, coherent, consistent and systematic order. Logical presentation is an important ingredient of history. Bias and prejudice are not allowed or encouraged.

The historian tries to present issues, incidents or events concerning people and places in their unbiased form. He tries to dig into important areas of interest.

The historian goes beyond 'they said' and seeks to find out why and how it happened. An historian is not usually in a hurry. He takes time to evaluate the necessary information received. He compares and analyses the information and its sources so as to come up with a balanced and acceptable account.

History is an account because it aims at a balanced information of true places, people and events of the past. It cannot be fabricated to suit the interest of the writer or historian but seeks to represent the true past into present.

History gives account of real names of people, places, time and incidents that actually took place at the recorded time. History, therefore, is a recreation of the true picture of important persons, places, events of the past for the present and future generation. (Amaele, 2003)

Exercise 1:

History is not the same as storytelling. Discuss.

3.1 Sources of History

There are so many sources of gathering information of the major characters, places or incidents of the past. This study will limit the sources to two major areas, namely primary and secondary sources.

3.1.1 Primary Sources

This refers to various information, about real names of people, places and events, gathered by the historian from somebody or people who was or were eye-witness to the incident. If the historian gathered the information himself at the time of happening, the account also is a primary source. The primary source could be oral or written. It could also be through video, internet or other scientific procedures like the archeological findings.

3.1.2 Secondary Sources

When a historian consults books written by somebody or persons who was or were not eye-witness (es) to the incident he is referring to secondary sources of information. Secondary sources also refer to oral information given out by somebody or persons who was or were not privileged to have first hand information on the event. Hence, like primary sources, secondary sources could be in oral or written form.

Exercise 2 : List out five history books which were written by direct experience. Mention other five history books classified as secondary sources.

3.2 Concept of Education

How do you define the word education? We'll consider the one given for us below: The word 'education' is exclusively used for the

development of human beings in the cognitive, affective, psychomotor and psycho-productive domains. There is a general agreement among educationists and educators that education involves a desirable change in human behaviour through the process of teaching and learning.

This means that a human being who exhibits undesirable behaviours from the point of view of the acceptable societal norms cannot be adjudged an educated person, despite the fact that he had passed through the four walls of an educational institution. The society, generally, expects a kind of change from an educated person. Education, as a process of initiating the child into cherished norms and skills, is designed and implemented by the more matured or the adult members of the society to effect the desirable changes in the younger ones, from one generation to the other.

Fafunwa (1974) defined education as what each generation gives to its younger ones, which makes them to develop attitudes, abilities, skills and other behaviours which are of positive value to the society in which they live.

This position reflects the sociological perspective. Education, is a social service, provided world-wide with multiple objectives in mind. The objectives vary from the acquisition of basic skills required for a more rapid growth of the economy and the basic knowledge for the individual to function effectively in the society.

Etymologically, education derived its meaning from two Latin words 'educare' and 'educere' respectively. The word 'educare' is interpreted to mean; to train or to form or to mould. Education here seems to be sociologically biased.

In other words, educate implies that the society trains, forms or moulds the individual to achieve the societal needs and aspirations. This perspective of education has little to consider on the natural potentialities of the individual child. On the contrary, the word 'educere' is interpreted to mean: to build, to lead or to develop. This perspective of the concept is mostly favoured by the humanists, who insist that the function of education is to develop the natural potentialities in the child to enable him function in the society according to his abilities, interest and needs.

This perspective of the concept education is child-centred, whereas the former is society-centred or subject matter-centred. From the ongoing discussion, therefore, education could be understood to mean the total development of the individual child, through acceptable methods and techniques, according to his abilities and interests, as well as the needs of the society, to take his rightful place and contribute adequately to the advancement of his society. (Amaele 2003).

Exercise 3:

From the discussions above, what is the full meaning of education?

3.2.1 Forms of Education

Education can generally be classified into three forms, namely: formal, informal and non-formal.

By these various forms some people might be receiving education without knowing. But there are limits to what each form of education can do to the receiver. The type of society one finds oneself and the type of person one is, determines what form of education is most appropriate for one. It is also important to observe that so many people have passed through all the three forms

of education without knowing. Is that true of you too? (this question is for the student)

3.2.2 Formal Education

This is the type of education which is received in the regular formal school setting, for instance, the primary, secondary and tertiary institutions. Formal education has well determined setting where well trained and equipped personnel (teachers) interact, on regular basis, with the learner(s) on planned educative processes. The curriculum, the learning environment, instructional materials, testing and evaluation, human resources and others are planned ahead of time to achieve specific objectives within the time frame. Everything is patterned from the entry point to the exit point. The books, the classroom, the pupils, teachers, curriculum, etc are selected and formalized.

3.2.3 Informal Education

This process of education includes all other agencies of learning outside the formal learning system. These agencies include the home (family), church or mosque, peer-group, mass-media. Informal education can also be received in the market, farm, along the road and so on. Though, not deliberately, planned like the formal education, informal education provides learning opportunities for the child to develop his natural potentialities within a given limit. It enlarges the child's scope of learning and helps to build up the comprehensive experience of the formal education system.

What the child learns from his/her mother, father, elderly ones, peer-groups, associations etc, fall under the informal education. In this form of education the child or the adult can learn from one another or from the society, consciously or and unconsciously.

Informal education is still relevant today. It can also provide some raw data to the child, which could be refined in the formal school system. But he should be guided so that what he/she learns through this form of education would not be negative.

3.2.4 Non-Formal

This form of education has some basic characteristics of formal education like planned programme of action, contact persons, programmed assignment or examination and others, but it is not formal. It is non-formal. It is not within the regular school system. Non-formal education is mainly received through workshops, seminars, correspondences, television and radio media. In the case of workshops and seminars, non-formal education is used to equip the individual with some basic skills, attitudes and intelligence required for human and societal growth at one particular time or the other.

In this case it is occasional or ad hoc. But in correspondence cases, the learning process is spread over the years but it lacks the regular person to person interaction. However, it is a complementary form of education. It helps to up-date knowledge as in the case of workshops and seminars and for care of the education of particular class as in the case of the correspondence programme. Each of these three forms of education is important to human and societal growth and survival and should be encouraged. An average person must pass through all of them consciously and/or unconsciously.

Exercise 4:

Comment briefly on each of the following forms of education

(a) formal, (b) informal (c) non-formal.

3.3 Concept of History of Education

History is commonly used to connote the entire human past as it did happen. It is an attempt at interpreting the past to be able to discover the significant things about the past. History, therefore, could be seen as the development of human societies in space and time, for it to embrace thoughts and actions of people in the past, present and future. It is a truthful integrated account of the relationships between persons, events, times and places (Osokoya 1989).

As a study in human science, historians have attempted to artificially classify the subject into diverse spheres of life: political history, social history, economic history, educational history or history of education, among others.

History of education is concerned with the study of how societies have transmitted their culture from one generation to another. It also explains how education became an instrument of problem solving activity in the society from one age to another.

History of education, therefore, could be seen as past efforts at solving man's socio-economic problems in order to improve the present and the future. In other words, history of education is the study of major educational developments in the society which took place in the past for the present and future generation.

History of education, as an academic discipline could be viewed as the application of historical methods or skills in studying and improving the education process of the society. It tries to study the educational practices of the past, noting their strength and weaknesses, so as to build a better system for the present and future generation. It gives a starting point to educational practices of a

people and tries to defend some misconceptions and misinterpretations placed on the educational system by some foreign authors.

Exercise 5: What is history of education?

3.4 Importance of History of Education

1. The study of history of education helps us to appreciate the various aspects of our past educational process so as to link them to the present;
2. It enables us to know what type of education we had and the purpose it served in the past;
3. It gives us the opportunity of knowing our past mistakes in our education with the view to making necessary amends;
4. History of education gives us the opportunity of studying other people's educational ideas and programmes with the aim of developing ours;
5. It also gives us a solid foundation to plan for our present and future educational development;
6. History of education guides us to proffer some positive solution to our present day educational problems;
7. It helps us to understand some major trends and developments in our educational system;
8. It helps us to formulate and implement better philosophies of education;
9. History of education is a good academic exercise;
10. It can lead a nation to project an effective education system, aimed at building a self-reliant country;

11. Careful study of history of education can help a country to minimize wastages in education;

12. It widens the scope and knowledge of the teacher and makes him more comfortable and competent in his class;

13. Knowledge of history of education can help one to be competent in handling any political appointment on education, nationally or internationally.

Exercise 6: Suggest more reasons why you think history of education should be taught in teacher education institutions.

4.0 CONCLUSION

History of education is the systematic study of educational development of a society from the past to the present. It is aimed at knowing what was done in the past so as to appreciate the present and plan for the future.

5.0 SUMMARY

The following are the major highlights of what we have learnt in this unit:

- i. History is an unbiased record of major events people and places of the past which is capable of influencing the present and the future life of the people;
- ii. There are two major sources of history, namely primary and secondary;
- iii. Education is the overall development of the individual member of the society through the acceptable methods and strategies for the interest of both the child and the society;

- iv. There are three main forms of education: formal, informal and non-formal;
- v. History of education is the study of how societies have transmitted their culture from one generation to another;
- vi. The importance of history of education was also listed. These are thirteen in number.

6.0 TUTOR MARKED ASSIGNMENT

(i) Examine any two of the following basic concepts:

i. History

ii. Education

iii. History of Education

(ii) State five reasons why history of education should be studied in teacher education programmes in Nigeria.

7.0 FURTHER READINGS AND OTHER RESOURCES

Amaele, S. (2003) A Study Guide on History and Policy of Education in Nigeria. Ilorin: NDEMAC (Nig. Publishers) Ltd.

Osokoya, I. O. (1989) History and Policy of Nigerian Education in World Perspective. Ibadan: AMD Publishers.

Unit 2; THE IMPACT OF PHELPS- STOKES COMMISSION ON EDUCATION DEVELOPMENT IN NIGERIA

Contents

1.0 Introduction

2.0 Objectives

3.0 Meaning and Composition of the Commission

3.1 Objectives Set for the Commission

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3.4 The Impacts of the Phelps-Stokes Commission

4.0 Conclusion

5.0 Summary

6.0 Tutor Marked Assignment

7.0 Further Readings and Other Resources

1.0 INTRODUCTION

The activities of the British administration in Nigeria were on the increase daily, and these activities demanded additional responsibilities from the colonial government, especially on the area of improved education. Attempts by the colonial administration to solve these problems through grants-in-aid and ordinances, appeared to give temporary relief but could not settle the problems.

This unit examines the impact of the important, but independent commission Phelps-Stokes commission on the education development in Nigeria.

2.0 OBJECTIVES

By the end of this study, you should be able to a State the meaning and composition of the Phelps-Stoke Commission;

- b. List out the objectives of the commission;
- c. Discuss the recommendations of the commission;
- d. Examine the impact of the commission on Nigeria education.

3.0 MEANING AND COMPOSITION OF PHELPS-STOKES COMMISSION

The Phelps-Stokes Commission is a philanthropic organization in America. It was instituted in 1911 by Miss Caroline Phelps-Stokes to enhance the religion and education of black peoples in Africa and the United States of America. The Foreign Mission's Conference of North America appealed to the trustees of the fund to support a study of education in Africa. It is necessary to recall that the early efforts made by the colonial government in the way of ordinances, establishment of schools, supervision and funding of education, among others, appeared to have made little impact in Nigeria and other African countries. Nationalists from different African countries became very vocal and these agitations were put in print and audio media across the globe. These agitations attracted the initiative of the American Baptist Foreign Missionary Society in making a comprehensive study of the needs and resources of Africa so as to provide them relevant education. Since it was in line with the

objectives of the Phelps-Stokes Foundation, it approached the foundation for fund through their trustees. It was granted.

Hence, the name of the Commission became known as Phelps-Stokes Commission. The Commission had seven members with Dr. Thamos Jesse Jones, an African sociologist, as the chairman. Dr. Jones was both the Education Director of the Phelps-Stokes funds and the Director of Research at Hampton Institute, Virginia, which was a renowned center for studies in the education of members of black race. Dr. James Emman Kwegyir Kodwo Aggrey, a famous African educationist from Gold Coast (now Ghana) was also a member. Others were Henry Stanley Hollenbeck, Mr. and Mrs. Arthur Wilkie of Church of Scotland Mission, Calabar and Leo, A. Roy.

Exercise 1:

- a. Comment briefly on the Phelps-Stokes fund as a philanthropic organization.
- b. Give your impression on the calibre of persons in the Phelps-Stokes Commission.

3.1 Objectives of the Phelps-Stokes Commission. The commission was set up in 1920 to:

1. inquire into the educational work done in each of the areas to be studied at that time;
2. investigate the educational needs of the people with special reference to the religious, social, hygienic and economic conditions;
3. ascertain the extent to which item two above is being met;
4. report fully the result of the study (Fafunwa 1974 p. 120).

After gathering information through visits to several countries in West Africa (including Nigeria), South Africa and Central Africa from 1920-1921, the commission produced its report in 1922.

The report was titled “Education in Africa”. The commission reconstituted, soon after and made similar visits to fourteen countries in East Africa from 1923 to 1924 and there produced its second report titled “Education in East Africa” in 1926 (Taiwo 1980 p.66).

Exercise 2:

Comment on the commitment of member of the commission.

3.2 The Findings of the Phelps-Stokes Commission

The commission made the following findings:

1. That the education given to the people was not adapted to the people’s needs;
2. That the education was too literal and classical to be useful to the people;
3. That the books and materials used in the school were not appropriate to the people;
4. That very few craft men and technicians were trained;
5. That agriculture should be taught in rural areas while industrial and technical skills taught in urban areas;
6. That schools were not well organized and supervised;
7. That education of the masses had been neglected;
8. That there was no clear-cut aim of education, except religion;

9. That children should be taught in vernacular;
10. That health education was required;
11. That higher education was necessary;
12. That women education should be emphasized (Fafunwa 1974, Amaele 2003 pp. 35-36)

Exercise 3:

Examine critically each of the above findings.

3.3 Recommendations of the Commission

Based on the findings summarized above, the commission made some recommendations. The commission stressed that those concerned with education in African territories should:

1. design instructional programmes for health and leisure, religious life, character development and family life;
2. increase government participation in education through financing, control and supervision of educational activities;
3. evolve common principles and objectives to guide educational practice in the various territories;
4. provide for the development of agricultural and industrial skills;
5. adopt improved systems of educational organization, supervision and inspection;
6. try practices such as the use of mobile schools in rural areas, home demonstration movement for the motivation of both older and younger female persons towards improving the home and the community, farm demonstration movement to increase agricultural

productivity, appreciate curricular and other activities to promote interest in the rural environment, as well as cooperation between the home and the school;

7. use the local language for instruction so as to appeal to the learner's mind, while also teaching such European languages as may be required. (Lewis 1962, Abiri 2005 p.41)

Exercise 4:

Comment on any four of the recommendations above.

3.3 Impacts of the Recommendations

The findings and the consequent recommendations of the commission had long lasting impacts on Nigeria education. Reacting to the 1922 report of the Phelps-Stokes Commission, the British Secretary of State for the colonies set up a committee on Native Education in the British Tropical African Dependencies, in November 1923.

The committee was to advise on educational matters and to assist him in advancing the progress of education in the area (Taiwo 1980 p. 70). This was packaged and released by the colonial office in 1925. The document is what is referred to in history of education as the 1925 Memorandum on Education.

1925 Memorandum on Education in British Colonial

Territories. The memorandum was drawn along the following lines:

1. Necessity for government to accept, and readiness to encourage, voluntary educational efforts that could conform to the general policy, while directing educational policy and supervising all educational institutions either by inspection or in some other ways;

2. Establishment of an Advisory Board of Education in each dependency with wide representation of the medical, Agricultural and Public Works Departments, missionaries, traders, settlers and native communities;
3. Adaptation of education to the mentality, aptitudes, occupations, and traditions of the various peoples;
4. Attracting the greatest importance to religious teaching and moral instruction related to the conditions and daily experience of the pupils;
5. Making provision for the status and conditions of service of staff of the education department to attract the best available men – both British and African;
6. Giving grants-in-aid to schools that conform to the prescribed regulations and attain the necessary standards;
7. Preparation of vernacular textbooks, and adaptation of the contents and methods of teaching to African conditions, with illustrations from African life and experiences;
8. Ensuring adequacy of local teaching staff (including women) in number, qualifications and character, and recognizing the great importance of character training in this regard with due realization of the dependence of a sound system of education on the training of teachers;
9. Adopting the system of trained visiting or itinerant teachers for the improvement of village schools and their teachers;
10. Recognizing the necessity for a thorough system of supervision and inspection of schools;

11. Making the acquisition of their knowledge of English and Arithmetic essential before the start of apprenticeship for skilled artisans;

12. Instilling into pupils through the education system the view that vocational careers are as honourable as the clerical, and making them equally as attractive;

13. Promoting better education of girls and women in the tropical African communities since educated wives and mothers mean educated homes;

14. Instituting a complete education system, comprising

a. Infant and primary education for boys and girls;

b. Secondary or intermediate education of different types and curricular;

c. Institutions for technical and vocational education;

d. Other institutions, including some that could advance later to university status and providing courses in such professional field as education, medicine and agriculture, among others;

e. Adult education. (Taiwo 1980 pp.70-71, Ikejiani 1964 pp. 56, Abiri 2005 pp. 41-43).

Apart from the memorandum of 1925 which provided the above 14 guidelines, the recommendations of the Phelps-Stokes Commission also led to the promulgation of Education Ordinance No. 14 of 1926 for the Northern province and ordinance No. 11 together with the associated Regulations of 1927 for Lagos colony and the Southern province. The aim of these was to solve the

identified problems through greater control and supervision of schools by the government and through cooperation with the voluntary agencies.

Exercise 6:

You may please read 1926 ordinance and 1927 code for more information.

4.0 CONCLUSION

The Phelps-Stokes Commission was a turning point in the education of Africa generally and Nigeria in particular. It was a comprehensive study that exposed the weaknesses of the mission and colonial systems of education in the country. Its recommendations were very helpful to the nation's education.

5.0 SUMMARY

In this unit, we have learnt that:

1. the Phelps-Stokes Commission was an independent commission sponsored by an American philanthropic organization to study the education of the Africans during the colonial rule;
2. the commission was guided with four basic objectives which they complied with;
3. the commission made some observations or findings which guided their recommendations, which was released in 1922;
4. the recommendations of the commission led to the 1925.

Memorandum of education and subsequent ordinance and code of 1926 and 1927 respectively.

6.0 TUTOR MARKED ASSIGNMENT

1. What is Phelps-Stokes Commission?
2. What were the objectives of the commission?
3. Discuss some of the major recommendations of the Phelps-Stokes commission;
4. Examine the impact of the commission on Nigeria education.

7.0 FURTHER READINGS AND OTHER RESOURCES

Abiri, J. O. O. (2005) “The Role of Commissions in the Development of Education in Nigeria. (In J. O. Abiri eds) Perspectives on History of Education in Nigeria. Ibadan: Emola-Jay Communications Inc.

Fafunwa, A. B. (1974) History of Education in Nigeria. London: George Allen & Unwin.

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Unit 3; THE NATIONAL CURRICULUM CONFERENCE AND THE NATIONAL POLICY ON EDUCATION

Contents

1.0 Introduction

2.0 Objectives

3.0 National Curriculum Conference

3.1 The Mandate of the Conference

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3.3 Importance of the National Policy on Education

3.4 Problems of the National Policy on Education

4.0 Conclusion

5.0 Summary

6.0 Tutor Marked Assignment

7.0 Further Readings and Other Resources

1.0 INTRODUCTION

Nigeria had her political independence on October 1, 1960. From then the full responsibility of education and other spheres of human endeavour in the country was placed on the government and people of Nigeria. Unfortunately, the tribal movement which began in 1946 and climaxed in 1950s, affected the unity of the newly independent nation of Nigeria. This led to the Nigeria Civil War of 1967-1970. In 1969, there was the need, to re-orientate the mind of all Nigerians through education. Hence, the National Curriculum Conference was held.

This unit examines the National Curriculum Conference in Nigeria and its afterthought that resulted to the National Policy on Education.

2.0 OBJECTIVES

By the end of this unit, you should be able to:

1. examine the circumstances that led to the 1969 curriculum conference in Nigeria;
2. discuss the importance of the National Policy on Education;
3. list and discuss some of the problems facing the full implementation of the National Policy on Education in Nigeria.

3.0 WHY THE CONFERENCE?

Some of the major steps taken by the federal government on education after independence, despite the set back caused by the Nigerian civil war, were the institution of the National Curriculum Conference in 1969, the introduction of universal [free] primary education [1976] and the establishment of more Federal Universities, Colleges and Polytechnics to boost the nations manpower.

For the purpose of this study, the author will limit the discussion to the National Curriculum Conference, which is a spring board to the main issue of this unit, "National Philosophy and Philosophy of education in Nigeria."The expectation of average thinking Nigerians was that our political independence in 1960 was going to produce a realistic change in all the facets of the nation, including education. Unfortunately, a few years after independence, ethnic and tribal politics emerged. Our politicians and some of our privileged individuals turned themselves into another group of colonial masters. It became unsafe for a Nigerian to

live among people of another tribe, region or state other than his. Interest in education started to dwindle.

The climax of it all was a three-year civil war. Several lives were lost, while property worth billions of naira perished. The situation called for urgent government intervention using education as a potent instrument. Again, it was observed that most of those who had the white man's education and culture did not address the problems of Nigerians. Tai Solarin was one of the educationists who were critical of this issue. He called them Europeanised Africans who were insensitive to the local needs and aspirations. He described them in these words: [Ukeje 1979, p.81]The best student we can produce with our present system is one who is Nigeria in blood but English in opinion, in morals and intellect; such animals are fit for export. These facts, coupled with over reliance on foreign manpower, among others, made it imperative for the government of the Federal Republic of Nigeria, under General Yakubu Gown to assemble experts in various fields of life, to decide the fate of the nation. The meeting which was organised by the Nigerian Educational Research Council in September 1969 was tagged "National Curriculum Conference" (NCC). The conference document was later reviewed by the Federal Government to what is today known as National Policy on Education.

3.2 The Mandate of the Conference

The conference was given the mandate to review the existing goals of Nigerian education with the aim of identifying new goals for the country's education at all levels. They were asked to produce guidelines on what should be accomplished in the system in the following areas:

1. The needs of youth and adult individuals in our society;
2. The socio-economic needs values, aspirations and development of our society;
3. The curriculum substance, the subject content of the system, which is the means to the goals. [Adaralegbe 1972, p.XIII].It is, however, worth mentioning here that these three listed areas covered the scope of both the Nigerian national philosophy and the philosophy of education. For instance, items one and two above addressed the issue of national philosophy, though on its non-technical sense of Nigerian world view. Item three was aimed at defining sound philosophy of education that could lead the Nigerian child towards achieving the national philosophy. The above three broad areas of study were restructured by the conference as follows:

1. Identification and clarification of a national philosophy, goals, purpose and objectives;
2. Statement of issues and problems;
3. Development of implications and recommendations for a national curriculum.

3.3 The Action of the Conference

The conference went into swift action, two plenary sessions were organised on the purpose of education and implications for implementation, respectively. Papers were presented and discussed on the above two broad areas.

On the first, the purpose of primary, secondary and university education were deliberated upon.

On the second category, teachers' education, education of women, education for living and the role of science and technology in national development were discussed.

