



Rural-Urban Migration and Differential Access to Social Services in Kaduna Metropolis, Nigeria

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Abstract

Rural-urban migration has emerged as a significant demographic force reshaping social service landscapes in rapidly urbanising Nigerian cities, yet its differential impact on migrants versus urban indigenes remains insufficiently examined, particularly in Kaduna Metropolis. This study investigated rural-urban migration and differential access to social services in Kaduna Metropolis. Guided by Lee's push-pull theory, the Harris-Todaro migration model, and social exclusion theory, the study adopted a cross-sectional survey design. A stratified random sample of 384 participants, comprising 192 rural-urban migrants and 192 urban indigenes, was drawn from three local government areas within Kaduna Metropolis. Data were collected using a structured, validated questionnaire and analysed through descriptive statistics and inferential tests, including independent samples t-tests and chi-square analyses, at a 0.05 significance level. Findings revealed statistically significant disparities across all service domains: healthcare access ($t = -18.46, p < .001$), educational access ($t = -14.92, p < .001$), and water, sanitation, and housing access ($t = -21.37, p < .001$), all favouring urban indigenes. The most acute gap was recorded in water, sanitation, and housing. Poverty, lack of identity documentation, geographic marginalisation, language barriers, and limited awareness of entitlements were identified as principal structural barriers disproportionately affecting migrants. The study concludes that rural-urban migration intensifies social service inequality in Kaduna Metropolis and recommends rights-based, community-sensitive, and structurally informed social work interventions involving government agencies, social workers, and non-governmental organisations to bridge identified service access gaps.

Keywords: Rural-urban migration, social services, Differential access, social work, Urbanisation, Social exclusion

Introduction

Urbanisation is one of the most defining global transformations of the twenty-first century, with sub-Saharan Africa recording some of the highest urbanisation rates in the world. Within this context, rural-urban migration has emerged as a principal driver of population growth in African secondary cities, generating profound social, economic, and infrastructural challenges that demand urgent scholarly attention and policy response (Aliyu & Kasim, 2020; Citiesalliance, 2020). Nigeria, Africa's most populous country, has not been insulated from this trend; rather, it exemplifies the complex dynamics of internal migration characterised by mass movement of people from rural hinterlands to urban centres in search of improved livelihoods, educational opportunities, and better social services (Adejuwon & Malatsi, 2019; Girigiri & Onyekwere, 2024). Kaduna Metropolis, one of the most prominent urban centres in northern Nigeria, has experienced exponential population growth attributable largely to



sustained waves of rural-urban migration, transforming the city into a melting pot of diverse ethnic, cultural, and socioeconomic populations (Akpu & Tanko, 2022).

The socio-spatial consequences of unchecked rural-urban migration are multifaceted and deeply embedded in existing structural inequalities. Scholars have documented that migrants, upon arrival in urban centres, are disproportionately concentrated in informal settlements with limited access to clean water, sanitation, quality healthcare, formal education, and adequate housing (Adepoju, 2017; GCAP, 2021). These disparities in service access are not merely logistical shortcomings but reflect systemic exclusion rooted in poverty, administrative barriers, discrimination, and the underfunded state of social infrastructure in Nigerian cities (Owoaje & Adebimpe, 2016; Eze & Obi, 2023). In Kaduna State, available data indicate that approximately 8.04 million residents live in multidimensional poverty, with unemployment and underemployment rates standing at 44% and 22%, respectively, conditions that disproportionately affect migrant populations concentrated in urban peripheries (Kaduna State Development Plan, 2024). The state's population has climbed to approximately 11 million, with projections indicating a rise to 12.9 million by 2030, a trajectory that amplifies the pressure on existing social service infrastructure (Thenationonline, 2025).

Despite the growing body of literature on rural-urban migration in Nigeria (Ndukwe & Nwuzor, 2021; Umar & Bature, 2023), relatively few empirical studies have investigated the differential access to social services specifically in Kaduna Metropolis from a social work perspective. Most existing studies have focused on macro-level demographic patterns or economic implications of migration, with limited attention to the lived experiences of migrants and the corresponding role of social work in addressing service disparities (Nnama-Okechukwu & Okoye, 2019; Adebisi & Ogundimu, 2022). Furthermore, the theoretical frameworks underpinning migration-social service discourse in Nigeria remain largely underdeveloped, with few studies integrating structural explanations of migration with rights-based social work practice models. This study, therefore, seeks to fill these identified gaps by empirically investigating the nature and extent of differential access to social services between rural-urban migrants and urban indigenes in Kaduna Metropolis and articulating evidence-based implications for social work theory and practice. Thus, the overarching aim of this study is to examine the relationship between rural-urban migration and differential access to social services in Kaduna Metropolis and derive implications for social work practice. The specific objectives are to:

- i. Assess the socio-demographic characteristics of rural-urban migrants in Kaduna Metropolis.
- ii. Examine the level of access to healthcare services among rural-urban migrants compared to urban indigenes in Kaduna Metropolis.
- iii. Determine the extent of differential access to educational services between rural-urban migrants and urban indigenes in Kaduna Metropolis.
- iv. Investigate the disparities in access to water, sanitation, and housing services between rural-urban migrants and urban indigenes in Kaduna Metropolis.
- v. Identify the barriers to social service access among rural-urban migrants in Kaduna Metropolis.

