

CORRUPTION AT FRONTLINE SERVICE DELIVERY POINTS AND HUMAN CAPITAL DEVELOPMENT AMONG WOMEN IN NIGERIA

ESEYIN, EMMANUEL OLORUNLEKE Ph.D

*Human Capital Policy Department, Nigerian Institute of Social and Economic Research (NISER),
Ojoo, Ibadan, Oyo State. ephrrata4doptimist@yahoo.com 07030692687.*

Abstract

Human capital development is critical to nation building particularly among women who make up half of Nigeria's population but have struggled to compete with their male counterparts in all sectors. Given the high rate of corruption in Nigeria where between 4 to 8 billion USD is lost annually, the implications of this on human capital development among women remains worrisome. This study interrogates how corruption affects human capital development among women in Nigeria. Three objectives guided the study which was conducted using survey design. A total of 384 women were sampled for the study using multistage sampling technique. The instrument used for data gathering was a well-structured Four point Likert type questionnaire which was used for data collection and analyzed using frequency, percentage, mean, standard deviation and OLS regression. The result of the study revealed more corruption cases existed in the accessing health than education services. Similarly, the number of times women made payment for free services correlated strongly with how often they were served and this implies that corruption has implication on the human capital development of the women. There was a moderate relationship between corruption in accessing health and educational services. Similarly, paying for services and number of times this is experienced reduced the HCD of the women significantly. The women recommended improved facilities, deployment of technology and better welfare for service providers as ways of curbing this menace. The study recommended the deployment of technology across all service points for checkmating cases of corruption among others.

Keywords: Corruption, Education, Health, Human Capital Development, Women

Introduction

People play important roles in the development of any nature and this is because labour is an important factor of production which contributes to national growth and development. It has been established by scholars such as Delong and Lawrence as cited in Metin Atak, Ramazan Erturgut (2010) that human and physical resources are important to nation building as they determine the quality and quantity of national output since they complement each other in the production process. This is why individuals and the government continue to make concerted effort for invest in the development of the required human capital.

Human capital development refers the sharpening of the skills needed for productivity activities in any nation. Human capital in itself refers to the experiences and skills possessed by people which is determined by their level of health, education and other capabilities enhancing their ability to contribute to production activities. The development of human capital therefore refers to all measures put in place to empower citizens to be more responsive to national needs and contribute to growth and development irrespective of their sex, ethnicity, religion, location and so on.

The need for human capital development among women cannot be overemphasized given the fact that they make up a significant part (50%) of the national population and their contribution to national progress cannot be undermined. This has occasioned the introduction of several programmes and policies by the government to improve on their capacity to contribute to the nation. Some of the interventions made by the government includes the National Women's Economic Empowerment Policy, Adolescent Girls Initiative for Learning and Environment (AGILE), Accelerated Nutrition Results in Nigeria (ANRIN) and so on. These are partly targeted at also reducing the Gender Parity Index (GPI) which currently stands at 0.89, 0.77 and 0.73 for the North-Central (NC), North-East (NE) and North-West (NW) regions of Nigeria respectively.

Quality health care and education for women remains paramount in a developing country such as Nigeria. Currently, there are about 18.5million out of school children in Nigeria with over 60% of them being women, 66% from the NE and NW and 86% are from the rural areas and (UNICEF, 2022). This depicts a high level of educational deprivation which can have far reaching effects on human capital development. Similarly, the issue of health among women which is another important element of HCD also shows that close to 80% of them do not have access to reproductive health services. The rate of maternal mortality has also remained high in the last five years reaching 1,047 deaths per 100,000 live births in 2020 and currently stands as the 4th globally at 576 deaths per 100,000 live births. These alarming statistics shows both individual and institutional gaps which needs to be addressed.

There is no doubt that transparent and stable institutions can contribute a lot in terms of access to essential social services such as education and health especially for women in the rural areas. The availability, accessibility and affordability of these services is linked to the level of institutional quality. This means that the quality of the institution which provides these essential services vis-à-vis corrupt free institutions will influence the extent to which people can get these services. According to Idiong et al., (2023), these corrupt behaviours can be bureaucratic, economic, political, moral and judicial, and they all have far reaching implications on human capital development among women.

In Nigeria, there are several cases of corruption which have been reported in the education sector and this revolves around transfer of funds meant for educational services and diversion of educational equipment and supplies for personal use (Idiong et al., 2023). In 2012, there was the arrest of a syndicate selling UBE textbooks which were meant to be distributed freely to students (Edet, 2012). There are also cases of undue charges for admission processes, bribe for grades and other illegal charges. Similarly, in the health sector, there are reported cases of referring patients from public to private facilities, misappropriation of medication and undue reimbursement claims (Namadi, M. M. (2020). This among other factors contribute to the unpleasant Corruption Perception (CPI) index which ranks Nigeria among one of the most corrupt countries in the world. The implication of all of all of these is that those who are supposed to access these services may eventually be disenfranchised which has implication for human capital development particularly among women in rural areas in Nigeria.

The Problem

Women account for 50% of the population in Nigeria but their representation in politics, business, and other critical sectors of the national economy remains low. However, several factors are responsible for this inequity and this includes the quality of human capital among women. The quality of human capital depends on the education and health of citizens which are largely not in favour of women particularly in rural areas in Nigeria where access to social services such as education and health remains unimpressive. According to the United Nations International Children Emergency Fund (UNICEF), Out of the 18.5million out-of-children in Nigeria, 10million which is about 60% are girls with only 1 in 4 of these girls in rural areas completing Junior Secondary School education (Farah, 2022). Similarly, some of these girls are also unable to transit to higher levels of education as a result of several socio-economic factors. Similarly, access to health care services for these women remain worrisome. While only 18% of all and 21% of married/in-union women have access to contraceptives, less than 20% of these women actually practice any form of family planning. This among other factors account for why Nigeria ranks 4th globally with a mortality rate of 576 per 100, 000 live births which leaves more to be desired in respect to human capital development among women. There is no doubt that some of these challenges are preventable if transparent, stable and accountable systems are place. Questions arise as to whether or not women have access to these services which are largely expected to be free, whether the right quality of service is provided, and whether the needs of women are considered when implementing these services where they exist. It is therefore imperative to interrogate the role played by corruption in the human capital development of women in rural areas in Nigeria.