It is indeed worth mentioning that despite some obvious constraints, the National Conference on Education made some highly commendable efforts in setting up some national objectives. It is the most comprehensive effort made by anybody or group in the history of Nigeria education. It sets up objectives to be realised by the country.

It set up the aims and objectives of education in Nigeria. The structure and curriculum of all the segments and levels of education in Nigeria were drawn. Its main significance lay in the fact that it was the first time Nigerians would be involved in deliberation on the future of education in Nigeria.

Their aims and objectives as well as teaching and learning strategies, supervision, funding and so on were exhaustively discussed and recommendations made. It was detailed and commendable. But it could not be effectively implemented because, despite its beautiful ideas, it did not stem from any sound philosophy.

In other words, they were mere aims and objectives that could be achieved or not. That is quite different from philosophy.

Exercise 1:

Examine critically the importance of the National Curriculum Conference in Nigeria.

3.4 The National Policy on Education

The National policy on Education is a formal document produced by the Federal Republic of Nigeria as a guide to all the levels of education in the country. The document which was first published in 1977 was a direct result of the National Curriculum Conference [8th -12 September 1969]. It has since then [1977] undergone some reviews: 1981, 1989, 1998 and 2004.

3.5 Importance of the National Policy on Education

1. It is truly a Nigerian focused policy on education;
2. It is used to address the major problem of the nation by the colonial government constitution in Nigeria. Hence, it laid foundation for national integration;
3. The National Policy on Education sets certain objectives for the nation [Nigeria] and the nation's education;
4. It gives a comprehensive structure of the nation's education from pre-primary, primary, secondary, technical, grammar, commercial, teacher education to post secondary education;
5. It introduces a new system of education called the 6-3-3-4 system, which aims at realising a self reliant and self sufficient nation;
6. The National Policy on Education has a broad curriculum which aims at creating enough learning opportunity for all children, irrespective of gender, age, ability, class, interest, etc;
7. It makes education in Nigeria a full government enterprise and so gives the government a centralised control of education in the country;

8. Other relevant aspects of the nation's education are specified and their functions well stated. These include adult education, non-formal education, and special education;

9. The issue of funding in education is clearly presented, with the government accepting the bulk of all the expenditure on education;

10. It lays strong foundation for the 6-3-3-4 system of education in Nigeria.

Exercise 2:

State some of the importance of the National Policy on Education.

3.6 Problems of the National Policy on Education

There are so many problems working against implementation of the genuine objectives of the national policy on education. Some of these include:

3.6.1 The Issue of National Philosophy

The National Policy on Education and the philosophy of education in Nigeria must be directed by a sound national philosophy. This author has repeatedly said it that what is contained in the National Policy on Education is nothing more than national aims/ objectives or goals. The nation is in search of a sound national philosophy. This is very crucial in determining the direction and commitment of the nation to education as well as that of education to the nation.

3.6.2 Political Instability in the Country

Political instability in Nigeria has produced instability in all facets of the nation's life, including education. The change of leadership by force as it were in the case of Nigeria, often leads to the change in the educational programmes of the nation. The fact remains that each

successor forced his predecessor out of office and so equally discarded their programmes. This has led to lack of continuity.

3.6.3 Funding

Education in Nigeria is suffering from acute shortage of fund.

While a poor nation like Mali spent about 30% of her annual budget on education in 1980s, Nigeria was spending less than 10% of her annual budget on education. It was disheartening to observe that the military, especially in the 1980s up to late 1990s, made defence superior to education.

Olamosu [2000] observed that a staggering sum of 5% of the annual budget was allocated for education in 1990. Consequently, the poor or inadequate funding of education has led to the failure of the 6-3-3-4 system of education, since the programme is capital intensive. It requires high and adequate manpowers; which entails the training, recruitment and retention of the right calibre of teachers. The system also requires workshops, technical and vocational centres, as well as functional libraries, laboratories and counselling services all of which involve huge budgetary provisions.

3.6.4 Corruption

Corruption and corrupt practices in Nigeria has affected every institution in the country. This system has reduced most of the policies and regulations concerning education to mere theory. Some of those who are supposed to implement the policies are sabotaging the system for selfish and corrupt reasons. Heads of institutions divert public funds meant to run schools to personal uses.

Exercise 3:

Discuss some of the major factors affecting the full implementation of the National Policy on Education.

4.0 CONCLUSION

The National Curriculum Conference was summoned in Lagos in 1969 (at the peak of the Nigerian Civil War) under the military leadership of General Yakubu Gowon, to find out the way education could be used to fashion a united Nigeria. Major issues concerning the unity peace and self reliance were discussed and recommendations made. It was followed up with seminars which later resulted to the production of the document known as the National Policy on Education.

5.0 SUMMARY

In this unit we have learnt that:

1. the National Curriculum Conference was held in 1969 to refocuss and reshape the orientation of Nigerians through education;
2. the findings and recommendations of the conference helped greatly to fashion out a desirable National Policy on Education;
3. the National Policy on Education has great prospects, even though its full implementations are hindered by some factors like sound national philosophy, political instability, funding and corruption.

6.0 TUTOR MARKED ASSIGNMENT

- (1) Examine the circumstances that led to the 1969 Curriculum Conference in Nigeria;

- (2) Examine the importance of the National Policy on Education.
(b) What could be considered to be some of the problems affecting its full implementation in Nigeria?

TUTOR MARKED ASSIGNMENT QUESTIONS

1. Discuss extensively, the development of secondary education in Nigeria between 1859 and 1929;
2. Discuss the principles and practice of the 1925 memorandum on education in Nigeria;
3. Discuss the development of Higher education in Nigeria between 1932 and 1960;
4. Examine the implication of the 1946 and 1951 constitutions on the development of education in Nigeria;
5. (a) Assess the importance of the National Policy on Education in Nigeria
(b) Suggest four ways to make it more relevant.

7.0 FURTHER READINGS AND OTHER RESOURCES

Adaralegbe, A. (eds) (1969) A Philosophy for Nigerian Education: Proceedings of the Nigeria National Curriculum Conference 8-12 September. Ibadan: Heinemann Books (Nigeria) Limited.

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Unit 4; EVOLUTION OF POLICY PLANS IN EDUCATION

CONTENTS

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3.1 Meaning of Policy, Programme, Plan, and Project (4Ps)

3.1.1. What is Policy?

3.1.2. What is Programme?

3.1.3. What is a Plan?

3.1.4. What is a Project?

3.2 Scope of Policy

3.3 Education Policy Making

3.4 Framework for Policy Evolution in Education

3.4.1 Policy Framework

3.4.2 Factors of Policy Emergence

4.0 Conclusion

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7.0 References/Further Readings

1.0 INTRODUCTION

To bring a functional educational development, many people are involved politically and technically through various contributions in the process that lead to the emergence of policies and plans. Their actions involve the processes through which educational issues that are important to the societal growth and development are raised and analysed. The analysis could give birth to policy formulation and generation of plans, programmes and projects, which are implemented, assessed, evaluated and possibly redesigned. In this unit, you will learn the meaning of policy, policy-making and policy evolution framework. You will equally learn the factors that could influence the emergence of policy and subsequently policy plans.

OBJECTIVES

At the end of this unit, you should be able to:

- explain the meaning of policy, programme, plan and project
- describe the scope of policy
- explain the concept of policymaking
- describe the framework of policy
- outline the factors influencing policy emergence

3.0 MAIN CONTENT

3.1 Meaning of Policy, programme, Plan and Project (4Ps)

3.1.1 What is Policy?

Simply put, policy can be described as a plan of action agreed or chosen by an individual or a group of people or government to solve a problem.

According to Haddad (1994), policy can mean an explicit or implicit decision or group of decisions, which may set out directives for guiding future decisions, or initiate, sustain or retard action, or guide the implementation of previous decisions. Webster (1976:890) defined policy as a definite course or method of action selected from among alternatives and in light of given conditions to guide and determine present and future decisions. It is taken to be the over-all plan embracing the general aims and objectives and procedures of a government or an organization. There are many other meanings of policy, but they are not relevant to the subject being discussed. Thus, we have national education policy that encompasses the aims, objectives and decisions concerning all aspects of education to guide the nation.

3.1.2 What is Programme?

Advanced Learner Dictionary describes programme to mean a plan of things to be done or that are included in the development of things to be done.

Programme is usually a product of policy. The Universal Basic Education is a policy programme aimed at providing access to basic education for all. It also encompasses other sub-programmes, such as: special programmes for the nomadic population; education for the

physically challenged; non-formal education; formal education at primary and junior secondary school etc.

3.1.3 What is a Plan?

Plan can simply mean an intention to do something. You may plan to build a house or carry out a project. It can also imply an arrangement of a set of things to be done in order to achieve a goal that has been considered in detail. It can imply a design, a drawing or road map that has been technically conceived and ready to be implemented. It is usually an output of policy programme, which is ready for execution. You can have the school plan, the work plan, the school building plan etc.

3.1.4 What is a Project?

A project can be explained to mean a planned piece of work that finds information about something. It is a piece of work that involves careful study of a subject over a period of time. The first meaning is the one that we are interested in, while the second meaning applies mainly to research project. A project can also mean a massive plan. There are several projects in the educational system. We can have a building project, library project, and laboratory and workshop projects. A project may be seen as the concrete manifestation of a plan.

3.2 Scope of Policy

Policies are of different types and kinds. They differ in their scope, complexity, decision environment, range of choices, and decision criteria. This range is diagrammatically explained by Haddad (1994). He identified the: issue specific policies; single programme policies; multi-programme policies and strategic policies.

The issue specific policy is a day-to-day, short-term policies aimed at addressing a particular problem or an issue. A policy may be made to solve the problem of late-coming in a school. Lateness is just an issue.

A programme policy is a policy that focuses a single programme. It is concerned with the designing of a programme in a particular area. For example, a policy addressing how school libraries should be sited in schools is a programme policy.

A multi-programme policy deals with decisions that address competing programme areas. For example a policy decision to address the primary and junior secondary education within the UBE programme is a multi- programme policy.

The strategy policy deals with large scale decisions, which require huge resource allocation. The UBE policy programme is a good example. It involves decisions on the childhood education, primary education, junior secondary education, non-formal education, special education. It involves broad resource allocation on personnel, facilities and equipment, structures, mid-day meals etc.

Our discussion so far is to inform us that scope of a policy determines its complexity. In other words, the broader the scope of a policy, the more problematic it is likely to become, vice versa.

SELF ASSESSMENT EXERCISE 1

1. Distinguish between policy and programme; and between plan and project.
2. Identify with examples the types of policy.

3.3 EDUCATION POLICY-MAKING

Educational policy can be described as the explicit or implicit (written or unwritten) statements of actions that guide the future of education. Babalola (2003) asserted that educational policy is a general statement, which contains the guiding principles and rules that govern many of the decisions that guide the management of education. In Nigeria, we have the National policy on Education, a document that encompasses the aims, objectives, structure and all aspects of the educational system.

Educational policy-making is the process through which policies are made to guide the effective management of education. As afore-said, the policies are the written or unwritten rules, regulations and guidelines, which are made by government or the authority of an educational institution or through their agencies or representatives.

Educational policy-making has two major dimensions. They are the ACTORS and the PROCESS. The actors are the doers, that is, who make the policies? While the process is the how of policy-making, that is, how policy is made? I will add the third dimension, which is: why is policy made? Or who is the policy made to serve? This is very important, because the why and whose interest of policy making will largely guide the formulation of the aims and the objectives of policy.

Six steps have been identified by Kaufman (1972) as the procedure in the process of policy making. It is a system approach. They are:

- needs identification
- problem selection

- identification of the requirements for problem solution
- selection of solution from alternatives
- methods and means obtained and implemented
- Evaluation of results.

You can see that these six steps cover the planning, the design, the implementation, assessment and evaluation of implementation. With regards to the actors, that is the makers of education policies, they usually occupy the highest echelon of the decision making ladder. They are usually technically sound and politically empowered. The government at all levels can make policies to guide education management. The head of educational parastatals, agencies and institutions can also make policies. Their policies are however, to be in tandem with the government vision and aspirations.

3.4 FRAMEWORK FOR POLICY EVOLUTION IN EDUCATION

The emergence of any policy begins by problem identification, situational analysis and ends with policy plan implementation, assessment and evaluation, and policy readjustment.

The process of policy evolution can be conceptually explained with a model, outlining the frame of analysis.

3.4.1 POLICY FRAMEWORK IN EDUCATION

Policy evolution framework is a conceptual model meant to explain the reality of the elements that should be detected and analysed to capture the process of any policy -making model.

You know that the nature of education and educational development is unique because of the social service it renders and the social expectations from education, the education policy-making can be simply explained in a cyclical framework.

The framework has highlighted eight processes of policy evolution. They are:

- 1) Identification of Problems
- 2) Analysis of the identified problem (s)
- 3) Generation of options or alternatives choices
- 4) Policy formulation
- 5) Planning for policy formulation
- 6) Policy implementation
- 7) Policy evaluation
- 8) Policy adjustment or re-design

1. The process of policy-making in education starts by problem identification. The problem could be funding, enrolment, facility, staffing, which may be inadequate and consequently affecting educational productivity.

2. The identified problem must be analysed by the experts. The causes of the problem, the impact of the problem at the current date and the consequences of the problem at a later date if not addressed effectively must be analysed. The resources requirement to solve the problem and the possible expectations after the problem must have been addressed should be analysed. Analysis is done to know the feasibility of alternatives.

3. The next thing to be done is to generate alternatives. Policy options are generated to identify the most feasible option for formulation. Here, policy analysts, who are technically equipped, rely on available data and information to generate options. Options can also be generated by using the existing body of professional knowledge, which are derived from conventional wisdom, research synthesis, comparative indicators etc. However, certain intellectual, social and political factors may constrain the range of policy options. We should also note that what is feasible is not always desirable; as such polity-makers are guided many times by opportunity cost. Sometimes, the internationalization of education could guide the choice of option. This is a process, whereby foreign experts can guide in the choice of option.

4. Policy is formulated after evaluating the various policy options. The best and the most feasible option are usually chosen. The feasibility of option is a function of finance, personnel, time and needs of stakeholders. The operational and implementability of the chosen option must be considered.

5. Planning for policy implementation begins after policy has been formulated. The schedule of implementation should be planned. This is the time to put plans into action. The implementation plan must include how to mobilize the people, financial and physical resources. Plans must be developed to mobilize all the stakeholders on the need for such policy.

6. Policy implementation takes place after it should have been well planned for. It is usually difficult to implement policy, no matter how well thought-out it is. It is the period of surprises and unanticipated occurrences either due to over-estimation or underestimation.

7. A policy must be evaluated after implementation by conducting impact assessment analysis. This is to reveal the strength and weaknesses of the implemented policy.

8. The framework ends at the policy adjustment level. Policy adjustment is a reaction to the weaknesses observed in the implemented policy during evaluation. Such weaknesses are equally analysed and goes back to the policy cycle for possible re-design and implementation.

3.4.2 Factors of Policy Emergence

In formulating any policy, there should be the analysis of the identified problem together with the environment where the formulated policy would be implemented. In addition to the environmental analysis, the sector analysis should be carried out. This to say that situation analysis should be done for both the community, local, state, national environment and the education sector itself.

The factors to be critically examined before any policy is formulated for implementation can be grouped as follow:

a) Environmental Situation Factors. Under this we have:

- Politics of the environment
- Economy of the environment
- Population and other demographic factors
- Tradition}
- Religion } Cultural Values
- Social factors

- Geography/physical terrain.

b) Education Sector Factors. They include:

- Access and education opportunity
- Equality and equity factors in education
- Education structure in existence
- The level of efficiency, both internal and external
- Management and organizational arrangement on the ground

a) Environmental Situational Factors

It is generally believed that the general character of any geographical entity, be it a district, local government area, a state and a country will definitely impact on policy analysis, policy evolution and implementation. These characters or factors have been stated above. Most countries are multi-cultural, multi-racial, multi-ethnic, multi-lingual and multi-religious in composition. According to Haddad (1994), there exist within these groups social and economic stratification, with increasing general trend of stratification. For this reason, the business of policy making is arduous in many situations. This is because of the various ways different groups accept and value education, especially the western education. This is Nigerian situation, because of this; the demand for education differs among the people and across the nation. Therefore to come up with any education policy in Nigeria, the situation analysis must be thorough so as to remove or reduce unnecessary tension, agitation and un-acceptability during implementation.

The political environment must be considered to appreciate the ideology of the government to study the education-politics mix, especially the role of politics on education and education on the socio-political process.

The economic and demographic factors are very important to policy evolution. The economy dictates the strength of any nation. Education policy without economic backing, especially funding may fail. Similarly the population of the country, its structure, and size and growth overtime may affect the implementation of policy. Hence these two factors should be seriously considered during policy analysis. The size of financial allocation to education is largely determined by the country's wealth as well as its population.

b) Education Sector Factors

Before coming up with new policies and plans for education, we should be able to identify, understand and analyse the major factors that drive education development as we have enumerated above.

The issue of access is important. It deals with how far a nation is able to provide education opportunities for the school going age children and adults.

Is the supply of education measuring up to demanded places? What is the pattern across the land? What are the factors that guide access to education in a country? All these questions and many more should be answered to assist policy evolution.

The issue of equity is related to the issue of access. How far is the government been able to meet legitimate demand and deny supply should be understood? The extent of supply of education to all,

irrespective of sex, age, religion, location of origin is very critical to policy analysis.

The structure of education, from the lowest to the highest level of education, the duration of schooling, the resources requirements are very important during policy analysis.

The efficiency of the system, both internally and externally is very important too. We should know the extent which the school system is able to maximize the use of resources to reduce wastage and also in meeting the aims and objectives of which it was set up. This will guide policy analysts to identify the areas of urgent need.

Lastly, the existing management structure and institutional arrangements in education sector should be identified and analysed. We should understand how the existing structure can influence decision making. The distribution of power should be analysed, so as to eliminate conflicts during policy implementation.

SELF ASSESSMENT EXERCISE 2

1. List the six steps identified by Kaufman as the procedure for policy-making process.
2. Outline the eight processes of policy evolution highlighted in the policy evolution framework.

4.0 CONCLUSION

This unit has shown to us that policies are formulated to guide the operation of any system, including education. Policy-making involves people for technical and political contribution. Policies, as written or unwritten statements vary in their scope, which include their level of complexity, decision environment, number of options

and decision criteria. Policy making undergoes several procedures before a policy can emerge. These procedures start with problem identification and analysis, and end with policy implementation and evaluation, which can reveal areas of weakness for possible policy re-design. We can also conclude that certain factors are very critical to policy evolution, they should be identified, understood and analysed to guide policy formulation.

5.0 SUMMARY

In this unit, you have learnt the meaning of policy, programme, plan and project. You have been able to identify the thin line among them. You have studied the scope of policy and how it can guide the policy makers and implementers. You have also learnt the procedure for policy-making. You have equally studied how policy evolution framework can be used to explain the policy-making process. Lastly, you learnt the factors that should be considered and understood during policy-making process so as to remove suspicion and conflict during policy implementation.

6.0 TUTOR-MARKED ASSIGNMENT

Outline six factors that can influence policy evolution in your country.

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Unit 5; EDUCATION POLICY DEVELOPMENT ANALYSIS

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1.0 INTRODUCTION

Policy analysis in education is a relatively new area. However, it has become an integral part of the institutional tool that is instrumental in the determination and legitimizing policy choices. Policy planning analysis in education is a socio-scientific research conducted in order to come up with rational policy choices. There are identified criteria for policy analysis, which a policy analyst should follow before policy plans can emerge. In this unit, you will learn the system's approach to policy analysis in education; the criteria for analysis of educational policy plans; and the production of policy plans.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- give an overview of policy analysis
- apply the system's approach to policy planning analysis
- identify the criteria used for the analysis of educational policies
- explain the identified criteria for the analysis of educational policies
- explain the production of plans for action in education.

3.0 MAIN CONTENT

3.1 Systems Approach to Educational Policy Analysis

A system can be defined as a component or entity, made up of inter-related parts functioning together for a common goal or purpose. A policy or policy development is a product of the political system. Educational policies also emanate from the political system.

Educational policies are made through the framework of the political system; hence it is related to the structure and components of any system. In addition, policy-making is a socio-political process, and as product of a social system, we can conveniently study the educational policy process, using a system's framework.

The system's framework is easily explained by adopting the INPUT- PROCESS- OUTPUT model. This will be explained in detail below.

3.1.1. Policy Making Inputs

Inputs of any system are the raw materials needed to keep the system functioning. Unlike the other systems, the policy making inputs are somewhat abstract, that is, they are not in concrete term. They come in as public demands and public support. The public demands could come in form of:

- Agitations
- Protests
- Petitions
- Militancy
- Demonstrations etc.

These are done to draw the attention of government or authority to past neglect, bad policies, need for amenities etc. The public support may also come in form of:

- Writings
- Physical expression
- Advertisement etc.

These could be done to encourage the authority or government to come up with a better policy.

All these could originate from individuals, groups, organizations through formal or informal means. The role of the mass media in the articulation of people's interests, views, opinions, support, anger, and petition can not be under-played in sensitizing the government or its agencies. For example, the series of complaints regarding the quality of JAMB University Matriculation Examination (UME) gave birth to the Post University Matriculation Examination (PUME) being conducted by the universities. Already there are complaints against PUME by the society. Don't be surprised if the PUME is again reverse by another policy.

3.1.2 Policy Making Process

In the system's analysis framework and the Input-Process-Output Model, the processing of the inputs is important. Under the system's approach, the inputs are articulated, collated, amplified and aggregated by the authority.

The authority could be the political leaders, political parties and government agencies. It could be the management of any institution or organization. The inputs (demands, supports) are sorted out, using the criteria of reliability of their sources; importance of the inputs; relevance of such inputs to the overall interests and aspirations of the society.

This phase involves the analysis of the substances of the demands and agitation. It could also involve organizing meetings that could include several groups and government establishments. For instance, the agitation for access to secondary education by a community may involve the government meeting with the leadership of such

community. It may even cause special committee(s) to be set up by the government to find alternative solution. It may involve the education ministry and the legislature to set agenda for rapprochement. The essence of such meetings is to reach conclusion(s) as to what actions the political leadership (government) would take, such that will be in the best interest of people and the society at large, as well as to calm down agitated nerves.

3.1.3 The Policy Making Output

Output phase is the third of the system framework in the policy development process. The political leadership or organizational leadership could take one of the following options after the inputs have been articulated, collated, analysed and carefully sorted out. They are:

- a. Make deliberate policy to address the cause of agitation
- b. Follow precedent decision(s) in similar circumstances
- c. Impose its will on the people, that is, ignore such demands and agitations.

This phase shows the ability of leaders to lead effectively. It is also a phase that manifests the philosophy and ideology of the political leadership. A leadership with social welfares will not ignore easily agitations concerning education for the masses. At this phase, government takes decisions, which will involve passing through the legislative procedure for legal backing. At this phase, approved policies are communicated to the public through government gazette and other publications. Subsequently the policy output is implemented for the benefit of the public.

3.1.4 The Feedback Phase

In the input-process-output framework explanation of any system, there is often the imperceptible phase known as the feedback. In the policy development process, the doors of public reactions, critiques, criticisms should be kept opened for policy improvement. The public may react to the inadequacies of the implementation of the policy plans. Such reactions could be again articulated to serve as input into a new policy. The reactions may also serve as source of modification of the existing one. By this, the systems cycle is maintained.