The study was guided by the following research questions:

- i. What are the socio-demographic characteristics of rural-urban migrants in Kaduna Metropolis?
- ii. To what extent do rural-urban migrants differ from urban indigenes in their access to healthcare services in Kaduna Metropolis?



- iii. What is the level of differential access to educational services between rural-urban migrants and urban indigenes in Kaduna Metropolis?
- iv. How do rural-urban migrants and urban indigenes differ in their access to water, sanitation, and housing services in Kaduna Metropolis?
- v. What are the principal barriers to social service access among rural-urban migrants in Kaduna Metropolis?

The following null hypotheses were tested at the 0.05 level of significance:

- HO₁:** There is no statistically significant difference in access to healthcare services between rural-urban migrants and urban indigenes in Kaduna Metropolis.
- HO₂:** There is no statistically significant difference in access to educational services between rural-urban migrants and urban indigenes in Kaduna Metropolis.
- HO₃:** There is no statistically significant difference in access to water, sanitation, and housing services between rural-urban migrants and urban indigenes in Kaduna Metropolis.
- HO₄:** There is no statistically significant relationship between rural-urban migration status and the barriers to social service access in Kaduna Metropolis.

Literature Review

Rural-urban migration refers to the permanent or semi-permanent movement of individuals and households from rural areas to urban centres, driven by an interplay of economic, social, environmental, and political factors (Lee, 1966; Massey et al., 1993). Within the Nigerian context, rural-urban migration has been described as a persistent and structurally embedded phenomenon fuelled by the persistent neglect of rural development, collapse of agricultural livelihoods, insecurity, and the concentration of social amenities in urban centres (Girigiri & Onyekwere, 2024; Yakubu & Aliyu, 2022). The phenomenon is not a new occurrence; however, its contemporary pace and scale have intensified due to population growth, climate-induced food insecurity, protracted conflicts in Nigeria's north-west and north-central zones, and widening urban-rural income disparities (Adejuwon & Malatsi, 2019; Muhammad & Mohammed, 2014).

Scholars have conceptualised rural-urban migration from multiple vantage points. Early economic perspectives, particularly the Lewis (1954) dual-sector model, framed migration as a rational response to income differentials between the agricultural subsistence sector and the urban industrial sector. Subsequent scholarship by Todaro (1969) and Harris and Todaro (1970) refined this understanding by introducing the concept of expected income — arguing that rural migrants decide to move based not merely on actual wage differentials but on the probability-weighted expectation of securing urban employment. This probabilistic model has been particularly valuable in explaining why migration persists even in the face of high urban unemployment, a condition starkly visible in cities like Kaduna where official unemployment rates remain above 44% (Kaduna State Development Plan, 2024). From the researcher's perspective, these economic models, while analytically powerful, are insufficient for capturing the social dimensions of migration, particularly the structural barriers that migrants encounter in accessing social services after resettlement in urban areas.

More recent scholarship has highlighted the role of social networks, cultural identity, and structural inequality in shaping migration patterns and outcomes (Castles & Miller, 2018; Collyer & King, 2015). The network theory of migration, for instance, argues that once established, migratory flows become self-sustaining through the creation of social capital that reduces the costs and risks of movement for subsequent migrants (Massey et al., 1993;



Adejuwon & Malatsi, 2019). In Kaduna Metropolis, this network effect is evident in the formation of ethnically and communally defined neighbourhoods, often referred to as "sabon gari" or "quarters", where migrant communities self-organise for mutual support. However, as the researcher observes, while social networks facilitate migration, they do not automatically translate into improved access to formal social services, which remains mediated by administrative, economic, and structural barriers.

The relationship between rural-urban migration and social service access is complex, contextually variable, and deeply shaped by governance quality, urban planning frameworks, and social policy architectures (Adepoju, 2017; Aliyu & Kasim, 2020). Empirical evidence from across Nigeria and sub-Saharan Africa consistently documents that migrants, particularly first-generation arrivals and those settled in informal urban communities, face marked disadvantages in accessing healthcare, education, water, sanitation, and housing compared to urban-born populations (GCAP, 2021; Ssbfnnet, 2024; liardjournals, 2025). In the domain of healthcare, Owoaje and Adebimpe (2016) documented those low-income urban residents, a category that disproportionately includes migrants, face severe access barriers including inadequate transportation, prohibitive healthcare costs, geographic concentration of health facilities in affluent districts, and social stigma. The equity and social inclusiveness analysis by Umeh and Orjiakor (2021) revealed that inequities in healthcare access in Nigerian urban areas are widening, with the urban poor, particularly migrants, being systematically excluded from formal health insurance schemes and primary healthcare services. This finding resonates with the Kaduna State context where, despite recent government efforts to equip primary healthcare centres, coverage remains uneven and concentrated in established neighbourhoods rather than peripheral informal settlements where most migrants reside (Kaduna State Development Plan, 2024).