Corruption

Defining the concept of corruption has been an issue of debate particularly from the perspective of victims and beneficiaries and this has also affected its description in the public space. However, there is a general consensus that corruption is unethical, illegal, antisocial and so on, with the capacity to hinder progress, development and public good. On this premise, different scholars have attempted to define the concept with Adeyemi (2021) stating that it is an illegal act of inducement where someone violates laid down rules and regulations guiding a process whether in a public or private institution. However, Williams (2021) adopted the World Bank and Transparency International definitions which viewed corruption as an abuse of public or entrusted office/power for the purpose of getting private benefit.

Similarly, corruption can be defined as a covert or daring use of one's privilege or authority as an important stakeholder in a line of service provision to acquire some personal benefits with or without the knowledge of others. This is because corruption can occur at any point of a chain of activities which may or may not be known to others (Nikoloski, 2019). In a similar manner, Onuoha as cited Adeyemi (2021) asserted that the issue of corruption involves asking for and getting bribed to discharge a lawful service and this takes several forms ranging from sexual demands, private use of public resources, undervaluation, inflection of contracts and so on. It can therefore be said that corruption exists across the different segments of the society and takes different forms and as such the issue of corruption is more about the extent to which it exists in a place and not whether it exists and this places a demand for its interrogation for the purpose of achieving sustainable growth and development.

Women

There are several opinions about what defines a woman as a result of the public opinion that it is not just a biological or psychological description of a person (Rahbari & Mahmudabadi, 2017). In the past, a woman is known to be a person who is not identified as a man since the belief generally held was that a person can either be a man or a woman based on the popularity of both sexes. Meyer (2016) asserted that being a woman transcends the idea of the physical sex of a female. However, a woman can be described as someone who is identified as a female and as such the individual who is identified as a woman is a matter of whether she is a younger or older woman based on the generally acceptable age limit in the society. According to Joel and Fine (2022), a woman is defined as an adult human female which suggests that the individual must have reached a certain age that defines who an adult is. On the other hand, since women are maturing faster and several young people age 10-15 have their first menstrual flow and about 10% becoming mothers before age 16 (UNICEF, n.d.; OECD, 2010), the definition of a woman transcends the idea of someone of a particular age to a female human who is matured enough to assume the responsibilities of a full grown woman and hence she can be identified either as a younger or older woman. Takeda (2010) alluded to this by asserting that biologically, the life stages of a typical woman are divided into infancy, puberty (adolescence), sexual maturation (reproductive age), climacteric period, and post-climacteric (elderly) years. A woman is therefore a female individual who is matured enough to take charge of responsibilities and roles of the gender as expected by the society.

Human Capital and Human Capital Development

Human capital refers to the set of skilled individuals which an organization or nation own for productive activities. Akpogheli (2016) stated that the human capital refers to the productive skills and knowledge possessed by an individual worker which are directed towards production. Human capital is a measure of skilled people with the right competence needed for economic activities that will translate to productivity. Similarly, Goldin (2016) opined that human capital are the skills that the labour force possesses which are identified as a resource or asset.

Since the human capital or an organization must possess the requisite skills and knowledge for productivity, the need for quality education, training and health which defined human capital according to its theorists cannot be overemphasized. Akpogheli (2016) alluded to this fact by stating that *human capital* is an embodiment of good health, education, knowledge, skill which makes an individual productive. Human

capital therefore refers to those capabilities, resources and performance of employees in an organization (Adesina-Uthman & Obaka, 2022) and this helps to drive performance and productivity both at the individual and organizational level.

Human capital development therefore refers to all activities that are geared towards strengthening the human capital of an organization or nation. This implies that the human capital development is the process of increasing and sharpening the skills, knowledge and competences of an individual in order to make them more productive. Baah-Boateng (2013) noted that human capital development is a product of sustained investment in education and training to produce highly qualified and trained workforce who can compete effectively in the global knowledge economy and this has remained a major challenge in Africa as a whole. Human capital development is therefore a combination of activities which assists in the production of skilled workers for productive activities.

Corruption in the Health and Education Systems and Human Capital Development

There is no doubt that access to quality education and healthcare services are important for human capital development in any society. This is because education and healthcare service delivery aids in the improvement of knowledge, skills, abilities and attitudes that enable people to contribute to the growth and development of their immediate environment as reasonable and responsible citizens. However, corruption can affect this process at any point within the chain of service delivery and affect human capital development if left unchecked. It was pointed out by Ijewereme (2015) that corruption prevents people from having access to basic education and health and this hinders true development.

The poor system of health and education in the country has left citizens more exposed to corrupt practices in a bid to satisfy their individual and group interest. The health system in Nigeria for example is one of the worst globally as the health workforce in Nigeria per 10,000 of its population is 4.4 physicians and 16.1 nurses and midwives (Buowari, 2017) as against the 1 Doctor to 600 patients recommended by the World Health Organization (WHO). There are several policies and programmes initiated by the government across different levels with some improvements but this still leaves a lot to be desired given the brain drain menace which has seen several medical experts exit the country and putting the health system in a more precarious situation.

Tormusa and Idom (2016) stated that for the health system to be efficient, there must be transparency in the management of human and financial resources as well as delivery of supplies on timely basis to those in need. This is because the problem of corruption in the health sector like other systems thrive because patients are in desperate need and healthcare providers sometimes take advantage of this situation. It has therefore become common to see patients paying for free services which has reduced satisfaction, trust and quality of services delivered in the health system (Nejad et al., 2020). With this experience across most public health institutions in the country, the Universal Health Coverage agenda cannot be achieved in such a corrupt system (Transparency International (2019) and this calls for urgent interventions.

