

EVALUATION OF SOCIAL SERVICES AND BEHAVIORAL DEVELOPMENT OF YOUTHS IN CALABAR MUNICIPALITY OF CROSS RIVER STATE, NIGERIA: IMPLICATION ON RURAL SOCIOLOGY

BY

¹USANG ETENG ELOMA (PhD)

¹CENTRE FOR GENERAL STUDIES

CROSS RIVER UNIVERSITY OF TECHNOLOGY (CRUTECH) CALABAR

INTRODUCTION

Behavioral development is the changes that an individual encounters in the quest for a change in the behavior of an individual. When a child developed in terms of his/her behavior, there is a radical change in the individual's attitude and belief. Most children tend to become dominant and isolated in their thoughts, emotions and feelings. In behavioural development, there is a healthy development that entails development in all abilities, including those with special health care needs, who are able to grow up where their social, emotional and educational needs are met. Having a safe individual to perform social services is very important. Social services use direct and indirect service approaches in carrying out their professional activities. Direct services are specific activities that professionals engage in to help those who are experiencing social problems. These activities include counseling, education, advocacy, provision of information, referral, etc. who are trained professionals that specialize in assisting kids with school-related concerns and personal problems that interfere with their ability to function effectively at school and at home. Professional social services who are involved in school social services provide a link between community resources and students who require specialized services or accommodations.

Social services are educated and trained to address social injustices and barriers to their client's overall well-being. Some of these include poverty, medical facilities, infrastructural facilities and child abuse. They also support clients and communities who are living with disabilities, substance abuse problems or experience domestic conflicts. Social services often fine-tune their practice with a focus on the level of interventions and types of communities they wish to serve. Clinical social services, for example, focuses on diagnoses, treatments and prevention of mental, emotional and behavioral issues. Social services protect children and adults with support needs from harm. From helping keep a family under pressure together to supporting someone with mental health problems, social services is a varied, demanding, often emotional and very rewarding career

Intervention in social services is the central core of everyday social interactions. According to (Boihthing, 2010) interventions are knowledge, skills, understanding and values in action. They may be targeted at individuals, families, groups, or communities depending on their needs. Social services interventions are combinations of knowledge and skills applied by the social services clients and their significant others (family members) put in place for the purpose of solving problems, enhancing their adaptive capabilities and improving the psycho-social well-being of the clients. They are called traditional approaches to social services practice, namely (Olubukola, 2017). The primary purpose of school social services is to improve the general functioning and academic achievement of pupils in the school setting. School social services collaborate with other members of the school team to assist kids in reaching their academic potential. It is on the basis of this background that the study on social services and behavioural development in Calabar Municipality of Cross River State, Nigeria was conducted.

Theoretical framework

Psycho-Social Development theory by Erickson (1961)

The main theory that inspired this study was the psychosocial development theory of Erik Erikson (McLeod, 2018) wherein he states that personality is influenced by society and develops through a series of psychosocial

crises. Erickson's stages of psychosocial development are a comprehensive psychoanalytic theory that identifies a series of eight stages. In child development, there exist bipolar personality traits, the positive and the negative (Uba, Makinde, Adejumo & Aladejana, 2004). This implies that each stage in Erikson's theory is concerned with becoming competent in an area of life. If each stage in a child's life is handled adequately, the child will feel a sense of mastery, which Erikson referred to as ego strength or ego quality (Cherry, 2010). But if the stage is managed poorly, the child will emerge with a sense of inadequacy often termed personal inadequacies. This basically means that according to Erikson (1959), each stage of psychosocial development plays a major role in the development of the child's personality and psychosocial skills. Erikson's theory also assumes that children or people, in general, do experience a conflict that serves as a turning point in their psychosocial development. In his view, these conflicts are centered on either developing a psychological quality (adjustment) or failing to develop that quality (maladjustment). During these times, the potential for normal personal growth is high, but so also is the potential for failure or maladjustments (Cherry, 2010).

