EFFECT OF DISPLACEMENT ON HEALTH STATUS OF HOUSEHOLDS IN ZAMFARA STATE, NIGERIA

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ABSTRACT
The study investigated the effect of displacement on health status of households in Zamfara State, Nigeria. The study employed a cross sectional survey research design using primary data collected from the field with the aid of structured questionnaire. The population of selected LGAs from the senatorial zones covered in the study recorded higher incidences of displacement in Zamfara state of about 2,393,300 (two million, three hundred and ninety three thousand and three hundred). With a sample size of four hundred (400). The logistic regression model was employed with the aid of E-view software for estimation of data. The study revealed that both environmental displacement, migration displacement, Economic displacement, development displacement negatively affect household health status in Zamfara State Nigeria during the period of the study. The study recommends that government should improve on early warning systems, invest in resilient infrastructure, provide adequate support and ensure access to healthcare services for displaced populations.
Keyword: Displacement, Environmental Displacement, Migration Displacement, Economic Displacement, Development Displacement, Health Status, Households.
JEL Classification: I12, I14, I18, D74, H31

1. INTRODUCTION
Displacement is a global phenomenon that affects millions of individuals and communities worldwide. The forced uprooting of people from their homes due to conflicts, natural disasters, or other factors has significant implications on their health and well-being.Insecurity can lead to fear, preventing individuals from engaging in food production activities because of the fear of being attacked or kidnapped. This has affected sources of income and the sense of well-being among people affected. Ahmed,,Gyong & Isyaku (2024). According to the United Nations High commissioner for refugees (UNCHR), (2021), the number of forcibly displaced individuals worldwide reached a record high of 82.4 million by end of 2020. This includes 26.4 million refugees, 48 million internally displaced persons (IDPs), and 4.1 million asylum seekers. The health status of displaced populations is a critical concern due to the numerous challenges they face, including inadequate access to healthcare, substandard living conditions, and increased vulnerability to disease outbreaks. According to WHO (2022), displaced populations experience mortality rates that are 1.5 to 3 times higher than the general population. Displaced children are 5 times more likely to die from preventable diseases compared to non-displaced children.Terrorism though not new in Nigeria history, but has

become the popular vehicle for instilling fear and conducting violence against the citizens in the country. In recent times, Nigeria is experiencing a new wave of violence which is terrorism conducted in different forms, means and places. Ugwuoke (2022). Zamfara State is in the north-western region of Nigeria and was home to more than784,000 IDPs as of August 2022, 87 per cent of whom had been displaced by banditry attacks on several villages in the state, linked with ongoing criminal and communal violence, illegal mining, and environmental pollution.

