



# AN INTEGRATED THEORETICAL PERSPECTIVE OF CORRUPTION AMIDST COVID19 OUTBREAK IN NIGERIA

**Emerho Godstime Emerson<sup>1</sup>, Oguejiofo C. P. Ezeanya, PhD<sup>2\*</sup>**

<sup>1</sup>*Department of Sociology and Anthropology, Nnamdi Azikiwe University, Awka*

<sup>2</sup>*Department of Religion and Cultural Studies, Faculty of the Social Sciences, University of Nigeria, Nsukka*

## ABSTRACT

*Lack of access to quality healthcare coupled with the prevalence of quack hospitals and doctors, fake drugs and substandard products, lack of state-of-the art medical equipment, embezzlement, shortage of drug, and meager annual budget are likely basic indicators that underscore corruption being inflated out of proportional concern in Nigeria health sector. This paper studies how corruption has caused Nigeria to face a formidable foe in their fight against the recent coronavirus outbreak which is fuelled by a deep distrust of government. The paper recommends the need for Nigerian people to stop being relatively aloof when it comes to the engagement of public office holders. A people that do not engage their leadership would not receive the best of leadership, constantly engaging public office holders and constructively questioning policies and actions would improve the nation. Budget expenditures must be scrutinized by the people to ascertain the progress and sincerity of the administration in power, this would help the citizens make their decisions at the polls and ultimately lead to the ascension of credible leaders with concrete plans on how to solve the problems of the country. The paper also calls for introduction of anti-corruption laws backed up by legislation for adequate monitoring of fund voted to healthcare system (also from donor agencies) as necessary to avert embezzlement in the health sector.*

**KEYWORDS:** *Anti-corruption laws, Brain-drain, Corruption, COVID19, Healthcare system.*

## INTRODUCTION

Dearth of infrastructure, lack of state-of-the art medical equipment, embezzlement, shortage of drug, and meager annual budget associated with Nigeria health system are likely basic indicators that underscore corruption being inflated out of proportional concern in the sector. Corruption in the health sector is a concern in Nigeria (Akokuwebe & Adekanbi, 2007; Nnam, Effiong, Iloma, Terfa & Ajah, 2021; Ajah, 2019; Anthony, Obasi, Obi, Ajah, Okpan, Onyejebu, Obiwulu & Onwuama, 2021; Areh, Onwuama & Ajah, 2020; Ukwai & Okpa, 2017; Ajah, 2018; Nwune, Chikwelu, Ajah, & Obiefuna, 2018; Ajah, 2019). The

effect of corruption is evidence in Nigerian Primary Health Care system which is in a state of total collapse. Primary Health Care centres are dilapidated structures decorated with expired drugs and cob webs and have become in many places inhabitants for domestic animals (Ajah, Nnam, Ajah, Idemili-Aronu, Chukwuemeka & Agboti, 2021; Ajah, Ajah & Obasi, 2020; Ukoji and Okolie-Osemene, 2016). In many tertiary and secondary health centres, ordinary water supply is not available, not to talk of availability of power supply and essential drugs. In the language of Mackey and Liang (2012), 80% of individuals in Nigeria have experienced health sector corruption;



these resource-poor populations are disproportionately impacted.

In 2000, the World Health Organization as recorded in Nweke and Ajah (2017) ranked the Nigerian health system in 187<sup>th</sup> place out of 191 countries evaluated. According to UNDP, life expectancy in Nigeria has declined to 43 years in 2006 from 47 in 1990. In contrast, life expectancy in Malaysia, which attained nationhood at the same time as Nigeria, has now reached 70 years. Over 50,000 Nigerian women die from child birth every year (equivalent to a plane carrying 140 people crashing every single day) (Nnamani, Ilo, Onyejebu, Ajah, Onwuama, Obiwulu & Nzeakor, 2021; Ugwuoke, Ajah & Onyejebu, 2020). Nigeria accounts for 10% of the world's maternal deaths in child birth whereas the country represents 2% of the world's population. One in five Nigerian children dies before his/her 5<sup>th</sup> birthday. About a million Nigerian children die of preventable causes every year. Only 18% of Nigerian children are fully immunized by their first birthday. Malaria kills more Nigerians than any other disease, and yet less than 5% of its population have access to insecticide treated nets proven to be effective in preventing malaria (Ajah & Onyejebu, 2019; Ajah & Nwke, 2017; Nweke & Ajah, 2017). A poorly structured health service that relies on vertical programmes for HIV, TB and Malaria means that coordination is chaotic, and already scanty resources fail to reach the lower levels in which they are needed most.