Nejad et al., (2020) pointed out that the reason why this situation persists in most hospitals is because healthcare providers are directly involved in medical decisions such as prescribing medications, determining hospital stay, and patients' referrals for laboratory tests and further services and counseling and these individuals can use this position of trust unjustly for personal benefit. Although, Buowari (2017) noted that this situation exists where salaries are low and poor funding of these facilities, these corrupt practices can have great implications on maternal and infant mortality rates, life expectancy among other indicators of human capital development.

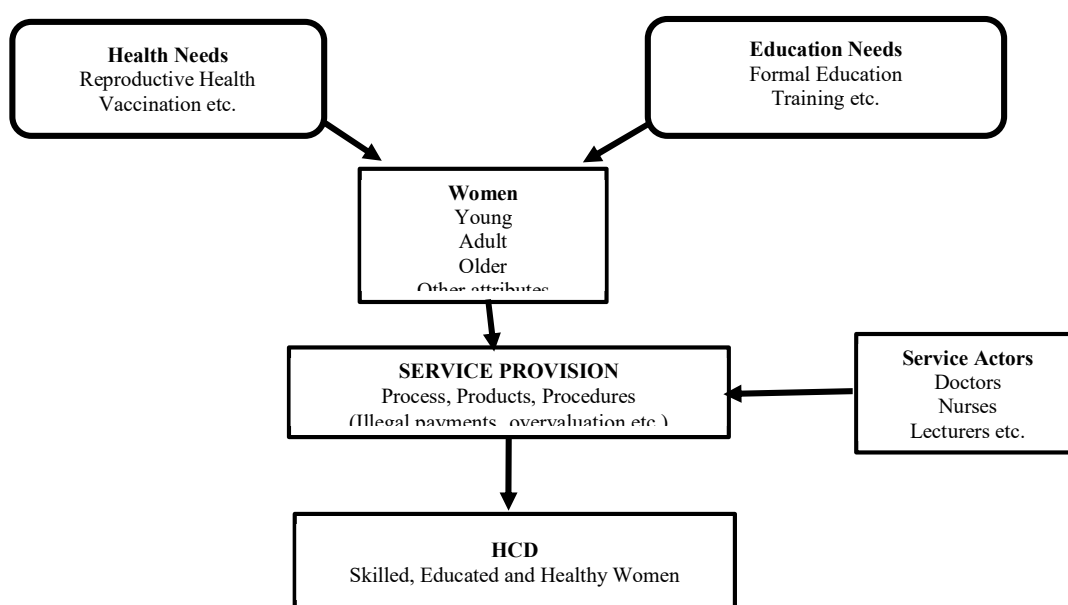
The education sector particularly the public ones which are supposed to be free or affordable to the public has not been free from corruption cases. Education is important across all levels, primary, secondary and tertiary to raise good citizens with the right skills, knowledge and attitude for self and societal development, but this sector also have had its fair share of corrupt practices ranging from embezzlements to abuse of public office. Nwaokugha and Ezeugwu (2017) stated that the entry points of corruption in Nigeria's

education industry are as diverse as the several agencies and institutions of government which are involved in carrying out funding and other overseeing functions in the industry.

The low absorptive capacity of the nation's tertiary institutions has exposed several to admission racketeering, examination malpractice among other vices. Edinoh et al., (2024) pointed out that the shortage of infrastructural facilities, inadequate professional teachers, shortage of instructional materials, shortage of funds, poor quality of education and reduction in level of capacity training programmes for teachers exposes the system to corruption. The cases of impersonation, promotion racketeering, educational maladministration, sexual harassment which shades the educational sector are all caused and fueled by corruption (Akinniyi et al., 2021). Parents, students, administrators, teachers and other educational stakeholders therefore engage in several vices so as to benefit from the inefficiencies in the education system.

The need for intervention to correct this menace so as to achieve quality human capital development that will lead to national progress has been clear in most public discourse. Scholars such as Tormusa and Idom (2016) identified the need for scrutinizing the roles and relationships among all the actors to identify potential abuses that may probably occur in the course of service delivery while Oluwadare and Abe (2013) called for changes in the moral and social fabrics of the society. Similarly, Balogun (2015) asserted that there is need for harmonization of all arms of government to address the dysfunctionality in service areas such as this. The collaboration of all well-meaning citizens is therefore crucial to overcome this challenge and achieve quality human capital development for sustainable national development in the long run.

Conceptual Framework



Source: Author's Conceptualization

Fig. 1: Effects of Corruption on Human Capital Development

Fig. 1 indicates that women have several health and education needs which are expected to contribute to their Human Capital Development (HCD). However, for this to be achieved, the women irrespective of their characteristics must interact with the critical actors in at the point of service provision and the way and manner in which the processes and procedures of these services are provided will determine the women's human capital development. These processes and procedures may however be influenced through illegal payments and other corrupt practices which can affect the human capital development of the women.

Empirical Reviews

Attempts have been made by several scholars to examine how corruption is affecting different aspects of the society including the provision of social services. Fagbemi, et al., (2022) investigated the challenges of

human capital development and eradicating corruption as a panacea. Information about the contribution of corruption to the growth of human capital in Nigeria from 1996 to 2019 was gathered and examined using the ARDL technique to look at the long- and short-term relationships between corruption and the development of human capital, and the VECM technique to evaluate the causal effects using two indicators of corruption: the control of corruption and the corruption index, as well as two measures of the development of human capital: the human capital index and life expectancy at birth. The outcome demonstrated that corruption has a major effect on the development of human capital, indicating that the prevalence of corruption is a critical component in the human capital development process. Additional data indicates a bidirectional causal relationship between corruption and the development of human capital, suggesting that the two variables are related and mutually reinforcing.

Sam (2020) conducted another study on corruption and human capital convergence in Africa. OLS regression was used to analyze the panel data that were gathered from 46 African nations. The goal of the study was to determine how conditional convergence of human capital is impacted by a nation's corruption index. A pooled OLS estimation was conducted after countries were grouped according to their levels of corruption. The results demonstrated conditional convergence in human capital for the sample and showed that income inequality and population growth rate have a significant impact on human capital convergence.