The internally displaced persons face a lot of hardship and health issues due to the displacement. (Ohida, Dabin, Ajiboye, et al (2023). Many of those fleeing violence in the state settle in the state capital of Gusau, which hosted about 12,000 IDPs as of August 2022, (Internal displacement IDMC, 2022). The menace of banditry has become a serious threat to the people of the north western part of Nigeria, with Zamfara State experiencing the incidence daily. Zamfara State has recorded so many incidences of banditry. Gangs of bandits taking cover in the forest around the north western part, most especially the forest in Zamfara State, have also been terrorising the people of Dansadau, Maru, Zurmi, and Gusau, to mention but a few (ACLED, 2022). The bandits rob travellers, raid villages, and kidnap people. After kidnapping their relations, they also demand huge sums of money as ransom. It has been described as an act that resulted from the failure of leaders to curb the menaces of social and economic upheavals (Mohammed& Ibrahim,2015). It has also been conceived as a criminal act of taking cows for economic purposes (Okoli & Okpaleke (2014). On 28 May, 2023 armed bandits reportedly attacked the communities of Gidan Goga in Gidan Goga ward of Maradun LGA and Yar-Nasarawa in Dansadau ward of Maru LGA in Zamfara State. The attacks affected 1,027 individuals and displaced 620 individuals from the community Gidan Goga to the community of Ungwar Sarki in Gidan Goga ward and 369 individuals from the community of Yar-Nasarawa to Bayan Kasuwa in Dansadau ward. As a result of the attacks, 38 fatalities and 15 injuries were reported (IOM, 2023). The overlapping impacts of conflict, violence and disasters continue to worsen Zamfara state displacement crisis. The state faces challenges in providing adequate healthcare services, with a doctor-to-patient ratio of 1:6,000, well below the recommended WHO standard of 1:600. Displaced populations are at increased risk of waterborne diseases. In Zamfara State, outbreaks of cholera have been reported in camps and host communities. Mental health disorders, such as depression and anxiety affect a significant proportion of displaced individuals, natural disasters has an emotional impact on those who are affected. Losses of lives, homes, property, and means of subsistence frequently result in despair and an overwhelming sense of hopelessness. Natural disasters such as the floods that have afflicted most of Nigeria, either directly or indirectly, cause depression, frustration, and wrath Ezenwajiobi (2024). The most disturbing trends here are that, in spite of the various governments' strategies, measures and intervention to curb this menace, the horror seems ceaseless and of course, the numbers of the displaced persons continue to multiply by day. Attempts at mitigating the problem became more cumbersome for the state, the communities affected and the country at large. This has generated serious concerns from government as well as both local and international agencies due to the fact that most of the communities in Zamfara State have been ravaged by the nefarious activities of the Armed Banditry, cattle rustlers, and illegal gold mining, which negatively had impact on household health status, (Momale, 2015).It is against this background that this study was design to empirically examined the effect of displacement on health status of household in Zamfara state, Nigeria.

The remaining Sections is organized thus, section two represent the Literature Review. It contains Conceptual review, Theoretical review, Empirical Review and Gaps in the Literature. Section three is concerned with the Methodology. Section four contains, Data Presentation, analysis and discussion of findings. Section five contains Summary, Conclusion, and Recommendations.

2. LITERATURE REVIEW

2.1Theoretical Review

The Grossman Model is a model for studying the demand for health and medical care outlined by Michael Grossman in a monograph in 1972 entitled: The demand for health: A Theoretical and empirical investigation. The model-based demand for medical care on the interaction between a demand function for health and a production function for health. In the model, health enters the utility function directly as a good people derive pleasure from and indirectly as an investment, which makes more healthy time available for market and non-market activities (Jones, Rice, & Paul, 2012). The model creates a dynamic system of equations, which can be cast as an optimization problem where utility is optimised over gross investment in health in each period. In this way, the length of life of the agent is partially endogenous to the model (Jones et. al., 2012). The theory was criticise on the ground of oversimplification because the theory assumes health is a single, homogeneous good (Muurinen, 1982). The theory ignores externalities: Fails to account for societal benefits of health investments (Culyer, 1971).

Attribution theory finds its roots in the concept of ‘‘naıve psychology’’ developed by Heider (1958), the objective of which is to understand how lay persons determine the causes of specific events.

Attribution the orists investigate the perception of causality, or the judgment of why a particular incident occurred. The allocation of responsibility manifestly guides subsequent behaviour Weiner (1972). Heider (1958) argued that people try to identify the dispositional properties that underlie observed behaviour and do so by attributing behaviour either to external (situational) causes and internal (dispositional) causes.

The theory was criticise because of oversimplification and fails to account for complex cognitive processes (Nisbett & Ross, 1980). Cultural limitations: Ignores cultural differences in attribution styles (Miller, 1984). Lack of empirical support: Mixed results in studies (Fiske & Taylor, 1991). Difficulty in measurement: Challenges in quantifying attributions (Weary et al., 2010). Limited scope: Fails to account for situational factors (Malle, 2004).