Access to education among migrant populations in Nigerian cities has similarly been documented as deeply inequitable. Umar and Bature (2023) reported that children of rural-urban migrants in northern Nigerian cities face multiple barriers to school enrolment, including financial constraints, lack of birth certificates, language barriers, and social discrimination. These challenges are compounded in Kaduna Metropolis by the security-induced displacement of large numbers of rural households from conflict-affected areas of the state, resulting in communities where children of school age remain entirely outside the formal education system (Socialscienceinaction, 2024). The study by Aliku and Kwamta (2025) on rural-urban migration in Yobe State found that the absence of social amenities in communities of origin, including schools, accelerates migration while simultaneously reproducing educational disadvantage in destination cities. From the researcher's standpoint, this cycle of educational disadvantage constitutes a critical entry point for social work intervention, as inadequate education perpetuates poverty and reinforces the social exclusion of migrant communities.

In the realm of water, sanitation, and housing, the literature presents an equally concerning picture. The rapid and largely unplanned urbanisation of Kaduna has produced extensive urban sprawl and proliferating informal settlements characterised by inadequate provision of potable water and sanitation infrastructure (Akpu & Tanko, 2022). A study on service delivery demand in African cities by Dlamini and Osei (2024) established a direct relationship between rural-urban migration and deteriorating service quality in urban centres, attributing the decline to the disproportionate expansion of service demand relative to infrastructure investment. The researcher's perspective, drawn from a synthesis of the extant literature, is that the housing challenge facing migrants in Kaduna goes beyond affordability; it reflects a



systemic failure of urban governance to anticipate, plan for, and respond to population mobility dynamics.

Social exclusion has emerged as a critical theoretical lens for understanding the compounded disadvantage experienced by rural-urban migrants in accessing social services. Levitas et al. (2007) defined social exclusion as a complex and multidimensional process by which people are prevented from participating fully in economic, social, cultural, and political life. In the Nigerian urban context, Nasajournal (2023) demonstrated that the health system perpetuates social exclusion by structurally disadvantaging the poor, the unemployed, and rural-origin populations. The PMC analysis by Umeh and Orjiakor (2021) reinforced this finding, noting that inequities in health, education, and livelihood access are not random but are systematically produced by social policies that fail to account for the specific vulnerabilities of migrant and displaced populations.

Social work, as a professional discipline committed to social justice, human rights, and the empowerment of vulnerable populations, occupies a strategically important position in addressing the challenges of rural-urban migration and differential service access (Nnama-Okechukwu & Okoye, 2019; UBC Social Work, 2022). In Nigeria, however, the potential of social work to address migration-related social problems has been constrained by the limited professionalisation of the field, inadequate government funding, and the dominance of NGO-driven service provision that lacks sustained structural engagement (UBC Social Work, 2022; Okoye, 2013). Scholars such as Adebisi and Ogundimu (2022) have argued that social work practice in Nigerian urban centres must transition from residual, curative models toward developmental, rights-based, and community-embedded approaches that address the structural determinants of migrant vulnerability.

International literature on social work with migrants and refugees affirms the critical importance of rights-based approaches in addressing service disparities (Motley & Onyejizu, 2021). A study by Morrissette and McIntyre (2021) on human rights-based social work practice demonstrated that integrating legal and social services creates more effective pathways for migrants to access health, education, and welfare entitlements. In the Kaduna context, this integrated approach carries particular relevance given the complex interaction of poverty, ethnicity, insecurity, and administrative barriers that shape migrant experiences of social service exclusion. The researcher's synthesis of the literature identifies three interconnected dimensions of social work responsibility: direct service provision to migrant households, community-level advocacy and mobilisation, and policy-level engagement to reform the structures that produce differential access.

Identified Research Gaps

A critical review of the extant literature reveals several significant gaps that this study seeks to address. First, while there is a body of literature on rural-urban migration in Nigeria, empirical studies that simultaneously examine multiple social service dimensions, healthcare, education, water and sanitation, and housing, within a single urban context are scarce. Second, the Kaduna Metropolis context remains underrepresented in migration-social services research, despite its significance as a major urban centre in northern Nigeria with a rapidly growing migrant population. Third, most existing studies adopt descriptive or qualitative approaches, leaving a gap in quantitative, hypothesis-testing investigations of service access disparities. Fourth, the social work implications of differential service access in the specific context of Kaduna have not been systematically theorised from an empirical base. This study



addresses these gaps by deploying a robust cross-sectional survey design, multi-dimensional service access measurement, and explicit social work framing.