Agwu et al., (2023) examined the effects of corruption and unaccountability on responses of frontline health workers to COVID-19 in Nigeria. There were 24 respondents, including 12 frontline health workers and 12 social workers from tertiary and secondary health facilities drawn from Lagos, Abuja, Abia, and Enugu, as well as the social workers also working in tertiary and secondary health facilities, who were chosen from the Federal Capital Territory (Abuja), Ebonyi state, Edo state, and Enugu state using non-probability sampling techniques like purposive and snowballing. Phone interviews were the method used to collect the data. The study's conclusions demonstrated how unaccountability and corruption harmed frontline healthcare workers' reactions to the pandemic. The detrimental impacts were exacerbated by the absence of social care and justice services for patients and medical staff in Nigerian healthcare facilities.

Nadpara (2015) conducted an empirical examination of the effect of corruption on health outcomes. The study used panel data estimation for thirty countries between 1996 and 2011. OLS regression estimate analysis was performed on the gathered data. According to the study, there is a negative correlation between corruption in the health care system and poorer health outcomes, such as a lower birth weight and a higher infant mortality rate per 1000 live births. Health outcomes are more affected by corruption in developing countries with lower incomes than in developed countries with higher incomes.

Similarly, Shete *et al.*, (2023) investigated the state and drivers of corruption in the Ethiopian revenue sector. There were 747 taxpayers who were selected using a stratified sampling technique provided primary data for the collection. 36 important informants with industry experience were questioned. Narration stories and topic analysis were used to examine the qualitative data. The ordered logit model, mean, frequency, and standard deviation were used to assess the quantitative data. In Ethiopia, the tax revenue sector is rife with corruption. In the severe to extremely severe range, the prevalence was rated by almost 78% of the respondents. Approximately 58% of the companies said they had paid a bribe to get services from government employees. According to this ratio, 35% of taxpayers were demand-side bribers and 65% of taxpayers were supply-side bribers. Not one of the companies was an uncorruptible taxpayer. Lack of accountability, informal rivalry, lack of transparency, and use of personal funds for business were identified as drivers of corruption.

Krokeyi and Tantua (2020) investigated the effect of corrupt practices in health care delivery systems in Bayelsa State. From the eight local government areas (LGAs) in the state, respondents who were health and non-health practitioners were chosen for the study using stratified sampling techniques. Data was collected via a questionnaire, and charts and chi square analysis were used to analyze the results. The study's findings revealed that 53% of respondents, or non-practitioners, paid for their visit to a health facility, indicating that grassroots non-practitioners do pay more for services that should be provided without charge. Furthermore, 22% of practitioners who responded agreed to pay to be posted to another healthcare facility.

According to the opinion of non-practitioners, the hypothesis that corruption has no appreciable impact on healthcare delivery in Bayelsa State was rejected, suggesting that corruption has a significant impact on healthcare delivery in Bayelsa State.

On their part, Chioke and Agbodike (2021) conducted a related study on corruption and educational development in Enugu State. Examining how much corruption has impacted the growth of the education sector in Enugu State between 2010 and 2018 was the primary goal of the study. Both primary and secondary sources were used to collect data for the study, which used the survey research methodology. The main tool for gathering data was a structured questionnaire; secondary sources included unpublished works, journals, and textbooks. 362 tutorial staff members from particular public secondary schools in each of Enugu State's three senatorial zones made up the study's population. For the study, stratified proportionate random sampling was used as the sampling strategy. The data analysis techniques employed were descriptive and inferential. The primary conclusion was that corruption hinders Enugu State's education sector's growth. It remains clear that corruption if left unresolved can affect the delivery of quality social services including health and education services and hinder national development.

Theoretical Underpinning

The theory that guides this study is the Social Exchange Theory propounded by George Homans which was first introduced in 1958. This theory established that a group of people, community or society make up a social system that develop their own social behaviour which guides their interaction. It was pointed out that this social behaviour is the product of an exchange process (Cherry, 2023) which is developed by the parties involved. Over time, the social behaviour in this community leads to the exchange of material and non-material goods which is often guided by logic and not emotions.

This theory points to the fact that in this relationship, people make decisions both consciously and unconsciously by measuring the cost and benefit of the relationship or action with the intention to maximize their reward. The relationship is sometimes face-to-face but in reality, this may not involve physical contact as long as parties can meet somehow and using known mediums or channels. This relationship continues to exist as long as it is beneficial but comes to an end when cost begins to exceed reward. The decision on whether to end the relationship or not is based on personal expectations, and comparison with other possible interactions and relationships which assist members to determine what is or is not enough in the social exchange. Basically, the assumptions of the theory are that;

- i. There is a social behaviour which involves social exchange of value
- ii. People want to retain some reward when they have to give up something
- iii. Social exchange works more where reward is known to exceed cost
- iv. Rewards and costs can be in material or non-material forms
- v. Expectations, previous experiences or alternatives affect disposition to this behaviour etc.

The social exchange theory has been used to explain the problem of corruption in the society across different levels. Lawler and Hipp (2010) alluded to this as they asserted that if two parties exhibit corrupt behaviour, they develop secrets that make them dependent on each other. Therefore, as long as one of the parties feel that there are benefits for the cost of time, energy or other resources, the enterprise will continue resulting to the development of a social structure even within an institution. The relevance of this theory in understanding corruption in the health and education sectors as drivers of human capital development cannot be overemphasized. This is because as long as service providers and beneficiaries continue to acquire something of value from each other, they will continue to interact forming a subsystem with its own peculiar identity which may be against the values for which the institution or organization is supposed to be known.

Aim and Objectives of the Study

The aim of this study is to examine the effects of corruption on human capital development among women in Nigeria. The specific objectives of the study are to:

- i. determine the perspectives of women on corruption in the health and education system in Nigeria
- ii. examine the effects of corruption on human capital development among women in Nigeria
- iii. ascertain the strategies for curbing corruption for human capital development among women in Nigeria

Research Questions

The following research questions are generated to guide the direction of the study, thus:

- i. What are the perspectives of women on corruption in the health and education system in Nigeria?
- ii. What are the effects of corruption on human capital development among women in Nigeria?
- iii. What are the strategies for curbing corruption for human capital development among women in Nigeria?