The Neoclassical Theory was first propounded by Rostow (1960) and further extended by Todaro (1969) and Harris and Todaro (1970) elaborated the basic two-sector model of rural-to-urban labour migration. This influential ‘’Harris-Todaro model’ has remained the basis of neo-classical migration theory since then. The Neoclassical Theory explains the impact of labour migration on economic development (Lewis, 1954, Arango, 2000, Todaro, 1976). According to the theory, the main cause for migration is the geographical imbalance between demand and supply of labour and some time the imbalance between social factors such the environmental and economic displacement. The supply of labour is elastic, but the labour paid low wages and their marginal productivity is low. Therefore, the workers tend to migrate to a high wage country. Because of this trend, higher wages has become a powerful incentive for labour-sending countries to encourage out-migration.

The theory was criticise because of oversimplification and fails to account for complex migration dynamics (Massey et al., 1993). There is difficulty in measurement and challenges in quantifying migration decisions (Grogger & Hanson, 2011). The theory has limited scope and fails to account for non-economic factors (Constant & Massey, 2003).

2.2 Empirical Review

Libuy & Moreno-Serra (2023) examined the causal effects of forced displacement on health outcomes. The study undertake a scoping review of applied epidemiological, statistical and econometric studies examining causal health impacts of forced displacement, which initially identified 1454 studies from the health and social sciences disciplines published up to May 2021. The study makes two key contributions. First, it offer a comprehensive overview of the evidence generated, methodologies adopted and analytical challenges faced by current research examining the causal relationship between forced displacement and health. Second, it present concrete examples of how key challenges around study design and estimation approaches influence the strength of the evidence-base on the topic, using as a case study the broad domain of reproductive health. it find that, beyond the increased mortality risk that can be attributed to forced displacement, most of the available empirical evidence for a wide range of health

outcomes is prone to substantial bias, making it difficult to draw firm conclusions. The findings are useful to promote the generation of further evidence on the topic that can reliably inform the design of policies to protect the health of displaced populations.

Chowdhury (2020) examined the effect of climate displacement on health of Khulna district in Bangladesh. The study employed questionnaire to generate primary data and used judgmental samples drawn from the population of the study. The study used Chi-square to draw the significance of the study which revealed that the primary reason for migration were riverbank erosion and cyclones, and the new settlements affected social relationships and also the changing climatic condition on respondents health varied between previous and the present locations.

Sadibo, (2020) examined the impact of internally displaced persons on the Nigerian economy with focus on the north eastern region where the issue of internal dislodgment of people from their homes or base is predominant and call for concern. The research work employ the use of secondary data covering the period between 2015 to 2018 that was extracted from the central bank of Nigeria's statistical bulletin and International Organisation for Migration (IOM)'s monthly displacement tracking matrix and emergency tracking tool reports. The study makes use of both descriptive and econometric technique of analysis. The study concluded that internal displacement of persons linked to Boko-haram insurgency and Fulani herdsmen/farmers clashes affects the growth of the Nigerian economy because of the negative effect on foreign direct investment growth rate as it tends to discourage foreign investors from investing as a result of insecurity.

Duncker (2018) examined the impact of conflict and displacement on the health of the Syrian population in Syria, Turkey, Lebanon and Greece. The study focuses on the direct and indirect impacts of conflict and displacement on the Syrian population, looking at the health determinants, and factors impacting health, inside Syria, Turkey, Lebanon and Greece. An adapted framework, based on the conceptual framework of Guha-Sapiron the impact of armed conflict on health was used to assess the impact of displacement on the health of the Syrian population. The data from the different countries illustrates the difficult situation that the displaced Syrian population is in. Lack of adequate shelter, food shortages and low income, together with difficulties in access to health care are impacting on the health of the Syrian population. The results in higher levels of non-communicable diseases, infectious diseases and lower immunisation coverage, attributed by overstretched health care centres due to the refugee influx.

Few studies have investigated the effects of displacement on health status in Nigeria, and in different part of the world with diverse techniques and opinions. The outcomes of the investigations however, have shown that, displacement have both positive and negative significant relationship with health status variables.