In 2014, when Ebola virus broke out in Africa, the wave of it could not get to global west. However, the outbreak of Covid19 in China having spread across continents has been declared a pandemic of global interest by World Health Organization (WHO). There is belief that the spread of Covid19 to Nigeria is very much preventable with early concerns raised from so many quarters. When the inevitable becomes apparent (the first case of Covid19 in Nigeria from an Italian visitor) the government also seems not to be doing enough to contain further spread, the aftermath leading to more and more cases and consequently a total lock down states and inter-state movements in Nigeria.

Like in other countries that are faced with same challenge, there are better health facilities to cater for the infected, but the whole of the Nigerian territory can only afford few testing kits making the control of the virus somewhat a daunting task. Also, those government hospitals which were formally not well equipped are now charged with the responsibility of more health burden. Further, being that Covid19 in

Nigeria at the moment recycles around the elite class who before now embark on medical tourism to the western world, it became almost a thing of ridicule for them to be subjected to swallow same spittle they had vomited, since travelling abroad is no option in this situation.

In another light, fund provided by donor agencies have yet become a burgeoning source of corruption indices (Nwune, Ajah, Egbegi, & Onyejebu, 2019; Ajah, Dinne & Salami, 2020; Ajah & Onyejebu, 2019), this being evident in the manner at which other health programs had been executed in Nigeria, namely; roll back malaria, HIV/AIDS, tuberculosis, leprosy, polio, etc. To this end, there is a wide belief in Nigeria that the inability of government to curb the invasion of Covid19 into Nigeria and its proliferation has a bearing to donor agency's fund which will trickle in from such. As Transparency International (2014) and Ajah (2018) noted:

While foreign aid accounts for less than 1% of all worldwide spending on health, it still matters, especially to the people who need healthcare most. In low-income countries, donors account for nearly 30% of all health expenditures (including money spent on healthcare by private individuals). Donors' share of total expenditures has already outstripped that of domestic public funding, and continues to grow. Foreign assistance is especially prominent in the area of infectious diseases. Donors spend over twice as much on combating HIV/AIDS, malaria and tuberculosis in low-income countries than national ministries of health do. Immunization too relies heavily on external sources of funding in most low-income countries (WHO 2018b) (Transparency International, 2019:16; Ajah, 2018).

Albeit, scientific enquiries into the above identified problems in the Nigerian health system are legion (see, for example, Onwujekwe, Agwu, Orjiakor, Mbachu, Hutchinson, Odii, Obi, Ogbosor, Ichoku, Mckee, & Balabanova, 2018, Ajah & Nweke, 2017, Akokuwebe & AdekanbiIllorin, 2017; Nweke & Ajah, 2017; Ajah, 2018; Nwune, Chikwelu, Ajah, & Obiefuna, 2018; Ajah, 2019). These studies are important, since they contribute significantly in understanding the problems and challenges of the Nigerian health system and their way out. In specific terms, they are appreciated for emphasizing the dire need for such improvement in medical facilities as improved healthcare, installation of modern medical facilities, welfare, and many more.



What however has not been achieved is a detailed study on how corruption has caused Nigeria to face a formidable foe in their fight against novel diseases like the recent coronavirus outbreak which is fuelled by a deep distrust of government. This gap is what this paper intends to fill. In specific term, the paper looks at how Nigerians think Coronavirus is a ruse or a ploy by the government to dishearteningly enrich themselves and proffers innovative policy approaches.

### CONCEPTUAL CLARIFICATIONS

**Corruption:** The definitional issues of corruption is a matter of long-running debate and therefore it is always difficult to settle for any specific definition (Ajah & Onyejebu, 2019; Ajah & Nwke, 2017; Nweke & Ajah, 2017). Perhaps, that is why Johnston (1991) noted that definitions of corruption are controversial, and solid evidence is often elusive. Descriptive accounts may be clouded by self-serving equivocations. Equally subtle is the question of the significance of a corrupt act- not only its consequence, but also its meaning as perceived by citizens and officials alike. Indeed, the concept of corruption is a multidimensional concept that has legal, social, political, economic and ethical connotations. It comes in various forms and dimensions.