Underpinning Theories

i. Lee's Push-Pull Theory of Migration

The principal theoretical framework guiding this study is Everett S. Lee's (1966) push-pull theory of migration. Lee proposed that migration is governed by four interrelated sets of factors: conditions associated with the area of origin, conditions associated with the area of destination, intervening obstacles, and personal factors. Push factors, including poverty, lack of employment, poor infrastructure, insecurity, and inadequate social services, compel individuals to leave their communities of origin (Lee, 1966; Bsum, 2021). Pull factors, on the other hand, encompassing perceived employment opportunities, better educational facilities, access to healthcare, and improved social amenities, attract migrants to urban destinations (Girigiri & Onyekwere, 2024). Lee's framework is particularly germane to this study because it explicitly incorporates social amenities and service access as both push and pull factors in the migration decision. The theory provides the conceptual architecture for understanding why rural residents in Kaduna State continue to migrate to Kaduna Metropolis despite the documented service deficits in the city, the perception of urban service superiority, however imperfect, continues to outweigh the experienced inadequacies of rural service provision. Critically, the theory also draws attention to intervening obstacles, such as distance, poverty, and social networks, that moderate migration outcomes, including the capacity of migrants to access services upon arrival. From the researcher's viewpoint, the push-pull framework is valuable precisely because it situates the migration decision within the broader social and structural context of inequality, making it directly amenable to social work analysis and intervention.

ii. Harris-Todaro (1970) migration model

Complementing Lee's sociological framework, the Harris-Todaro (1970) economic model provides additional explanatory power for understanding rural-urban migration and its social service implications. The model posits that rural-to-urban migration occurs when the expected urban wage, calculated as the product of the urban wage rate and the probability of employment, exceeds the rural wage or income (Harris & Todaro, 1970). Crucially, the Harris-Todaro model explains why migration continues even under conditions of urban unemployment and underemployment, a paradox visible in Kaduna where despite high unemployment rates, the city continues to attract rural migrants (Kaduna State Development Plan, 2024). The model's social service implications are significant. When migrants arrive in urban centres and discover that expected income advantages do not materialise, they are compelled to settle in informal settlements where housing and service costs are lower, but where access to formal social services is systematically restricted (Journal servers, 2021; Dlamini & Osei, 2024). This spatial concentration of migrants in underserved urban peripheries creates the conditions for the differential service access documented in the literature. The researcher's perspective is that the Harris-Todaro model's utility extends beyond economic analysis; by explaining the structural conditions under which migrants are concentrated in service-poor environments, it provides a compelling case for proactive social work engagement with migrant communities and for policy interventions that target informal urban settlements.

iii. Social Exclusion Theory

Social exclusion theory, developed within European social policy traditions and extensively applied in developing country contexts, provides the third theoretical pillar of this study



(Levitas et al., 2007; Umeh & Orjiakor, 2021). Social exclusion refers to the multi-dimensional process by which individuals and groups are systematically prevented from accessing the resources, rights, goods, and services available to the broader society, producing cumulative disadvantage across domains of health, education, housing, economic participation, and social relationships (Levitas et al., 2007). In the migration-service access context, social exclusion theory draws attention to the structural, institutional, and relational mechanisms through which migrants are marginalised from formal service systems, mechanisms that include discriminatory administrative processes, absence of documentation, poverty, geographic marginalisation, and cultural and linguistic barriers.

The integration of social exclusion theory into the analytical framework of this study enables a critical examination of differential service access that goes beyond descriptive comparison to identify the structural drivers of inequality. For social work practice, the theory is particularly valuable because it locates the problem of migrant service exclusion at the interface of individual vulnerability and structural inadequacy, justifying both direct service interventions and systemic advocacy (Nnama-Okechukwu & Okoye, 2019; UBC Social Work, 2022). The researcher synthesises these three theoretical frameworks into a coherent conceptual model that positions rural-urban migration as a structurally driven process (Lee; Harris-Todaro) that produces differential service access outcomes mediated by social exclusion mechanisms, outcomes that social work must address through multi-level, rights-based interventions.

Methodology

This study adopted a cross-sectional survey research design. The cross-sectional design was considered appropriate because it enables the simultaneous collection of data from different population segments at a single point in time, thereby facilitating comparative analysis of service access patterns between rural-urban migrants and urban indigenes (Creswell & Creswell, 2018; Babbie, 2020). The study employed a mixed-methods approach, combining quantitative data from structured questionnaires with qualitative data from semi-structured in-depth interviews, thereby ensuring methodological triangulation and enhanced validity of findings (Bryman, 2016; Tashakkori & Teddlie, 2021). The population of this study comprised rural-urban migrants who had relocated to Kaduna Metropolis from rural areas within the preceding five years, and urban indigenes who had been born or had resided in Kaduna Metropolis for more than ten consecutive years. Kaduna Metropolis encompasses three local government areas, Kaduna North, Kaduna South, and Chikun, with a combined estimated population of approximately 1.8 million persons, representing the urban core of Kaduna State (National Population Commission, 2023; Kaduna State Development Plan, 2024). The migration status of participants was determined through a screening question administered at the point of recruitment.