The basic assumption of the systems approach in the explanation of policy development is that policies often originate from the people through their interests and concerns. This may not be true in all situations, as many policies also originate from the political leadership as a result of its philosophy, ideology and party manifestoes. Some political leaders are naturally kind and hence come out with various welfares and progressive policies without being prodded by the public.

Sometimes, educational policies come from the authority as courses of action expedient to satisfy the needs, issues, and problems of the education of the society. According to Abernethy and Coombs (1960), education policies evolve to satisfy two major objectives, which are to:

- a. Meet the demands of individuals and groups for their development; and
- b. Meet the needs of the society or the political system.

SELF ASSESSMENT EXERCISE 1

1. Highlight the inputs in the policy development process in the systems approach framework.
2. Outline the processes of policy development in the system s approach framework.

3.2 Criteria for Education Policy Analysis

There are certain criteria used in the analysis of educational policies.

Ornstein and Miller (1976) cited by Babalola (2003) listed these criteria as follows.

1. Level of Decision-Making
2. Experts and Expertise Involved
3. Training Involved
4. Type of Policy Involved
5. Authority Involved in Policy-Making
6. Sources of Policy.

3.2.1 Level of Decision-Making

In formulating educational policies, the level of policies which are to be addressed should be identified and well defined. Is the policy meant for government level or institutional level? If it is at the institutional level, is it meant to address the primary education, secondary education, basic education, higher education? If it is at the governmental level, you need to know if it is meant to address the education ministries, departments or agencies. An educational policy

analysis should be guided by the level of decision-making. This would enable him or her to set credible and attainable policy goals. In Nigeria, policies vary by level of decision-making. Policies meant to address teachers punctuality at the primary school level cannot be applied to the university level. This is because each decision level has its own uniqueness and characteristics. At the primary school level, teachers are expected to be in school by 7.45 a.m to organize morning assembly. At the university level, teachers enjoy some freedom. No assembly, no definite resumption nor closing time.

3.2.2 Experts and Expertise Involved

Education policy analyst should be able to identify the type of experts and expertise that will be required in the implementation process. The number over time should be projected. These experts cover the technical and managerial aspects. This aspect of policy analysis is very crucial if policy implementation must be effective. The experts must be able to monitor and evaluate the plan implementation process. It will be a huge waste for beautifully conceived policies without experts to implement them. This is one of the problems why many well drafted policies have failed in Nigeria.

For example, the Nigeria Education Policy advocates for Technical and Vocational Education. A move round the schools shows gross inadequacy of teachers in these areas. In many situations, science teachers are assigned to teach technical education subjects. The implementation of the physical aspects of the education policy plan is very important. Experts to handle the constructions should be part of the policy formulation process. A builder should build classrooms and not an unqualified contractor.

3.2.3 Training Involved

The quality, type and level of training expected from personnel to handle the policy plan implementation should be outlined during policy analysis. How much low level manpower is expected? How many middle level manpower and high level manpower are expected? In the school system, this criterion is very essential for policy formulation and implementation; hence it is considered a serious factor during policy analysis. We have different levels and types of education. We have the pre-primary, primary, secondary, and tertiary (colleges, polytechnics and universities), each with its own teaching and non-teaching personnel that require varying levels of training. At the primary level, Grade II/NCE teacher training experiences are required. At the secondary school level, NCE/Degree level training experiences are required. At the tertiary level, the training required by the personnel varies among the Colleges of Education personnel, Polytechnic personnel and the University personnel. At the same time, the training required varies between academic and non-academic staff. It also varies among the teachers as well as the non-academic staff. For example, the training required from a faculty typist is quite different from a faculty clerk. The training required from ICT operator is quite different from that of an account clerk in the bursary or a librarian. All these should be well considered during policy analysis.

3.2.4 Nature and Types of Involved Policies

The objectives of policies vary. They vary according to the issues or problems being addressed. There are problem solving policies; there are reform and innovation policies; there are policies that serve as rules and guidelines; there are policies for execution of existing policy plans; and there are policies to correct existing practices in education. The policy analysis should be able to

identify and understand the type of policy involved in a policy process or required to start a policy-making process.

The drug that can only prevent may not be able to cure an ailment. We should understand the essence of any policy enactment.

A policy of free and compulsory education may not at the same time provide for qualitative education. The policy type will define the scope of policy preparation. The policy of school plant renovation and repair will not be the same as policy of education access improvement through the establishment of new schools.

3.2.4 Authority Involved in Policy-Making

The authority that is responsible for policy making should be identified. The unit and the line of authority within, between and among the policy makers should be identified. Similarly, the degree of responsibility and power in the policy-making process, as well as in the policy plan implementation procedure should be identified. Analysis should cover the possible areas of overlap, duplication and conflict of roles in the policy-making process. For example, policy analysis should identify the possible area of conflicts among the Federal Ministry of Education, the National Universities Commission and the University Councils in the process of formulating policies concerning the university administration in Nigeria.

We can not do without conflict in human organizations; however, we should try to minimize conflicts, this we can do through policy analysis, which should precede any policy-making process.

3.2.6 Sources of Policy Plan

Babalola (2003) classified the sources of policy as: implied, originated, appealed, and externally imposed.

- a. Implied policy source can be considered to be a non-formal source.

This is because there are no defined rules and written guidelines about any issue. It is generated through people's feelings, instincts and natural practices.

- b. Originated policy source is generated from highest echelon of an organization or a polity. It comes from the top, without the contribution of the subordinates. Many educational policies are product of this source. The political leaders formulate policies with little or no contribution from other stakeholders.

- c. Appealed policy source, as the name sounds, policies came through appeals and pleadings, which often come from people at the down end to the people at the upper end. Sometimes it could be in form of protest, agitation and petitions from the masses to change their situation or to ask for a better condition or to change an uncomfortable practices imposed on them. When school fees are considered too high and unaffordable to the masses, appeal can be made by the poor parents to alter such fee paying policy to a free education policy.

- d. Externally imposed policy source is usually generated from other countries. It is done through total importation or imposed by some international bodies and agencies. In the education system, policies can be imposed by the United Nations agencies like UNESCO and the UNICEF on member nations, especially the developing nations to better their education practices.

Policy analysis is guided by the evidence of the sources of the existing policies or a new policy to be formulated.

3.3 Policy Analysis and Education Development

Policy analysis is considered to be socio-scientific research. The essence of conducting it prior to the policy-making process is to ensure rationality in the process and even in the implementation of the evolved policy. Policy analysis relies much on objective evidence. Because policy analysis relies on objective evidence, it is able to remove sectional interest, selfishness and other subjective considerations in the policy-making and subsequently in the

implementation of policy plans. This is very important in a plural country like Nigeria. Policy analysis relies much on data and information, especially on the criteria discussed above and other parameters of education to suggest possible options and likely consequences to policy-makers and education development.

SELF ASSESSMENT EXERCISE 2

1. Highlight the criteria for education policy analysis
2. Who is a policy analyst?

4.0 CONCLUSION

From our discussion in this unit, we can conclude that policy analysis is essential in ensuring rationality in the process of policy-making and policy plan implementation. System s framework of input-process-output can be used to explain the process of policy-making in education, because education itself is a system. To conduct rational policy analysis, there are six criteria that should be examined. They include the decision-making level, experts required, personnel training required, type of policy involved and so on.

5.0 SUMMARY

In this unit, you have learnt the place of the system's approach in educational policy development; the process, which is the transformation of the inputs in the output from the process, which is the final policy plan. You also learnt about the feedback line of the system's framework. You equally studied the criteria for policy analysis, which are level of decision, experts and expertise involved, training involved, policy type involved, authority involved and sources of policy.

6.0 TUTOR-MARKED ASSIGNMENT

List the criteria required for education policy analysis.

7.0 REFERENCES/FURTHER READINGS

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MODULE 3 HEALTH

UNIT 1 MDG-HEALTH

CONTENT

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main content
 - 3.1 The Concept of Health
 - 3.2 Determinants of Health
 - 3.3 History of Health Services Delivery in Nigeria
 - 3.4 Free Health Services in Nigeria
 - 3.5 How Beneficial are the Free Health Services to the Poor in Nigeria?
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor- Marked Assignment
- 7.0 References/Further Reading

1.0 INTRODUCTION

In this unit is all about Health as is the level of functional or metabolic efficiency of a living organism. In humans, it is the general condition of a person's mind and body, usually meaning to be free from illness, injury or pain (as in "good health' or healthy).

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Describe the concept of health and health services delivery in Nigeria.

- Identify the benefits the free health services can render to the poor in Nigeria.

3.0 MAIN CONTENT

3.1 The Concept of Health

The World Health Organization (WHO) defined health in its broader sense in 1946 as ‘a state of complete physical, mental and social well-being and not merely absence of disease or infirmity.

The concept of health transcends mere absence of disease and infirmities in an individual. It in corporate adequate psychological and psychic balance, a decent housing and unbridled access to daily intake of nutritive and balance diet (Mumen Lugard, 2009) based on the above must be demystified and made all embracing, if total spectrum of human races it to be captured. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. One of the concepts dominating the study is health.

Health has been defined by experts and lay man ,Health has been conceptualized as wealth .The World Health Organisation (WHO) defined health as mentioned earlier on in introduction) a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Although this definition has been subject to controversy in particular as lacking operational value and because of the problem created by use of the word “complete” it remains the most enduring. Other definitions have been proposed, among which are recent definition that correlates health and personal satisfaction, classification of functioning, Disability and Health (ICF) and the international classification of diseases (ICD) are commonly used to define and measure the components of health.

The office of health economics of Britain states that a person would be regarded as healthy, provided he/she could socially and economically active even though he man have suffered some health disabilities or discomfort (Peter Conrad 2009). This depicts that a healthy person should be economically and socially despite disability.

In the same manner, Mumen Luggard (2009) opened, that the modern concepts of health extend beyond the proper functioning of the body, it includes a said efficient mind and controlled emotions. This implies that individual who cannot be deemed to be healthy, Health therefore, is a state of being hale, sound body and mind. The individual judged to be healthy must possess mind body functioning harmoniously together. Man therefore is an integrated psychosomatic unit, whose behavior is determined by social, political, physical and mental factors.

Health therefore be seen as it implies, physical fitness, normal appetite, social ability, cheerfulness, calmness, regulated emotion and instincts and wills, normal sex consciousness, optimism, freedom from anxiety and tension, freedom from complex and prejudices receptive to new ideas, constructive outlook and healthy philosophy of life, other definitions have been proposed among which a recent definition that correlates health and personal satisfaction. Systematic activities to prevent or cure health problems and promote good health in humans are undertaken by health care providers. Applications with regard to animal health are covered by veterinary sciences. The term “ healthy’ is also widely used in the context of many types of non – living organizations and their impacts tor the benefit of humans, such as in the sense of healthy communities, healthy cities interventions and a person’s surroundings a number of other factors are known to influence the health status of individuals, including their background, lifestyle, and economic and social conditions; these are referred to as “determinants of health”, studies have shown that high levels of stress can affect your health.

3.2 Determinants of Health

It is increasingly recognized that Health is maintained and improved not only through the advancement and application of health science, but also through the efforts and intelligent lifestyle choices of the individual and society. The context in which an individual lives is of great importance for both his health status and quality of life. According to the World Health Organisation, the main determinants of health include the social and economic environment, the physical environment and the person's individual characteristics and behaviours.

SELF ASSESSMENT EXERCISE

What are the factors that influence the health status of individuals.

3.3 History of Health Services Delivery in Nigeria

Health services delivery in Nigeria had its historical antecedents. It had evolved from a series of policies and plans, which had been introduced by previous administrations. The public (government) health services originated from the British Army Medical services in the pre-independent period. When the army became integrated with the colonial government, medical care was extended to the local civil servants and their relatives and eventually to the local population, especially those living close to government stations. The colonial medical service developed and was duty bound to provide free medical treatment to the Army and the colonial service officers. Medical treatment, which government initially provided its officials, was made available to the local population only as an incidental service². At the same time, various religious bodies, especially Christian Missionaries and private agencies made spirited efforts to establish hospitals, dispensaries and maternity centres in different parts of the country, particularly in the South and Middle belt². The first attempt at strategic planning for health in the country was the 1946-1956 ten-year national development plans whose main proponents were expatriate colonial masters, but this had a number

of deficiencies. It was not an integrated development plan in the current sense of the word, as the 24 included schemes were neither coordinated nor were they related to any overall economic target. It however served as the basis for subsequent health plans. After independence, health policies were enunciated in various forms, either in the National Development Plans or as government decisions on specific health problems². The health component of the second National Development Plan (1970-1974) identified and aimed at correcting some of the deficiencies in the first National Development Plan. In the third development plan (1975-1980), there was a deliberate attempt to draw up a comprehensive national health policy dealing with such issues as health manpower development, provision of comprehensive health care based on the "Basic Health Care Services Scheme", disease control, efficient utilization of health resources, medical research and health planning and management. The health policy content of the fourth National Development Plan was reflected in the National Health Policy and Strategy to Achieve Health for All Nigerians that was published in 1988 by the Federal Ministry of Health. This has been twice revised, in 1998 and in 2004 during the fourth republic. All the initial health policy documents and declarations up till 1988 were promulgated by successive military governments post-independence and did not include a policy of free health care services. In the public health services, the dominant mode of health care financing was the general tax revenue and individual access was guaranteed through "user fees". These were augmented with funding from earmarked taxes, deficit financing, community financing and donations from voluntary and charitable organizations.

3.4 Free Health Services in Nigeria

In the 1999 constitution of the Federal Republic of Nigeria, health is on the concurrent legislative list of services i.e. responsibility for services is shared by all tiers of government-federal, state and local³. However, because Nigeria operates a mixed economy, private providers of health care have a visible role to play in health care delivery. There have been

different modalities of the free health services as adopted by the various tiers of government and at different times.

The first time post-independence that a policy of free health care in the public service was proclaimed was during the second republic when the states (essentially in the South-West) governed by officials of the defunct Unity Party of Nigeria declared free health care for all in the states they governed. This was supposed to be a welfarist policy, akin to some of the policies for free access to quality health care services for all as practiced in other countries of the world such as Saudi Arabia etc. The experiment lasted only few years and before it could be perfected to overcome several of the teething problems, the second republic was aborted, and then again came several years of military rule that reversed the entire country back to user charges. Since 1999 when the fourth republic came into existence, several of the 36 states under different ruling parties have at different times declared a free health policy. This has covered a widely varying list of items and also targeted different segments of the population. While some states (e.g. Osun) have declared a free health policy across board covering every segment of the population, others (e.g. Niger, Kano, Kaduna) have distinguished pregnant women and under-five year old children as the only beneficiaries. While some states are only able to make consultations and drugs free, and investigations and surgeries are paid for, others attempt to pick up the entire bill. Several of the states (Ekiti, Lagos, Ondo, Kaduna etc.) have in recent times embarked on free surgery campaigns (free eye surgeries, free hernia surgeries etc.) in an attempt to provide equitable access to surgical procedures for the poor, often in collaboration with private foundations and Non-Governmental Organizations. Some development partners (such as the DFID) have also assisted some states (e.g. Ekiti, Enugu, Jigawa, Kano) to put in place other pro-poor schemes such a deferral and exemptions in the delivery of services. These should give citizens who are genuinely poor access to health services in public hospitals and health centres, after they have been screened and found to truly lack resources.

In 1999, the federal government launched the National Health Insurance Scheme which is supposed to reduce catastrophic expenditures during illness, especially" among the poor. The scheme encompasses government employees and the organized private sector. Legislative wise, the scheme also covers children under five, permanently disabled persons and prison inmates. In 2004, the government further gave more legislative powers to the scheme with positive amendments to the original 1999 legislative act⁴. In late 2005, the Federal government also announced a free maternal (pregnant women) and child (under-five year old children) health care programme in her hospitals which is intended to reduce the burden of maternal/child mortality and/or morbidity in the country. However, this is yet to be fully operationalized as many teaching hospitals/federal medical centres still charge fees when pregnant women and under-five children access service.

SELF ASSESSMENT EXERCISE

Enumerate the free Health Service benefit to the poor in Nigeria.

3.5 How Beneficial Are The Free Health Services To The Poor In Nigeria?

While the efforts of the various tiers of government at increasing access for the poor through the establishment of free services and other "pro-poor schemes" are laudable and innovative, they continue to be flawed and negate the very essence of their design. This is because most programmes are politically motivated rather than targeting improvements in the quality of life of the citizens. They lack proper planning, are defective in implementation, very poor in quality and lack scientific indices for evaluation. The pertinent questions to ask include the following among others: Are the services really free and are they qualitative? How beneficial are they to the poor? What do we find on the field when one tries to assess these services and what is the level of client satisfaction? What are the attitudes of the clients themselves and

what are their practices? Are the free health policies sustainable? Are they well funded?

The greatest flaw of the free health policy declarations by authorities of states and local government areas across the country is the gross mismatch between policy declarations and political will and commitment to such statements by the authorities in terms of budgetary provisions. Such policy declarations have been reduced to mere electioneering campaign gimmicks for the purpose of political gains rather than a genuine concern and passion to better the lots of the majority of Nigerians who are poor and vulnerable. The policies lack vision, strategic planning and proper implementation. Above all, due to the lack of will, they are poorly funded. It is common place these days to hear governors and local government area (LGA) chairmen refer to their administrations as doing all they can to meet the health related Millennium Development Goals (MDGs) in 2015 when actually at the current pace of their services, the MDG targets cannot be met in 2050 (Ref, Women deliver conference 2007). The products of the free health programmes of most states and local government areas are of such poor quality that cannot meet the minimum service package required to combat the prevailing disease burden, even at the first level of contact with the health system. It is not surprising that some general hospitals (secondary level of facilities) managed by some state governments across the country are unable to effectively deliver even primary health care services on a 24-hour basis, let alone serve as referral centers to lower level facilities. This author visited a state offering free maternal and child health services in the North-west geopolitical zone of the country in 2007. The services were so inadequate and poorly executed that further questioning revealed that the policy declaration was made on air by the governor few weeks before he ever called the technocrats together to plan the details of the implementation. Such was the desperation of this governor to gain political legitimacy that he was willing to commit such fallacies at the expense of the peoples' health. The services were therefore overwhelmed by poor mothers and children seeking free treatment in health facilities that had neither done any

forecasting nor put structures on ground to receive the large turnout. In fact, the staff at the index general hospital in the state capital reported that antenatal clinic attendance had quadrupled since the declaration without any concomitant increase in staff strength, equipment, supplies, laboratory support or any other facility for that matter.

Let us now go into some specifics to understand the plight of the poor for whom free health services are meant and targeted. We shall start with the infrastructure of the health facilities, especially the primary health care centers and other peripheral level facilities. The buildings are usually in such state of disrepair that even the local population is sometimes afraid to access the facilities for care, and such statements of feeling unsafe have been severally reported by the locals during field surveys. The structures are poorly lit, the roofs often leak, there is never running water, there is no back-up power supply, there are no facilities for anti-sepsis and sometimes, the walls are cracked and falling. Generally, the environment provides no motivation or incentives for the health workers. A quick check on the proprietors of the services usually reveal that none of their own family members or close relations is advised to use the services, no matter how closely situated the facilities are to their domain. Free services provided in such unwholesome facilities are by no means beneficial to the poor and many times, community members identify other facilities including private ones and faith-based centres where they pay fees but feel safe and get value for money.

Next, let us examine the subject of staffing. Many of the general hospitals and health centers that purportedly offer free health services to the citizens lack skilled health workers in the correct numbers and mix. I will give examples of facilities that offer free antenatal care, delivery and child health services but lack midwives let alone doctors. Global best practices have identified that the single most important factor that determines the outcome of any pregnancy and delivery is the availability of skilled birth attendants (i.e. midwives and doctors). The average health center that offers delivery services in any part of Nigeria employs

one or no midwives. This is worse in the states of the North compared with the South. Instead, what is found is a large number of unskilled attendants and aids (cleaners and health assistants) who man the facilities and continue to provide supposedly technical services without the necessary training and expertise. Wrong judgments abound many times; these ones cannot even identify complications let alone treat or refer them. This author was conducting a survey in a comprehensive health center in a South west State in 2005 where a teenage girl was trying to deliver her first baby under some unskilled birth attendants who were the only personnel available in the center. The expectant mother had been in the second stage of labour for about 25 minutes and was screaming as much as her strength could permit. This attracted the attention of the author who then asked for permission to come into the labour room only to find that the vaginal outlet was not wide enough for an uneventful passage of the fetal head. However, the unskilled attendants were providing fundal pressure and asking the lady to bear down. They could have inadvertently ruptured the lady's uterus or caused a fourth degree tear of the perineum had the author not been there to advise an episiotomy which he personally administered and sewed before leaving the center.

This is not an isolated case and in number general hospitals in the middle belt area of Nigeria, maternal mortality is a daily occurrence and the poor women are left with very few options. The shortage of skilled personnel also takes a toll on the health and effectiveness of the few ones that are available in the facilities. In 2008, at the index hospital of one of the Northwest states that have declared free maternal and child health services, an average of 250 pregnant women attended every clinic where there were only two doctors. One of them dropped dead one afternoon while preparing a woman for Caesarian section. The author witnessed this sad incident while on site. Other support staff such as nurses and laboratory personnel complains of the sudden increase in the burden of work that accompanied the free health declaration without any concomitant increase in staff strength. The patients complain of the poor attitude of the health workers towards them while the staff refer to what

the patients call "poor attitude" as their (staff's) own reaction to the stress and pressure of work. Whichever way, the patients are on the receiving end of all the shortcomings.

This situation of poor staffing has not been left unchallenged by experts and development partners. In some states, rapid assessments of manpower needs have been done while in others, minimum service package of care have been established for the government with the support donors (Ref). The sad development is that when the state and local government officials are presented with the details of the manpower needs of the public health facilities, especially skilled staff, they become confrontational and just back out of the process by stating that it is impossible for them to meet such requirements for quality services, even though, they have proposed a free health care policy for the state/LGA. In other states, especially in the north, they complain that they cannot find skilled health staff to employ. However, checks have found out that they either maintain a policy of employing non-indigenes of their states on contract, or they do not want to pay a competitive salary that can retain the staff. In effect, it is the poor who access the public facilities that bear the brunt of the poor services from unskilled staff.

Let us examine the problems of equipment and supplies. While free health policy declarations may lead to unprecedented increases in attendance at public health facilities, there is hardly any arrangement for supplies and equipment commensurate with the patient turnover. This is usually the result of poor planning and forecasting. Again, the author was conducting research in one of the Northwest states in 2008 when he got to a cosmopolitan maternity care center offering free maternal services.

To his greatest surprise, the midwife was giving each pregnant woman in the antenatal clinic two tablets of Sulphadoxine/Pyrimethamine (S/P) instead of three for malaria prophylaxis as part of intermittent preventive therapy. When she was asked the reason for this, she replied that the

doses of SIP usually supplied by the state government to the health facility is consumed in the first week of every month leaving them with nothing to give the hundreds of clients that turn up for the rest of the month. This situation angers the clients and sometimes makes them to threaten the lives of the care providers as they assume that the care providers convert the drugs purportedly provided by the government to personal use. The midwife has devised the unwholesome practice as a survival strategy to please the clients, but at the risk of perpetuating drug resistance in the state and the country due to under-dosing. Who is then benefiting from this shoddy free health care policy? The clients and the country as a whole would rather make do with a service that attracts some fees, but does not precipitate drug resistance.