The concept of corruption as a word is derived from the Latin word 'corruptus' meaning to break up. The use of the word emphasizes the destructive effect of corruption on the fabric of society and the situations where agents and public officers break the confidence entrusted in them (Essays UK, 2013). Corruption is defined by Transparency International as 'misuse of entrusted power for private gain' (Ajah & Onyejebu, 2019). Corruption occurs when public officials who have been given the authority to carry out goals which further the public good, instead use their position and power to benefit themselves and those close to them. According to Nkom (1982), corruption is the perversion of public affairs for private advantage. Nkom further noted that corruption includes bribery or the use of unauthorized rewards to influence people in position of authority either to act or refuse to act in ways beneficial to the private advantage of the giver and then that of the receiver. It includes the misappropriation of public funds and resources for private gains, nepotism etc. In a similar vein, Fagbadebo (2007) described corruption as, the use of official position, resources or facilities for personal advantage, or possible conflict of interest between public position and private benefit.

For Nye (1967), corruption is an act which deviates from the formal duties of a public role because of private regarding (personal, close family, private clique) pecuniary or status gains; or violates rules against the exercise of certain types of private role - regarding influence. Lipset (1995) defined corruption as an effort to secure wealth or power through illegal means for private gain at public expense. For Rogow and Lasswell (1963), corruption is taken to be a violation of the public interest.

In a broader perspective, Ogundiya (2009) sees corruption as subsuming a wide variety of illegal, illicit, irregular, and/or unprincipled activities and behaviours. Gibbons (1976) sees it in terms of politics and believes that political corruption has to do with the way public office forsakes public interest measured in terms of mass opinion in order to ensure that some form of political advantage are achieved at the expense of public interest. Akindele (1995) opined that corruption is a socio-political, economic and moral malaise that is usually holistically permeates all the nerves of any society. The concept of corruption, as observed by Akindele (1995), has ideological, moral, cultural and intellectual discourse. Another simple, uncomplicated and encompassing definition of corruption that is found to be useful is the one that sees the phenomenon as the acquisition of that personal benefits which one (as a member of society not public official alone) is not entitled to (Salawu, 2007). From the definitions x-rayed so far, corruption cause a severe crisis in economic, social, political and health development of every country. Corruption is a pervasive problem affecting the Nigerian health sector. At the level of individuals and households, there is mounting evidence of the negative effects of corruption on health and welfare of citizens.

**Corona virus disease (COVID-19):** Corona virus disease (COVID-19) is the group of virus that has a crown like appearances when viewed in under the electronic microscope. It belongs to the Coronaviridae family. Corona virus causes the Severe Acute Respiratory Syndrome (SARS). It is commonly known to cause the respiratory disease in human being. Some time it also caused the gastrointestinal disease in different farm animals. It contains contain +ve single standard enveloped RNA as its genetic material (Essays UK, 2018). Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness when infected with corona virus (WHO, 2020).



## EFFECTS OF CORRUPTION AMIDST COVID19 OUTBREAK

The First case of Corona virus was reported in Nigeria on February 2020. Since then, figures of infection given by Nigeria Center for Disease Control (NCDC) have continued to grow rather geometrically, numbering more than three digits hitherto. To this effect government in its reactionary measures started dishing out measures on how to contain the spread of the virus; starting from detailing to the public on maintaining basic hygiene, to total lock-down on movement. However, in Nigeria as in most developing countries of the world, government enjoys mistrust from the people over incidents ranging from; not fulfilling campaign promises, lack of political will to fight poverty, misappropriation of public fund, flouting of rule of law, and abuse of official trust. In light of the foregoing, majority of Nigerian populace are still in doubt that corona virus had entered the shores of the country.

Interviews with experts on major Radio stations across Nigeria affirm that corona virus is much around, however the high-headedness of the people have been blamed over the doubt express on the reality of the spread of Covid19 to Nigeria. These interviews posit that until someone close to these "ordinary citizens" are affected will they believe. However, from the perspective of the mass of Nigerians "the proletariat", covid19 is a disease marked for politicians and celebrities. Hence, no average Nigerian have tested positive to the virus.

The perspective of average Nigerians further highlights the corruption in the Nigerian system which has also unfortunately trickled into the health sector (Ajah & Onyejebu, 2019; Nnam, Ajah, Arua, Okechukwu & Okorie, 2019; Nawaz, 2008). As noted in this article, Nigeria politicians have neglected the health sector, the aftermath being decay in infrastructure in hospitals, brain drain of medical professionals and high mortality rate (Ajah, 2019; Ajah & Ugwuoke, 2018). Amidst the breakout of Covid19 which renders medical tourism abroad impossible to politicians, it became as a matter of necessity that all and sundry resorts to the health system and hospitals which were until hitherto abandoned for medicare.