The first stage of Erikson's theory of psychosocial development (Trust vs. Mistrust) occurs between birth and one year of age and is the most fundamental stage in life. Because an infant is unreservedly dependent, the development of trust is based on the dependability and quality of the child's caregivers. If a child successfully develops trust, he or she will feel safe and secure (adjusted) in the world (Uba, Makinde, Adejumo & Aladejana, 2004). Caregivers, who are inconsistent, emotionally unavailable, or rejective, contribute to children's maladjustments as their behaviour often fosters feelings of mistrust in the children they care for. Failure to develop trust will result in fear (maladjustment) and a belief that the world is inconsistent and unpredictable. It is such child-rearing practices that hygiene theorists describe as unhygienic environmental factors (Blair, Jones, & Simpson, 2010).

The focus here is on the adolescence stage of Erickson's theory. This is because the study is centred on secondary school students of which most secondary school students fall within this group. This phase of life is impressively influenced by independence and self-consciousness as the adolescent begins to ask questions like "Who am I and who can I be?" they are usually concerned about how they appear to others and the ability to adjust to school or occupational identity is generally primordial.

Adolescents are also likely to experience mixed feelings on how they could fit into the world which may at times result to role confusion. Thus in the school setting this confusion and the battle to find their grounds can sometimes make them experience emotional problems such as stress, which affect their ability to focus in school. As such most depend on their peers for support instead of their parents or teachers. Educators can do much to help children feel accepted, loved and significant when at school (Donald, Lazarus & Lolwana, 2007; Weldon, 2000). Conceptually, figure one illustrates significant relationships between the psychosocial variables and adjustment.

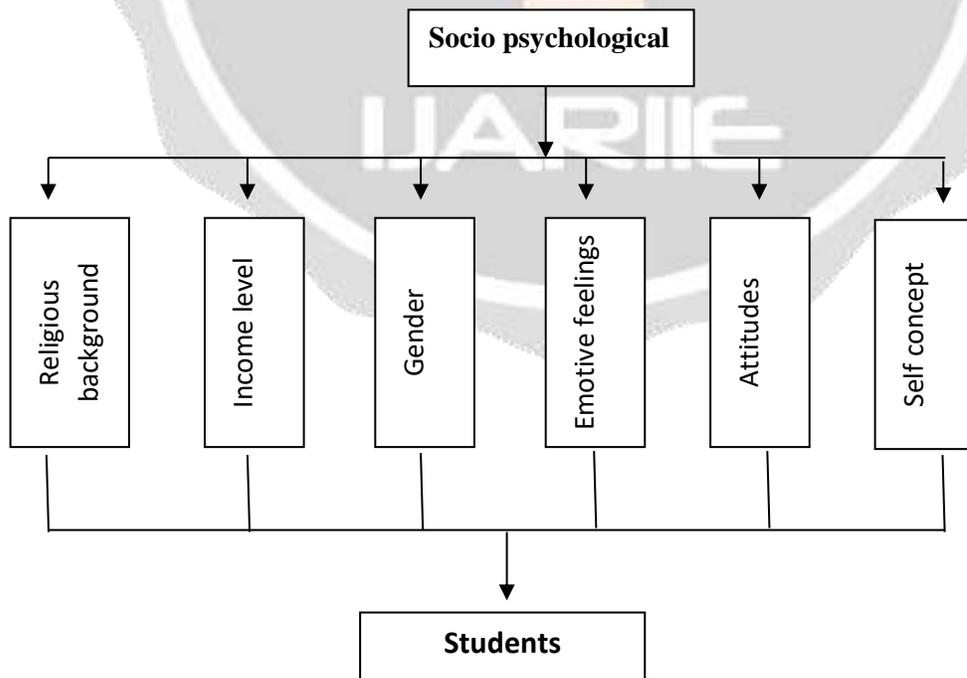


Figure 1: Conceptual Diagram showing the relationship between social services and behavioural development

Figure 1 describes the relationship between the independent variables, their sub-variables and the individual in his/her environment. The individual child) who needs to achieve a proper balance with his/her environment is faced with socio-psychological factors such as religious background, parents income level, gender, emotional feeling and self-concept. The diagram is relevant to the present study in that it will give the adolescents the idea that socio-psychological factors manifest in various forms. The factors are seen to be interdependent as they complement each other in various forms.