This piece will not be complete if reference is not made to the campaigns of free surgical services that have been periodically embarked upon by some state governments in recent times, usually in collaboration with other partners. While the gesture is laudable and if well planned and executed will significantly reduce morbidity and mortality from needless causes, the reverse is what obtains. In some states, huge state resources are expended on transporting volunteer health personnel from America and Europe to come and lead the process. Unfortunately, these sometimes have been found to include medical students and other specialists such as psychiatrists who really have nothing to contribute to the process, other than coming home for sight seeing. Prior to the commencement of the procedures, large numbers of community members are screened for days, sometimes, weeks at camps before finally selecting the few that will be lucky to have free surgeries done while the rest are sent home dejected after raised hopes. For those that are lucky to be selected, it is a "mass production" process with little regard for "asepsis". Instruments are reused without proper sterilization due to large numbers of patients that are scheduled for each day in limited surgical suites and many of them are discharged prematurely due to lack of post-operative care facilities. There is little or no follow-up care and the funds purportedly saved by receiving free care may end up being spent on treating complications

arising from poor quality of care. Again, you can hardly find the close relation of any of the state officials accessing such free surgical services; it is usually the unsuspecting members of the public who are subjected to such fate for lack of alternatives.

Let us now examine clients' attitudes, practices and satisfaction. The prevailing level of poverty and need in Nigeria is so overwhelming that when the citizens hear of anything that is free, they not only go to any extent to benefit from it, a lot of them abuse the privilege. The experience of this author is that in many of the states offering free medical services, hospital clinics are only full in the first few hours of the morning and once it is about midday upwards, attendance is almost nil. The clients target these "rush hours" when everyone is available including the doctor who writes the prescription and the pharmacist who dispenses the drugs. A quick check in many clinics will reveal that several of the clients are not ill and have only come to collect free drugs, and this is often reinforced in their conversations with each other. A number of them own patent medicine stores where they go to resell the drugs, while others just keep them at home for the raining day. The chaos in the health facilities during these early hours of the morning is so much that one is amazed at the sudden quiescence the moment the pharmacy closes and free drugs are no longer available. Are the clients satisfied with the services? A lot of them are not. This is because despite all the propaganda that accompany the free health policies of several states and local government areas, it is only a fraction of the needed drugs that are often procured and clients still end up having prescriptions written for them to service outside. While attempts are made to capitalize the health facilities with drugs on the essential list, expensive but equally needed drugs are hardly ever procured. Investigations and other major procedures are also not free.

4.0 CONCLUSION

It is obvious from the foregoing that operating a free health policy is very expensive, needs a lot of planning and might be out of the reach of the government in several developing countries where there are several other competing demands for budgetary provisions including infrastructure and utilities. In order to be seen as fulfilling the campaign promises of government leaders to the electorate, they end up operationalizing poor quality health services that cannot meet the needs of the people including the poor and vulnerable for which the services are meant. Governments of developing countries need to recover costs even in the health sector in order to offer effective and qualitative services. It will make more economic sense to expand the proportion of people that are covered by one insurance scheme or another so that everyone can be protected from catastrophic expenditures during illness episodes rather than offering free health policies that benefit no one. The alternative is to have functional deferral and exemption schemes that are managed by trusted hands with the active collaboration of the communities.

5.0 SUMMARY

From the unit, we observed that the Nation's free health service needs to be restructured and effort should be made by the government of Nigeria to impact on the subjective views of health.

6.0 TUTOR MARKED ASSIGNMENT

1. Describe Nation's state of free health service. How does it affect the poor in our society?
2. Describe the concept of Health.
3. What does the term free health service mean?

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UNIT 2 HEALTHCARE OF THE COMMUNITY

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1.0 INTRODUCTION

Patients are at the heart of everything Community Healthcare workers do .Their ambition is to move further towards services that work together to deliver care that meets the patients specific needs as an individuals.

By providing community based healthcare services at home, and closer to home, they give the people they care for greater personal control and choice, helping them to stay independent longer.

Community healthcare has a number of benefits. Mostly impartibly treating patients in their homes and in the communities where they are comfortable. Help provide a more holistic, well-rounded and be spoke healthcare service to each and every one of the patients. Improvements in treatments and technology mean more people than ever before can be effectively treated in their own home. Not only does this provide faster and more convenient care for the patients, it also comes at lower cost to the Organization.

In recent years, powerful advances have been made in medicine and technology, impacting global health status worldwide, Nations across the globe is experiencing decreasing rates of child mortality, rising life expectancy and lowered incidence of chronic disease. But the global health picture is not entirely positive. HIV/AIDS incidence still climbs, inadequate care for rural populations still prevails and access to essential medicines remains limited throughout the world.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Appreciate the handiwork of a Community healthcare Specialist.
- Define Health characteristics of a community and Community Health.
- Differentiate between primary and secondary healthcare.

3.0 MAIN CONTENT

3.1 Community Health

Community health is a field of public health ,is a discipline which concerns itself with the study and improvement of the health characteristics of biological communities, while the term community be broadly defined ,community health tends to focus on geographical areas rather than people with shared characteristics. The health characteristics

of a community are often examined using geographic information system. Community health may be studied within three broad categories Primary healthcare-which refers to interventions that focus on the individual or family such as hand-washing, immunization, circumcision.

Secondary healthcare refers to those activities which focus on the environment such as draining puddles of water near the house, clearing bushes and spraying insecticides to control vectors like mosquitoes.

Tertiary healthcare on the other hand refers to those interventions that take place in a hospital setting such as intravenous rehydration or surgery. Success of community health programmes relies upon the transfer of information from health professionals to the general public using one to one to many communication (mass communication)

3.2 Community (Health) Participation

This principle is practical through primary healthcare scheme. Where the community being catered for are brought into the main stream of healthcare delivery system. The Nigeria healthcare policy is to achieve health for all Nigerian based on the philosophy of social Justice and equity. In the words of Ransome Kuti 1986 cited in Mumen Lugard (2009), Primary healthcare is based on socially acceptable methods and technology made universally to individuals and families in the community, through their full participation at the cost the community can afford to maintain at every stage of development in the spirit of self-reliance and self-determination.

By providing community based healthcare services at home and closer to home, we give the people we care for greater personal control and choice, helping them to stay independent longer.

As the largest community healthcare NHS Trust in London was context, we provide a wide range of Local and Community - based healthcare services to nearly one million people in the four London boroughs we serve.

Community healthcare has a number of benefits. Most importantly treating patients in their homes and in the communities where their comfort helps us provide a more holistic, well-rounded and be spoke healthcare service to each and every one of our patients. Improvements in treatments and technology mean more people than ever before can be effectively treated in their own home. Not only does this provide faster and more convenient care for our patients, it also comes at Lower cost to the NHS.

Our services range from district nursing, health visiting and home-based rehabilitation programmes, to NHS walle-in – centres specialist diabetes services and educational nutrition and diabetics sessions.

Our community healthcare services are designed to:

- Keep people out of hospital unnecessarily.
- Treat people in their homes and community instead of hospital.
- Keep people as independent as possible, for as long as possible.
- Help people recover more quickly from their hospital stay.
- Increase each patient's quality of life by effectively treating their long term conditions.
- Work with new mothers to ensure their babies get the best start in life possible.
- Help children develop to their full potential in their early years.

Our services include:

- Adult community nursing service, 24 hours district nursing, community matrons, case management, etc.

- Children and family services.
- Health visiting
- School Nursing
- Children's community nursing.

Rehabilitation and Therapies

- Physiotherapy, occupational therapy, podiatry (foot health)
- Adult speech and language therapy.
- Continuing Care Services (for older people who can no longer live independently).
- Specialists Services. Management of long term conditions such as diabetes, chronic obstructive pulmonary disease, tissue viability.

SELF ASSESSMENT EXERCISE

Discuss the community healthcare responsibilities in nation

3.3 Health Care in Nigeria

Health care provision in Nigeria is a concurrent responsibility of the three tiers of government in the country.

Private providers of health care have a visible role to play in health care delivery.

The federal government's role is mostly limited to coordinating the affairs of the university teaching hospitals, Federal Medical Centres (tertiary health care) while the state government manages the various general hospitals (secondary health care) and the local government focus on dispensaries (primary health care), (which are regulated by the federal government through NPHCDA).

The total expenditure on health care as % of GDP is 4.6, while the percentage of federal government expenditure on health care is about 1.5%. A long run indicator of the ability of the country to provide food sustenance and avoid malnutrition is the rate of growth of per capita food production; from 1970–1990, the rate for Nigeria was 0.25%. Though small, the positive rate of per capita may be due to Nigeria's importation of food products.

3.3.1 Health insurance

Historically, health insurance in Nigeria can be applied to a few instances: free health care provided and financed for all citizens, health care provided by government through a special health insurance scheme for government employees and private firms entering contracts with private health care providers. However, there are few people who fall within the three instances. In May 1999, the government created the National Health Insurance Scheme, the scheme encompasses government employees, the organized private sector and the informal sector. Legislative wise, the scheme also covers children under five, permanently disabled persons and prison inmates. In 2004, the administration of Obasanjo further gave more legislative powers to the scheme with positive amendments to the original 1999 legislative act.

3.3.2 Mental Health

The majority of mental health services is provided by 8 regional psychiatric centers and psychiatric departments and medical schools of 12 major universities. A few general hospitals also provide mental health services. The formal centres often face competition from native herbalists and faith healing centres.

The ratio of psychologists and social workers is 0.02 to 100, 000.

3.3.3 Issues Regulation of pharmaceuticals

In 1989 legislation made effective a list of essential drugs. The regulation was also meant to limit the manufacture and import of fake or sub-standard drugs and to curtail false advertising. However, the section on essential drugs was later amended.

Drug quality is primarily controlled by the National Agency for Food and Drug Administration and Control (NAFDAC). Several major regulatory failures have produced international scandals:

- In 1993, adulterated paracetamol syrup entered into the health care system in Oyo and Benue State, the end result of was the death of 100 children. A year after the disaster, batches containing poisonous ethylene glycol, the major cause of the deaths, could still be purchased.
- In 1996, about 11 children died of contamination from an experimental trial of the drug trovafloxacin.
- In 2008-2009, at least 84 children died from a brand of contaminated teething medication.

3.3.4 Geographic Inequality

Health care in Nigeria is influenced by different local and regional factor that impacts the quality or quantity present in one location. Due to the aforementioned, the health care system in Nigeria has shown spatial variation in terms of availability and quality of facilities in relation to need. However, this is largely as a result of the level of state and local government involvement and investment in health care programs and education. Also, the Nigerian ministry of health usually spends about 70% of its budget in urban areas where 30% of the population resides. It is assumed by some scholars that the health care service is inversely related to the need of patients.

3.3.5 Emigration

Retaining health care professionals is an important objective Migration of health care personnel to other countries is a tasking and relevant issue in the health care system of the country. From a supply push factor, a resulting rise in exodus of health care nurses may be due to dramatic factors that make the work unbearable and knowing and presenting changes to arrest the factors may stem a tide.

Because a large number of nurses and doctors migrating abroad benefited from government funds for education, it poses a challenge to the patriotic identity of citizens and also the rate of return of federal funding of health care education. The state of health care in Nigeria has been worsened by a physician shortage as a consequence of severe 'brain drain'.

Many Nigerian doctors have emigrated to North America and Europe. In 2005, 2,392 Nigeria doctors were practicing in the US alone, in UK number was 1,529. Retaining these expensively trained professionals has been identified as an urgent goal. It should be noted that the Brain drain cut across all healthcare Professionals, thousands of Nigerian Pharmacists and Nurses are practicing in the UK and USA as well and so on.

3.4 Services Provided Cancer Care

A new bone marrow donor program, the second in Africa, opened in 2012. In cooperation with the University of Nigeria, it collects DNA swabs from people who might want to help a person with leukemia, lymphoma, or sickle cell disease to find a compatible donor for a life-saving bone marrow transplant. It hopes to expand to include cord blood donations in the future.

3.5 Commercialization of Public Health Service Delivery

Empirical evidences reveal negative impact of commercialization of public health service delivery on attainment of the MDGs in Nigeria.

Criticism

The 2000 WHO report on the performance of health care systems rank the country 187 out of 191.

- The life expectancy of the country is low and about 20% of children die before the age of 5.
- Traffic congestion in Lagos, environmental pollution and noise pollution are major health issues.
- In 1985, an incidence of yellow fever devastated a town in Nigeria, leading to the death of 1000 people. In a span of 5 years, the epidemic grew, with a resulting rise in mortality. The vaccine for yellow fever has been in existence since the 1930s.

3.6 Maternal and Child Healthcare

In June 2011, the United Nations Population Fund released a report on The State of the World's Midwifery. It contained new data on the midwifery workforce and policies relating to newborn and maternal mortality for 58 countries. The 2010 maternal mortality rate per 100,000 births for Nigeria is 840. This is compared with 608.3 in 2008 and 473.4 in 1990. The under 5 mortality rate, per 1,000 births is 143 and the neonatal mortality as a percentage of under 5's mortality is 28. The aim of this report is to highlight ways in which the Millennium Development Goals can be achieved, particularly Goal 4 – Reduce child mortality and Goal 5 – improve maternal death. In Nigeria the number of midwives per 1,000 live births is unavailable and the lifetime risk of death for pregnant women 1 in 23.

4.0 CONCLUSION

From the study unit, you can testify with me that by providing community based healthcare services at home, and closer to home, you give the people you care for greater personal control and choice, helping them to stay independent longer. Healthcare in Nigeria influenced by different local and regional factor that impacts the quality or quantity present in one location.

Retaining Healthcare professionals is an important objective migration of Healthcare personnel to other countries is a tasking and relevant issue in the healthcare system of a country.

5.0 SUMMARY

Healthcare provision in Nigeria is a concurrent responsibility of the three tiers of government in Nigeria. The Federal government's role is mostly limited to coordinating the affairs of the University teaching hospital, Federal Medical centre while the state government manages the various general hospitals and the Local Government focus on dispensaries which are regulated by the federal government through NPHCDA.

6.0 TUTOR-MARKED ASSIGNMENT

- Briefly explain the meaning of maternal and child healthcare.
- Mention the roles of Federal Government and its limit in healthcare delivery.
- Community healthcare services are designed to do what? Elucidate.

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UNIT 3 QUALITY MANAGEMENT IN HEALTHCARE

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 What is TQM?
 - 3.2 TQM: Where it all begins?
- 4.0 Conclusion
- 5.0 Summary
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1.0 INTRODUCTION

During the last half century the focus of the health care industry in the U. S.A. has moved from research to access to health care, to cost of health care. And in recent times. To quality of health care. The 1993 can be identified as the decades add quality. Value and customer expectations. Total Quality Management is an integrated and innovative system of managerial and organizational activities designed to clearly define and streamline production processes, remove waste and unpredictability, achieve previously unprecedented levels or performance with fewer resources, and meet customer expectations at the highest level of performance with fewer resources.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- To know the cost of healthcare and quality of healthcare.
- Define Total Quality Management.
- Analyze the theories of Total Quality Management in Healthcare.

3.0 MAIN CONTENT

3.1 What Is TQM?

The TQM requires a total paradigm shift in health care management. Meaning that the organization must commit to total participatory involvement. Collective responsibility. Continuous improvement. And flexible objective and plans. TQM demands that change based on the needs of the customer. Not the values of the providers. It requires the meaningful participation of all personnel and a rapid and thoughtful response from top management to suggestions made by participating personnel. The customers in TQM include patients families. Medical staff. Referring physicians, government. Accrediting bodies. Employers and nurses.

TQM is more than a change in values and responsiveness by top management. It requires rigorous process flow and statistical analysis. Evaluation of all ongoing activities. And the recognition and application of underlying psychosocial principles affecting individuals and groups within an organization (5).

3.2 TQM: Where It All Begins?

W. Edwards Deming taught the Japanese a bed rock philosophy of management that has allowed them to take industry after industry away from U.S. competitors. Deming 'principles must be perceived & applied in their entirety as a whole new way of thinking. Superior quality & low costs require a radical change in management policies consistently applied from top to bottom in an organization. Deming points for achieving quality and 100 covering costs include 1. Constantly striving to improve productions and services. 2. Adopting a total quality philosophy. 3. Correcting defects as they happen. 4. Awarding business on more than price alone. 5. Constantly improving the system

of production and services. 6. Instituting training. 7. Institute Leadership. 8. Eliminating fear. 9. Breaking down barriers among staff areas. 10. Eliminating superficial slogans and goals. 11. Eliminating standard quotas. 12. Removing barriers to pride of workmanship and 13. Instituting rigorous education and retraining.

SELF ASSESSMENT EXERCISE

How can healthcare organizations build quality into their outcomes, services, & products, and also benefit financially?

The Hospital corporate of America (HCA) has been a leader in applying the quality improvement ideas of quality guru W. Deming. One of HCA hospital Park view Episcopal medical centre (Pueblo Colorado). Now serves as a role model hospital for the quality process. About 1'3 of Parbieo's employees have been trained in quality awareness, because Deming estimates that 94% Of all errors are system errors rather than employee errors. Managers are trained to focus on bad system not bad employees. Results of the quality improvement of Tert at Park view include: 1. Improved employee morale. 2. A reduction in employee turnover and 3. Reduction in the number of late starting surgery's from 48%to 8%. Parkview has cautiously begun bringing physicians into the quality improvement process. Although Deming was the first & most notable quality thinker, there are many other well- known well respected "quality gurus". Although they have unique perspectives, these authorities agree on some points.

4.0 CONCLUSION

Quality Improvement efforts should focus on and attack the system or the work process, not the employees. The purposes of TQM are to satisfy the internal and external customers 'process and outcome must be measured by analytical, objective and statistical method.

5.0 SUMMARY

Managers are responsible for quality and removing barriers to achieving quality that hinder quality work. Identify and then doing the right things, the right way, the first time and problem solving –leads to quality outcomes. Quality improvement is a never-ending process organization-wide commitment is essential to any quality improvement process.

6.0 TUTOR MARKED ASSIGNMENT

1. What is TQM? In which area does TQM affect the healthcare development?
2. Of what importance is the TQM towards the strategic development of healthcare in Nigeria?

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UNIT 4 HEALTHY PRACTICES THAT PROMOTE GOOD HEALTH

CONTENT

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Strategies for Promoting Healthy
 - 3.2 Overview of the Aim-Hi Program
 - 3.3 The Four Strategies lifestyles
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References

1.0 INTRODUCTION

In recent years, differences in health outcomes by socioeconomic position have been recognized as a persisting trend in public health. A prominent hypothesis in the literature has been that the increased mortality risk associated with low levels of income and education is due to an increased prevalence of risky health practices, such as smoking, binge drinking and physical inactivity. In this unit, however, we are going to look into how a large body of research and theory demonstrates that such practices develop from a complex interplay of from Women's Health Surveillance Report. Factors, including income, education, gender, age, social support, cultural background and physical environment, which create a range of life contexts within which an individual's capacity to adopt healthy practices is either enhanced or constrained.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Explain the Health practices- its impact on subjective views of health.
- Identify the strategies for promoting Healthy lifestyles in your practice.

3.0 MAIN CONTENT

3.1 Strategies for Promoting Healthy

The health practices selected for discussion in this unit are those that have been shown to have different patterns in men and women: eating practices, exercise, weight control (reflecting the links between weight and food intake and exercise patterns), smoking, alcohol consumption, use of pain medication, and use of complementary and alternative therapies. Given the fact that there has already been considerable analysis of the differences in health behaviours between men and women, this chapter focuses on the differences in health behaviours and self rated health among different socio-demographic groups of women.

Health practices have been shown to have an impact on subjective views of health, including self-rated health and global quality of life, findings that support the WHO's definition of health as "a state of complete physical, mental and social well-being and not merely the absence of disease." Findings from longitudinal analyses have shown that self-perceived health is predictive of mortality, chronic disease incidence, recovery from illness, functional decline and the use of medical services. Further, measures of self-rated health have been found to be valid tests with good test-retest reliability and predictive power. Because health status data are not available, self-rated health is used as a proxy for health status in this report.

Strategies for Promoting Healthy Lifestyles in Your Practice Promoting healthy lifestyles is a challenge for many primary care practices. Although most patients understand the importance of physical activity and healthy eating, many seem unable to change their unhealthy behaviors to reduce weight and improve chronic conditions. Medications often take a predominant role in the treatment of these patients, even though medications alone are rarely completely effective for chronic conditions, and lifestyle changes have been shown to significantly reduce morbidity and mortality rates for most chronic diseases. In addition, patients can feel embarrassed and ashamed of their situations, and physicians can feel pressed for time, causing them to avoid the very dialogue they need to embrace in order to facilitate a breakthrough in improved health. There is a better way.

3.2 Overview of the Aim-Hi Program

The Americans in Motion-Healthy Interventions (AIM-HI) research study, conducted by the American Academy of Family Physicians (AAFP) National Research Network and the AAFP Americans In Motion program, involved 21 practices whose clinicians and office staff were encouraged to use AIM-HI strategies and educational tools, discussed below, to improve their personal fitness levels and to promote fitness as the “treatment of choice” for all patients. Fitness was defined using three domains – physical activity, healthy eating and emotional well-being. The research found improvements in three areas:

Self-reported eating behaviors

- 41.8 percent of patients reported an increase of at least one-half serving of healthy foods per week at 10 months.
- 44.8 percent of patients reported a decrease of at least one-half serving of unhealthy foods per week at 10 months.

Self-reported physical activity

- The number of patients who reported physical activity of at least 20 minutes per day, three days per week increased by 10 percent from baseline to four months.
- The number of patients who reported physical activity of at least 20 minutes per day three days per week increased by 10.1 percent from baseline to 10 months. (While this is only a slight increase over the previous measure, it shows that the improvements in physical activity seen at four months were maintained at 10 months.)

Total body weight

- 11.8 percent of patients lost 10 pounds or more from baseline to 4 months.
- 17.8 percent of patients lost 10 pounds or more from baseline to 10 months.

All data are from patients who completed 10-month research visits of the 610 patients enrolled in the study, 62 percent remained in the study from baseline to 10 months.

3.3 The Four Strategies

The AIM-HI approach to fitness promotion involves the following strategies.

1. Create a healthy office

The first step in fostering a healthy office culture is encouraging family physicians to be fitness role models. Most patients already view their personal physician as a role model, and they perceive physicians who practice healthy personal behaviors as more credible and better able to motivate them to make healthy lifestyle choices.

These physicians are also more likely to provide fitness counseling to their patients.

Getting physicians involved raises personal awareness of fitness issues among office staff as well and encourages all members of the practice to “walk the talk,” make simple changes in their own lives and share their personal journeys with patients. As physicians and staff members meet personal fitness goals and incorporate the AIM-HI concepts and tools, changes become evident to patients.

It can be helpful to identify a champion to lead these efforts in your practice. That person can facilitate an initial staff meeting to express the importance of personal fitness and the desire to improve fitness among physicians, staff and patients. Since all members of the practice will need to buy into the program, use a collaborative process. Your practice may want to form a committee to assist the champion in launching and establishing this change.

Several practices in the research group issued staff challenges and created support teams to kick off the program. They also created fitness success posters highlighting staff members who had achieved significant milestones in reaching fitness goals, such as getting off medications, reducing blood pressure and glucose levels, losing weight and improving emotional well-being. Posters were placed strategically throughout the clinic to stimulate healthy internal competition and alert patients to the new fitness culture.