Hypotheses

The Following hypotheses were tested at 0.05 level of significance:

- i. There is no significant relationship between the number of times payment was made for free services and access to health and education services among women in Nigeria.
- ii. There is no significant relationship between women's' experience with corruption in accessing health and education services in Nigeria.

Methodology

The study adopted survey approach using quantitative method to examine the issue under investigation. The population of the study was all the women in Nigeria while 384 women were sampled for the study using the Cochran formula for unknown population. The 384 women were selected using multistage sampling technique which was first purposive since women were the focus of the study and then random selection of one State in each of the geopolitical zones in the country before convenience sampling method was used to select women within and around one Federal Government owned tertiary health and education institution in these States. These States were Rivers, Oyo, Niger, Imo, Bauchi and Kano States of Nigeria. The instrument used for data gathering was a well-structured four-point Likert type questionnaire which was designed as a google form for ease of administration using target contact persons. Section A of the questionnaire was used for the collection of demographic data on the respondents. The responses were structured on the scale of Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD) with weighted values of 4, 3, 2 and 1 which were summed and divided to arrive at 2.50 which is the criterion mean score for making decision. The questionnaire was administered to the women electronically within the selected states based on their willingness to participate in the study. The data collected were analyzed using frequency, percentage, mean, standard deviation and Ordinary Least Square (OLS) regression analysis. The model specification for the OLS regression is presented as:

$$\text{HCD} = f(C) \text{ where } C \text{ refers to Corruption} \dots\dots\dots 1$$

Equation (1) above is presented in an expanded form in equation (2) below:

$$\text{HCD} = \alpha + \beta_1 \text{MS}_1 + \beta_2 \text{A}_2 + \beta_3 \text{PS}_3 + \beta_4 \text{NCC}_4 + \beta_5 \text{EL}_5 + \epsilon \dots\dots\dots 2$$

Where:

MS= Marital Status, A= Age, PS= Payment for Service, NCC= Number of Corruption Cases Experienced, EL= Education Level and ϵ is the error term

Results

Perspectives of women on corruption in the health and education system in Nigeria

Table 1: Payment for Accessing Statutorily Free Services

S/No	Reponses	Health		Education	
		F	%	F	%
1	Yes	174	45.3	140	36.5
2	No	210	54.7	244	63.5
TOTAL		384	100.0	384	100.0

Table 1 indicated that in terms of accessing healthcare services, 174 of the women representing 45.3% have had to pay to access healthcare services that should have been free while the remaining percentage did not have to pay. On the other hand, 36.5% (140) of the women have had to pay for accessing educational services that should have been free while the remaining percentage did not pay. The table showed that although less than 50% of the women have had to pay for both services, however, there are more chances that a woman will pay for accessing healthcare services than that of educational services in the process of human capital development.

Table 2: Items Demanded for Accessing Service Delivery

S/No	Reponses	Health		Education	
		F	%	F	%
1	Money	191	49.8	140	36.5
2	Toiletries	82	21.4	0	0
3	Food items	50	13.0	24	6.3
4	Sex	14	3.6	143	37.2
5	Personal belongings	22	5.7	47	12.2
6	Personal assistance	8	2.1	19	4.9
7	Mobile top up card	17	4.4	11	2.9
TOTAL		384	100.0	384	100.0

Table 2 showed that in terms of accessing healthcare services, 49.8% of the women responded that money was the main item that was demanded from them and this was followed by 21.4% who said they were asked to bring toiletries, and 13% who gave food items. There were 3.6, 5.7, 2.1 and 4.4% who offered sex, personal belongings, personal assistance and mobile top up cards to get access to health care services. In terms of accessing educational services, 37.2% were asked to offer sex, 36.5% offered money and 12.2% offered personal belongings. There were 6.3%, 4.9% and 2.9% who offered food items, personal assistance and mobile top up card in exchange for educational services. So far, while money was the main item demanded for accessing healthcare services, sex was the major item demanded for accessing educational services which the respondents considered a corrupt practice.

Table 3: Actors of Corrupt Practices in Service Delivery

S/No	Reponses	Health		Education	
		F	%	F	%
1	Doctors	44	11.5	0	0
2	Nurses	96	25.0	0	0
3	Pharmacists	52	13.5	0	0
4	Laboratory Scientists	76	19.8	0	0
5	Government authorities	37	9.6	37	9.6
6	Lecturers	0	0	135	35.2
7	Non-Teaching Staff	0	0	78	20.3
8	School administrators	0	0	25	6.5
9	Service recipients	59	15.4	63	16.4
10	Secretariat staff	8	2.1	33	8.6
11	Other administrative staff	12	3.1	13	3.4
TOTAL		384	100.0	384	100.0

Table 3 established that there are different actors who promote corruption in the health and education system. In the response from the women, the major actors fueling corrupt practices in the line of service in the health system included Nurses as alluded by 25% of the respondents, pharmacists (13.5%), laboratory scientists (19.8%), service recipients (15.4%) and doctors (11.5%). The remaining actors were government authorities, secretariat staff and other administrative staff. In the area of accessing educational services, the major actors were lecturers according to 35.2% of the women and then non-teaching staff (20.3%) and service recipients (16.4%). The remaining actors were government authorities, secretariat staff, school administrators and other administrative staff. The result showed that while nurses were the major actors of corruption in the health system, the lecturers were the major actors in the educational system among those fueling corruption in these institutions.