Statement of the problem

Behavioral development among youths has been a thing of societal concern to all and sundry in the academic environment. This is because most society has been plagued with antisocial behavior among youths ranging from stealing, burglary, raping and other forms of vices that are contrary to the expected norms and values of the society. There have also been cases where youths have become monsters in society showing all forms of disrespectful behavior to their elder. Observation has proven that in some communities the elders live at the mercy of God as the youths have become individual who sees themselves as being above the customary laws of the land. This problem has been so serious that stakeholder blame parents for not inculcating the right norms and values in their children at home, parents, on the other hand, has shifted the blame to teachers for not molding the children in the right direction expected. This problem has made the present study pose the question: How do social services relate to the behavioral development of youths in Calabar Municipality of Cross River State, Nigeria? What are the Implication of Rural Sociology? Answers to the questions posed constitute the central issue for the research study.

Purpose of the study

The main purpose of this study is to carry out an evaluation of social services and behavioral development of youths in Calabar Municipality of Cross River State, Nigeria: Implication on rural sociology. Specifically, the study seeks to:

- i. Determine the relationship between infrastructural facilities services and behavioural development in Calabar Municipality of Cross River State, Nigeria
- ii. Ascertain the relationship between medical services and behavioural development in Calabar Municipality of Cross River State, Nigeria
- iii. Find out the relationship between the prevention of child abuse and behavioural development in Calabar Municipality of Cross River State, Nigeria

Research question

The following research questions have been formulated and stated to guide the study;

- i. What is the relationship between infrastructural facilities services and behavioural development in Calabar Municipality of Cross River State, Nigeria?
- ii. To what extent does the provision of medical services relate to behavioural development in Calabar Municipality of Cross River State, Nigeria?
- iii. What is the relationship between the prevention of child abuse and behavioural development in Calabar Municipality of Cross River State, Nigeria?

Statement of hypotheses

The following null hypothesis was formulated and stated to guide the study:

- i. There is no significant relationship between infrastructural facilities services and behavioural development in Calabar Municipality of Cross River State, Nigeria.
- ii. Provision of medical services does not significantly relate to behavioural development in Calabar Municipality of Cross River State, Nigeria.
- iii. There is no significant relationship between the prevention of child abuse and development in Calabar Municipality of Cross River State, Nigeria.

LITERATURE REVIEW

The literature of this study was reviewed under the following sub-headings:

Provision of infrastructural facilities services and child development.

Provision of medical services and behavioural development

Prevention of child abuse and behavioural development

Provision of infrastructural facilities services and child development

The role of infrastructure as an agent of development is not a new phenomenon. A wide range of evidence on the importance of infrastructure on an economy, draws the conclusion that infrastructure contributes to economic growth both through supply and demand channels by reducing cost of production, contributing to the diversification of the economy and providing access to the application of the modern technology, raising the economic return to labour (by reducing worker time in non-productive activities and improving health with skill). Only when a child feels comfortable and conducive in an environment, can they fully open themselves up for newer possibilities and growth. In an ill-developed school facility, a student's growth is undermined, as learning is bound to suffer. If a classroom is too noisy, it can have a negative impact on students' education and development. An obsolete classroom that's dark, cramped, crowded, or the heat can affect the physical wellbeing of the students, causing blurry vision, acute back pain, fatigue, etc. Any imbalance between the students' academics and physical education can affect their early years.

Ojwang (2015) conducted a study on the factors influencing infrastructure and behavioural development in public primary schools in Kathonzi Division, Makeni County, Kenya. He established that attitude affects the extent to which stakeholders are involved in the infrastructural development. Most of the stakeholders such as parents have a negative attitude towards involvement in infrastructure development. They are of the idea that it is the role of the government to facilitate development and not them hence this has hindered them from being directly involved in the development process. One of the PTA members for instance reported that: Some stakeholders have a negative attitude towards infrastructure as it influences children development. Some of the members in the school tend to hold that infrastructure development is a responsibility of the government.