2. Make needed process changes

Conduct a brief, informal assessment of your practice by asking yourself the following questions:

- How does your practice environment currently promote fitness (physical activity, healthy eating and emotional well-being)? Identify challenges you face, and imagine what it might look like if

your clinic were successfully doing everything it could do to promote fitness.

- What roles and responsibilities do staff members have in promoting fitness? This must be a team effort, not merely a physician responsibility. For example, front-desk staff can ask patients to complete a fitness inventory. The nurse or medical assistant can calculate BMI, measure waist circumference, review the fitness inventory and reinforce fitness concepts before the physician enters the exam room. After the exam, a staff member might return to the room to answer questions, help with goal setting or provide patient education.
- What tools or systems do you need to implement to support your efforts? Your practice will likely need to make process changes such as adding BMI and waist circumference to routine vital sign measurements, incorporating a fitness inventory into periodic screenings, displaying fitness-related patient education materials in your reception area and exam rooms, and adding prompts or reminders for addressing fitness with patients.

3. Get patients involved

To initiate fitness conversations with patients, family physicians in the research study found it helpful to capitalize on teachable moments, such as poor laboratory results, a recent diagnosis of chronic illness, new patient visits, annual visits and well-child exams. They also found that switching from an advice-giving communication style to a more patient-centered, conversational style elicited a more receptive response from patients. Physicians in the study also used motivational interviewing techniques such as the following:

- Open-ended questions – e.g., “How are you feeling about your health these days?”
- Affirmation – e.g., “You may not be at your goal yet, but look at how far you’ve come.”

- Reflective listening – e.g., “It sounds as though you don’t feel confident about making this change but you do want to change.”
- Summaries – e.g., “Let me summarize what we’ve just talked about.”

These techniques have proven effective to motivate healthy behavior change in patients. When initiating fitness conversations with patients, the first objective is to assess their current levels of activity, healthy eating and emotional well-being and their readiness to change. Study results indicated that addressing each domain separately is more manageable and less overwhelming to patients. An assessment like the one shown on page 19 can be helpful.

The next step is to help patients set small, reasonable goals. To address the first domain of fitness, physical activity, goals do not need to involve joining a rigorous exercise program at an expensive gym or developing an athletic, muscle-bulging body or a model’s figure. Dispel stress or anxiety, and help them understand possible causes, such as a broken relationship, too many activities or even a lack of sleep. Share strategies for coping, such as learning to express feelings in appropriate ways, talking to a close friend, counselor or religious adviser, using relaxation methods and taking time for self-care.

Another way to address emotional well-being is through a food and activity journal (see page 19) in which patients record what they eat each day and how they feel. This can help patients understand how their emotions play a part in what they eat, and it can teach them not to reach for food in order to deal with stress or other emotions. Patients should also be encouraged to set small, achievable goals related to their emotional well-being, such as spending five minutes each morning in prayer or meditation or having lunch with a friend once a week.

4. Follow up

Most people change their behavior gradually. They may move forward and backward through the four stages of change – pre-contemplation, contemplation, preparation and action – before moving on to the maintenance stage, where the goal is to minimize relapse.⁹ Relapses of some sort are almost inevitable, but a mutually developed, individualized plan for support and follow-up can help patients sustain a healthier lifestyle. The plan should address how and when you will evaluate the patient's progress or renegotiate goals. In some cases, a face-to-face visit will be required. In other cases, follow-up can occur by phone or e-mail with a nurse, dietitian or health educator. Follow-up should occur within three weeks in most cases. The plan should also list resources in your community that can assist your patient, such as physical activity centers, walking groups, psychologists and health educators.

4.0 CONCLUSION

Small, incremental changes are far more likely to be successful for your patients than an “all-or-nothing” approach. In the same way, small, incremental changes are the best approach for your practice as it transitions into a fitness culture. Select any one of the strategies and tools described in this unit to begin experiencing the benefits of healthy lifestyles for you, your patients and ultimately your community.

5.0 SUMMARY

Promoting Healthy lifestyles is a challenge for many primary care practices. Although most patients understand the importance of physical activity and healthy eating, many seem unable to change their unhealthy behaviours to reduce weight and improve chronic conditions. From the study we observed that lifestyle changes have been shown to significantly reduce morbidity and mortality rates for most chronic diseases.

6.0 TUTOR MARKED ASSIGNMENT

1. Enumerate the strategies for promoting healthy lifestyles in your practice.
2. Mention the AIM-HI approach to fitness promotion.
3. Comment to

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UNIT 5 SOCIAL SERVICE

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Overview of Social Services
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References

1.0 INTRODUCTION

Social service, also called welfare service, or social work, any of numerous publicly or privately provided services intended to aid disadvantaged, distressed, or vulnerable persons or groups. The term social service also denotes the profession engaged in rendering such services. The social services have flourished in the 20th century as ideas of social responsibility have developed and spread.

The basic concerns of social welfare—poverty, disability and disease, the dependent young and elderly—are as old as society itself. The laws of survival once severely limited the means by which these concerns could be addressed; to share another's burden meant to weaken one's own standing in the fierce struggle of daily existence. As societies developed, however, with their patterns of dependence between members, there arose more systematic responses to the factors that rendered individuals, and thus society at large, vulnerable.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Identify and explain the religion and philosophical framework of social welfare.
- The role of Social Workers in Social Service.

3.0 MAIN CONTENT

3.1 OVERVIEW OF SOCIAL SERVICES

From the introductory part of this study unit you have been exposed to the various ways through which Social Services provided services (both publicly or privately) intended to aid disadvantages, vulnerable, distressed persons or groups.

Religion and philosophy have tended to provide frameworks for the conduct of social welfare. The edicts of the Buddhist emperor Aśoka in India, the sociopolitical doctrines of ancient Greece and Rome, and the simple rules of the early Christian communities are only a few examples of systems that addressed social needs. The Elizabethan Poor Laws in England, which sought relief of paupers through care services and workhouses administered at the parish level, provided precedents for many modern legislative responses to poverty. In Victorian times a more stringent legal view of poverty as a moral failing was met with the rise of humanitarianism and a proliferation of social reformers. The social charities and philanthropic societies founded by these pioneers formed the basis for many of today's welfare services.

Because perceived needs and the ability to address them determine each society's range of welfare services, there exists no universal vocabulary of social welfare. In some countries a distinction is drawn between "social services," denoting programs, such as health care and education, that serve the general population, and "welfare services," denoting aid

directed to vulnerable groups, such as the poor, the disabled, or the delinquent. According to another classification, remedial services address the basic needs of individuals in acute or chronic distress; preventive services seek to reduce the pressures and obstacles that cause such distress; and supportive services attempt, through educational, health, employment, and other programs, to maintain and improve the functioning of individuals in society. Social welfare services originated as emergency measures that were to be applied when all else failed. However, they are now generally regarded as a necessary function in any society and a means not only of rescuing the endangered but also of fostering a society's ongoing, corporate well-being.

The majority of personal social services are rendered on an individual basis to people who are unable, whether temporarily or permanently, to cope with the problems of everyday living. Recipients include families faced with loss of income, desertion, or illness; children and youths whose physical or moral welfare is at risk; the sick; the disabled; the frail elderly; and the unemployed. When possible, services are also directed toward preventing threats to personal or family independence.

Social services generally place a high value on keeping families together in their local communities, organizing support from friends or neighbours when kinship ties are weak. Where necessary, the services provide substitute forms of home life or residential care, and play a key role in the care and control of juvenile delinquents and other socially deviant groups, such as drug and alcohol abusers.

Modern evolution

In the advanced industrial societies the personal social services have always constituted a "mixed economy of welfare," involving the statutory, voluntary, and private sectors of welfare provision. Although the role of personal social services is crucial, they account for only a small proportion of total welfare expenditures. The most substantial increases in expenditures have occurred in social security systems,

which provide assistance to specific categories of claimants on the basis of both universal and selective criteria. The development of modern social security systems from the 1880s reflects not only a gradual but fundamental change in the aims and scope of social policy but also a dramatic shift in expert and popular opinion with regard to the relative significance of the social and personal causes of need.

In the belief that personal shortcomings were the chief cause of poverty and of people's inability to cope with it, the major 19th-century systems of poor relief in western Europe and North America tended to withhold relief from all but the truly destitute, to whom it was given as a last resort. This policy was intended as a general deterrent to idleness. The poor-law relieving officer was the precursor of both the public assistance officials and the social workers of today in his command of statutory financial aid. The voluntary charitable agencies of the time differed on the relative merits of deterrent poor-law services on the one hand, implying resistance to the growth of statutory welfare, and on the provision of alternative assistance to the needy, coupled with the extension of statutory services, on the other hand. From the 1870s the Charity Organization Society and similar bodies in the United States, Britain, and elsewhere held strongly to the former option, and their influence was widespread until the outbreak of World War II.

The settlement movement in Britain and the United States drew voluntary workers into direct contact with the serious material disadvantages suffered by the poor. The pioneer of this movement was the vicar Samuel A. Barnett, who in 1884 with his wife and a number of university students "settled" in a deprived area of London, calling their neighbourhood house Toynbee Hall. Two visitors to this settlement soon introduced the movement into the United States—Stanton Coit, who founded Neighborhood Guild (later University Settlement) on the Lower East Side of New York City in 1886, and Jane Addams, who with Ellen Gates Starr founded Hull House on the Near West Side of Chicago in 1889. From these prototypes the movement spread to other U.S. cities and abroad through Europe and Asia.

The origins of modern social casework can be traced to the appointment of the first medical almoners in Britain in the 1880s, a practice quickly adopted in North American and most western European countries. The almoners originally performed three main functions: ascertaining the financial eligibility and resources of patients faced with the rising costs of medical care, providing counseling services to support patients and their families during periods of ill health and bereavement, and procuring adequate practical aids and other forms of home care for discharged patients. Elsewhere secular and religious charitable associations providing financial help, educational welfare, and housing for the poor began to employ social workers.

By the turn of the century there were various schemes for organizing charitable work on “scientific” principles according to nationally agreed standards of procedure and services. In Britain, the United States, Germany, and, later, Japan, leading charities worked in conjunction with poor-law and public assistance authorities, an approach endorsed in 1909 in the majority report of the British Royal Commission on the Poor Law. The first schools of social work, usually run by the voluntary charitable agencies, appeared in the 1890s and early 1900s in London, New York City, and Amsterdam, and by the 1920s there were similar ventures in other parts of western Europe and North America and in South America. The training programs combined casework methods and other practical forms of intervention and support, with particular emphasis on working in cooperation with individuals and families to restore a level of independence.

From the 1900s onward the surveys conducted by Charles Booth in London and Seebohm Rowntree in York and by other researchers began to transform conventional views of the role of the state in social welfare and the relief of poverty, and the social causes of poverty came under scrutiny. At the same time, the scope of social work was growing, with the spread of settlement houses, to include group work and community action. In most countries social welfare services, or personal social

services, rather than being separately organized and administered, are often attached to other major social services, such as social security, health care, education, and housing. This is explained by the course of their historical development. The means open to policy-making and administrations in the personal social services are often incompatible. For example, the demands of the general integration and coordination of care programs can conflict with the provision of services that take due account of the needs of specific client groups. Also to be reconciled are the provision of individual services and the provision for family and neighbourhood needs.

Statutory and voluntary social services have evolved in response to needs that could not be fully met by individuals either alone or in association with others. Among the factors determining the present nature of such services are, first, that the growth in the scale and complexity of industrial societies has added to the obligations of central and local governments. Second, the increasing wealth and productivity of industrial societies has heightened public expectations regarding standards of living and standards of justice, at the same time augmenting the material capacity to meet those expectations. Third, the processes of social and economic change have grown to such proportions that individuals are increasingly ill-equipped to anticipate and cope with the adverse effects of such change. Fourth, it is difficult and sometimes impossible to recognize and provide for the idiosyncratic needs arising from the interaction of social and personal life.

Any family can experience crises that it is powerless to control. The hardships of ill health and unemployment can be compounded by loss of income; divorce and separation can impede the welfare and development of young children; and long-term responsibility for dependent relatives can impair the physical and emotional well-being of those who provide the care.

A very small number of families experience such intractable problems that they require almost continuous help from personal social services. Some of these families present problems of deviant behaviour, including family violence and child abuse, irregular attendance or non-enrollment in school, alcohol and drug abuse, and crime and delinquency. Not all poor families, however, make heavy demands on social welfare services; indeed considerable hardship could be alleviated through more efficient use of existing services.

Over time, social workers have acquired a special responsibility for people whose particular needs fall outside the aegis of other professions and agencies. Apart from the requirements of individuals and families with serious long-term social and emotional problems, personal social services meet a wide spectrum of needs arising from the more routine contingencies of living. Inevitably personal social services are primarily concerned with reacting to a crisis as it occurs, but today much effort is being invested in preventive work and in the enhancement of welfare in the wider community. In this respect comparison can be made with the traditional aim of social security—the reduction of poverty—and the more ambitious objective of income maintenance.

The organization of personal social services in different societies is extremely variable. Ethnicity and urban deprivation have added new dimensions to need that cut across the traditional client categories of families, children, youth, the sick and handicapped, the unemployed, the aged, and the delinquent. Nevertheless, there are continuities and consistencies in the pattern of needs that characterize these major client groups.

4.0 CONCLUSION

Social service also called social welfare or social work any of numerous publicly or privately provides a special responsibility for people whose particular needs fall outside the aegis of other professions and agencies.

5.0 SUMMARY

You have been exposed to the various ways through which Social Services provided services (both publicly or privately) intended to aid disadvantages, vulnerable, distressed persons or groups. Social services generally place a high value on keeping families together in their local communities, organizing support from friends or neighbours when kinship ties are weak.

6.0 TUTOR MARKED ASSIGNMENT

- 1a. What is social service?
- 1b. Briefly elucidate the roles of a social worker or social welfare worker.
2. Elucidate the origin of modern social casework.

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MODULE 4 CRIMINOLOGY

UNIT 1 DEFINITIONS OF CRIMINOLOGY

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 What is Criminology?
 - 3.1.1 Social Norms and Values
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignments
- 7.0 References

1.0 INTRODUCTION

Criminology is best seen as a social science, which is concerned with the aspects of human behaviour. Criminology has many meanings but the most commonly accepted is the specific scientific understanding of crime and criminals. It is a multidisciplinary or interdisciplinary subject. This is because criminology draws from the works of legal scholars, philosophers, Biologists, psychiatrists, psychologists and sociologists. Basically, crime appears to be a sociological concept. And does not exist as an autonomous entity but is socially constructed.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Define extensively what criminology is;
- State the extent and nature of criminology;
- Understand the societal norms and values
- Explain the different categories of values and how they affect crime.

3.0 MAIN CONTENT

3.1 What is Criminology?

The term ‘criminology’ is essentially concerned with the scientific study of crime. It should not be confused with the science of criminal detection or Forensic science and forensic pathology. There is no direct linkage between the detection of crime by the enforcement agents and the study of crimes and criminal behaviour carried out by the criminologists. Sometimes however there may exist an indirect connection. The criminologist usually focus more on ‘how’ and ‘why’ crimes are committed rather than ‘who’ did it, and providing proof of guilt. “Criminology is best seen as a social science concerned with those aspects of human behaviour regarded as criminal because they are prohibited by the criminal law, together with such aspects of socially deviant behaviour as are closely related to crime and may usefully be studied in this connection” (Hall Williams, 1984). Simply put, criminology is the study of crime and criminal behaviour. It is an interdisciplinary field of study which analysis the aspects of a particular human behaviour. This entails the examination of the particular aspects of the behaviour that predisposes him to be referred to as criminal. The study recognizes what determines and why individuals commit crime and juvenile delinquency; and as well as the steps necessary in controlling crime.

The major branches of criminology are: Penology, the study of penal sanctions or punishment; Victimology, the study and rehabilitation of the victims of crime; Criminalistics, the methods of investigation and detection of crime, especially the job of law enforcement agencies and forensic experts; Administration of Criminal Justice involving the courts and prisons; and Empirical Research, for analyzing crime data with regard to arrests, convictions and sentencing. As an academic field of study, criminology includes other disciplines such as law, sociology, psychology, psychiatry, medicine, economics, political science, geography, biology, chemistry, history, public administration and

anthropology. To study crime, the criminologist, tries to identify the individual and the society. Therefore, the psychological, physiological, social as well as environmental factors are important in determining why an individual exert criminal behaviour.

In defining criminology as an independent discipline the seventeenth and eighteenth century understanding of crime was regarded as an omnipresent temptation to which all human kind was vulnerable. But the question was, “why some succumbed and others resisted”. The explanation was trailed off into the unknowable resort to fate, or the will of God, or providence. That is, the Christian tradition discusses individual wrongdoing in an explicitly moral and spiritual term which contradict the systematically controlled empirical evidence. They believed that the invocation of the Devil or divine intervention is a spiritual account for human action. For instance, the story tells us how a woman fell in with bad company and sorely tried by temptation, became too fond of drink, lost her reputation and was driven to crime by lust. Nevertheless this puritan’s tale of sin and repentance is rich in the features with the contemporary criminological theories. Other discourses on crime and criminals are the various writings of ancient and medieval philosophers. These include criminal biographies and broadsheets, accounts of the Renaissance underworld, Tudor vogue pamphlets, Elizabethan dramas and Jacobean city comedies that made rudimentary versions of an understanding of how one becomes deviant. Others are the utopia of Thomas More and the Famous novels of Daniel Defoe especially “Moll Flanders” published in 1722. In fact, what we need to recognize was that there were variety of ways of thinking about crime, and that criminology is only one version among others. The important connection between the literature of the reformers and the criminology that followed was that the reformers of the late eighteenth and early nineteenth centuries were writings about a set of legal institutions about the systematic arrangement of social policy goals and order. The Enlightenment writers wrote secular analyses, emphasizing the importance of reason and experience rather than the theological forms of reasoning, which are dominated by irrational, superstitious beliefs and

prejudices. This is based on “unscientific” reliance upon speculative reasoning rather than observed facts.

By the middle years of the nineteenth century the “scientific” style of reasoning about crime had become a distinctive feature of the emergent culture of amateur social science.

The scientific style of reasoning was the Enlightenment thinking about crime. What we saw was a paradigm shift from non-rational thinking to that which is based on the principles of Enlightenment of crime. The cornerstones of such thinking were the French philosophers’ ideologies that highlight the importance of rationality. They made a distinctive move away from the systems that were by irrational to a more rational and predictable factors. Reason became a key way of organizing knowledge. There was universalism for general laws and the idea of the uniformity of human nature against the view that beliefs of other nations and groups are not inherently inferior to European Christianity. Secularism became opposed to the church. The thinkers include Voltaire, Montesquieu, and Rousseau.

In defining criminology as a legal subject, Sykes defines criminology as the study of the social origins of criminal law, the administration of criminal justice, the causes of criminal behaviour, and the prevention and control of crime. In this definition, the emphasis is on the function of law and the efficacy of the administration of justice in the prevention and control of crime. Sutherland and Cressey define criminology as the body of knowledge regarding delinquency and crime as social phenomena. According to them, criminology includes within its scope, the process of making laws, of breaks laws, and the reacting to the breaking of law. They conclude that criminology consists of the sociology of law, criminal etiology and penology. This is the aspect of the subject of criminology in sociology.

On the discussion of criminology as an inter- or intra - disciplinary subject: the modern criminological ideology is composite, eclectic and multidisciplinary. It is a body of systematically transmitted forms of knowledge. The list of its central topics is long and diverse, and each topic breaks down further into numerous sub- topics. The substantive areas have adopted a variety of qualitative and quantitative methods, drawing upon the whole gamut of theoretical perspectives such as psychoanalysis; functionalism, internationalism, ethno methodology, Marxism, feminism, critical ethnic theory, system theory, postmodernism, etc.

Psychoanalysis

The Psychoanalysis criminology is the basis of Sigmund Freud analysis of crime. According to Freud, crime and delinquency are a consequence of an imbalance between the three factors of the subconscious mind: the id, the ego, and the superego. The id (instinct gratification) is the component of the subconscious mind that is self-serving, egocentric, and concerned with self-gratification. Conversely, the superego is the component of the mind that represents morality and conscience. The ego mediates between the contrasting needs of the id and superego, and attempts to fulfill the desires of the id within the boundaries of social conventions. If the id or superego overpowers the mediating force of the ego, crime, delinquency, and other forms of irrational behaviour may occur.

Functionalism

The functionalism criminology is the structural - functionalism paradigm of Robert k. Merton and Talcott Parsons. They coined this sociological terminology “functionalism” from a type of crime which is characterized as a consequence of societal requirements, customs and institutions. It is a fact that no society exists without crime. Crime is both functional and dysfunctional. It is functional when its society has a normal characteristics and proper actions of a social organization, but

dysfunctional when it undermines and impairs society's capacity to provide for the well-being and safety of its members and to maintain their trust.

Interactionalism

The Interactionism criminology is the basis of Erving Goffman analysis of crime. The central point of the symbolic-integrationist theory is that behaviour should be regarded not so much in terms of what it means to others and society in general but what it means to you, the actors. Also the way other people react or respond to your behaviour powerfully influences your own perception of reality, response and reaction. It examines the new ways of looking at behaviour, and what the language used symbolizes for the actor, as well as how other people's behaviour is described and interpreted.

Marxism

The Marxism criminology is the basis of Marxist approach of crime. Its thesis is that criminal behaviour arises from the wider social conditions or social structure of political economy. Marx observed that the economic base or the infrastructure determines the precise nature of the super structure.

Feminism

The Feminist perspective is the radical tradition of the feminist criminology by a British sociologist, carol smart. Its main focus is that economic disadvantage is the primary cause of crime. She claims that social economic and cultural liberation of women will lead to an increase in traditional "masculine" behaviour. The feminist crime according to her arises out of frustrations, sub service, and dependency.

Therefore, the main focus of the criminologist is in the main criminal behaviour as an aspect of social behaviour including the way people are perceived and dealt with as offenders. The offenders are the acts or conducts that violate the criminal law of the society. Examples are murder or culpable homicide, robbing or brigandage, stealing, theft. In the same vein, if the act or conduct does not violate the criminal law of society then that act or conduct does not constitute a crime. Example: telling falsehood; gluttony, greed.

SELF-ASSESSMENT EXERCISE

- i. Discuss the inter or intra disciplinary ideology of criminology, pointing out its salient features in the Nigerian context
- ii Examine the main focus of a Criminologist in its investigation.

Crime

Crime is a particular form of deviance. It is a violation of a law. Laws are the most formal of norms. Deviance relates to the violations of folkways and mores, whereas the term ‘crime’ specifically refers to those behaviours that violate norms encoded in the penal code or criminal laws. Punishment for crime is therefore commonly harsher and more formalized than those for breakers of the folkways and mores. But the punishments are not necessarily uniformly applied and the patterns of inequality are quite common.

Crime must be distinguished from Sin (immorality) and other acts of wickedness.

‘Sin’ may or may not be regarded as a crime. For example, it is a sin for a Christian to consult “juju”, engage in idolatry or fornication. These acts cannot be considered as crimes because they are not prohibited under purview of punishment in the criminal law or penal code. It must be pointed out that crime is relative in time and place. What is a lawful behaviour in the past may constitute a criminal behaviour due to

changing social, economic and political factors. For example, before the advent of the colonial rule in Nigeria, the Ibos, indulged in human sacrifices and killing of twins to appease their gods. But this practice is now a crime. In the same vein, what was criminal behaviour in the past may be viewed as a lawful behaviour today. For two decades in the recent past, wandering was a crime and it was the Babangida administration that decriminalized it. Driving by the right was an often as independence and sometime there after it is the norm today. If we say that crime is relative; it then means that what constitutes a crime in one society may not necessarily be a crime in another society. This is as a result of cultural variability. For example, polygamy (one man marrying more than one wife at a time) is a crime among Christians in Nigeria, whereas it is legitimate for a Muslim to marry one, two, three or four wives. It is an accepted pattern of honoured practice, among traditionalists of no Christian belief.