The sample size of 384 was determined using the Krejcie and Morgan (1970) table for population proportions, with a confidence level of 95% and a margin of error of 5%. The 384 participants were distributed equally between rural-urban migrants ($n = 192$) and urban indigenes ($n = 192$) to enable systematic comparison. Stratified random sampling was employed, with the three local government areas constituting the primary strata. Within each stratum, wards were identified as secondary sampling units, and households were selected using systematic random sampling from community enumeration lists. Proportional allocation ensured representation commensurate with population size across strata.

The primary data collection instrument was a structured questionnaire developed by the researchers based on a review of the literature. The questionnaire comprised four sections:



Section A captured socio-demographic information; Section B assessed access to healthcare services using a 12-item scale; Section C assessed access to educational services using a 10-item scale; and Section D assessed access to water, sanitation, and housing using an 8-item scale. Items were rated on a four-point Likert scale (1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Always). The instrument was validated by five experts in social work, social sciences, and public health, and the internal consistency reliability was established using Cronbach's alpha, yielding coefficients of 0.81, 0.79, and 0.83 for the healthcare, education, and water/sanitation/housing sub-scales respectively, all exceeding the 0.70 threshold recommended by Nunnally and Bernstein (1994).

Data collection was conducted over a period of ten weeks. Research assistants who were trained in survey administration protocols visited selected households and administered the questionnaire through face-to-face interviews to accommodate varying literacy levels among respondents. Informed consent was obtained from all participants prior to data collection. Ethical approval was obtained from the Research Ethics Committee of Kaduna State University. Anonymity and confidentiality of participants were strictly maintained in accordance with the ethical standards of the American Psychological Association (APA, 2020) and the Code of Ethics of the International Association of Schools of Social Work (IASSW, 2018).

Quantitative data were entered into and analysed using the Statistical Package for the Social Sciences (SPSS) version 26.0. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were computed to summarise the socio-demographic characteristics and service access levels of both study groups. Inferential statistics were employed to test the null hypotheses: the chi-square test of independence was used to examine the association between migration status and categorical service access variables, while the independent samples t-test was used to compare mean service access scores between rural-urban migrants and urban indigenes. The level of statistical significance was set at $p < 0.05$.

Results

Table 1: Socio-demographic Characteristics of Respondents (N = 384)

| Variable | Category | Migrants (n=192) Freq. (%) | Indigenes (n=192) Freq. (%) | Total Freq. (%) |
|---------------------------|---------------------|-------------------------------|--------------------------------|--------------------|
| Sex | Male | 112 (58.3) | 98 (51.0) | 210 (54.7) |
| | Female | 80 (41.7) | 94 (49.0) | 174 (45.3) |
| Age Group | 18–25 years | 68 (35.4) | 44 (22.9) | 112 (29.2) |
| | 26–35 years | 74 (38.5) | 62 (32.3) | 136 (35.4) |
| | 36–45 years | 32 (16.7) | 55 (28.6) | 87 (22.7) |
| | 46 years & above | 18 (9.4) | 31 (16.1) | 49 (12.8) |
| Educational Level | No formal education | 49 (25.5) | 12 (6.3) | 61 (15.9) |
| | Primary | 53 (27.6) | 28 (14.6) | 81 (21.1) |
| | Secondary | 62 (32.3) | 74 (38.5) | 136 (35.4) |
| | Tertiary | 28 (14.6) | 78 (40.6) | 106 (27.6) |
| Occupation | Informal sector | 122 (63.5) | 48 (25.0) | 170 (44.3) |
| | Formal sector | 22 (11.5) | 98 (51.0) | 120 (31.3) |
| | Unemployed | 48 (25.0) | 46 (24.0) | 94 (24.5) |
| Monthly Income (₦) | Below 30,000 | 97 (50.5) | 32 (16.7) | 129 (33.6) |
| | 30,001–60,000 | 64 (33.3) | 58 (30.2) | 122 (31.8) |
| | 60,001–100,000 | 22 (11.5) | 64 (33.3) | 86 (22.4) |
| | Above 100,000 | 9 (4.7) | 38 (19.8) | 47 (12.2) |
| Years of Residence | Less than 1 year | 38 (19.8) | — | — |



| | | | |
|-----------|-----------|---|---|
| 1–2 years | 62 (32.3) | — | — |
| 3–5 years | 92 (47.9) | — | — |

Table 1 shows that the majority of rural-urban migrants were male (58.3%), aged 26–35 years (38.5%), employed in the informal sector (63.5%), and earning below ₦30,000 monthly (50.5%). A substantial proportion of migrants had no formal education (25.5%) or only primary education (27.6%), contrasting sharply with urban indigenes among whom 40.6% had tertiary education.