It is important to note that not only did these studies yield different results and conclusions, perhaps due to diverse methodologies adopted in carrying out the analysis of the research data, but also more importantly, the location considered in many of them was rather small. Besides, none of the empirical studies reviewed was done in Zamfara state and used other components of displacement such as economic displacement as explanatory variable in their models. It can also be observed that none of the study employed the logistic regression model in their study. These observed shortcomings have created a knowledge gap in the literature.

3. METHODOLOGY

3.1Theoretical Framework

The study is anchored on the attribution theory by Heider (1957) as its basic theoretical connection. The central thesis of the attribution theory is that people tend to attribute behaviour either to internal factors, such as personal characteristics or dispositions, or to external factors, such as situational or environmental influences. Displacement in the context of attribution theory refers to the tendency of people to attribute behaviour to internal causes, even when there may be obvious external factors influencing the behaviour.

Heider's Arbitration Theory helps to explain the effect of displacement on health status by highlighting how displaced individuals attribute causes to their situation, influencing their cognitive and emotional responses. Displaced persons may attribute their circumstances to internal (e.g., personal failure) or external factors (e.g., conflict, environmental degradation). This attribution process affects their perception of control, self-esteem, and motivation, ultimately impacting mental and physical health.

3.2 Model Specification

This study adapts the work of Bums, Wickramage, Musah, Siriwardhana and Checchi (2018) on impact of conflict-driven displacement on health status in Northern Sri Lanka. The model is stated in functional form as:

HLT=f(RRE,FOD,IDP,HCT) ……..……..……..…… (3.2)

The linear form of the model is therefore express as follows:

$HLT = \beta_0+\beta_1RRE+ \beta_2FOD+ \beta_3IDP+\beta_4HCT+U_t$…… (3.3)

Where:

HLT = Health Status

RRE = Returning Refugees

FOD = Forced Displacement

IDP = Internally Displaced Persons

HCT = Host Communities

The model was adjusted to allow for the inclusion of the study variables. Thus, the equation (3.3) was modified, specified in functional and linear forms:

HLT= f(END, MID, ECD, DED) ……..……..……..……..…… (3.4)

Equation (3.4) is expressed in econometric form as below:

$HLT= \beta_0+ \beta_1END + \beta_2MID + \beta_3ECD + \beta_4DED+ u$ …… (3.5)

Where:

HLT = Health Status

END = Environmental Displacement

MID = Migration Displacement

ECD = Economic Displacement

DED = Development Displacement

μ = Stochastic Term

β_0 = Constant term

$\beta_1, \beta_2, \beta_3, \beta_4,$ = Parameters

The model a priori expectations are that each of the parameters is expected to be negative that is, $\beta_1, \beta_2, \beta_3,\beta_4<0$.

Research Design

The study adopts a survey research design. The use of this design is due to the large number of households in the selected Local Government Areas in Zamfara State which could be too cumbersome to investigate, and also as a result of lack of existing data.

Nature and Sources of Data

The study employed primary data to achieve its objectives. Which was obtained through questionnaires distributed to individual's household in Zamfara State.

Sample and Size Sampling Technique

The sample size calculated by using Yamane (1967) formula given as:

$$n = \frac{N}{1 + Ne^2}$$

Where: n=sample size;

N=Population size; and

e=the error of 5 percent

Using this formula the population size for this study is:

$$n = \frac{2,393,300}{1 + 2,393,300\ (0.05)^2}$$

$$= \frac{2,393,300}{1 + 2,393,300\ (0.0025)}$$

$$= \frac{2,393,300}{1 + 5,983.25}$$

$$\frac{2,393,300}{5,984.25}$$

$$= 399.9331578727$$

$$n = 400$$

Table 1

Distribution of Population between the Selected Areas

Districts		Population	Sample size
Zamfara Central	Bungudu	460,200	$\frac{460,200}{2,393,300} \times 400 = 77$
	Gusau	682,700	$\frac{682,700}{2,393,300} \times 400 = 114$
Zamfara North	Shinkafi	241,900	$\frac{241,900}{2,393,300} \times 400 = 41$
	Talata Mafara	383,700	$\frac{383,700}{2,393,300} \times 400 = 64$
Zamfara West	Anka	255,500	$\frac{255,500}{2,393,300} \times 400 = 43$
	Maradun	369,300	$\frac{369,300}{2,393,300} \times 400 = 61$
Total		2,393,300	400