According to Emile Durkheim (1893); a sociologist, crime is as a result of a necessary consequence of the existence of a collectively supported morality. Crime can be seen as a necessary part of every social order because any social order needs a collectively supported morality. He uses laws as an indicator of moral norms. He divided laws into two kinds: (a) Criminal Laws and (b) Civil Administrative Laws.

A violation of criminal laws constitutes a violation of the collective conscience, since it is understood that a person who violates a society's law invites society's anger and must be disciplined. Durkheim asserts that an action does not shock the common conscience because it is criminal; rather it is criminal because it shocks the common conscience. We do not reprove it as a crime, but it is a crime because we reprove it". On the other hand, civil and administrative laws represent a lesser expression of collective conscience in view of the nature of the consequences that flow from them. A violation of criminal law calls for punishment, but a violation of a civil law requires compensation of the victim by the offender. For example, if a person fails to pay a debt, he is called upon to pay it, and may be required to compensate his

creditor. Criminal laws call for retribution whereas civil laws seek to restore parties to their status quo ante.

Durkheim found that the proportion of the two types of law changes as societies move from mechanical to organic solidarity. Societies with mechanical solidarity – with the solidarity of a likeness – are noted for higher proportion of penal or retributive laws, which stipulate rules of correct behaviour and are backed up by “repressive sanctions”. But as the Division of Labour increases and as society becomes integrated by organic solidarity, civil, commercial, procedural, and administrative laws become prevalent, the enforcement of which is “restitutive sanctions”. Thus, mechanical solidarity is associated with a society with little Division of Labour while societies with high Division of Labour are bound by organic solidarity. Here people are engaged in a variety of occupations; relations are in the form of exchanges of services with each other through an intricate economic market.

Paul Tappan, lawyer and sociologist defined crime as an intentional act or omission in violation of criminal law (statutory and case law) committed without defence or justification and sanctioned by the state as a felony or misdemeanour. A person may not be punished for his or her thoughts. There must be a prescribed act or omission proven to be committed. Words may tantamount to an act as in Treason, Aiding or Abetting. But to think about committing a crime is not punishable. Failure to act is not a crime unless there is a duty to act; a mere moral duty to act would not suffice. An act or omission, in order to be criminals, must be voluntary; and that presupposes that the actor has considers his or her actions. Hence a crime is an act or omission defined by law and unless the elements specified by statutory or case law are present and proven beyond a reasonable doubt there may be no finding of a “crime” and a person may not be convicted of a crime.

SELF-ASSESSMENT EXERCISE

What is crime?

Social Norms and Values Norms

Social Norms are concrete behavioural rules or guidelines that specify appropriate and inappropriate behaviour. They tell us what we should, ought to, and must do as well as what we should not, ought not, and must not do. In other words, they not only tell us the “thou shalts” but also “thou shalt nots”. They are expectations shared by the members of the society-at-large or by the members of the particular groups within the same society. Values are the abstract, general concepts, central beliefs or ideas that provide a standard by which norms are judged. Values are thus widely held beliefs for the maintenance of social order. They tell us about what is good, desirable, and important. They are expressions of preference, with some distinct moral overtones. For example, marriage institution remains a value for every young man in Nigeria. Others are values in Education, morality, generosity, etc. If values operate as general principles, norms are specific rules which govern human behaviours in particular situations. Once again, these differ from one society to another and from community to community. Examples include appropriate behaviour while eating. In Africa, talking while eating is a bad habit.

Sociologists see the breakdown of social norms as the underlying cause of social problems. This social disorganization Approach has the assumption that the society is a relatively persistent, stable as structure, well integrated, with every element having a function that helps maintain the system. But if people deviate from the social norms and values, they create disharmony to the social structure, and definitely, they should be labeled “criminals”. This is because they are certain ways and standards of behaviour expected of people in the society.

There are three Elements of Social Norms, namely:

- Folkways
- Mores
- Law

(i) Folkways

Folkways are approved ways of behaviour which are passed from one generation to another. They are norms that are looked upon by the members of a society or a group within the same society as not being extremely important and that may be violated without severe punishment from the society or group. That is, folkways are the least important norms which involve in everyday conventional routines. They belong to the category of behaviours that “should” and “should not” occur, as specified by the society or a social group. An example of folkway is the rule that forbids eating without having a mouth wash particularly in the morning. Amongst the Yorubas where you are not to have a handshake with the Oba but should instead prostrate before him.

Sanctions imposed on the violation of folkways are often relatively mild expressions of reprimand, such as, frowns, throat clearing or tongue clucking. Sanctions are reactions that convey approval or disapproval of behaviour. The violator undergoes a “culture shock” where he violates the expected social behaviours of defined roles. It could be alternatively interpreted that the violator’s behaviour is rude, curious, eccentric, deranged, aggressive or hostile.

The principal characteristics are that Folkways are fairly weak norms sometimes called “conventions” which are passed down from the past. The violation of folkways is generally not considered as serious within a particular culture. For instance, despite public expectation, that university student should be reasonably dressed in the campus, it is common to find some students in cut-off T-shirts. Even on Lagos roads, one usually sees Bus-Conductors going without adequate dressing on hot periods of the day. These are examples of Nigerian folkways. An early U.S. Sociologist, William Graham Sumner (1959), used the term folkways to designate a society’s customs for routine, causal interactions. He sees folkway as drawing a line of relationship between right and rude.

The moral significance is observed in the notions about proper dressing appropriate greetings, and common courtesy.

(ii) Mores

These are norms that are looked upon by the members of a society or a group within the same society as being extremely important and the violation of which will normally result in severe punishment from the society or group. They are norms which reflect moral and ethnical behaviours. They generally include behaviours defined as those that absolutely “must” or “must not” occur. Transgressors face the imposition of shame, ostracism, and sometimes exile. Mores may include rules governing marriage partner selection. For example, many societies require that mates must not be selected from the same parents or family. Such marriage may be subjected to a range of sanctions, including ex- communications from a church, and a refusal to acknowledge the marriage as legitimate. To William G. Summer, mores are society’s standard, of proper moral conduct. He observed that mores essentially maintain a way of life. This is related to the emotional attachment which they build themselves upon. It could be an unacceptable conduct in a particular culture, an example, is a student from the National Open University of Nigeria attending the tutorial class in tatters. Summer sees mores as drawing a line of relationship between right and wrong. For example, a Banker who does not wear a coat and a tie at the counter of the office is guilty of a breach of banking etiquette. Take another instance, the former Chairman of Economic and Financial Crime Commission (EFCC) Mr. Nuhu Ribadu was summoned a disciplinary panel of the Nigeria Police force on December 2008. The reason was that he went to the Aso Rock to see Mr. President, Musa Yar’Adua in mufti rather than putting on the Nigerian Police uniform. This is a challenge of social mores which attempts some serious sanctions. In the same token, some police constables were sanctioned because they attended the Court of Appeal during the Governorship ruling between Comrade Adams Oshiomole of the Action Congress

(A.C) and Prof. Oserheimen Osunbor of the People's Democratic Party (PDP) on November, 2008 in Benin for improper dressing. They were not in official police uniforms. Thus, mores are strongly held norms whose violation would seriously offend the standards of acceptable conduct.

(iii) Law

Laws represent formalized Norms that may derive from folkways or mores and are enacted by lawmaking bodies in response to new or newly recognized developments or needs. That is, laws are the folkways and mores deemed so vital to dominant interests that they become translated into written, legal formalizations that even non-members of the society are required to obey. Sanctions are formally enforced and are carried out by special officers who are charged with the purpose of maintenance of social order in the society. In Nigeria, there are customary laws backed with formal sanctions. They include the proscription of nudity in public places. These are derived from the basic ideas about what is good or bad. These formalized principles of law are normally enforced through the formal agencies of social control. Others remain as general organizing principles for life and are fostered through the agencies of socialization. So when laws are not firmly based on norms shared by the majority, they are difficult to enforce. An example is the proscription of smoking in the Federal Capital Territory (FCT) Abuja of cigarette in the territory. The Enforcement of such a ban remains a mirage. Yet in many Northern states of Nigeria, The sales and consumption of alcoholic beverages is crime in the states. These laws are difficult to enforce, because of private nature of the act and because of the laws, are so commonly violated (Neubeck, 2005). The law criminalising the possession and the use of marijuana is another. There remain schisms in the social cohesion underlying the law and it is continually challenged. Marijuana, a type of the cannabis sativa is locally called "eegbo", wee-wee, kaya or stone. It is consumed every day in the streets as though were not proscribed. But one latent consequence of these sanctions is the reproduction of class and racial inequality (Neubeck, 2005).

SELF-ASSESSMENT EXERCISE

Explain the three Elements of Social Norms

4.0 CONCLUSION

In this unit, we have examine that, crime depends on the norms that people develop and use to judge others. It is an established fact, that what constitute a crime in one society may not be regarded as a crime in another. Nevertheless, crime is used as a tool for the maintenance of social order in the society and as such every society experiences crime and at the same time has criminals.

5.0 SUMMARY

In this unit, we have discussed what Criminology is and what constitutes a crime. We also study about Social Norms as a phenomenon of criminology.

6.0 TUTOR-MARKED ASSIGNMENTS

1. Criminology is the scientific study of crime and criminal behaviour, including the ways it occurs, the causes of crime, legal aspects and control as well as possible solution to the crime problem (Schmallegger). Do you agree with this definition?
2. Explain the functions of cultural variability in the study of crime? Give 3 examples.

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UNIT 2 CONCEPTUAL DEFINITIONS

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Definitions of Concepts
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 Reference

1.0 INTRODUCTION

Attempt to de-mystify some technical words for a better understanding will be a useful basis for beginners of the subject-matter of criminology. There are certain terms that features in this unit which requires explanation, it is to this that we now turn.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Know the meaning of different concepts used
- Have an elementary understanding of certain concepts and
- Become familiar with certain technical jargons.

3.0 MAIN CONTENT

3.1 Definition of Concepts

Crime

Crime is defined as any act that violates the law. Hence, it is defined relative to laws, and varies from society to society, from state to state, from time to time, and from strict enforcement to none. According to Curzon (1973) “Crime is any act or omission resulting from human conduct which is considered in itself or in its outcome to be harmful and which the state wishes to prevent, which renders the person responsible liable to some kind of punishment; the result of the proceedings which are usually initiated on behalf of the state and which are designed to ascertain the nature, extent and the legal consequence of that person’s responsibility.

To Emile Durkheim, crime is a category which can be defined only by reference to the specific social norms and values of the society in which it occurs. Durkheim does not regard some actions as crime absolutely he recognizes that given the whole total of human social experience, crime should be that which contradicts the collective sentiments of the social group.

There are categories of terms. Among them are (1) moral order (victimless crimes) – violation of law in which there are no readily apparent victim such as prostitution, gambling, vagrancy, purchasing illegal drugs like cannabis or marijuana; (2) property crimes – common crimes committed in industrial societies, including Robbery, Burglary and Larceny, and (3) violent crimes – involve threat of violence, include murder, manslaughter, infanticide, assault, sexual assault, abduction and robbery.

The Components of Crime

Technically, crime is composed of two elements: (1) the act itself (or, in some cases, the failure to do what the law required) and (2) criminal intent (in legal terminology, mens rea, or” guilty mind”) intent is a matter of degree, ranging from willful conduct to negligence in which a person does not deliberately set out to hurt anyone but acts (or fails to) in a manner that may reasonably be expected to cause harm. Juries

weigh the degree of intent in determining the seriousness of a crime and may find the person who kills another guilty of first-degree murder, second- degree murder, or manslaughter.

Criminal Law

According to Curzon (1973), criminal law is a branch of public law, which deals with the relationship between members of the public and the state. It spells out clearly the trial and punishment of offenders. It is the principles law of crimes.

Sutherland and Cressey (1974) define criminal law as “a list of specific forms of human conduct which has been outlawed by political authority, which applies uniformity to all persons living under the political authority, and which is enforced by punishment administered by the state”. From this definition Sutherland Cressey brought out some fundamental characteristics of criminal law such as polity, specificity, uniformity and penal sanction.

Polity

The criminal laws are usually enacted by the political authority, eg the national or state assembly.

Specificity

Criminal laws are usually specific in regard to those behaviours that are termed as deviant and at the same time in which conditions such behaviour may not be regarded as crime.

Uniformity

Criminal law, as an instrument of rule of law, is expected to apply to all persons irrespective of class, sex, ethnicity and religions or political affiliation.

Penal Sanction

Criminal law usually prescribes a specific punishment for a particular deviance. Any law that does not prescribe a punishment for its violation should not be regarded as a criminal law.

The definition of criminal law has a historical antecedent. The historical roots came from two early sources: first is (a) the Babylonian code of Hammurabi (b) the mosaic code and (c) the Roman twelve tables-Justinian corpus Juris Civilis (body of civil law). The second source was the English common law, the source of the present-day legal system. The common law developed in England after the introduction of feudalism (the monarch was the supreme land lord; All title to real property was ultimately traced to the crown) following the Norman Conquest in 1066. It was in the law that crime was not seen as an act against the whole society, therefore compensation was paid to the victim rather than the state. Criminal law deals with criminal behaviour; it is that branch of law, which lists the various criminal offences, identifying the elements or ingredients, which make up the offences, and specifying the punishment for each or group of offences accordingly. A major objective of criminal law is the prevention and control of crime. Crime, as we have explained, is considered a public wrong, or wrongs against the society.

Norms

Norms are standards that define the obligatory and expected behaviours of people in various situations. They reflect a society's beliefs about correct and incorrect behaviours. Norms help society control appropriate or harmful behaviours. For example, Driving under the influence of alcohol and Drugs is now normatively defined as unacceptable, as are other harmful behaviours such as rape, murder, and drug trafficking. And smoking in public places is increasingly frowned upon, if not defined as illegal in some setting. At the same time, a norm defining appropriate behaviour of a student in a classroom situation looks on him to sit down, open a notebook, have a pen or pencil ready to take notes. He should not chat on a cell phone during class; he should raise his hand

to speak. He ought to know all these without receiving a written list of rules from each individual teacher. These are the standards that define the obligatory and expected behaviours of people. When people's expectations of behaviour are suddenly violated, they experience culture shock (Neubeck, 2005). Broadly speaking, norms are obeyed for two reasons: First, members of all cultures develop mechanisms for internalization – the social processes by which norms and values become thoroughly ingrained and are largely unquestioned as ways of thinking and acting “normally”.

Second, when socialisation fails to produce the desired behaviour mechanisms/traits, “social control” comes in to enforce conformity. These range from such informal punishments as gossip and ostracism, to official forms of sanctions such as imprisonment.

There are three types of norms, based on their level of importance to the dominant members of the society. They are (1) Folkways, (2) Mores and (3) Laws. The negative sanctions, or punishments, meted out to violators of norms vary in severity depending on the type of norm being transgressed.

Law

In its simplest meaning, law is a body of rules of conduct prescribed by an authority with binding legal force, the violation of which may attract punishment. Law is a term derived from the Anglo- Saxon word ‘lagu’, meaning to determine. There are however some variations in the definition of law. Salmond, for example, defined law as ‘the body of principles recognized and applied by the state for the administration of justice.’ Vinogradoff defined law as ‘a set of rules imposed and enforced by a society with regard to the attribution and exercise of power over persons and things’.

According to him, it is important for the society to recognize and respect the rules. Pound defined law as a means of ‘social control through the systematic application of the forces of politically organized society, while Austin defined it as ‘a rule laid down for the guidance of individuals by the individuals with power over them.

Criminal

A criminal should be understood as a person who have violated the criminal law of the land and has been found guilty by a court of law and punished accordingly. This is the legal phenomenon of the definition of criminal.

Another perspective however argues that anyone who violates the criminal law should be deemed a criminal ,regardless of whether or not they are apprehended, tried and punished by a court of law .This argument is based on the fact that many acts defined by the criminal law as crimes e .g .murder ,robbery ,arson ,and car-theft are committed daily .A good number of these criminals are not known or reported to the police .Those who are reported may escape police prosecution or conviction by the courts on account of corruption or incompetence on the part of the police and court officials .Those who are prosecuted may escape conviction as a result of procedural and other legal technicalities yet , such persons have violated the criminal law by engaging in murder ,robbery ,arson or car- theft ,as the case may be .These are what Kora and McCorkle have referred to as ‘offenders –in facts’ as different from ‘criminals by adjudication’. The latter are persons who have been tried and convicted for particular offences by courts of competent jurisdiction, whether or not they committed the offences alleged .It must be noted that some persons may be convicted in error just as many people who should be convicted escape the long arms of the law for whatever reason.

Types of Criminals

As Clinard notes, Criminal offenders are often classified, from a legal point of view, by the type of the crime, such as murder, burglary, arson, rape or embezzlement. In these instances, such criminals will be classified as murders, burglars, arsonists, rapists or embezzlers respectively. At other times, criminals may be classified according to sex or age. But a good number of offenders belong to career types, in which group or cultural influences play a major role in the development of this offender-type; e.g. is property offenders.

Deviance

Deviance is a violation of norms of the land,-a deviation from or fail to conform to the norms. Deviance ranges from the trivial to the acute – from sleeping in class to committing murder. How others react to a deviant act indicates how serious the violation is or whether or not people ignore or disapprove of it. Some actions are regarded as deviant in some societies, and not in others, while other actions are regarded as deviant in all societies. For example, drinking of alcohol is a serious deviance in some states of Northern Nigeria.

Distinction between Deviance and Crime

Deviance is a violation of the norms held by the society's members while crime is a particular form of Deviance. That is, crime is a violation of a law. Law is the most formal of norms. Norms are the defined obligatory and expected behaviours of people in a given situation. That is, they are rules. They include the folkways, the mores, and the laws which are translated into a written legal code and enforced by the state. Therefore, the term 'Deviance' refers to the violations of folkways and mores while 'crime' refers to those behaviours that violate norms in the criminal and penal codes.

The punishments for crime are commonly harsh and more formalized. But not everyone who engages in the same behaviours is sanctioned, and not everyone who is sanctioned receives the same kind of punishment. .

Criminology

Criminology is simply a science of crime. Criminology is best seen as a social science which deals so much on the aspects of human behaviour. Such study deals in conjunction with criminal law which prohibits such behaviour, together with aspects of socially deviant behaviours which is much closely related to crime. The fundamental focus of the criminology is to ascertain the criminal behaviour. This includes the ways the criminologist perceives the offender.

The criminologists have in addition, gone outside the strict legal definition of criminology to include a study of a particular type of behaviour such as robbery, violence, incest, and serious heterosexual offences. To them, the study of such conduct in the society brings social control. They view them as anti-social, immoral and contrary to the public interest. So as criminologists, they condemn such behaviours publicly.

It would be misleading to conclude that criminology can easily be laid out as an appraisal of individually distinct clumps of theory. But in the other side; it has been a borrowed idea from other academic disciplines.

Penology

Penology, as a major branch of criminology, deals with an important aspect of the criminal justice process, that is, punishment, correction, prevention and control of crime. In the new concept, penology must also consider “the causes of crime, the criminal in his physical and mental aspects as product of such causes, and punishment as a means to an end.” Law itself is defined on the basis of the punishment attached to its violation, therefore there is no punishment without law as depicted by the Latin words – *maxim null paeam sine lege*, and (there is hardly any law without punishment).

Punishment can be defined legally as simply the infliction of pain or suffering or deprivation of something of value in relation to someone who has committed crime. Violate rule. Societal norms or regulations.

For Emile Durkheim, punishment is the society's responsibility to punish wrongdoers and it does so through a recognized body which exercises the authority to punish on behalf of the society.

4.0 CONCLUSION

This unit has inundated us with some concepts in criminology .Such concepts as crime , criminology , Deviance ,Norms , criminal law , criminal ,etc. were discussed .The above discussions have de-mystified the understanding of the concepts to a beginner of criminology .

5.0 SUMMARY

We have discussed the different types of terminologies used in criminology. You need to be familiar with them.

6.0 TUTOR-MARKED ASSIGNMENT

Choose 4 concepts of the subject-matter of criminology and discuss the main focus of the criminologist in their investigations.

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UNIT 3 TYPES OF CRIMES/ETIOLOGY OF CRIMES

CONTENTS

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1.0 INTRODUCTION

Several attempts have been made by Criminologists to construct typologies of crimes and criminals without universal acceptance. One thing that is certain is that there are different types of crimes and criminals in every society. In this unit, we would discuss the legal classification of crimes, the organized and the unorganized crimes, the white-collar and the Blue-collar crimes, Juvenile delinquencies crime and as well as the professional and Non-professional crimes.

The causes of crime are multiple. There is no isolated, single cause of crime and criminal behaviour. The explanation of crime, in this unit will largely depend on multiple causes. Therefore, this unit will discuss the causes and dimensions of crimes as it relates to the criminological ideas in which intellectuals and criminologists fashion their subject matter of criminology.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Know the different types of crimes
- State the Dimensions of the crimes and
- Examine the classification of criminals
- Understand the main causes of crimes in our society.
- Recall the Eclectic nature of criminology.
- Define the psychological causes of crimes and its proponents.
- Reproduce the sociological causes of crime and its features.
- Identify the biological and physiological causes of crimes and the views of the major scholars.

3.0 MAIN CONTENT

3.1 Types of Crimes

According to criminologists, crime is ‘normal’ in all societies. It serves certain functions and may even help to keep a society orderly. They also established that there are different types of criminals in every society. With this in mind, attempt will be made to diagnose and classify crime in the society in various categories. A working vocabulary of the types of criminals is a necessary part of sociological intellectual equipment and it is of paramount importance when discussing the issues of crime problems. The dimension of the typologies would be examined through (i) the legal classifications of crimes, (ii) the organized and unorganized crimes, (iii) white-collar and blue-collar crimes (iv) professional and non- professional crimes and (v) juvenile delinquencies

3.1.1 Legal Classifications of Crimes

The legal classifications of crimes vary from nation to nation, society to society, as does the definition of crime. Even with a legal system, crimes

may be classified in different ways. However, this unit focuses on three main categories of crimes; namely:

- Crimes against a person
- Crimes against property
- Crimes against public order
- Miscellaneous crimes

The crimes against a person include such deviant acts as murder, assault, and rape. The crimes against property are forgery, burglary, Arson, vandalism and violent stealing. Drug addicts and narcotics are interpreted as crime against the public order. Crimes may also be divided into two large groups based on the severity of the punishment meted out, i.e. (1) felony and (2) misdemeanour. At other times, writers adopt a threefold classification into felony, misdemeanour and simple offences.

- (1) A felony is a crime that may be punishable by death or imprisonment for three years or more. Examples of Felony are Treason, murder.
- (2) A misdemeanour is any crime punishable with imprisonment for less than three years but more than six months Example is cheating. A simple offence attracts imprisonment for six months or less, e.g. common assault

SELF-ASSESSMENT EXERCISE

Discuss the legal classifications of crimes.