Table 4: Drivers of Corrupt Practices in Service Delivery

S/No	Responses	Respondents	
		F	%
1	Indifference attitude among authorities	26	6.8
2	Lack of feedback	14	3.6
3	Lack of accountability	48	12.5
4	Inadequate supervision and monitoring	25	6.5
5	Greed	114	29.7
6	Cronyism	27	7.0
7	Lack of transparency	19	4.9
8	Unhealthy competition	20	5.2
9	Desperation of service recipients	67	17.4
10	Poverty	24	6.4
TOTAL		384	100.0

Table 4 revealed the drivers of corrupt practices at the point of service delivery and from the responses of the women, it was indicated that greed was the major driver of corruption as stated by 29.7% of the women. This was followed by desperation on the part of the service recipients and lack of accountability as stated by 17.4% and 12.5% of the respondents. The lack of feedback was the least of the drivers according to 14 of the women which represented 3.6% of the respondents.

Table 5: Effects of corruption on human capital development among women in Nigeria
Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.003	.104		19.349	.000
	Marital_Status	.246	.031	.317	7.967	.000
	Age	.016	.035	.017	.453	.651
	Paid_for_Service	-.387	.032	-.481	-12.077	.000
	Number_of_cases_of_corruption	-.035	.006	-.229	-5.945	.000
	Education_Level	.023	.035	.024	.659	.511

a. Dependent Variable: HCD

$$\text{HCD} = 2.003 + 0.246\text{MS}_i + 0.016\text{A}_i - 0.387\text{PS}_i - 0.035\text{NCC}_i + 0.023\text{EL}_i$$

Table 5 shows that when all other predictor variables are 0, the value of HCD will be 2.003. It was indicated that marital status, payment for service and number of corruption cases experienced were all significant to HCD while age and education levels were not significant when compared with the p-value of 0.05. However, a change in the marital status of the women increased their HCD by 0.246 while a unit increase in age also increased HCD by 0.016. Similarly, a unit increase in terms of payment for service reduced the HCD of the women by 0.387 while increase in the number of corruption cases experienced also reduced the HCD of the women by 0.035. Increase in education also increased HCD of the women by 0.023 as indicated in the table above.

Table 6: Strategies for curbing corruption for human capital development among women in Nigeria

S/No	Statements	Mean	SD	Remark	Rank
1	Improvement in available facilities	2.96	0.74	Agree	1 st
2	Transparency in the process of service delivery	2.83	0.79	Agree	5 th
3	Improved welfare package for service providers	2.88	0.77	Agree	3 rd
4	Adequate sensitization on processes of accessing available services	2.62	0.87	Agree	8 th
5	Adoption of technology to monitor the processes of service delivery	2.91	0.76	Agree	2 nd
6	Service providers should be more accountable for their activities	2.85	0.79	Agree	4 th
7	Putting feedback systems in place at service points	2.81	0.82	Agree	6 th
8	Adequate legislation to prohibit corruption at service points	2.77	0.84	Agree	7 th
Average		2.83	0.80	Agree	

Table 6 indicated that the women agreed that all the items were strategies that could be used to curb corruption and this is because they did not disagree with any of the items, since all the items had mean values that were above the criterion mean score of 2.50 used for making decision. However, following the ranks, it was shown that the women believe that improved facilities was most critical in for curbing corruption as this ranked 1st and this was followed by deployment of technology in service points which ranked 2nd and improved welfare for service providers that ranked 3rd in that order.

Test of Hypotheses

Table 7: Pearson Correlation Coefficient on the Relationship between the number of times payment was made for free services and access to health and education services among women in Nigeria.

Correlations			
		No._of_cases_of_corruption	No._of_times_served
Number_of_cases_of_corruption	Pearson	1	.703**
	Correlation		
	Sig. (2-tailed)		.000
	N	384	384
Number_of_times_served	Pearson	.703**	1
	Correlation		
	Sig. (2-tailed)	.000	
	N	384	384

**.. Correlation is significant at the 0.01 level (2-tailed).

Table 7 showed that with a correlation coefficient of $r=0.703$, there exists a very strong relationship between the number of times women pay for health and education services that should be free and the number of times they got access to these free services. This implies that when the women pay for services that should have been free, there is a high chance that they will eventually get served and this also means that failure to pay may reduce the chances of being served. The significance value of 0.000 also implied that this relationship is significant.

Table 8: Pearson Correlation Coefficient on the relationship between women's' experience with corruption in accessing health and education services in Nigeria.

Correlations			
		Access_to_Educational_Services	Access_to_health_services
Access_to_Educational_Services	Pearson	1	.446**
	Correlation		
	Sig. (2-tailed)		.000
	N	384	384
Access_to_health_services	Pearson	.446**	1
	Correlation		
	Sig. (2-tailed)	.000	
	N	384	384

**.. Correlation is significant at the 0.01 level (2-tailed).

Table 8 indicated that with a correlation coefficient of $r=0.446$, there exists a moderate and positive relationship between access to healthcare services and access to educational services after inducement. This means that getting access to healthcare services and educational services are moderately related in terms of the effect of corruption on both services which are important to women's human capital development. The significance value of 0.000 also implied that this relationship is significant.

Discussion of Findings

Responses from the women sampled for the study showed that cases of corruption in terms of paying for services that should be free for the women was more prevalent in accessing health than educational services. It was showed that less than 50% of the women agreed to have paid to be served free health and education service and this agrees with the result of the study by Shete *et al.*, (2023) as well as Krokeyi and Tantua (2020) were a similar proportion of people agreed to have bribed their way to get served by service providers. The fact that quality health is a necessity for living may be the reason why the women are willing to give and the service providers are ready to ask for inducement for service delivery unlike education which

is also a basic human right but can be easily foregone by the women for other purposes. Nadpara (2015) agreed with this position as it was pointed out that health outcomes are more affected by corruption as it often leads to higher mortality. Similarly, the women pointed out that those who accessed healthcare services are always asked to give money as the unlawful item for accessing healthcare services and this was followed by the demand for toiletries such as soap, tissue paper and other such items. These items which in some cases are demanded as needs for caring for the women in some cases seem to have become a means of swindling the women in order for them to get access to healthcare. However, this is different from the case of accessing educational services where sex and money remains the major items that are required by the service providers. This shows that money and demand for sex are the major items that women are often required to provide before accessing required services that will contribute to human capital development. These items are followed by request for food items and other personal support according to the women.