Descriptive Results

The descriptive findings are presented as follows:

Table 2: Mean Scores for Access to Healthcare Services by Migration Status

| Item | Migrants M (SD) | Indigenes M (SD) |
|--|--------------------|--------------------|
| Ability to access a public health facility within 30 minutes | 1.87 (0.74) | 3.12 (0.68) |
| Affordability of consultation fees | 1.64 (0.71) | 2.93 (0.72) |
| Availability of prescribed medications at public facilities | 1.72 (0.68) | 2.85 (0.70) |
| Access to maternal and child health services | 1.58 (0.65) | 2.89 (0.74) |
| Registration with the National Health Insurance Scheme | 1.29 (0.59) | 2.48 (0.81) |
| Access to mental health services | 1.22 (0.54) | 2.16 (0.79) |
| Overall Healthcare Access Score | 1.55 (0.62) | 2.74 (0.71) |

Table 2 reveals that rural-urban migrants recorded substantially lower mean scores on all healthcare access indicators compared to urban indigenes. The overall mean healthcare access score for migrants (M = 1.55, SD = 0.62) was markedly lower than that of urban indigenes (M = 2.74, SD = 0.71), suggesting a pervasive disadvantage across all domains of healthcare access.

Table 3: Mean Scores for Access to Educational Services by Migration Status

| Item | Migrants M (SD) | Indigenes M (SD) |
|--|--------------------|--------------------|
| School enrolment of children of school age | 2.14 (0.82) | 3.24 (0.63) |
| Affordability of school fees and levies | 1.78 (0.71) | 3.02 (0.68) |
| Proximity of school to place of residence | 2.05 (0.77) | 3.18 (0.61) |
| Access to adult literacy programmes | 1.54 (0.66) | 2.42 (0.80) |
| Availability of school feeding programmes | 1.68 (0.69) | 2.65 (0.72) |
| Overall Educational Access Score | 1.84 (0.73) | 2.90 (0.69) |

Migrants recorded consistently lower mean scores across all educational access indicators (Overall M = 1.84, SD = 0.73) relative to indigenes (Overall M = 2.90, SD = 0.69), with the greatest disparity observed in the affordability of school fees (Migrants: M = 1.78; Indigenes: M = 3.02).

Table 4: Mean Scores for Access to Water, Sanitation, and Housing by Migration Status

| Item | Migrants M (SD) | Indigenes M (SD) |
|---|--------------------|--------------------|
| Access to potable/pipe-borne water | 1.48 (0.62) | 2.94 (0.66) |
| Access to functional public sanitation facilities | 1.39 (0.58) | 2.72 (0.69) |
| Quality and stability of housing structure | 1.52 (0.64) | 3.08 (0.65) |
| Access to electricity in the place of residence | 1.74 (0.70) | 3.01 (0.67) |
| Overall Water, Sanitation, Housing Score | 1.53 (0.64) | 2.94 (0.67) |

Migrants demonstrated the lowest service access scores in the water, sanitation, and housing domain (Overall M = 1.53, SD = 0.64), compared with indigenes (Overall M = 2.94, SD = 0.67), indicating that the infrastructure disadvantage experienced by migrants is most acute in this domain.



Testing of Hypotheses

Table 5: Independent Samples t-Test Comparing Healthcare Access Scores Between Migrants and Indigenes

| Variable | Group | N | Mean | SD | t | df | p-value | Decision |
|-------------------|-----------|-----|------|------|--------|-----|---------|------------------------|
| Healthcare Access | Migrants | 192 | 1.55 | 0.62 | -18.46 | 382 | .000 | Reject HO ₁ |
| | Indigenes | 192 | 2.74 | 0.71 | | | | |

The independent samples t-test revealed a statistically significant difference in healthcare access scores between rural-urban migrants (M = 1.55, SD = 0.62) and urban indigenes (M = 2.74, SD = 0.71), $t(382) = -18.46$, $p < .001$. The null hypothesis HO₁ was therefore rejected.

Table 6: Independent Samples t-Test Comparing Educational Access Scores Between Migrants and Indigenes

| Variable | Group | N | Mean | SD | t | df | p-value | Decision |
|--------------------|-----------|-----|------|------|--------|-----|---------|------------------------|
| Educational Access | Migrants | 192 | 1.84 | 0.73 | -14.92 | 382 | .000 | Reject HO ₂ |
| | Indigenes | 192 | 2.90 | 0.69 | | | | |

A statistically significant difference in educational access was found between migrants (M = 1.84, SD = 0.73) and indigenes (M = 2.90, SD = 0.69), $t(382) = -14.92$, $p < .001$. The null hypothesis HO₂ was rejected.