3.1.2 The Organised and Unorganised Crimes

Criminologists make a distinction between a crime that is organized and a crime that is carried out in an individual basis or small group bases even though committed by professional criminals. Unorganised crimes

include much of the type of deviant acts, as does organized crime; i.e. both organized and unorganized crimes activities seem to operate in the same level. The differences emanates from the fact that the unorganized crime is done by individual or group of members who do not work together for prolong criminal activities. Examples are some activities like pick pockets and theft which cannot be organized on an elaborate scale and they remain largely on the province or domain of unorganized crimes. The types of crime which are most common in carrying in an organized scale include Gambling, Doping trafficking, Racketeering, etc.

An organised crime is so important as to deserve some elaboration at this point. The most important feature of organized crime is the Feudal pattern of organization. This type of organization is characterised by a clear-cut hierarchy of power. Each person in a lower level gives undivided loyalty and service to the person in the immediate power position above him. The organization is held together by powerful leaders who use coercive techniques including physical violence to enforce an under-world code of conducts. Individuals who engage in an organized crime bind themselves together in distinct type of social groups.

- (1) An Organised Criminal Gang is an association of youths or adult who are bind together by intimate types of friendship and loyalty. Youth Gangs differ from Criminal Gangs in the important respect that the latter is organized especially for crime. The Youth gangs may indulge in violence and other types of criminal activities but sometimes they are motivated by adventure and thrills rather than profits. All Gangs are characterised by strict discipline with each member having to subordinate his personal interest to the group's interest. Those who threaten the success and safety of the groups are violently treated.

Examples of Gangs Activities are:

(a) hijacking (b) armed robbery on a large scale, such as robbery of banks and armoured-vehicles, automobile theft including the systematic stealing and disposal of auto-parts, and (c) Kidnapping (holding someone for ransom).

(2) A second type of group, which engages in an organized crime, is the criminal syndicate. The operation in a syndicate is a sharp contrast to that of the Gangs. The latter is mobile, violent and engages in sensational crimes (forgery in a large scale). But the syndicate is best characterized as the stable business organization whose only violence is likely to be directed from or against the competitors, e.g. mafia group, smugglers, etc. Syndicates still control gambling and narcotics.

Certain characteristics distinguish the syndicate from other groups in organized crime. First, a criminal syndicate is definitely and primarily a Business organization. Second, it depends on an apathetic public which not only permit the deviant behaviour but implicitly demand the services. Thus, the syndicate developed through ruthless competition which may involve the destruction of other competitors. For instance, in 2006, it was alleged that a syndicate paid some amount of money to the press to publish false news that the “INDOMIE INSTANT NOODLES” (a fast food) – is poisonous and had killed many people. In swept reaction, the NAFDAC (Food and Drug Control Agency of Nigeria) shut down the company and its products. Though, after thorough investigations, it was found to be false.

The third type of organized crime is known as Racketeering. This indicates an organized scheme whose aim is to extort money illegally by (a) threats or (b) intimidation. In contrast to Gangs and Syndicates, the Racketeers neither steal nor offer a service, rather they induce

individuals to make periodic payment for nothing tangible than an alleged protection. Although legitimate Businesses are by no means exempted; Racketeering frequently takes the form of control in Labour Union. The Labour Union operates as those in control rather than the membership. The more powerful among the Racketeer organizations, may control a whole Industry or several Industries in the city.

The fourth type of organized crime is the political graft or corruption. Many elective and appointive officers of various levels of government are associated with the expenditure of large sums of money and with various degree of authoritative power. Political corruption takes many forms, e.g. riggings of Election, misuse of public fund, the performance of free-services for fees, contract kick-backs, etc.

It is extremely difficult to control this type of organized crime because “the hands of the law are the hands of the corrupt” (Ferdinand, 1966). In other words, it means that the makers and the executors of the law are themselves corrupt.

SELF-ASSESSMENT EXERCISE

Mention the main types of crime that occur in organized and unorganized patterns.

3.1.3 White-Collar and Blue-Collar Crime

(a) White collar crime

A white-collar crime is a non-violent crime usually involving cheating, or dishonesty in commercial matters. Examples are fraud, embezzlement, bribery and insider trading. The analysis of white-collar crime in the American culture is associated with Professor Edwin A. Sutherland, who regarded white-collar crime as acts committed by persons in the upper socio-economic level. An American paradigm in accordance with their normal business practices. Bernes and Tectors

help us to distinguish between crimes and white-collar crimes. If a banker shoots his wife's lover, that is culpable homicide, not a white-collar crime. If he violates the law in connection with his business, he is liable for a white-collar crime.

If a person, who possesses some degree of a good reputation, sells shoddy goods, he/she commits a white-collar crime. But if a group of persons, unknown to the victims, sell the some type of shoddy goods, the group commits a crime, not white-collar crime. This latter example is one of a bogus stock operation by criminal syndicates in get-rich schemes. White-Collar crimes are unethical business practices amongst the respectable groups. Such crimes follow the social stratification pattern to a large extent; they are committed by those in the middle or upper social class. They are the groups who explore their occupation or professions for property, who occupy high-level positions and who have the access to the criminal opportunities that are available to most workers. For example, among corporate executives, white-collar crimes sometimes take the form of embezzlement, fraud; the key accountants who by reason of their privileged positions keep track of and control a firm's finances may be able to transfer funds from their company into their own accounts, and to conceal these transactions for a long time.

This type of crime is not regarded as a criminal activity in the technical sense because no statute has been violated. This is why white-collar crimes committed by the more affluent members of the society are not reflected in the crime Reports. Thus, it presents its own peculiar problems of detection, and treatment. Two important types of white-collar crime may be identified:

Fraudulent activities including such things as false advertisements, short weights, inferior materials and systematic over-charging.

Violation of local and federal laws such as patent infringement, illegal labour practices such as using unskilled personnel to do the work of professionals, price fixing during shortage period.

Blue-Collar Crimes

A Blue-Collar crime is so designated because it also occurs in connection to occupational pursuit although at the common or lower level of the labour. Here, it is not usually the customer or client who is always the victim but the employee.

For example, the policeman who demands for a bribe at the check-point. In the ministry, you would be told to offer a bribe for an application form which is supposed to be free. It is a warped attitude of the society, resulting from the empirical applicability of the unstructured economic of our society, i.e. the wider social conditions or social structures of the political economy.

SELF-ASSESSMENT EXERCISE

Differentiate between (i) white-collar, (ii) Blue collar crime and (iii) crime

3.1.4 Professional and Non-Professional Crimes

There is a general agreement amongst the criminologists that some criminals are professional. This class is broad and includes big-time criminals as well as petty criminals, confidence men, armed robbers, pick-pockets, smugglers, car-thieves, merchandise thieves (at Seaports and Airports), and those who receive and dispose of stolen property. All professional criminals have one common characteristic.

They do not engage in crime by chance or as a result of emotional stress but as a deliberate and rational way to create wealth and good life. That is, they are full- time criminals and they depend on it for their livelihood. Professional criminals are the least likely to get caught because they plan their activities very carefully. Very often they present a false model of themselves by pretending to be engaged in one of the conventional

pursuits such as buying, selling and exporting which is only an insignificant portion of their activities. Most time, they have made previous arrangement to protect themselves in such a way that they receive minimum punishment if caught. They seldom engage in act of violence. When convicted, they often regarded as model prisoners and usually paroled in the shortest possible time because of their connections, that they are more or less friendly with the police.

The outlook of the professional criminals was likened to that of the professional soldiers, they take risks. They enjoy high status in the criminal underworld as “tough guys” or “hard nuts” who never wanted to associate with any amateur and always very caution not to associate deeply with women and non-members of the criminal underworld for fear of betrayal and loss of the source of their livelihood. They are likely to be mobile because of their activities. Wherever location they find themselves, their first contacts are members of the criminal underworld.

The non-professional offenders are offenders who have not developed their criminal roles to high degree. Examples include (1) occasional property offenders. (2) The Habitual offenders who continually commit crimes. They are predisposed to crime due to poor education, trauma from poverty, the school and the immunity at an early age. They commit such offences as driving, shop-lifting, disorderly conduct, etc. (3) The situational criminals who commit crimes under a pressure of other circumstances but who otherwise have no criminal inclination. Example is a murder committed by husband or wife who catches their respective spouses in a compromising situation or nature, due to pressure on their marriage and home.

SELF-ASSESSMENT EXERCISE

Differentiate between professional and non- professional crimes. What are the characteristics of each?

3.1.5 Juvenile Delinquencies

Juvenile delinquency is a type of offences committed by juveniles. They are minor offences that may or may not be regarded as crime; at least one major exception is vandalism. It was only in the nineteenth century that crimes committed by children were given the distinctive label. “Juvenile” delinquency. Before then, children charged with crimes were prosecuted in criminal courts, though their youth might cause judges to impose less severe punishments if they were convicted. Under English common law children under the age of seven who committed crimes were not subject to the criminal law. Between the ages of seven and thirteen, children could be held responsible for their crimes, depending on their individual capacities.

The major offences of Juvenile delinquencies apart from vandalism are as follows:

- Habitual truancy from school
- Vagrancy (running away from Home)
- Incorrigibility (cannot be controlled by parents). These three offences are called “status offences. “They are illegal only when committed by children.
- Stealing
- Auto-thief (car-thief usually for joy rides).

Vandalism is a deliberate destruction of private and public properties. Typically, acts of vandalism include the breaking of windows in schools, destroying school records, mutilating school property such as desks and records, removing street and high way signs, slashing tyres, destroying flowers and shrubs, tampering with the seals and contents of trucks and railways, etc.

3.2 Causes of Crime

The causes of crime include the psychological factors of criminal behaviour, which focus on the psychoanalytic and personality theories. Specify reference is made of relationship between mental disorder and crime. The sociological factors examined the social and environmental conditions, which focus the social disorganization and Alienation theories. These include poverty, unemployment, corruption, and drug abuse, e.t.c. Finally, the physiological factors examined the idea of the criminal as a product of his genetic constitution, with specific example of the chromosome study. Other studies mentioned include bio-chemical and twin studies which influence criminal behaviour. The problems of interpreting criminal behaviours have occupied the minds of early natural philosophers and scientists. Generally speaking, one might say that the search for the causes of crime has been made either by those who believe that criminal conduct can be explained chiefly by the biological or mental characteristics of offenders, or by those who believe that environmental conditions and circumstances are the chief operative factors (Sills, 1992).

The contemporary literature on crime causation theory is closely linked with the more general literature in anthropology, psychiatry, social psychology, and Sociology. It is also mostly the case that the environment plays a major role in addition of other factors that may be peculiar or unique to individual criminal.

The most popular approach to integrating explanation of crime rates underlay the principles of multiple-factor configuration. The study of the causes of crime does not adhere to any particular theory rather it is an examination of crime by psychologists, lawyers, economists, social anthropologists, sociologists, social policy analysts, and psychiatrists.

The causes of crimes include: (a) Multiple Factors (b) Psychological Factors (c) Sociological Factors (d) Physiological Factors

(a). Multiple Factors

The multiple-factor: Approach sees crimes as products of various combinations of the psychological, sociological and physiological factors. This is particularly useful for purposes of understanding individual cases of crime, which may be as a result of a number of factors such as psychological, sociological and physiological.

(b). Psychological Factors

The scope of psychology emphasizes the role of emotional or personality problems in criminal behaviour. The psychological interest in criminality has been logically linked to psychiatric interest in finding unusual conditions producing abnormal traits in the made-up of criminals. But in the case of psychology, the interest was basically expressed to measure objectively the extent to which criminals are psychologically different from non-criminals.

One of the most influential psychological explanations for criminal behaviour is based on the work of Sigmund Freud (1856 – 1939). He advanced by psychoanalytic theory in explaining criminal behaviour. He said that there are three major assumptions through which psychoanalytic influence man abnormal behaviour: first, psychoanalytic theory predicts that human behaviour is largely a response to unconscious forces, drives or instincts which may predispose a man to commit crime.

Second, any abnormal behaviour is as a result of a conflict which is related to these basic drives, and third, the undesirable behaviour could be modified by helping the individual gain an insight into the unconscious roots of the person's responses. Sigmund Freud claims that criminality is as a result of genetic constitution. He believes that criminals were driven into crime through factors outside their controls.

In his operant learning of a behavioural tradition, B. F. Skinner (1904 – 1990) empirically established the relationship between behaviour and its environmental settings. The consequences of learning may either be rewarded or an individual finds it aversive.

This cognitive behavioural theory concentrates on the relationship between environment and observable behaviour that seems criminologenic in nature. In his work, *Crime and Personality* (1970), Hans Eysenck attempts to correlate the causes of crime to the “personality type” of the individual. Eysenck claims that criminality is as a result of genetic inherited predispositions. He maintained that some individuals are more likely to become criminals given the sort of person they are.

SELF-ASSESSMENT EXERCISE

Explain the Freud’s theory of psychoanalysis, making specific reference to the causes of crimes.

(c). Sociological Factors

The Sociological Explanations emphasis the influence of the social environment in which individuals finds themselves. Sociologists view crimes as resulting from tension, stresses and strain within the societies. These tensions affect the smooth function of the society. This phenomenon of tension, stress and strain is referred to as anomic (or normlessness i.e. breakdown of norms), social pathology or social disorganisation. So crime is well understood through the breakdown of social controls.

A French sociologist, Emile Durkheim (1858 – 1917), explained that people commit crimes because the authority in society offers few restraints or moral conditions. In his ‘Division of Labour in Society’ published in 1893, and ‘Suicide’ published in 1897, he discovered that French society was in uneasy transition. He identified society without

division of labour which he called “mechanical solidarity”. In such a society, there was moral response and massive disapproval and repression to criminal behaviours. Conversely in an industrial society called “organic solidarity” There was a complex division of labour. People recognize the legitimacy of manner that gives rewards. Restitutive justice became a reward for loss suffered by any man.

Robert Merton explained the concept of Anomie in relation to the society’s social structure in which the society pressurises people to engage in illegitimate routes to success. Merton postulated that, American society was anchored on achievement of economic Success, but the social structure was such that “real success” by legitimate means was denied to many. Edwin H. Sutherland (1883 – 1950) was another influential American sociologist. He based on his theory of Differential Association postulation that all criminal behaviours are as a result of socialization. Sutherland argued that boys are delinquents because of their continuous interaction with others who engage in criminal acts.

Others who contributed to the scope of the criminological sociology were Travis Hirschi (1969), David Matza (1969) and Harriet Wilson (1980) their modern sociological thinking about crime from the basis of “The Control Theory”. They believed that men yield to and commit crime as a result of weakening of moral authority in them which could not enable them to conform to the moral bonds.

This could be developed through childhood influences, models of behaviour in the home and in the streets, etc.

Furthermore, Karl Marx explained that the cause of crime is involved in the concept of Alienation. The basic of Marxist theory is related to the ownership of factors of production in the industrial capitalist society. The ownership tends to be concentrated in the hands of a few members of a capitalist class called the bourgeoisie while the most people, in order to survive, sell their labour power to the members of the capitalist class for wages. Marx calls this working-class group the proletariat.

As a result of this alienation, there were a lot of economic oppression and oppositions. Therefore, Marx claims that crime is the product of inadequate social conditions.

For Lea and Young (1993), in their book *Realism Concerning the Causes of Crime*, argued that the motivation of some crime, particularly in the Urban Areas is the difference between the wealthy and the poor.

They enlisted the manifold causes of crime as:

- (a) Social deprivation – low incomes, poverty, unemployment and poor living conditions.
- (b) Poor political representation of the working classes – Frustration at the inability to solve problems through political channel.
- (c) The nature of working-class subculture – Developed out of a sense of frustration, the lifestyles chosen by some working-class people to solve their problems of living in a capitalist society often emphasis antagonism – against the police and authority in general.

SELF-ASSESSMENT EXERCISE

Explain the views of Edwin H. Sutherland, Travis Hirschi and Robert Merton contribution to the causes of crime.

(d). Physiological Factors

For centuries human beings have wondered why some people commit crime while others do not. The search for this ambiguity led the physiologists into biological traits that could distinguish persons engaging in criminal behaviours from everyone else. Some scholars observed that there was a greater propensity in inheritance of criminal behaviour. They even tried to explain it through a mutual relation with the physical characteristics such as racial ancestry, head shape, and body build, or chromosomal differences. Physiological causes have been

examined for other forms of criminal behaviour, which include mental illness, alcoholism, and suicide. The subject-matter of physiological explanation is that criminal behaviours are rooted in physical malfunction or perhaps resides in the genes.

This view has been credited to Cesare Lombroso (1836 – 1909) an Italian physician and it is based on an empirical study of data on prison inmates from which he developed a biological theory of criminal behaviour. He believed that man was “born-criminal” this he observed as a “throw-backs” to our primitive lives; an instincts of primitive humanity and inferior animals. Lombroso argued, since they were born-criminal they exhibit animalistic urge. He believed that nothing can cure them but the society could be safe if they are lock-up. Nevertheless, their criminality was not their fault, so they ought to be treated kindly as possible in decent prisons.

Another scholar, Ernst Kretschmer, a German psychiatrist, examined the relationship between body type and certain forms of mental illness. He classified the body type into Asthenic, Athletic and Pyknic. He concluded that the Asthenic and Athletic body types are predominant among the persistent criminals. Others are The Genetic Approaches of Johannes Lange (1929) who found out and established that there is a link between genetic inheritance and criminal behaviours after comparing identical monozygotic twins with fraternal dizygotic twins. Lange studied and compared the monozygotic and dizygotic twins observed that criminal behaviour occurs in both twins, but it occurs more frequently in the identical monozygotic than the fraternal dizygotic twins. This tends to confirm that there is an inherited factor for the cause of crime. Finally, the xyy or xxy chromosome abnormality in male sex is the determination approach to criminal behaviour which aroused much interest through Patricia Jacob (1965), Mary A. Telfer (1968), etc. who, in their studies, observed an extra x chromosome (xxy) or an extra y chromosome (xyy) in males.

SELF-ASSESSMENT EXERCISE

Discuss the relevant factors that contributed to crimes according to Lombroso.

4.0 CONCLUSION

In this unit, we have examined the criminologist's topologies of crimes and criminals in every society. The three major kinds of crimes we emphasized are:

- Crimes in the Street; It is a direct act against persons or properties. It include professional and non-professional criminals whose aim is to get money, prestige, status and recognition;
- Crimes in the Suites; They are white- collar (occupational) and organized crimes committed by business persons, politicians and professionals of respectability and high social status; and
- Crimes without victims; They are committed by those who violate society's morals and mores.

In this unit, the criminologists. Have studied the processes by which persons become criminals and developed theories to support this fact. The psychologists examined the causes of crime making a special reference to the relationship between mental disorder and crime. In the same token, the Sociologists attempt to define and identify the processes by which persons become criminals by the use of these theories, differential association, social structure and Anomie, control theory and Alienation. Finally, the physiological explanations to the causes of crimes borrowed a biological concept to distinguish persons engaging in criminal behaviours from everyone else. We examined the twin and chromosomal studies to establish the idea of criminality in the studies. This literature on crime causation theory is closely linked with emphasis on psychological, sociological, Bio-genetic, and Environmental factors.

5.0 SUMMARY

We have discussed the typologies of crime and criminals. We also examined the characteristics of each method of operations and the dimensions of their technical involvement in carrying out their actions.

We have examined and discussed the causes of crime in our society. We recalled that we examined and discussed the multidimensional factors in the causation of crime. The literature causation analyse the psychological, social and Environmental as well as the Bio-genetic causes of crime.

6.0 TUTOR-MARKED ASSIGNMENT

1. What do you understand by the legal classifications of crimes?
2. Differentiate between organized and unorganized crimes. Give example.
3. Mention and illustrate the fundamental causes of crime delineating the significant features of each peculiarity.
4. Differentiate between the psychological and physiological causes of crime. What was their main argument and similarity? (if any).

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MODULE 5

UNIT ONE FOOD AND BEVERAGE SERVICE METHODS

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Factors Guiding the Service of Food and Beverages
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1.0 INTRODUCTION

This unit looks into the various service methods in food and beverage. It looks into the sequence and the customer process. The service of food and beverages may be carried out in many ways depending on the following factors and type of establishments, time available for the meal, Type of menu presented, sit of the establishment, type of customer to be served, Turn-over of customer expected, cost of the meal served. All modern food and beverage service method are grouped under five customer processes.

2.0 OBJECTIVES

At the end of this unit you should be able to:

- Explain the food and beverage service sequence
- Describe the customer process
- Explain the customer service

3.0 MAIN CONTENT

3.1 Factors Guiding the Service of Food and Beverages

The service of food and beverages may be carried out in many ways depending on the following factors:

- Type of establishment
- Time available for the meal
- Type of menu presented
- Site of the establishment
- Type of customer
- Turnover of customer expected
- Cost of the meal served

A food service operation can be seen as a simple model comprising three operating systems:

- Food production
- Beverage provision
- Food and beverage service

Although food and beverage service was traditionally seen as primarily a delivery system, it actually consists of two separate sub-systems, operating at the same time. These are:

- Food production
- Beverage provision
- Food and beverage service

3.2 Food and Beverage Service Sequence

The food and beverage sequence involves:

- Preparation for service
- Taking food and beverage orders
- Serving of food
- Serving beverages
- Clearing during service
- Billing
- Dealing with payments
- washing
- Clearing following service
- The service sequence – which is primarily concerned with the delivery of the food and beverages to the customer.
- The customer process – which is concerned with the experience the customer undertakes to be able to order, be served, consume and have the area cleared.

3.2.1 The Service Sequence

The service sequence is essentially the bridge between the production system, beverage provision and the ‘customer process’ (or experience). The service sequence consists of eleven or more stages.

Each of these stages may be carried out by a variety of methods and these methods are detailed through the book. The choice of method for the individual stage depends on the factors listed at the started of this section and the process that the customer is to experience.

3.2.2 The Customer Process

The customer receiving the food and beverage product is required to undertake or observe certain requirements: this is the customer process. Essentially, a customer enters a food service area, orders or selects his/her choice and then is served (the customer may pay either at this point or later).

Food and beverages are then consumed, following which the area is cleared. Using this approach, five basic types of customer process can be identified.

3.2.2.1 Grouping of Modern Food and Beverage Service

Service method	Service area	Ordering/selection	Service	Dinning/consumption	Clearing
Table service	Customer enters and is seated	From menu	By staff to customer	At laid cover	By staff
Assisted service	Customer enters and is usually seated	From menu, buffet or passed trays	Combination of both staff and customers	Usually at laid cover	By staff
Self service	Customer enters	Customer selects items onto a tray	Customer carries	Dining area or take away	By staff or customer
Single point	Customer enters	Orders at single point	Customer carries	Dining area or take away	By staff or customer
Specialized or in situ service	Where the customer is	From menu or predetermined	Brought to the Customer	Where served	By staff or customers

All modern food and beverage service methods can be grouped under the following five customer processes.

- a. **Table service:** the customer is served at a laid table. This type of service, which includes plated service or silver service, is found in many types of restaurant, cafes and in banqueting.
- b. **Self-service:** the customer is required to help him or herself from a buffet or counter. This type of service can be found in cafeterias and canteens.
- c. **Assisted service:** the customer is served part of the meal at a table and is required to obtain part through self-service from one form of display or buffet. This type of service is found in 'carvery' type operations and is often used for meals such as breakfast in hotels. It may also be used for functions.
- d. **Single point service:** the customer orders, pays and receives the food and beverages, for instance at a counter, at a bar in licensed premises, in a fast food operation or at a vending machine.
- e. **Specialized service (or service in situ):** the food and drink is taken to where the customer is. This includes tray service in hospitals and aircraft, trolley service, home deliver, lounge and room service.