To these, majority of Nigerians which are of mid income level are filled with mixed feelings; through personal interview, they first opionate that covid19 currently as it were being suffered by Nigerian politicians is a punishment designed by karma for the untold hardship they had installed in Nigeria's polity

(AFP fact check, 2020). Secondly, there are views that the virus is a ploy by politicians to access fund through donor agencies, implying that the virus is not real in Nigeria, but is real in China, Europe and America (AFP fact check, 2020). Thirdly, an opinion that there might be greater people who might be carrying the virus in the hinterland, but because they cannot access the test centres (being that there are few test centres in Nigeria, which has also been monopolized by politicians), the May continue to spread the virus unknown, and consequently die in their home (AFP fact check, 2020). The later opinion makes the Nigerian case delicate, even more complicated.

In this light, occasioned by gap in communication between the people and their political leaders, it has been noted that; corruption has become endemic in Nigerian society to the extent that it is now ironical that persons who are not corrupt are often regarded as "deviants" in the society (Ajah, 2019; Nwune, Ajah, Egbegi, & Onyejebu, 2019; Anyadubalu, 2010 cited in Inyang & Ubong, 2013). To an extent public office (including healthcare services) are perceived as a lucrative avenue to amass quick wealth through embezzlement. Put succinctly, public service leaders in Nigeria seem to be setting erroneous role model to future generation. To this end, corruption seems systemic in Nigeria. To say that corruption is rampant in Nigeria is to over flog the obvious; corruption in Nigeria, as it presently manifested can be appropriately termed endemic or systemic (Ajah, 2019; Nwune, Ajah, Egbegi, & Onyejebu, 2019; Osomen, Adenegan & Balogun, 2013).

There is strong relationship between corruption and development of any country and this requires a critical investigation so as to provide appropriate understanding of the problem (Ikezue & Alawari, 2015). Corruption is not exclusive to geo-political area named Nigeria. Corruption is a global phenomenon, only the magnitude and intensity differs. Corruption is found in democratic and dictatorial politics; feudal, capitalist and socialist economies (Osomen, Adenegan & Balogun, 2013). Christian, Muslim, Hindu and Buddhist cultures are equally bedeviled by corruption (Ajah, 2019; Nweke & Ajah, 2017; Osomen, Adenegan & Balogun, 2013). Corrupt practices did not begin today; the history is as old as the world. Ancient civilizations have traces of widespread illegality and corruption (Nweke & Ajah, 2017; Osomen, Adenegan & Balogun, 2013). Thus, corruption has been ubiquitous in complex societies from ancient Egypt, Israel, Rome and Greece down to the present (Lipset & Salman, 2000).





In Nigeria, corruption is one of the many unresolved problems (Ayobolu, 2006) that have critically hobbled and skewed development. It remains a long-term major political and economic challenge for Nigeria (Osomen, Adenegan & Balogun, 2013). Presently, the militating effect of corruption has caused Nigerian government measures in containing the menace of COVID19 to appear futile. This is worsened by many Nigerians, who remain wary of the official narratives amid perceptions of widespread corruption and incompetence,

### **THEORETICAL FRAMEWORK**

This study is anchored on Edwin Sutherland's differential association theory. Sutherland's differential association theory is a strand of learning theories of crime which posits that deviant behaviour(s) are learnt just like in other learning process (Brown, Esbensen & Geis, 2010; Ezeanya & Ajah, 2021; Enweonwu, Ugwu, Onyejebu, Areh & Ajah, 2021; Ajah, 2018b; Ajah, Uwakwe, Nwokeoma, Ugwuoke & Nnamani, 2020; Ajah, 2019; Nwune, Ajah, Egbegi, & Onyejebu, 2019; Ajah, 2018a). This theoretical orientation exposes the drooping enthusiasm of Nigerian workers occasioned by the parlance "*government work na your papa work?*" thus, integrity, honesty and professionalism are sacrificed over lousy attitude to work, so that worker are now "alert syndrome based", that is enthusiastically waiting for pay cheque while doing practically nothing to add value to work (but creating innovative avenues to embezzle fund). New entrants into the work force are oriented into this, thus the parlance aforementioned.

Sutherland presented nine principles of differential association theory as follows;

1. Criminal behavior is learned
2. Criminal behavior is learned in interaction with other persons in a process of communication.
3. The principal part of the learning of criminal behavior occurs within intimate personal groups.
4. When criminal behavior is learned, the learning includes: (a) techniques of committing the crime, which are sometimes very complicated, sometimes very simple; (b) the specific direction of motives, drives, rationalization, and attitudes.
5. The specific direction of motives and drives is learned from definitions of the legal codes as favorable or unfavorable.
6. A person becomes delinquent because of an excess of definitions favorable to violation of

law over definitions unfavorable to violation of law.