Sources: National Population Commission of Nigeria (2022), National Bureau of Statistics

4. RESULTS AND DISCUSSION OF FINDINGS

Table 2

Response Rate of Return Questionnaires

Senatorial Districts	LGAs	Total Administered	Total Return	Return Rate %	Response
Zamfara Central	Bungudu	77	69	17	
	Gusau	114	92	23	
Zamfara North	Shinkafi	41	36	9	
	Talata Mafara	64	57	14	
Zamfara West	Anka	43	35	9	
	Maradun	61	55	13	
Total			343	85	

Gender of Respondent

Male Female Total	Frequency 208 135	Percent 60.6 39.4	Valid percent 60.6 39.4

343	100	100

Age of the Respondents

	Frequency	Percent	Valid Percent
Below 20	45	13.1	13.1
21 to 30 years	92	26.8	26.8
31 to 40 years	115	33.5	33.5
41 to 50 years	69	20.1	20.1
51 and above	22	6.4	6.4
Total	343	100.0	100.0

Educational Level of the Respondents

	Frequency	Percent	Valid Percent
SSCE	91	26.5	26.5
OND/NCE	92	26.8	26.8
Bsc/HND	69	20.1	20.1
Postgraduate	45	13.1	13.1
Other	46	13.4	13.4
Total	343	100.0	100.0

Occupation of the Respondents

	Frequency	Percent	Valid Percent
Civil servant	67	19.5	19.5
Private employee	45	13.1	13.1
Self employed	92	26.8	26.8
Farmer	68	19.8	19.8
Herder	23	6.7	6.7
Other	48	14	14
Total	343	100.0	100.0

Table 3
Impact of Environmental Displacement on Health Status (END)

S/N	Statement	SA%	A%	SD%	D%
END1	To what extent do you believe that environmental displacement, such as flooding or erosion, has impacted the health status of households in Zamfara state	46.1	26.8	16.9	10.0
END2	How much do you think environmental displacement has contributed to the increase in health problems among households in Zamfara state	38.8	44.3	11.1	5.8
END3	In your opinion, has environmental displacement led to a decrease in access to healthcare services for households in Zamfara state	35.9	45.5	9.3	9.3
END4	Do you believe that the living conditions in temporary shelters or relocation sites due to environmental displacement have had a direct impact on the health status of affected households in Zamfara state	49.3	30.0	9.6	11.1
END5	How do you perceived the level of readiness and effectiveness of response efforts in providing healthcare services to households affected by environmental displacement in Zamfara state	20.4	26.8	26.2	26.5

Source: field survey, 2024 computed with SPSS 24

Table 4
Impact of Migration Displacement on Health Status (MID)

S/N	Statement	SA%	A%	SD%	D%
MID1	To what extent do you believe that migration displacement, such as internal or external migration, has impacted the health status of households in Zamfara state	46.7	26.5	16.3	8.5
MID2	How much do you think migration displacement has contributed to the increase in health problems among households in Zamfara state	37.0	46.1	11.1	5.8
MID3	In your opinion, has migration displacement led to a decrease in access to healthcare services for households in Zamfara state	35.9	45.5	9.3	9.3
MID4	Do you believe that the living conditions in new locations or settlements due to migration displacement have had a direct impact on the health status of affected households in Zamfara state	49.9	29.7	9.3	11.1
MID5	How would you rate the availability of essential healthcare resources, such as medical facilities and personnel, in areas where households affected by migration displacement have resettled in Zamfara state	21.9	29.2	24.2	24.8