Micheni (2007) in his study on the role of religious school sponsors in management of public secondary schools in South Imenti District revealed that church sponsors were not contented with the role assigned to them in the Education Act hence a somehow negative attitude. They demanded for a greater role in areas such as financial management, infrastructural development and autonomy in appointment of support staff. A study carried out by Roy (2008) to examine the attitude towards school infrastructure of students in primary schools found that attitude determined the extent to which members were motivated to use infrastructure as well as maintain it. Another study carried out by Gallagher, Ferreira and Convery (2005) on the public attitude towards solid waste landfill infrastructure showed that there was a correlation between attitude and the development of the infrastructure. Ojwang further notes "The attitude of the stakeholders affects their involvement in infrastructural development differently. Positive attitude towards infrastructural development rises when there is full involvement of the members in the infrastructure development process." Policy and growth of ECD centre's Policies that guide all the activities and programmes associated with the development of early childhood development Centers plays a key role on the performance of these Centers. Mostly, early childhood development Centers are driven by the personnel requirements of the various service providers; personnel requirements are determined by their funding and regulatory structures (Kagan, 1994). As a result, preparation programs for those working with young children are as disparate as the services themselves. The ECD policy of 2006 policy framework ensures provision of quality services and for harnessing resources and other support for young children. In addition, this policy Framework guides the Government in its commitment of resources to programmes for young children. The Basic Education Act 2013 has strengthened ECD by including preschool in basic education. Ojwang (2015) did a study on the factors influencing infrastructure and behavioural development in public primary schools in Kathonzi Division, Makeni County, Kenya. He established that Majority of the head teachers (88.9%) indicated that the policies put in place by the government encouraged training of head teachers" involvement in infrastructural management and development. Majority of the head teachers (85.2%) indicated that they were aware of the policies put in place by the government on infrastructure development in public schools. Majority of the head teachers (85.2%) indicated that they were aware of the policies put in place by the government on infrastructure development in public schools. A few of them (14.8%) indicated that they were not aware. In terms of resource mobilization plans, majority of the head teachers (74.1%) indicated that the school has a resource mobilization plan and policies which aid infrastructure development policies.

Provision of medical services and behavioural development

Medical social services provide support to those who are suffering from serious or chronic health problems. They provide information to people and families about how to deal with the disease. They also learn about resources that are accessible to sick people and their families, such as nursing care, nutrition classes, and therapies, among other things. Medical issues have an impact on much more than just the body. They can result in a slew of emotional, and social requirements that must be met. Social services are skilled at assisting people in meeting these types of requirements, and as a result, we can find social services in a variety of settings where health services are provided. School health facilities may be defined as those items and materials which facilitate or promote the care and treatment of students while they are in school. Defining health facilities, Ademuwagun, (2010) stated that the necessary understanding of school health facilities and principles include knowledge element which can contribute to a good physical environment of a school. Example of such term according to him, are setting ventilation and lighting, a safe water supply, adequate toilet facilities, waste disposal, insect and rodent control, the clearing of the premises, the maintenance of building and maintenance of other safety precaution in the school environment. It also means provision and maintenance of school health services and the environment.

According to Edwards (2011), school building, chairs, desk, tap water and good toilet are related health facilities necessary for a viable school learning environment. Fully equipped medical boxes should be provided in school and a teachers that are trained in the first aid procedure should be nurse, the belter and the first aid content should be made available inside the first aid box, in case of any emergency cotton wool, mentholated spirit, bandage, plaster, scissors, etc.

Health facilities and other resources constitute the main or principle of any educational program. To yield or guarantee quality output, the environment must be clean, quiet, comfort and healthy and also there should be appropriate trained and motivated teaching staffs that are adequately supplied with the necessary facilities and equipment (Erickson, 2007). The role of health facilities in schools in relationship to goal attainment cannot be over looked, because it is an important to successful teaching and learning. According to Ademuwagun (2010), opined that the upper limit of educational facilities is reached, when facilities for effective teaching and learning can no longer be extended to more students without incurring declining return. In other words, health facility must be adequate; It is to achieve its aims.

Ehiametor (2008) stated that a school that does not have adequate health facilities will find it difficult to achieve normal development. The primary and secondary school in Nigeria should therefore be provided with minimum school facilities which must reflect its curriculum. Planning these facilities should also involve an estimation of student population, evaluation of existing facilities bearing in mind the needs of the school. Increased population arising from school environment, city life and material cost, will also alter health facilities. Burkett (2009). The research work is been carried out by the researcher to evaluate or survey the health facilities in school to know whether poor health facilities in school affect the academic outcome of students and pupils.

One of the important causes of absents of student from school is due to children spending considerable time in hospital for disease and injuries that could have been effectively treated in school. Therefore, it is necessary that unlimited medical treatment should be available in school. A room should be designed as who do not have school health facilities.