7. Differential associations may vary in frequency, duration, priority, and intensity.
8. The process of learning criminal behavior by association with criminal and anti-criminal patterns involves all of the mechanisms that are involved in any other learning.
9. While criminal behavior is an expression of general needs and values, it is not explained by those general needs and values, since noncriminal behavior is an expression of the same needs and values (Brown, Esbensen & Geis, 2010: 277; Ugwuoke, Ajah & Onyejebu, 2020; Nnam, Ajah, Arua, Okechukwu & Okorie, 2019; Eze, Obi & Ajah, 2020; Eze, Ajah, Nwonovo & Atama, 2021).

In this context, corruption in Nigeria's health sector might have remained unabated as a result of the institutionalization of a system that favors it. Perhaps, that is why Ajah (2019) notes that corruption often thrives during times of crisis, particularly when institutions and oversight are weak, and public trust is low. Similarly, it is evidence in previous Ebola virus and swine flu, that even in times of crisis, there are those who aim to profit from others' misfortune.

### **CONCLUSION AND POLICY RECOMMENDATIONS**

Corruption is a complex problem which threatens health care access, equity and outcomes (Ajah & Onyejebu, 2019; Ajah & Nwke, 2017; Nweke & Ajah, 2017; Ukwai & Okpa, 2017; Ugwuoke, 2010). In Nigeria, healthcare sector is becoming a ghost of itself, no thanks to structures all over the country without adequate medical facilities. The outcry from several quarters urging successive governments to treat the healthcare sector specially has been near universal and its intensity striking. Yet, in the ears of government, it seems like beating a drum for a deaf person to dance. Incontrovertibly, the sector has hitherto remained grossly incapacitated because of paucity of fund and doctors pass through a lot of stress to achieve success in performing simple dialysis. It is disheartening to learn that when doctors try to press home their demand to equip the hospitals through a strike action, they are labeled and called several uncanny names. Most times, if not in all cases, the dispute is usually resolved with lip-service and failed promises on the side of government.



Of course, the after effect is what we have today across the country as hospitals, which are now reduced to mere glorified consulting centres characterized by wrong diagnosis. This is as a result of lack of medical laboratory equipment that would have detected what was wrong outright, than mere physical examination of touching and feeling the body temperature and so on after which the patient is put to a question-and-answer test, which will determine the doctor's prescription. This is shameful for a country like Nigeria which is signatory to the 2001 Abuja Declaration of African health ministers that pledged to allocate at least 15 per cent of their national budgets towards improving their health systems.

Although, there is not a healthcare system in the world today which is not in some form of crisis or challenges. All face one challenge or the other. However, the situation of healthcare system in Nigeria has grown particularly pathetic and acute. Recently, The Guardian reported some hardships facing the ambitious Ibom Multi-Specialist Hospital established on a patriotic principle to help stop the brain drain and medical tourism in the country. Sadly, according to the report, the facility runs on 24 hours alternate power supply as it is yet to be connected to the power grid as well as the bottle-neck challenge to obtain forex to maintain the equipment. Over the years the health sector has been neglected by the federal, state and local governments and this cavalier attitude of government towards the healthcare sector has made it to fall short, so much so that government officials and even the president often seek medical attention abroad.

It is not out of place to say that Nigeria deserves sympathy. Not too long ago there was fuss on the huge sums of money spent on Aso Rock hospital. Yet, the president has found it safer to be treated abroad. It is disheartening therefore, to learn that some heartless and corrupt government officials whose obligation it is to either release fund or to procure the essential amenities in the healthcare sector fail to strike the right balance and end up compromised. No doubt, corruption has put Nigeria's healthcare system in a bad light making it seem as the worst of all world healthcare systems. This is sad. In the alternative, it gives no other choice to young, energetic and dedicated doctors than to join the brain drain abroad where they have access to the right facilities to work with among others. A continued neglect of the healthcare system opens a floodgate of brain drain, medical tourism and a striking feature of uncertainty on the nation's economy in the near future.