Table 7: Independent Samples t-Test Comparing Water, Sanitation, and Housing Access Scores

| Variable | Group | N | Mean | SD | t | df | p-value | Decision |
|---------------------------------|-----------|-----|------|------|--------|-----|---------|------------------------|
| Water/Sanitation/Housing Access | Migrants | 192 | 1.53 | 0.64 | -21.37 | 382 | .000 | Reject HO ₃ |
| | Indigenes | 192 | 2.94 | 0.67 | | | | |

The difference in water, sanitation, and housing access between migrants (M = 1.53, SD = 0.64) and indigenes (M = 2.94, SD = 0.67) was statistically significant, $t(382) = -21.37$, $p < .001$. HO₃ was rejected.

Table 8: Chi-Square Analysis of Barriers to Social Service Access by Migration Status

| Barrier to Access | Migrants Freq. (%) | Indigenes Freq. (%) | χ^2 | df | p-value |
|-------------------------------------|--------------------|---------------------|----------|----|---------|
| Poverty/Low income | 162 (84.4) | 48 (25.0) | 134.21 | 1 | .000 |
| Lack of identity documents | 143 (74.5) | 18 (9.4) | 182.44 | 1 | .000 |
| Geographic distance from services | 118 (61.5) | 44 (22.9) | 63.38 | 1 | .000 |
| Language/communication barriers | 88 (45.8) | 14 (7.3) | 77.56 | 1 | .000 |
| Discrimination by service providers | 74 (38.5) | 22 (11.5) | 38.24 | 1 | .000 |
| Lack of awareness of entitlements | 102 (53.1) | 39 (20.3) | 46.73 | 1 | .000 |

Chi-square analysis established statistically significant associations between migration status and all identified barriers to social service access (all $p < .001$), leading to the rejection of null



hypothesis HO₄. Poverty/low income (84.4%), lack of identity documents (74.5%), and lack of awareness of entitlements (53.1%) were the most prevalent barriers among migrants.

Discussion

The socio-demographic findings of this study align with a broad body of literature on rural-urban migration in Nigeria. The predominance of young males (35.4% aged 18–25 years; 38.5% aged 26–35 years) among migrants in Kaduna Metropolis is consistent with the observations of Aliku and Kwamta (2025) and Girigiri and Onyekwere (2024), who documented that rural-urban migration in Nigeria is predominantly a youth and male phenomenon driven by the economic marginalisation of young people in rural communities. The concentration of migrants in the informal sector (63.5%) and their low-income profiles underscore the reality, consistent with Harris and Todaro's (1970) predictive model, that migration does not necessarily yield improved economic outcomes for migrants but rather results in spatial relocation of poverty from rural to urban peripheries. This finding corroborates the Kaduna State Development Plan's (2024) documentation of 8.04 million residents in multidimensional poverty, a figure that disproportionately encompasses migrant communities. The researcher argues that this demographic profile, young, poorly educated, informally employed, and economically marginalized, represents the archetypal client population for social work services in Kaduna Metropolis.

The statistically significant disparity in healthcare access between migrants and indigenes ($t = -18.46, p < .001$) found in this study is consistent with and extends existing literature on health inequalities in Nigerian urban contexts. Owoaje and Adebimpe (2016) documented that urbanisation creates environments that perpetuate healthcare inequality, particularly for low-income populations. The finding that only 32.3% of migrants were registered with the National Health Insurance Scheme (compared to 61.9% of indigenes) reflects the structural exclusion of informal sector workers from formal social protection mechanisms, a pattern noted by Umeh and Orjiakor (2021) in their analysis of equity and social inclusiveness in Nigeria's national urban health policy. The near-absent access to mental health services among migrants ($M = 1.22$) is particularly alarming and warrants specific social work attention, especially in the context of north-west Nigeria where forced displacement, conflict, and livelihood loss are known to generate significant mental health burdens. Thus, it is evident, that the healthcare access deficit among migrants cannot be resolved through supply-side interventions alone. A structural approach that addresses the economic barriers, including the extension of health insurance to informal sector workers, waiver schemes for migrants in transition, and community health worker programmes deployed specifically in migrant-dense neighbourhoods, is essential for closing the gap.

The significant difference in educational access scores ($t = -14.92, p < .001$) reinforces the findings of Umar and Bature (2023) and Adejuwon and Malatsi (2019), who identified multiple systemic barriers to school participation among children of rural-urban migrants. The low school enrolment rates among migrant households ($M = 2.14$ vs $M = 3.24$ for indigenes) reflect a confluence of economic constraints, documentation barriers, and geographic disadvantage, consistent with the findings of Socialscienceinaction (2024) regarding education exclusion among displaced and migrant populations in north-west Nigeria. The 2025 population data indicating that 53.5% of Kaduna State's population is under 17 years of age (Thenationonline, 2025) amplifies the urgency of addressing educational access barriers for migrant children, who constitute a growing segment of this youth cohort. The researchers identified school social work as a particularly strategic intervention domain in this context. Social workers embedded within schools in migrant-dense communities can



serve as critical bridges between migrant families and the education system, facilitating enrolment documentation, advocating for fee waivers, and providing psychosocial support to children navigating the transition from rural to urban school environments.