Lear (2009) stated that school with higher level of co-operation between teachers, better relation with school administration and more positive behaviours towards health facilities. Also, Burkett (2009) found more positive teachers attitude in small schools that planners created in Chicago has a reduced negative behaviour toward health facilities and their participation in schools activities, satisfaction, satisfactory attendance and feeling of belong has increase a health room where all treatment should be carried out, a bed should be available for the students to rest on while waiting for transportation home or to the hospital, if that become necessary.

Cash (2013) stated that, the importance of health facilities were stressed by organization for education co-operation and development in their report on educational building project. They also said, there should enough furniture and equipment for effective performance. Discussing the goodness of health facilities, Barker and Gump (2003) agreed with the view above when they intimated that each physical education should provide with appropriate facility in sufficient quality to provide each students with opportunity to actively participate throughout the entire class period. In another dimension, Keller (2010) stated that unattractive medical services could contribute to poor development among children. Looking at health facilities and, recreational areas, first aid box, portable water supply and good sets and adequate toilet facilities for understanding improved children development.

One of the important causes of absents of student from school is due to children spending considerable time in hospital for disease and injuries that could have been effectively treated in school. Therefore, it is necessary that unlimited medical treatment should be available in school. A room should be designed as who do not have school health facilities.

Lear (2009) stated that schools with higher levels of cooperation between teachers, better relations with school administration and more positive behaviours towards health facilities. Also, Burkett (2009) found more positive health care services can foster children's development thus Chicago has reduced negative behaviour toward health facilities and their participation in schools activities, satisfaction, satisfactory attendance and feeling of belonging have increased a health room where all treatment should be carried out, a bed should be available for the students to rest on while waiting for transportation home or to the hospital if that become necessary.

Prevention of child abuse and behavioural development

Child abuse is when a parent, a primary caregiver, or any other person who has responsibility for the child through an action (e.g., beating, stabbing) causes injury, death, emotional harm, or risk of serious harm to a child. Child abuse can take many forms including physical abuse, sexual abuse, exploitation, and emotional abuse (Altafim & Linhares, 2016). Existing research indicates that emotional abuse is the most common form of abuse (Foster, Olson-Dorff, Reiland, & Budzak-Garza, 2017) with physical abuse being the most reported (Tillman et al., 2015) and sexual abuse being the least reported (Foster et al., 2017). Conversely, child neglect is defined as the failure of a parent, guardian, or other caregiver to provide for a child's basic needs (e.g., physical, medical, educational, and emotional needs).

Child abuse and neglect is a social and public health problem, as well as a children's rights issue in Australia. Abuse and neglect can lead to a wide range of adverse consequences for children and young people. This paper provides an overview of the possible effects of child abuse and neglect and explores whether different types of maltreatment are associated with specific adverse consequences in childhood and adolescence. Child maltreatment (child abuse or neglect) during infancy and early childhood has been shown to negatively affect child development, including brain and cognitive development, and can have lasting effects. Abuse and neglect also affect children and youth's social and emotional development. The following resources explain the physical, psychological, behavioral, and societal impacts of child abuse and neglect.

Not all children exposed to similar experiences of abuse and neglect are affected in the same way. For some children and young people, the effects of child abuse and neglect may be chronic and debilitating; others may experience less adverse outcomes (Miller-Perrin & Perrin, 2007). A range of other life experiences and family circumstances - both positive and negative impact on a child's vulnerability or resilience in the face of maltreatment. Resilience refers to the ability of a child to cope and even thrive despite being exposed to negative experiences (Hunter, 2012). When a child who has experienced abuse or neglect has few protective factors (such as positive relationships with extended family and friends), the risk of more serious adverse outcomes increases. Risk factors that may contribute to poorer outcomes for children exposed to abuse and neglect include socio-economic disadvantage, social isolation, living in dangerous neighborhoods, large families, a caregiver with depression or alcohol or drug dependence, and whether the child has a disability (Jaffee & Maikovich-Fong, 2011).

RESEARCH METHODOLOGY

Research design

In this study, the ex-post facto design was adopted. This design perfectly fits the variables adopted for the study. Ex-post facto design is a scientific procedure that investigates trends that had already been in existence before the trend that has already occurred (Isangedighi, Joshua, Asim & Ekuri, 2004).

The population of the study

The population for this study comprises registered children between the ages of 7-12 years which stood at 2781 as obtained from the office of the national population Calabar.