Contrarily, in response to corruption problems which have permeated into the bone and marrow of

Nigeria's health system, we suggest the following policy approaches; first, there is need for government to entrench professionalism in appointment of Chief Medical Directors of various teaching hospitals, this should be devoid of Federal character principle being practiced in Nigeria civil service system, but institutionalizing merit and competence. Secondly, anti-corruption laws backed up by legislation for adequate monitoring of fund voted to healthcare (also from donor agencies) are necessary for effective and efficient implementation; this will avert embezzlement in the health sector. Thirdly, packages and incentives of healthcare professionals should be made adequate and equivalent to the global west, this will help avert brain drain in the sector. Fourthly, there should be law backed up by legislation mandating federal and state governments (also local government) to equip public hospitals with state-of-the art equipment periodically within their office tenure, this legislation by extension should ban medical tourism of any public servant during active service. Fifthly, stringent measures on work ethics must be enforced on the part of the healthcare professional through institution of a monitoring team whose duty shall be to serve as watch dog, ensuring that doctors do not own and run private clinics at the expense of public hospitals. Sixth, the government should take drastic action to equip the health sector. Government should have a rethink about the healthcare sector so as to protect its citizens from diseases and preventable deaths occasioned by lack of adequate medical amenities. Seventh, government needs not wait until novel diseases outbreak like recent COVID19 before it wakes up from its slumber and declare an emergency in the healthcare sector. Finally, the Nigerian people need to stop being relatively aloof when it comes to the engagement of public office holders. A people that do not engage their leadership would not receive the best of leadership, constantly engaging public office holders and constructively questioning policies and actions would improve the nation. Budget expenditures must be scrutinized by the people to ascertain the progress and sincerity of the administration in power, this would help the citizens make their decisions at the polls and ultimately lead to the ascension of credible leaders with concrete plans on how to solve the problems of the country

## REFERENCES

1. Ajah, B. O, Uwakwe, E. E., Nwokeoma, B. N., Ugwuoke C. O., & Nnamani, R. G. (2020). *Ameliorating the plight of awaiting-trial inmates in Ebonyi State, Nigeria through reasonable bail*