Source: field survey, 2024 computed with SPSS 24

Table 5
Impact of Economic Displacement on Health Status (ECD)

S/N	Statement	SA%	A%	SD%	D%
ECD1	To what extent do you believe that economic displacement, such as job loss or economic hardship, has impacted the health status of households in Zamfara state	82.2	13.7	2.6	1.5
ECD2	How much do you think economic displacement has contributed to the increase in health problems among households in Zamfara state	47.5	29.2	15.5	7.9
ECD3	In your opinion, has economic displacement led to a decrease in access to healthcare services for households in Zamfara state	37.3	45.5	10.8	6.4
ECD4	Do you believe that the financial strain resulting from economic displacement has had a direct impact on the health status of affect households in Zamfara state	38.5	42.6	9.3	9.6
ECD5	How would you rate the ability of households affected by economic displacement in Zamfara state to afford essential healthcare services and medications	40.8	34.1	11.7	13.4

Source: field survey, 2024 computed with SPSS 24

Table 6
Impact of Development Displacement on Health Status (DED)

S/N	Statement	SA%	A%	SD%	D%
DED1	To what extent do you believe that development displacement, such as land acquisition for infrastructure projects, has impacted health status such mental health of households in Zamfara state	59.5	23.9	13.7	2.8
DED2	How much do you think development displacement has contributed to the increase in health problems such post-traumatic stress disorder among households affected in Zamfara state	46.1	36.4	11.7	5.8
DED3	In your opinion, has development displacement led to a decrease in access to healthcare services for households in Zamfara state	39.1	46.6	7.6	6.7
DED4	Do you believe that the changes in living conditions due to development displacement have had a direct impact on the health status of affected households in Zamfara state	47.8	34.4	7.3	10.5
DED5	How would you rate the support provided to households affected by development displacement in accessing necessary healthcare resources in Zamfara state	26.5	35.9	19.2	18.4

Source: field survey, 2024 computed with SPSS 24

This table revealed that all the variables have distributions that are positively skewed in nominal values (having positive signs) this indicates that the distribution is right-skewed. All the variables are having positive maximum and minimum values.

Table 7

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	Df	Sig.	Statistic	df	Sig.
Health Status	.433	343	0.065	0.626	304	0.076
Environmental Displacement	.336	343	0.078	0.745	304	0.089
Migration Displacement	.425	343	0.125	0.595	304	0.082
Economic Displacement	.244	343	0.372	0.789	304	0.021
Development Displacement	.455	343	0.012	0.877	304	0.332

Table 8

Validity Test Result

	Health Status	Environmental Displacement	Migration Displacement	Economic Displacement	Development Displacement
Health Status	1	-.082	-.515**	-.573**	-.330**
		.154	.000	.000	.000
	304	304	304	304	304

Environmental Displacement	-.082	1	-.183**	.008	.069
	.154		.001	.891	.230
	304	304	304	304	304
Migration Displacement	-.515**	-.183**	1	-.470**	.086
	.000	.001		.000	.133
	304	304	304	304	304
Economic Displacement	-.573**	.008	-.470**	1	.171**
	.000	.891	.000		.003
	304	304	304	304	304
Development Displacement	-.330**	.069	.086	.171**	1
	.000	.230	.133	.003	
	304	304	304	304	304

Source: field survey, 2024 computed with SPSS 24

Table 9 Descriptive Statistics Test result

	HLT	END	MID	ECD	DED
Mean	7.253289	4.873684	4.907895	4.846053	4.940789
Median	7.000000	4.400000	5.200000	4.400000	4.400000
Maximum	9.000000	6.400000	5.400000	7.200000	6.400000
Minimum	6.000000	4.400000	4.200000	4.200000	4.200000
Std. Dev.	0.786639	0.667465	0.505746	0.860569	0.724430
Skewness	0.255262	1.147524	-0.394050	1.492654	0.822547
Kurtosis	2.693611	3.034844	1.307361	4.262631	2.491178
Jarque-Bera	4.490445	66.73381	44.15763	133.0799	37.55960
Probability	0.105904	0.000000	0.000000	0.000000	0.000000
Sum	2205.000	1481.600	1492.000	1473.200	1502.000
Sum Sq. Dev.	187.4967	134.9895	77.50105	224.3953	159.0142
Observations	343	343	343	343	343