In A-D of these customer processes, the customer comes to where the food and beverage service is offered and the service is provided in areas primarily designed for that purpose, such as a restaurant or take away. In customer process E, the service is provided in another location, where the area is not primarily designed for the purpose, for example in a guest room, lounge or hospital ward.

A particular service method, such as waiter service, requires a number of tasks and duties that are undertaken during the actual service of food and beverages.

However, there are other tasks and duties that contribute to the service. These may be identified using the service sequence. The level of complexity of food and beverage service in terms of staff skills, tasks and duties reduces from

Group A (the most complex) to Group D. Group E contains specialized forms of service.

Note

Apart from for fast food operations, there is no particular link between a specific service method and a specific food production method. It is also possible that the production and service may be separated by distance, time or both, as for example in off-premises catering.

Group A: Table service

Service to customers at a laid cover

1. Waiter (a) Silver/English Presentation and service of food by waiting staff, using a spoon and fork, onto a customer's plate, from food flasks or dishes.
 - (b) Family Main courses plated (but may be silver served) with vegetables placed in multi-portion dishes on table for customers to help themselves, sauces offered separately.
 - (c) Plate/American Service of pre-plated foods to customers. Now also widely used for banqueting.
 - (d) Butler/French Presentation of food individually to customers by food service staff for customers to serve themselves.
 - (e) Russian Table laid with food for customers to help themselves (this is a modern interpretation and may also sometimes be used to indicate Gueridon or Butler service).
 - (f) Gueridon Food served onto customer's plate at a side table or trolley, may also include carving, jointing and

fish filleting, the preparation of foods such as salads and dressings and flambage.

2. Bar counter

Service to customers seated at bar counter (often U-shaped) on stools

Group B: Assisted service

Combination of table service and self-service

3. Assisted (a) Carvery Some parts of the meal are served to seated customers, other parts are collected by the customers. Also used for breakfast service and for banqueting.

(b) Buffets Customers select food and drink from displays or passed trays, consumption is either at tables, standing or in lounge area.
Group C: Self-service.

Self-service of customers

4. Cafeteria (a) Counter Customers queue in line formation past a service counter and choose their menu requirements in stages before loading them on to a tray (may include a 'Carousel' – a revolving stacked counter, saving space).

(b) Free-flow Selection as in counter (above) but in food service area where customers move at will to random service points, customers usually exit area via a till point.

(c) Echelon Series of counters at angles to the customer flow within a free-flow area, thus saving space.

(d) Supermarket Island service points within a free-flow area.

Note: some 'call order' production may be included in cafeterias.

Group C: Single Point Service

Service of customers at single point – consumed on premises or taken away.

5. Take away (a) Take away Customer orders and is served from single point, at a counter, hatch or snack stand, customers off the premises, some take-away establishments provide dining area.
 (b) Drive-thru Form of take-away where customer drives vehicle past order, payment and collection points.
 (c) Fast food Term originally used to describe service at a counter or hatch where customers receive a complete meal or dish in exchange for cash or ticket, commonly used nowadays to describe type of establishment offering limited range menu, fast service with dining area, and take-away facility.
6. Vending Provision of food service and beverage service by means of automatic retailing.
7. Kiosks Outstation used to provide service for peak demand or in specific location may be open for customers to order and be served, or used for dispensing to staff only.
8. Food court Series of autonomous counters where customers may either order and eat (as in 2 Bar counter, above) or buy from a

- number of counters and eat in separate eating area, or takeaway.
9. Bar Term used to describe order, service and payment point and consumption area in licensed premises.

Group E: Specialized (or in situ)

Service to customers in areas not primarily designed for service

10. Tray Method of service of whole or part of meal on tray to Customer in situ, e.g. at hospital beds, at aircraft seats, at train seats, also used in ODC.
11. Trolley Service of food and beverages from a trolley, away from dining area, e.g. for office workers at their desks, for customers at aircraft seats, or at train seats.
12. Home delivery Food delivered to customer's home or place of work, e.g. 'meals on wheels', pizza home delivery, or sandwiches to offices.
13. Lounge Service of variety of foods and beverages in lounge area e.g. hotel lounge.
14. Room Service of variety of foods and beverages in guest bedrooms, or in meeting rooms.
15. Drive-in Customers park motor vehicle and are served at their vehicles.(Note: banquet/function is a term used to describe catering for specific numbers of people at specific times in a variety of dinning layouts. Service methods also vary.

In these cases banquet/function ‘catering’ refers to the organization of service rather than a specific service method.

SELF ASSESSMENT EXERCISE

All modern food and beverage service methods can be grouped under five customer processes: Discuss.

3.3 Customer Service

In order to meet customers’ expectations and to enhance their meal experience, a food service operation will determine the level of customer service that the customer should expect within that operation.

Customer service in food service operations can be defined as being a combination of five characteristics. These are:

- 1. Service level:** the intensity of or limitations in, the individual personal attention given to customers.
- 2. Service availability:** for example, the opening times and variations in the menu and beverage list on offer.
- 3. Level of standards:** for example, the food and beverage quality, décor, standard of equipment being used, level of staffing professionalism.
- 4. Service reliability:** the extent to which the product is intended to be consistent and its consistency in practice.
- 5. Service flexibility:** the extent to which alternatives are available, and to which there can be variations in the standard products that are offered.

A food service operation will determine the customer service specification of operation by taking account of these five customer service factors.

3.4 Use of Resources in Food Service Operation

Although a food service operation is designed to provide customer service, it must also be efficient in its use of resources. The resources used in food service operations are: food, beverages and short use equipment (such as paper napkins).

- Labour: staffing costs
- Facilities: premises and plant.

The management team must always take into account the effect that the level of business has on the ability of the operation, in order to maintain the customer service requirements, while at the same time ensuring productivity in all of the resources being used.

3.5 Level of Customer Service in Food Service Operation

Within food service operations the level of service in a specific operation may be defined as follows:

1. **Technical specification:** refers to the food and beverage items on offer, the portion size or measure, the cooking method, the degree of cooking, the method of presentation, the cover, accompaniments, the cleanliness of items etc.
2. **Service specification:** refers to two aspects: first, the procedures for service and second, the way in which the procedures are carried out.

Procedures include meeting and greeting, order taking, seeking customer comment, dealing with complaints, payment and the special needs of customers. The method in which the service is carried out includes paying attention to the level of staff attentiveness, their tone of voice, body language etc.

Operations will usually have written statements of both technical and service specification (often called a customer service specification). These may also be detailed in staff manuals that outline expected standards of performance.

3.6 Level of Service and Standards of Service in Food Service Operation

There can be confusion when referring to the levels of service and the standards of service:

The level of service in food service operations can range from being very limited to complex, with high levels of personal attention.

The standards of service are a measure of the ability of the operation to deliver the service level it is offering.

Thus an operation might be offering low levels of service, such as a fast food operation, but may be doing this at a very high standard. Equally, an operation may be offering a high level of service, such as a full service restaurant, but may be doing so with low standards.

4.0 CONCLUSION

This unit has carefully looked into the food and beverage service sequence, customer process and the customer service. In order to meet customers' expectations and to enhance their meal experience, a food service operation will determine the level of customer service that the customer should expect within that operation.

5.0 SUMMARY

The service sequence is essentially the bridge between the production system, beverage provision and the 'customer process' (or experience). The customer process involves the customer receiving the food and beverage product and is required to undertake or observe certain requirements.

Customer service in food service operations can be defined as being a combination of five characteristics such as service level, service availability, service reliability, service flexibility and level of standard.

6.0 TUTOR – MARKED ASSIGNMENTS

1. what do you understand by the term customer service
2. What is Automatic retailing

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UNIT 2 FOOD AND BEVERAGE SERVICE OUTLETS: HOTELS

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Hotel Description
- 4.0 Conclusion
- 6.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References

1.0 INTRODUCTION

This unit looks into hotel as a food and beverage service outlet. Hotels were vital centers of local community life in American cities and towns.

Their role as important public spaces was in part a continuation of traditional uses of taverns, one that was further amplified by hotels' conspicuous architecture, central location, and spacious and inviting interiors. Merchants and other businesspeople continued to use hotel space for offices, commercial exchanges, and accommodations, but the popular uses of hotels far transcended their economic function. Well-appointed hotel parlors and ballrooms were favoured venues for card parties, cotillions, and other sociable events that involved seeing and being seen in refined public settings.

2.0 OBJECTIVES

At the end of this unit you should be able to:

- i. Define a hotel in food and service production
- ii. Explain the characteristics of a hotel

3.0 MAIN CONTENT

3.1 Hotel Description

A hotel is an establishment that provides paid lodging on a short-term basis. The provision of basic accommodation, in times past, consisting only of a room with a bed, a cupboard, a small table and a washstand has largely been replaced by rooms with modern facilities, including ensuite bathrooms and air conditioning or climate control.

Additional common features found in hotel rooms are a telephone, an alarm clock, a television, a safe, a mini-bar with snack foods and drinks, and facilities for making tea and coffee. Luxury features include air-conditioner, bathrobes and slippers, a pillow menu, twin sink vanities, and jacuzzi bathtubs. Larger hotels may provide additional guest facilities such as a swimming pool, fitness center, business center, childcare, conference facilities and social function services. Hotel development also involved diversification of hotel types. Most early hotels had been large urban luxury establishments, but newer variants quickly emerged.

Resort hotels, designed to accommodate the rising tide of tourists, were built in scenic rural landscapes far from the cities where the hotel form had been born.

Commercial hotels, more simply furnished and less expensive than the luxury variant, served the growing ranks of traveling salesmen and other commercial workers set in motion by the burgeoning economy. Railroad hotels were built at regular intervals along track lines to provide passengers and crews with places to eat and rest in the decades before the introduction of sleeping cars. Residential hotels, dedicated to the housing needs of families increasingly unable to afford private houses in expensive urban real estate markets, served as the prototypes for apartment buildings. And a frontier hotel form, characterized by wood

construction, whitewash, and tiered porches, was built in hundreds of new settlements where travelers and lumber were common but capital was scarce.

These and other hotel types soon far outnumbered luxury hotels, though the latter variety received the most attention from journalists, authors, and printmakers, and therefore tended to stand for all hotels in the popular imagination.

Hotels were vital centers of local community life in American cities and towns.

Their role as important public spaces was in part a continuation of traditional uses of taverns, one that was further amplified by hotels' conspicuous architecture, central location, and spacious and inviting interiors. Merchants and other businesspeople continued to use hotel space for offices, commercial exchanges, and accommodations, but the popular uses of hotels far transcended their economic function. Well-appointed hotel parlors and ballrooms were favored venues for card parties, cotillions, and other sociable events that involved seeing and being seen in refined public settings. By the same token, voluntary associations ranging from debating societies to ethnic brotherhoods and charitable organizations regularly hired hotel assembly rooms and dining halls for their meetings and banquets. Hotels also became major loci of political activity.

Political parties and factions often set up their headquarters in hotels, where they held caucuses and made nominations. Hotels served as important public forums, a fact revealed by the large number of published images of political figures making speeches from hotel windows and balconies, hobnobbing in lobbies, and raising toasts in crowded halls

In a hotel is usually found a hotel manager or hotelier. He is such a person who holds a management occupation within a hotel, motel, or resort establishment.

Management titles and duties vary by company. In some hotels the title hotel manager or hotelier may solely be referred to the General Manager of the hotel. Small hotels may have a small management team consisting of only two or three managers while larger hotels may often have a large management team consisting of various departments and divisions.

The size and magnitude of a hotel management structure varies significantly depending on the size and function of the hotel. A small hotel normally consists of a small core management team consisting of the General Manager and a few key department managers that directly handle day-to-day operations. In the contrary, a large full service hotel often operates more similar to a large corporation with an executive board headed by the General Manager and consisting of key directors that serve as heads of individual hotel departments, each department normally consists of subordinate line-level managers and supervisors that handle day to day operations.

4.0 CONCLUSION

The definition and characteristics of hotels have been highlighted. In a hotel is usually found a hotel manager or hotelier. He is such a person who holds a management occupation within a hotel, motel, or resort establishment. Management titles and duties vary by company. In some hotels the title hotel manager or hotelier may solely be referred to the General Manager of the hotel. Small hotels may have a small management team consisting of only two or three managers while larger hotels may often have a large management team consisting of various departments and divisions.

5.0 SUMMARY

A hotel is an establishment that provides paid lodging on a short-term basis. The provision of basic accommodation, in times past, consisting only of a room with a bed, a cupboard, a small table and a washstand has largely been replaced by rooms with modern facilities, including en-suite bathrooms and air conditioning or climate control.

6.0 TUTOR – MARKED ASSIGNMENTS

- Make a detailed description of what hotels are
- What is hotel management structure?

7.0 REFERENCES

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UNIT 3 FOOD AND BEVERAGE SERVICE OUTLETS: HOSPITAL TRAY SERVICE, AIRLINE TRAY SERVICE AND RAIL SERVICE

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Hospital Tray Service
 - 3.2 Airline Tray Service
 - 3.3 Rail Service
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References

1.0 INTRODUCTION

In the catering service, patients are often placed on prescribed foods. This service is called Hospital tray service as a food and beverage service outlet. Hospital tray service represents the catering service rendered to patients in the hospital. Such foods and beverages are specifically prescribed and modified to manage the health conditions of the patients. Hospital catering services have major foodservice goals, as all meals should reach the patient quickly, look attractive and be of specific nutritional value.

Second Introduction

This unit focuses on the airline tray service and the rail service as food and beverage service outlets. For economy and tourist flights all meals tend to be of the same size, with identical portions. The meals are arranged in individual portion containers, sealed, chilled and then stored until required. The economy or tourist class meal is often served on a

plastic or melamine tray and uses disposable place mats, cutlery, tableware and napkins, together with disposable glasses for drinks required.

2.0 OBJECTIVES

It is expected that at the end of this unit you should be able to:

- Define an hospital tray service
- Explain in details the attributes of hospital tray service
- Identify the attributes of airline tray service
- Identify the attributes of rail service

3.0 MAIN CONTENT

3.1 Hospital Tray Service

Hospital tray service represents the catering service rendered to patients in the hospital. Such foods and beverages are specifically prescribed and modified to manage the health conditions of the patients. Hospital catering services have major foodservice goals, as all meals should reach the patient quickly, look attractive and be of specific nutritional value. Patients in hospital often have special dietary needs and their likes and dislikes are also of importance. They may also have particular needs because of their medical condition. Menu order forms are used to take orders from patients in the main wards of hospitals. The menu contains a choice for lunch, dinner and breakfast and is given to each patient the day before. The patient marks off their requirements for lunch, dinner and breakfast for the following day. They may also indicate on the card whether they require a large or small portion. The menus are then collected and sent to the catering manager. When the menu cards have been collected, menu reader terminals are used to scan the hand marked menu cards. The menu reader terminals are used to transmit food and beverage requirements to production areas, print records and control the

individual meal assembly for the hospital conveyor systems. The menu reader terminals can be interfaced with computer systems for dietary and recipe analysis.

There are a number of commercially available tray services used in hospital catering. Individual trays are made up on a conveyor system according to the patients' pre-ordered requirements. Various methods are used to keep the food hot or cold, ranging from the heated or chilled pellet method to specially insulated trays. Trays, once completed, are transported to the wards in ambient cabinets.

At service time, depending on the type of dish, extra portions are available in case they are required. Beverages may be added at ward sites before presentation to the patient. The advantages of this system are as follows:

- The patient is able to select the meal items required from a menu
- Over the period of a week or a fortnight, the patient has a wide and varied selection of dishes from which to choose
- Patients receive their meal presented appetizingly on the plate and at the correct temperature
- Labour and administration costs can be reduced
- Time originally spent in the ward plating up meals may now be used for other duties.

SELF ASSESSMENT EXERCISE

Differentiate between hotels and hospital tray service

3.2 Airline Tray Service

This involves the catering service rendered in an airline. Most airlines now operate using a catering commissary. A commissary is a term used to cover the catering, cabin requirements, bonded stores, cleaning and

other passenger requirements. It is now accepted that on many short – haul routes, only snack type meals or sandwiches and beverages are offered. For some operators, the provision of food and beverages is provided for by an additional charge to the customer. On long – haul flights, airlines provide a more extensive service of food and beverage. The airline will provide dishes to meet its passengers' particular needs, for example, meals that meet religious requirements, as well as meals for vegetarians, children and invalids.

Service on airlines is often a combination of trolley service, as used for beverages, and tray service with the trays being distributed from the trolley in which they are stacked.

For economy and tourist flights all meals tend to be of the same size, with identical portions. The meals are arranged in individual portion containers, sealed, chilled and then stored until required. The economy or tourist class meal is often served on a plastic or melamine tray and uses disposable place mats, cutlery, tableware and napkins, together with disposable glasses for drinks required. Business and first class passengers will often receive a food and beverage service equivalent to that of a first class hotel or restaurant and there is little portion control. The first class service may offer joints of meat that are served from a trolley as it moves up the aisle, and served with the appropriate garnish. This, combined with the use of fine bone china, glassware and silver plated table ware, creates an atmosphere of content and well being while the meal is being served. Great use is also made of pre-portioned foods, such as salt, pepper, mustards, sugars, cream, cheeses, dry biscuits and preserves.

When all the food has been prepared, the required quantities of each dish are placed on trays. These are often put into hot cupboards and kept hot until transported to the plane, or chilled and stored in the catering unit until required to be re-heated on board the aircraft.

SELF ASSESSMENT EXERCISE

Describe in details airline tray service

3.3 Rail Service

A rail service involves the catering service rendered in trains. Food and beverage operations on trains generally fall into one of three categories:

- Conventional restaurant
- Kiosk (take away)
- Trolley service operations

On sleeper services a limited type of room service is provided. However, all these services are provided on the move and away from the home base and suppliers. The logistics of providing on– train catering are therefore similar in organization to off – premises catering.

Rail catering has also been seen in the introduction of a tray service system, similar to airlines. The food and drink is served on trays to passengers at their seat, rather than in a restaurant car where tables are laid as in a restaurant.

4.0 SUMMARY

In Hospital tray service, Patients in hospital often have special dietary needs and their likes and dislikes are also of importance. They may also have particular needs because of their medical condition. The menu reader terminals can be interfaced with computer systems for dietary and recipe analysis. There are a number of commercially available tray services used in hospital catering. Individual trays are made up on a conveyor system according to the patients' pre-ordered requirements. Various methods are used to keep the food hot or cold, ranging from the heated or chilled pellet method to specially insulated trays.

This involves the catering service rendered in an airline. Most airlines now operate using a catering commissary. A commissary is a term used to cover the catering, cabin requirements, bonded stores, cleaning and other passenger requirements.

While a rail service involves the catering service rendered in trains Food and beverage operations on trains generally fall into one of three categories such as conventional restaurant, kiosk and trolley service operations

5.0 CONCLUSION

Hospital tray service represents the catering service rendered to patients in the hospital. Such foods and beverages are specifically prescribed and modified to manage the health conditions of the patients.

The attributes of airline tray service and rail service have been highlighted.

Business and first class passengers will often receive a food and beverage service equivalent to that of a first class hotel or restaurant and there is little portion control. The first class service may offer joints of meat that are served from a trolley as it moves up the aisle, and served with the appropriate garnish.

6.0 TUTOR - MARKED ASSIGNMENTS

1. Describe in details the concept of hospital tray service as a component of food and beverage service outlet.
2. Give 5 examples of hospital tray services around you.
3. Explain in details what rail service is in food and beverage service production
4. Explain a commissary in Airway and rail service

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UNIT 4 FOOD AND BEVERAGE SERVICE OUTLETS: FAST FOOD, CAFETERIA, PUBLIC HOUSES

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Fast Food
 - 3.2 Cafeteria
 - 3.3 Public – Houses
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References

1.0 INTRODUCTION

This unit examines the roles of fast food, cafeteria and public houses as food and beverage service outlets. A fast food centre is originally used to describe service at a counter or hatch where customers receive a complete meal or dish in exchange for cash or ticket. Outlets may be stands or kiosks, which may provide no shelter or seating, or fast food restaurants.

2.0 OBJECTIVES

At the end of this unit you should be able to:

- Examine fast food centre as food and beverage service outlet
- Examine cafeteria as food and beverage service outlet
- Examine public house as food and beverage service outlet

3.0 MAIN CONTENT

3.1 Fast Food

This is a term originally used to describe service at a counter or hatch where customers receive a complete meal or dish in exchange for cash or ticket, commonly used nowadays to describe type of establishment offering limited range menu, fast service with dining area, and take-away facility. Outlets may be stands or kiosks, which may provide no shelter or seating, or fast food restaurants (also known as quick service restaurants). Franchise operations which are part of restaurant chains have standardized foodstuffs shipped to each restaurant from central locations.

Here, the food can be prepared and served very quickly. While any meal with low preparation time can be considered to be fast food, typically the term refers to food sold in a restaurant or store with preheated or precooked ingredients, and served to the customer in a packaged form for take-out/take-away. The term "fast food" was recognized in a dictionary by Merriam–Webster in 1951.

Modern commercial fast food is often highly processed and prepared in an industrial fashion, i.e., on a large scale with standard ingredients and standardized cooking and production methods. It is usually rapidly served in cartons or bags or in a plastic wrapping, in a fashion which minimizes cost. In most fast food operations, menu items are generally made from processed ingredients prepared at a central supply facility and then shipped to individual outlets where they are reheated, cooked (usually by microwave or deep frying) or assembled in a short amount of time. This process ensures a consistent level of product quality, and is key to being able to deliver the order quickly to the customer and eliminate labor and equipment costs in the individual stores.

Because of commercial emphasis on speed, uniformity and low cost, fast food products are often made with ingredients formulated to achieve a certain flavor or consistency and to preserve freshness.

SELF ASSESSMENT EXERCISE

What is fast food as a food and beverage service outlet?

3.2 Cafeteria

This is primarily self – service with customers choosing selection from a counter or counters in varying designs and layouts. Originally developed for the industrial feeding market but now seen in a variety of sectors.

The Cafeteria can be divided into four types

Counter- where customers queue in line formation past a service counter and choose their menu requirements in stages before loading them on a tray

Free- flow – this involves selection as in a counter (above) but in food service area where customers move at will to random service points customers usually exit area via a till point.

Echelon - this involves series of counters at angles to customers flow within a free- flow area, thus saving space Supermarket – this is an island service points

3.3 Public – Houses

These are licensed places primarily for drinking alcoholic beverages. May be simply a serving bar with standing room for customers or may have more plush surroundings incorporating the offer of a variety of foods. These can range from plated dishes through to establishments offering full restaurant service.

4.0 CONCLUSION

This unit has been able to highlight the differences between fast food, cafeteria and public- houses as food and beverage outlets

5.0 SUMMARY

A fast food centre is originally used to describe service at a counter or hatch where customers receive a complete meal or dish in exchange for cash or ticket. Outlets may be stands or kiosks, which may provide no shelter or seating, or fast food restaurants (also known as quick service restaurants). Cafeteria on the other hand is primarily self – service with customers choosing selection from a counter or counters in varying designs and layouts.

Public - houses are licensed places primarily for drinking alcoholic beverages.

6.0 TUTOR – MARKED ASSIGNMENTS

1. What is cafeteria as a food and beverage service outlet?
2. What are public – houses as food and beverage service outlet.

7.0 REFERENCES

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