- condition. *Pertanika Journal of Social Sciences & Humanities*, 28 (4), 2897 – 2911.
2. Ajah, B. O. (2018). Educational training of inmates in Awka and Abakaliki Prisons, *Nigeria Journal International Journal of Criminal Justice Sciences*, 13 (2), 299-305
  3. Ajah, B. O., & Okpa, J. T. (2019). Digitization as a solution to the problem of awaiting-trial inmates in Ebonyi State, Nigeria. *International Journal of Criminal Justice Sciences*, 14 (2), 199–207.
  4. Ajah, B. O., & Ugwuoke, C. O. (2018). Juvenile Justice Administration and Child Prisoners in Nigeria. *International Journal of Criminal Justice Sciences*, 13 (2), 438–446.
  5. Ajah, B. O., Nnam, M. U., Ajah, I. A., Idemili-Aronu, N., Chukwuemeka, O. D., & Agboti, C. I. (2021). Investigating the awareness of virtual and augmented realities as a criminal justice response to the plight of awaiting-trial inmates in Ebonyi State, Nigeria. *Crime, Law and Social Change*, DOI:10.1007/s10611-021-09988-5.
  6. Ajah, B. O., Nwokeoma, B. N., & Okpan, S. O. (2017). Socio-economic implication of kidnapping and hostage taking in Southern Nigeria. *Journal of Law and Judicial System*, 6 (2), 51-59.
  7. Ajah, B.O., Ajah, A.I., & Obasi, C. O. (2020). Application of Virtual Reality (VR) and Augmented Reality (AR) in the Investigation and Trial of Herdsmen Terrorism in Nigeria. *International Journal of Criminal Justice Sciences*, 15 (1), 1-20.
  8. Ajah, B.O., Dinme, C.E., & Salami, K. K. (2020). Terrorism in Contemporary Nigerian Society: Conquest of Boko-Haram, Myth or Reality. *International Journal of Criminal Justice Sciences*, 15 (1), 312-324.
  9. Ajah, O. B., & Onyejebu, D. C. (2019). Neo-Economy and Militating Effects of Africa's Profile on Cybercrime. *International Journal of Cyber Criminology*, 13 (2), 326–342.
  10. Akindele, S.T. (1995). Corruption: an analytical focus on the problems of its conceptualization. *Ifa Psychological* 3 (1).
  11. Akokuwebe, M. E., & AdekanbiIllorin, D. M. (2017). Corruption in the health sector and implications for service delivery in Oyo State public hospitals *Journal of Sociology*, 9 (1) 200-217.
  12. Akokuwebe, M.E., & Adekanbi, D.M. (2007). Corruption in the health sector and implications for service delivery in Oyo state public hospitals. Accessed March 30, 2020 from <https://www.researchgate.net/publication/320097394>
  13. Anthony, E.O., Obasi, C.O., Obi, D.O., Ajah, B.O., Okpan, O.S., Onyejebu, C.D., Obiwulu, A. C., & Onwuama, E. M. (2021). Exploring the reasons for perennial attacks on churches in Nigeria through the victims' perspective. *HTS Teologiese Studies/Theological Studies*, 77(1), a6207.
  14. Anyadubalu, P. (2010). Why Nigerians Cut Corners. *Saturday Independent*. February 25th.
  15. Areh, C. E., Onwuama, E. M., & Ajah, B. O. (2020). Social consequences of wife-battering in Ogbaruand Onitsha north local government areas of Anambra State, Nigeria. *FWU Journal of Social Sciences*, 14 (4), 80-92.
  16. Ayobolu, J. (2006). *EFCC, Corruption and the Due Process*.
  17. Brown, S.E., Esbensen, F. & Geis, G. (2010). *Criminology: Explaining crime and its context*, 7<sup>th</sup>ed. New Province, NJ: Mathew Bender & Company, inc.
  18. Enweonwu, O. A., Ugwu, I. P., Onyejebu, D. C., Areh, C. E., & Ajah, B. O. (2021). Religious Fanaticism and Changing Patterns of Violent Crime in Nigeria. *International Journal of Criminology and Sociology*, 10, 1378–1389. <https://doi.org/10.6000/1929-4409.2021.10.158>
  19. Essays UK (2016). The defining of corruption in governments politics essay. Retrieved from <https://www.ukessays.com/essays/politics/the-defining-of-corruption-in-governments-politics-essay.php>
  20. Essays UK (2018). Coronavirus mechanisms of infection. Retrieved from <https://www.ukessays.com/essays/biology/coronavirus-infections-and-virus-mechanism-biology-essay.php>
  21. Eze, O. J., Obi, D. O., & Ajah, B. O. (2020). Nigerian criminal justice system and victims of crime neglect in Enugu Urban. *FWU Journal of Social Sciences*, 14 (3), 41-53.
  22. Eze, O.J., Ajah, B.O., Nwonovo, O. S., & Atama, C.S. (2021). Health sector corruption and COVID-19 outbreak: evidence from Anambra and Enugu States, Nigeria. *Journal of Contemporary African Studies*, DOI:10.1080/02589001.2021.192112.
  23. Ezeanya, O C. P. & Ajah, B. O. (2021). Addressing the biblical and ecclesial obligation of Nigerian Roman-Catholic priests in promotion of peace and social justice. *HTS Teologiese Studies/ Theological Studies*, 77(4), a7138. <https://doi.org/10.4102/hts.v77i4.7138de>
  24. Fagbadebo, O. (2007). Corruption, governance and political instability in Nigeria. *African Journal of Political Science and International Relations*, 1 (2), 028 – 037.
  25. Gibbons, K.M. (1976). *Political corruption in Canada*. Toronto: McClelland and Steward.
  26. <http://www.biomedcentral.com/1472-698X/12/23>
  27. Ikezue, C.E., & Alawari, M.B. (2015). Public perception of corruption in Anambra state: a study of Aguata local government area. *Journal of religion and human relations*, 7 (1): 130-142