Sampling technique

This study adopts stratified and simple random sampling techniques. The first stage was to stratify the children based on their communities. The second stage was to work with the sample of accessible communities within Calabar Municipality Local Government Area and the final stage was to use the simple random technique to select respondents from the schools accessed.

Sample of the study

The sample of this study comprises 10% of children between 7-10 years which numbered 235 in all the communities in Calabar municipality

Instrumentation

The instrument for data collection was titled Social Services and behavioural development questionnaire (SSCDQ). It is divided into two (2) sections.

Section A: Measures demographic data of the respondent such as name of school, age and gender.

Section B: Elicits information in the sub-dimensions of the independent variable (infrastructural services, medical services and prevention of child abuse).

Validity of instrument

This instrument was validated by three experts. Two in measurement evaluation and one in social services s. They were given the instrument for validation. Their comment was used in the final draft of the instrument.

Reliability of instrument

This was established using the split-half reliability method. After the first administration, the instrument was subjected to Pearson's product-moment correlation which was later converted to Spearman Brown's prophecy formula and the index raised from 0.86 to 0.91 which indicates that the instrument was highly reliable.

Procedure for data collection

In order to get the data needed for analysis, the researcher visits all schools that have been sampled already. The researcher sought the permission of the principals of the respective schools before administering the questionnaires to the respondents during school hours. A proper explanation was made for students to be aware of what they are doing and also, and assurance was given to the students on the confidentiality of information. After they successfully responded to the items in the questionnaire, the questionnaire was retrieved on the same day. This ensured a 100% return rate recorded in the study.

Procedure for data analysis

This study is been analyzed using descriptive and instrument statistical analysis. The mean and standard deviation were used to answer the research questions. The hypotheses were analysed with Pearson's Product Moment Correlation.

Hypothesis one

There is no significant relationship between infrastructural facilities services and behavioural development in Calabar Municipality of Cross River State, Nigeria.

Independent variable: Infrastructural facilities services

Dependent variable: Child development

Test statistics: Pearson's Product Moment Correlation

Hypothesis two

The provision of medical services does not significantly relate to behavioural development in Calabar Municipality of Cross River State, Nigeria.

Independent variable: Medical services

Dependent variable: Child development

Test statistics: Pearson's Product Moment Correlation

Hypothesis three

There is no significant relationship between the prevention of child abuse and development in Calabar Municipality of Cross River State, Nigeria.

Independent variable: prevention of child abuse

Dependent variable: Child development

Test statistics: Pearson's Product Moment Correlation

Presentation of results

The results of the data analysis were presented hypothesis-by-hypothesis as shown below

Hypothesis one

There is no significant relationship between infrastructural facilities services and behavioural development in Calabar Municipality of Cross River State, Nigeria. The major independent variable in this hypothesis is infrastructural facilities services while the dependent variable is child development. To test this hypothesis,

Pearson’s Product Moment Correlation Coefficient (r) was employed with infrastructural facilities services as (x) while behavioural development as Y. The result of the analysis is presented in Table 1.

Table 1
Relationship between infrastructural facilities services and behavioural development (229)

Variables	$\sum x$	$\sum x^2$	$\sum y$	$\sum y^2$	$\sum xy$	df	LS	r-cal	p-value
Infrastructural facilities services (X)	4485	54463			73304	228	0.05	4.816	.001
Behavioural development (y)			6374	108902					

* $p < .05$

The result in Table 4 with 229 respondents shows that infrastructural facilities services have an $\sum x$ of 4485 and $\sum x^2$ 54463 while behavioural development (y) has a $\sum y$ and $\sum y^2$ of 6374 and 108902 with $\sum xy$ of 73304. With the p-value of .0020 (4.816), which is less than the chosen alpha of .05 needed at 228 degrees of freedom, the null hypothesis is rejected. This implies that there is a significant relationship between infrastructural facilities services and behavioural development in Calabar Municipality of Cross River State, Nigeria.

Hypothesis two

The provision of medical services does not significantly relate to behavioural development in Calabar Municipality of Cross River State, Nigeria. The major independent variable in this hypothesis is the provision of medical services while the dependent variable is child development. To test this hypothesis, Pearson’s Product Moment Correlation Coefficient (r) was employed with the provision of medical services as (x) while behavioural development as Y. The result of the analysis is presented in Table 5.