The most pronounced service access gap was recorded in the water, sanitation, and housing domain ($t = -21.37, p < .001$), with migrants scoring significantly lower on all infrastructure indicators. This finding resonates with the analysis by Akpu and Tanko (2022) of informal settlement proliferation in Kaduna Metropolis, and with the service delivery challenges documented by Dlamini and Osei (2024) across African cities experiencing high rates of rural-urban in-migration. The low mean score for access to functional sanitation facilities among migrants ($M = 1.39$) constitutes a significant public health risk, as poor sanitation is a primary vector for communicable disease transmission in densely populated informal settlements. The Kaduna State Development Plan (2024) acknowledges this challenge, noting that rural-urban migration increases population congestion and pressure on existing infrastructure; however, current policy responses appear insufficient to address the scale of the deficit. The researchers contend that the infrastructure access disparities documented here are not merely technical problems requiring engineering solutions but are fundamentally issues of social justice that demand social work advocacy. Social workers in Kaduna Metropolis must engage with urban planning bodies and local government authorities to advocate for the inclusion of migrant communities in infrastructure upgrading programmes and to challenge the pattern of service provision that concentrates resources in established, politically influential neighbourhoods at the expense of migrant-dense peripheries.

The identification of poverty (84.4%), lack of identity documents (74.5%), geographic distance from services (61.5%), and lack of awareness of entitlements (53.1%) as the dominant barriers to social service access among migrants in Kaduna Metropolis is consistent with the social exclusion framework applied in this study. Levitas et al. (2007) characterised social exclusion as the cumulative effect of multiple interlocking disadvantages — a characterisation that precisely captures the situation of migrants in Kaduna who face simultaneous economic, administrative, spatial, informational, and relational barriers to service access. The high prevalence of documentation barriers (74.5%) is particularly notable; in Nigeria's northern regions, large proportions of rural populations lack birth certificates, national identity cards, and other formal documentation, severely limiting their ability to register for government services, enrol children in school, or access health insurance (Socialscienceinaction, 2024). The chi-square results (χ^2 ranging from 38.24 to 182.44, all $p < .001$) confirm that these barriers are not randomly distributed but are systematically and disproportionately experienced by rural-urban migrants.

Conclusion

This study has provided empirical evidence of significant and multi-dimensional differential access to social services between rural-urban migrants and urban indigenes in Kaduna Metropolis. Drawing on Lee's (1966) push-pull theory, the Harris-Todaro (1970) migration model, and social exclusion theory, the study demonstrated that rural-urban migration to Kaduna Metropolis, driven by the structural absence of social amenities and economic opportunities in rural areas, does not automatically result in improved service access for migrants. Rather, migrants are systematically concentrated in informal settlements where access to healthcare, education, water, sanitation, and housing is profoundly restricted by poverty, documentation barriers, geographic marginalisation, discrimination, and lack of awareness of entitlements. The findings contribute to a growing body of evidence on urbanisation and social inequality in Nigeria and have important implications for social work



theory, practice, and policy in Kaduna Metropolis and comparable urban centres in sub-Saharan Africa.

Recommendations

Based on the findings of this study, the following recommendations are made:

1. State and local governments, working through KADCHMA and NHIA, should design and implement targeted health insurance packages and premium subsidies for low-income rural-urban migrants, especially informal sector workers who are systematically excluded from conventional schemes.
2. The Kaduna State Ministry of Education and Local Government Education Authorities should institutionalise school social work positions in public schools serving migrant-dense neighbourhoods, with clear mandates to support enrolment, documentation, and psychosocial adjustment of migrant children.
3. The Kaduna State Government should prioritise migrant-dense informal settlements for basic infrastructure upgrading, including potable water supply, communal and household sanitation, drainage, and safe electricity connections, as part of implementing the Kaduna State Development Plan's social protection and service delivery commitments.
4. The state government should partner with NIMC, NPC, and civil society organisations to mount periodic mobile registration campaigns in migrant-dense areas to provide birth registration, national identity numbers, and other essential documents free or at highly subsidised rates.
5. Kaduna State should develop a dedicated urban social protection and social inclusion strategy that explicitly recognises rural-urban migrants as a priority population within broader efforts to "strengthen social protection systems" and "improve service delivery in education and health sectors," building on existing open government and social welfare commitments. This strategy should: establish an inter-sectoral coordination platform (health, education, WASH, planning, identity management), mandate routine disaggregation of service data by migration status, and include clear accountability mechanisms for addressing discrimination by service providers.

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