28. Inyang, J.D., & Ubong, E.A. (2013). *Corruption in the Police Force: A Study of Police-Driver Behaviour along Highway in Southern Nigeria*. *International Journal of Humanities and Social Science*, 3 (17); 276-285
29. Ivan, T. (2008). *Corruption and the Consequences for Public Health*. Boston, Elsevier Inc. DOI: 10.1016/B978-012373960-5.00507-4
30. Johnston, M. (1991). *Political corruption: historical conflict and the rise of standards*. *Journal of Democracy*, 2(4), 48-60.
31. Lipset, S., & Salman, L. (2000). *Corruption, culture, and markets*. In Harrison & Huntington (Eds.), *Culture Matters* (p.113).
32. Lipset, S.M. (1995). *Corruption; The encyclopedia of democracy*. London: Routledge.
33. Mackey, T.K., & Liang, B.A. (2012). *Combating healthcare corruption and fraud with improved global health governance*. *BMC International Health and Human Rights*, 12(23): 1-7
34. Nkom, S. (1982). *Ethical revolution as an antidote for corruption in Nigeria*. Paper presented at the NASA Annual Conference held in Ahmadu Bello University, Zaria.
35. Nnam, M. U., Ajah, B. O., Arua, C. C., Okechukwu, G., & Okorie, C. O. (2019). *The War must be Sustained: An Integrated Theoretical Perspective of the Cyberspace-Boko Haram Terrorism Nexus in Nigeria*. *International Journal of Cyber Criminology*, 13 (2), 379– 395.
36. Nnam, M.U., Effiong, J.E., Iloma, D.O., Terfa, I.M., & Ajah, B.O. (2021) *Hazardous drinking and the dark triad: an antidote for manipulative behaviour among students*. *Current Psychology*, 40(4), 1-7.
37. Nnamani, G.R., Ilo, K.O., Onyejebu, D. C., Ajah, B.O., Onwuama, M. E., Obiwulu, A. C., & Nzeakor, O. F. (2021). *Use of Noncustodial Measure and Independent Monitoring Body as Panacea to Awaiting-Trial Problems in Ebonyi State, Nigeria*. *International Journal of Criminal Justice Sciences*, 16 (1), 51-63.
38. Nwune, E. C., Ajah, B. O., Egbegi, F. R., & Onyejebu, D. C. (2019). *Across the Wall: the Perception of Rehabilitation, Reformation and Reintegration Programmes in Anambra State Prison Command*. *Journal of Law and Judicial System* 2 (2), 13-22.
39. Nwune, F. R., Chikwelu, E., Ajah, B. O., Obiefuna, C. E. (2018). *Correctional Programmes within the Prison Community: The Views and Perception of Inmates and Staff in Anambra State Prisons, Nigeria*. *Developing Country Studies* 8 (6), 1-7.
40. Nye, J. S. (1967) *Corruption and political development: a cost-benefit analysis*. *American Political Science Review*, LXI (2), 417-427.
41. Ogundiya, I. S. (2007). *Political corruption in Nigeria: theoretical perspectives and some explanations*. *Anthropologist*, 11(4), 281-292.
42. Onwujekwe, O., Agwu, P., Orjiakor, C., Mbachu, C., Hutchinson, E., Odii, A., Obi, U., Ogbozor, A., Ichoku, H., Mckee, M., & Balabanova, D. (2018). *Corruption in the health sector in Anglophone West Africa: Common forms of corruption and mitigation strategies*. *ACE SOAS Consortium*.
43. Osomen, G.U., Adenegan, T.S., & Balogun, A. (2013). *An Assessment of Corruption in the Public Sector in Nigeria: A Study of Akure South Local Government Area, Ondo State*. *Canadian Social Science*, 9(5): 87-97. DOI:10.3968/j.css.1923669720130905.2800
44. Rogow, A., Lasswell, H. (1963). *Power, corruption and rectitude*. Englewood: Cliffs.
45. Salawu, B. (2007). *Towards solving the problem of corruption in Nigeria: the ICPC under searchlight*. *Journal of Social Sciences*, 5 (1), 83-92.
46. The National Academies Press (2018). "6 The Critical Health Impacts of Corruption." *National Academies of Sciences, Engineering, and Medicine*. 2018. *Crossing the Global Quality Chasm: Improving Health Care Worldwide*. Washington, DC: The National Academies Press. doi: 10.17226/25152.
47. Transparency International (2019). *The Ignored Pandemic: How corruption in healthcare service delivery threatens Universal Health Coverage*. United Kingdom, March, 2019
48. Ugwuoke, C. O., Ajah, B. O., & Onyejebu, C. D. (2020). *Developing patterns of violent crimes in Nigerian democratic transitions*. *Aggression and Violent Behavior*, 53, 1-8.
49. Ugwuoke, C. U. (2010). *Criminology: explaining crime in the Nigerian context*. Nsukka: Great AP Express Publishers Ltd.
50. Ukwai, J. K., & J. T. Okpa (2017). *Critical assessment of Nigeria criminal justice system and the perennial problem of awaiting trial in Port Harcourt maximum prison, Rivers State*. *Global Journal of Social Sciences*, 16, 17-25.
51. WHO (2018b). *Public spending on health: A closer look at global trends Overview of health spending worldwide, including private and public spending, grouping countries into different income brackets. Includes data on public and private spending, and some disaggregation by health intervention type and disease area*.
52. World Health Organization (2020). *Coronavirus*. Retrieved from [https://www.who.int/health-topics/coronavirus#tab=tab\\_1](https://www.who.int/health-topics/coronavirus#tab=tab_1)