Table 5
Relationship between the provision of medical services and behavioural development (n=229)

Variables	$\sum x$	$\sum x^2$	$\sum y$	$\sum y^2$	$\sum xy$	Df	LS	r-cal	p-value
Provision of medical services (x)	4998	82044			73304	228	0.05	5.701	.001
Behavioural development (y)			6374	108902					

* $p < .05$

The result in Table 5 of the total 229 respondents sampled shows that provision of medical services (x) has an $\sum x$ of 4998 and $\sum x^2$ 82044 while behavioural development (y) has a $\sum y$ and $\sum y^2$ of 6374 and 108902 with $\sum xy$ of 73304. The p-value of 5.701 (.001), which is less than the chosen alpha of .05 needed at 228 degrees of freedom, the null hypothesis is rejected this implies that the provision of medical services does significantly relate to behavioural development in Calabar Municipality of Cross River State, Nigeria.

Hypothesis three

There is no significant relationship between the prevention of child abuse and development in Calabar Municipality of Cross River State, Nigeria. The major independent variable in this hypothesis is the prevention of child abuse while the dependent variable is child development. To test this hypothesis, Pearson’s Product Moment Correlation Coefficient (r) was employed with the prevention of child abuse as (x) while and behavioural development as Y. The result of the analysis is presented in Table 6.

Table 6
Relationship between prevention of child abuse and behavioural development (n= 229)

Variables	$\sum x$	$\sum x^2$	$\sum y$	$\sum y^2$	$\sum xy$	df	LS	r-cal	p-value
prevention of child abuse (x)	6332	108446			102063	228	0.05	4.99	.010
Behavioural development (y)			6374	108902					

*p<.05

The result in Table 6 of the total 229 respondents sampled shows c prevention of child abuse (x) has an $\sum x$ of 6332 and $\sum x^2$ 108446 while behavioural development (y) has a $\sum y$ and $\sum y^2$ of 6374 and 108902 with $\sum xy$ of 102063. The p-value of .010 (4.99), which is less than the chosen alpha of .05 needed at 228 degrees of freedom, the null hypothesis is rejected this implies that there is a significant relationship between the prevention of child abuse and development in Calabar Municipality of Cross River State, Nigeria.

Discussions of finding

The findings of the research study were presented based on the hypotheses tested. It is presented as follows:

Infrastructural facilities services and child development

It was found that there is a significant relationship between infrastructural facilities services and behavioral development in Calabar Municipality of Cross River State, Nigeria. the study is in harmony with the study of Roy (2008) to examine the attitude towards school infrastructure of students in primary schools and found that attitude determined the extent to which members were motivated to use infrastructure as well as maintain it. Another study carried out by Gallagher, Ferreira and Convery (2005) on the public attitude towards solid waste landfill infrastructure showed that there was a correlation between attitude and the development of the infrastructure. Ojwang further notes “The attitude of the stakeholders affects their involvement in infrastructural development differently.

Provision of medical services and child development

The finding showed that the provision of medical services does significantly relate to behavioural development in Calabar Municipality of Cross River State, Nigeria. In line with the present finding is the study of Ehiemator (2008) stated that a school that does not have adequate health facilities will find it difficult to achieve normal development. The primary and secondary schools in Nigeria should therefore be provided with minimum school facilities which must reflect its curriculum. Planning these facilities should also involve an estimation of the student population, and an evaluation of existing facilities bearing in mind the needs of the school.

Prevention of child abuse and child development

The findings revealed that there is a significant relationship between the prevention of child abuse and development in Calabar Municipality of Cross River State, Nigeria. the present finding is in line with the study of Jaffee and Maikovich-Fong, (2011) who found that a child who has experienced abuse or neglect has few protective factors (such as positive relationships with extended family and friends), the risk of more serious adverse outcomes increases. Risk factors that may contribute to poorer outcomes for children exposed to abuse and neglect include socio-economic disadvantage, social isolation, living in dangerous neighbourhoods, large families, a caregiver with depression or alcohol or drug dependence, and whether the child has a disability.

Summary of the study

Development is a vital necessity for the growth and development of any vibrant nation. Social services is as old as man. Before colonization, Nigerians actively engaged in social services programmes. Different governments have made efforts in establishing welfare programmes for her citizens. Communal living and collective actions aided in promoting what we knew to be community development. Social service is an important tool aimed at improving the lives of people. Since social services aims at getting individuals involved in measures through which they can solve their problems, it is apparent that extensive study on the type of problems they are faced with is carried out by social services, the government, and all a sundry to ensure that people enjoy and appreciate the kind of help they receive. Apparently, in the next few years, other studies will go a long way in evaluating the state of social services and behavioural development practice.