Source: field survey, 2024 computed with E-views 12.0

The findings revealed that Environmental displacement has negative and statistically insignificant effect on health status in Zamfara state, Nigeria. The result implies that household health status decline as environmental displacement rise conversely. A unit change in environmental displacement lead to a decrease of household health status in Zamfara by 6.9 units.The findings are in agreement with Chowdhury (2020), Islam and Hossain (2020) who found environmental displacement to have a negative effect on health status.

The findings revealed that Migration displacement has negative and statistically significant effect on health status in Zamfara state, Nigeria. The result implies that household health status decline as migration displacement rises conversely. A unit change in migration displacement lead to a decrease of household health status in Zamfara by 90 units.The findings are in agreement with Patricia, Bowen, and McMichael (2018), Okoro, Paul, and Mmahi (2016) who found that migration displacement has a negative effect on health status.

The findings revealed that Economic displacement has negative and statistically significant effect on health status in Zamfara state, Nigeria. The result implies that household health status decline as economic displacement rises conversely. A unit change in economic displacement lead to a decrease of household health status in Zamfara by 64 units. The findings are in agreement with IDMC (2019), Islam and Hossain (2020), Saad, Yaseen, Mustafa, and Badeaa (2019), Shir Haver (2015) who found that economic displacement has a negative effect on health status.

The findings revealed that Development displacement has negative and statistically significant effect on health status in Zamfara state, Nigeria. The result implies that household

health status declined as development displacement rises. A unit change in development displacement lead to a decrease of household health status in Zamfara by 45 units.
The findings are in agreement with Oyefara and Alabi (2016) who found that development displacement has a negative effect on health status.

5. CONCLUSION AND RECOMMENDATIONS

The study investigated the effect of displacement on health status of households in Zamfara state, Nigeria. Considering the result of the reliability test, descriptive statistic, normality test, validity test results and the logistic regression model results, the study's findings conclusively demonstrate that displacement has a detrimental impact on household health status in Zamfara state, Nigeria.

Based on the empirical results of the study, the following recommendations are put forward:

The study revealed that Environmental displacement, Migration displacement, Economic displacement, Developmental displacement negatively affects the household health status in Zamfara state. Hence the study recommends that government should improve early warning systems report with prompt responses, invest in resilient infrastructure, provide adequate support for displaced populations, strengthen both intra and international cooperation, provide social and economic integration support and ensure access to healthcare services for displaced populations.

Based on the empirical results of the study, the following recommendations are put forward:

i. The study recommends that the Zamfara State and Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development, should improve on early warning systems report of any natural disasters, with immediate emergency response. Also, the legislative arm of government should implement laws on illegal mining activities, sensitize the people on dangers of illegal mining to avoid disasters leading to habitants health destruction.
ii. Both Federal and Zamfara Government should address root causes of migration displacement. The government through its agencies like the Institute for peace and conflict resolution should promote peace building and conflict resolution, improve local resilience and foster cooperation among residents. The federal and state ministry of health should ensure access to healthcare services for displaced populations.
iii. The study revealed that Economic displacement has a negative effect on household health status in Zamfara state, the study therefore recommends that government through the national and state directorate of employment, ministry of labour and employment and other agencies should address the unemployment crisis in Zamfara state, create job opportunities and strengthen local areas to reduce the economic push factors driving displacement.
iv. The study revealed that development displacement has negative effect on household health status in Zamfara state, the study recommends that government should keep affected communities informed about project timelines, impacts. Provide financial aid to displaced individuals and families for moving expenses, monitor the effect of developmental projects on residents and adjust policies as needed.

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