The women from their responses showed that there are certain actors that are responsible for these corrupt practices in the process of accessing these critical services. In accessing healthcare services, the nurses were identified as the major culprits and this was followed by the laboratory scientists, pharmacists and doctors while the actors in the educational system included the lecturers and non-teaching staff. This study therefore shows that corruption was more prevalent where the women are expected to interface with the major actors in these services areas who are supposed to administer the required service to the women. However, the respondents agreed that whether they are accessing health or educational services, there are government officials who they believe also contribute to the corruption in these systems and this is particularly understandable due to the inefficiencies in these systems which they believe should have been taken care of by these government officials. There are also other actors in the line of duty who are identified as agents of corruption in these processes such as the administrative staffs in these institutions.

According to the women, there are several factors that have allowed these corrupt activities to persist and this includes the greedy attitude of the service providers, desperation of service recipients (the women), lack of accountability, cronyism, poverty among others. This suggests that there seem to be a form of collaboration among the various stakeholders in these service points which makes corruption to persist. Similarly, the fact that the women stated that their desperation is a driver of unabated corruption suggests that there may be some form of collaboration among them with the service actors and this has allowed this menace to thrive. In fact, this aligns with the position of Fagbemi, et al. (2022) who pointed out that corruption and human capital development is bidirectional. Similarly, the variations in these drivers also suggests that there are social, economic, moral and ethical factors that drive corruption in these systems and this calls for a multidimensional approach to deal with the issue of corruption as it affects human capital development among women.

The fact that corruption affects human capital development among women cannot be jettisoned. It was revealed from the responses of the women that paying for services increases their chances of being served which also affects their human capital development negatively. In fact, the result of the study showed that marital status, payment for service and number of corruption cases experienced were all significant determinant of their HCD, but only the marital status of the women increased their HCD while payment for service and the number of corruption cases experienced reduced the HCD of the women. This agrees with the position of the study by Sam (2020) which showed that where inequality exists, it will also affect human capital development. However, the likely implication of this is that the lesser the women are willing to pay for these services, the lesser they are served and this has great implication on their human capital development. In their responses, it was seen that there existed a strong positive relationship between the number of times they paid for free services and the number of times they were served. This means that inability to pay will result to service denial and this can affect their human capital development where some of them will be unwilling to access essential services when they know that they have nothing to offer in exchange. Similarly, the study showed that there is a moderate relationship between corruption experiences in accessing health and educational services. This means that experience with corruption are moderately related whether in accessing health or educational services which are both essential components of HCD.

The need for addressing this menace cannot be ignored as corruption affects human capital development negatively as alluded to by Chioke and Agbodike (2021) in their study. The women in their responses identified that there are strategies that can be adopted in curbing this menace and top of which includes providing adequate facilities in these institutions, adopting technology for service delivery, improving the welfare of service providers, promoting accountability in that order and so on. A related study by Agwu et al. (2023) corroborated the fact that lack of accountability will usually affect response to emergencies in service delivery such as the case of the COVID-19 Pandemic. This implies that the dilapidated and poor service systems in these sectors may account for why corruption has prevailed and this has its implication on the human capital development of women. It is therefore important for the government to rise up to these realities and address these narratives in order to improve on human capital development among women in Nigeria.

Conclusion

The conclusion from the findings of the study was that corruption does affect human capital development among women. The ability of women to bribe their way in accessing health and educational services contributes to access and this means that women who are unable to pay may not be able to access these essential services that contribute to their human capital development. The education level and age of the women were not significant to their HCD but their marital status, payment for service and number of times they have experienced corruption issues were significant determinants of their HCD and this has several implications as those who cannot offer something in exchange for these essential services may not make any move to develop themselves. So far, the women have understanding of how these corrupt practices play out and they believe there are strategies that can be used to address these issues which can help improve women's human capital development in Nigeria.

Recommendations

The following recommendations were made based on the findings of the study:

- i. There is need to improve on the facilities and personnel capacity of the health and education institutions in the country and also improving on the quality of services rendered especially towards the health and education needs of women. This will help improve their wellbeing and contribute to better human capital development among them.
- ii. The government needs to give more attention to the welfare of workers in the health and education sector as their attitude can affect the human capital development effort of the nation particularly that of women. Improving on the welfare of these workers will limit their involvement in corrupt practices which can affect the development of human capital in the country.
- iii. Technology needs to be adopted and deployed across all service points in the educational and health institutions in the country. Points of payment, feedback processes and other areas of service delivery should be digitalized as this will promote transparency, accountability and orderliness in the process of service delivery so as to improve on the quality of human capital service delivery in the country.

References

- Adesina-Uthman, G. A. & Obaka, A. I. (2022). Gender and human capital development: Evidence from selected higher institutions in Nigeria. *AJEC*, 2(2), 48-65
- Adeyemi, O. O. (2021). The concept of corruption: A theoretical exposition. *The Journalish: Social and Government*, 2(1), 1-14
- Agwu, P., Orjiakor, C. T., Odii, A. & Onwujekwe, O. (2023) Effects of corruption and unaccountability on responses of frontline health workers to COVID-19 in Nigeria: Lessons and considerations for the social work profession. *International Social Work*, 66(1):206-218
- Akinniyi, A. J., Erinsakin, O. A. & Emma-Ayire, S. O. (2021). Corruption in the Nigerian education sector: Causes and remedies. *KIU Interdisciplinary Journal of Humanities and Social Sciences*, 2(2), 1-13