Conclusion

Social services workers are often faced with numerous challenges, yet it is a rewarding career. The importance of social services workers cannot be separated from the lives of individuals, families and groups of people most especially the disadvantaged, disabled, the elderly and those who are in need of the services social services workers render (Onyekwere, 2016). The mission of social services has always included a people-focused development approach that is proactive and preventative in its move toward addressing present and anticipated social problems. Social services is at the heart of individuals and community structural strategies to enhance individuals' and communities sense of belonging in participating in activities that will strengthen individuals and community peace (Onyekwere, 2016). Harnessing social services workers into social services practices in Nigeria will promote growth and sustainability

Recommendations

Based on the findings, the following recommendations were made

1. Existing laws should be reviewed, updated, revised and enforced to conform to international laws and conventions.
2. There is an urgent need to consolidate advocacy and lobbying with the State House of Assembly and other relevant stakeholders to have the Child Rights Bill passed.

REFERENCES

- Ademuwagun, S. (2010). *Health Science and School*. Iowa: W.M.C. Brown Publishers.
- Altafim, E. R. P., & Linhares, M. B. M. (2016). Universal violence and child maltreatment prevention programs for parents: A systematic review. *Psychosocial Intervention*, 25(1), 27-38.
- Barker, R.G. & Gump, P.V. (2003). *Big School, Small School: High School Size and Student Behaviour*. Stanford: Stanford University Press.
- Burkett, H. (2009). Relationship of Students Achievement and Characteristics in Two Selected Schools Facilities Environmental Setting. *A Paper Presented at the 64th Annual Conference of the Council of Educational Facility Planner, Edmonton, Alberta Canada, October, 3-7.*
- Cash, C. (2013). *A Study of the Relationship of School Health Care Facilities and* Edwards, M. (2011). Building Condition, Health Care Facilities, Parental Involvement and Students Achievement in the D.C. Public Schools System. *Unpublished Master Degree Thesis, Georgetown University, Washington D.C.*
- Ehiamator, L. (2007). *Health in Elementary School*. St. Louis: C.V. Mosby Company Ltd.
- Erickson, D. (2007). *Health in Elementary Schools*. Saint Louis: C.V. Mosby Company Ltd.

Foster, R. H., Olson-Dorff, D., Reiland, H. M., & Budzak-Garza, A. (2017). Commitment, confidence, and concerns: Assessing health care professionals' child maltreatment reporting attitudes. *Child Abuse and Neglect*, 67, 54-63.

Hunter, C. (2012). *Is resilience still a useful concept when working with children and young people?* (CFCA Paper No. 2). Melbourne: Child Family Community Australia, Australian Institute of Family Studies. Retrieved from www.aifs.gov.au/cfca/pubs/papers/a141718/index.html

Jaffee, S.R., & Maikovich-Fong, A.K. (2011). Effects of chronic maltreatment and maltreatment timing on children's behavior and cognitive abilities. *Journal of Child Psychology and Psychiatry* 52(2), 184-194.

Kagan, S.L. (1994). Essential functions of the early care and education system: Rationale and definition. New Haven, CT: Quality 2000 Initiative.

Keller, B. (2010). Small School Found to Cut Price of Poverty. *Education Week* 19(22),6.

Lear, J. (2009). School-Based Services and Adolescent Health: Past, Present and Future. *Adolescent Medicine*, 7,163-180.

Micheni, L.D. (2007). A study of the role of religious school sponsors in management of public secondary schools in South Imenti District. Unpublished project report, Univesity of Nairobi.

Miller-Perrin, C., & Perrin, R. (2007). *Child maltreatment: An introduction*. Thousand Oaks: Sage Publications.

Ojwang J.M (2015). Factors influencing infrastructure development in public primary schools in Kathonzweni Division, Makueni County, Kenya. Unpublished project report, Univesity of Nairobi.

Roy, D.D. (2008). Attitude towards School Infrastructure of Students In Primary Schools. Retrieved from <http://schoolinfrastructure.blogspot.com/>.