- Akpogheli, O. E. (2016). *Human capital development and economic growth in Nigeria*. Masters dissertation submitted to the Faculty of the Social Sciences, Delta State University, Abraka
- Atak, M. & Ertugut, R. (2010). Importance of educated human resources in the information age and view of information society organizations on human: *Procedia Social and Behavioral Sciences*, 2, 1452-1456
- Baah-Boateng, W. (2013). *Human capital development: The case of education as a vehicle for Africa's economic transformation*. https://mpira.ub.uni-muenchen.de/109692/1/MPRA_paper_109692.pdf
- Balogun, A. D. (2015). The effects of public sector corruption on educational development in Nigeria: Challenges and alternative measures. *Research on Humanities and Social Sciences*, 5(9), 136-157
- Buowari, Y. O. (2017). Corruption in the Nigerian healthcare system: *Nigerian Journal of Medicine*, 26(1), 94-97
- Cherry, K. (2023). *Understanding social exchange theory in psychology*. <https://www.verywellmind.com/what-is-social-exchange-theory-2795882>
- Chioke, S. C. & Agbodike, F. C. (2021). Corruption and educational development in Enugu State: An empirical analysis. *Sapientia Foundation Journal of Education, Sciences and Gender Studies*, 3(1), 291 – 304
- Edet, B. (2012). Nigeria: Minister meets IGP over illegal sale of books. <https://allafrica.com/stories/201210270451.html>
- Edinoh, K., Saidu, Z. & Ewhe, P. O. (2024). Corruption and education in Nigeria: *International Journal of Human Capital and Innovative Management*, 1(3), 141-151
- Fagbemi, F., Osinubi, T. T., Nzeribe, G. E. & Bankole, T. O. (2022). Human capital development challenge: Why corruption eradication is a panacea in Nigeria. *Journal of Development Policy and Practice*, 7(2), 180-205
- Goldin, C. (2016). *Human capital*. https://scholar.harvard.edu/files/goldin/files/goldin_human_capital.pdf
- Idiong, S. P., Ukulor, D. C. & Aladejana, A. J. (2023). Corruption: A major virus to quality education in Nigeria. *Journal of Humanities and Social Policy*, 9(3), 1-6
- Ijewereme, O. B. (2015). Anatomy of corruption in the Nigerian public sector: Theoretical perspectives and some empirical explanations. *SAGE Open*, 2015, 1–16
- Joel, D. & Fine, C. (2022). Who is a woman: Sex, gender and policy making. *Journal of Controversial Ideas*, 2(2), 6
- Krokeyi, W. S. & Tantua, B. (2020). The effect of corrupt practices in health care delivery systems: A case study of Bayelsa State. *International Journal of Research and Innovation in Social Science*, 4(7), 629-633
- Lawler, E. J. & Hipp, L. (2010). *Corruption as social exchange*. <https://core.ac.uk/download/pdf/219376633.pdf>
- Meyer, E. (2016). Designing women: The definition of women in the convention of the elimination of all forms of discrimination against women. *Chicago Journal of International Law*, 16(2), 553-590
- Nadpara, N. (2015). *An empirical examination of the effect of corruption on health outcomes*. <https://business.tcnj.edu/wp-content/uploads/sites/219/2015/07/Nadpara-Thesis-2015-revised.pdf>
- Namadi, M. M. (2020). Corrupt practices in the public health sector: A focus on metropolitan Local Government Areas of Kano State, Nigeria: *The Nigerian Journal of Sociology and Anthropology*, 18(2), 146-158
- Nejad, S. H. R. F. M., Delpasand, K. & Kenarsari, H. E. (2020). Corruption in hospitals, causes and prevention: Health Spirituality and Medical Ethics, 7(1), 60-67
- Nikoloski, Z. (2019). *Understanding corruption*. <https://openaccess.uoc.edu/bitstream/10609/148909/3/UnderstandingCorruption.pdf>
- Nwaokugha, D. O. & Ezeugwu, M. C. (2017). Corruption in the education industry in Nigeria: Implications for national development. *European Journal of Training and Development Studies*, 4(1), 1-17
- OECD (2010). *Investing in women and girls the breakthrough strategy for achieving all the MDGs*. <https://www.oecd.org/dac/gender-development/45704694.pdf>
- Oluwadare, C. & Abe, T. (2013). Effects of corruption on health care processes and outcomes in Nigeria: *The Nigerian Journal of Sociology and Anthropology*, 11, 27-40

- Rahbari, L. & Mahmudabadi, Z. (2017). What does it mean to be a woman? An exploratory study of femininities among Mazandarani, Azeri and Kurdish Female University students in Iran, *Social Sciences*, 6(98), 1-12
- Sam, B. V. (2020). *Corruption and human capital convergence in Africa*. Masters dissertation submitted to the Department of Economics, University of Ottawa
- Shete, M., Doffana, Z. D. & Abate, S. M. (2023). The state and drivers of corruption in the Ethiopian revenue sector: *Journal of Business and Administrative Studies*, 15(1), 15-39
- Takeda, Y. (2010). Understanding the life stages of women to enhance your practice: *Research and Reviews*, 53(5), 273-278
- Tormusa, D. O. & Idom, A. M. (2016). The impediments of corruption on the efficiency of healthcare service delivery in Nigeria: *Journal of Health Ethics*, 12(1), 1-12
- Transparency International (2019). *The ignored pandemic: How corruption in healthcare service delivery threatens Universal Health Coverage*. <https://ti-health.org/wp-content/uploads/2019/03/IgnoredPandemic-WEB-v2.pdf>
- UNICEF (2022). *Education opportunities for out-of-school children*. <https://www.unicef.org/nigeria/media/7746/file/UNICEF%20Nigeria%20Cheat%20Sheet%20Out-of-school%20Children.pdf>
- UNICEF (n.d.). *Growing up well for girls*. <https://www.unicef.org/maldives/media/1271/file/Growing%20Up%20Well%20-%20For%20Girls.pdf>
- Williams, A. (2021). Corruption definitions and their implications for targeting natural resource corruption. <https://www.cmi.no/publications/file/7849-corruption-definitions-and-their-implications-for-targeting-natural-resource-corruption.pdf>
- World Health Organization (2023). *Maternal mortality: The urgency of systemic and multi-sectoral approach in mitigating maternal deaths in Africa*. https://files.who.int/afahobckpcontainer/production/files/iAHO_Maternal_Mortality_Regional_Factsheet.pdf