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Original Research Article

An Enduring Legacy of the NGEM Historic-Cultural Practice in Jos Plateau, Nigeria and Its Implication on Contemporary Public Health in Africa

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Abstract: This study examines the historical and contemporary dimensions of the GEM cultural practice among the Berom people of Plateau State, Nigeria, and its implications for public health. Traditionally, GEM was a culturally regulated institution that promoted social cohesion, lineage continuity, and economic reciprocity within Berom society. However, its transformation in modern times has led to distortions associated with increased exposure to sexually transmitted diseases, hepatitis, and other communicable infections. Using a qualitative research design based on literature review, Focus Group Discussions (FGDs), field notes, journals, and textbooks, the study is anchored on Social Protection Theory to explain how weakened traditional structures and inadequate welfare systems heighten social and health vulnerabilities. Findings reveal limited intervention by government and non-governmental organizations in addressing culturally sensitive practices with adverse health consequences. The study concludes that although GEM remains part of Berom cultural heritage, there is a need for culturally sensitive reforms, public health awareness campaigns, and integrated social protection policies to reduce its negative effects. The research contributes to scholarship on the intersection between culture and public health in Africa.

Keywords: NGEM Culture, Public Health, Social Protection, Berom, Nigeria.

Introduction

Mining has historically served as one of the most important drivers of human civilization, economic transformation, technological advancement, and urban development across the globe. From the ancient extraction of copper in the Middle East and gold in Egypt to the industrial coal and iron mines of Europe and North America, mineral exploitation has shaped patterns of settlement, migration, industrialization, and political

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economy. However, beyond its economic contributions, mining has equally generated profound environmental, ecological, and public health consequences. Across the world, abandoned mining landscapes continue to expose communities to hazardous substances such as lead, arsenic, cadmium, mercury, silica dust, and naturally occurring radioactive materials, resulting in chronic diseases, environmental degradation, food contamination, and long-term socioeconomic vulnerabilities (World Health Organization [WHO], 2021; United Nations Environment Programme [UNEP], 2019). Consequently, scholars increasingly argue that mining should be understood not merely as an economic activity but also as a historical process whose environmental and health legacies often extend long after extraction has ceased (Bridge, 2004; Bebbington et al., 2018).

Across the African continent, mining occupies a similarly central position in the history of economic development and colonial expansion. During the colonial era, European administrations systematically exploited Africa's abundant mineral resources, including gold, diamonds, copper, cobalt, uranium, tin, and coal, to support metropolitan industrialization while paying limited attention to environmental sustainability or the welfare of indigenous communities (Rodney, 1972). The colonial extractive economy transformed landscapes, displaced populations, altered indigenous livelihoods, and introduced occupational and environmental hazards whose consequences remain visible decades after political independence. Contemporary research increasingly links abandoned mines throughout Southern, Central, and East Africa with elevated levels of heavy-metal contamination, respiratory illnesses, water pollution, and deteriorating public health conditions (Hilson, 2002; UNEP, 2019). These enduring consequences underscore the need to examine mining not only as an economic enterprise but also as a historical-cultural phenomenon whose legacies continue to shape present-day health outcomes.

Within West Africa, the historical significance of mining is equally profound. The region has long been renowned for its rich deposits of gold, iron ore, bauxite, manganese, and diamonds, attracting both indigenous mining traditions and colonial commercial interests. Colonial administrations expanded mining operations in countries such as Ghana, Sierra Leone, Liberia, Guinea, and Nigeria, often with minimal environmental regulation or public health safeguards (Akabzaa & Darimani, 2001). While mining generated employment and infrastructure development, it also produced abandoned mine sites, contaminated water sources, degraded agricultural lands, and widespread exposure to toxic substances among surrounding populations. Recent studies demonstrate that communities living near former mining areas across West Africa continue to experience elevated risks of heavy-metal poisoning, respiratory disorders, reproductive health complications, and other environmentally related diseases (Agyeman et al., 2020). These findings reinforce growing scholarly recognition that the historical legacy of extractive industries remains a major determinant of contemporary public health across the sub-region.

Nigeria represents one of the most significant examples of the enduring historical and public health implications of colonial mining. Although the country's post-independence economy became dominated by petroleum production, solid mineral extraction, particularly tin and columbite mining, played a critical role during the colonial

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period. Between the early twentieth century and the 1960s, extensive mining activities transformed large areas of the country, especially the Jos Plateau, creating hundreds of mine ponds, tailings, spoil heaps, abandoned excavations, and altered drainage systems (Freund, 1981). These mining landscapes have persisted long after commercial extraction declined, becoming integral components of local geography, economy, memory, and cultural identity. However, they have also generated persistent environmental challenges, including erosion, flooding, contamination of soils and groundwater, and increased exposure to heavy metals and radioactive minerals. Recent public health studies have associated abandoned mining environments in Nigeria with heightened incidences of lead exposure, respiratory illnesses, water-borne diseases, vector breeding, and other environmental health risks (WHO, 2021; National Bureau of Statistics, 2022).

Among Nigeria's mining regions, the Jos Plateau occupies a particularly distinctive historical and environmental position. The discovery of extensive alluvial tin deposits at the beginning of the twentieth century transformed the Plateau into one of Britain's most important colonial mining centres in West Africa. Mining reshaped the physical landscape through the excavation of thousands of pits, dredging operations, artificial lakes, and waste deposits while simultaneously attracting migrant labour from different parts of Nigeria and beyond. The resulting interaction among indigenous Berom, Afizere, Anaguta, and other ethnic communities with migrant populations produced a unique mining culture that continues to influence patterns of settlement, occupation, social relations, and collective memory (Freund, 1981; Mangvwat, 2013). The mining heritage of the Plateau therefore represents not only an economic history but also a historico-cultural practice whose material and social legacies remain deeply embedded within local communities.

Despite the cessation of large-scale commercial tin mining several decades ago, the environmental footprints of mining continue to shape contemporary public health across the Jos Plateau. Numerous abandoned mine ponds now serve as breeding grounds for disease vectors, while contaminated soils and sediments expose residents to heavy metals through farming, fishing, and domestic water use. Informal artisanal mining activities have further intensified environmental degradation and occupational health risks. Studies have documented elevated concentrations of lead, arsenic, cadmium, and naturally occurring radioactive elements in parts of the Plateau, raising concerns about chronic health conditions, including cancers, respiratory diseases, neurological disorders, and developmental problems among vulnerable populations (Arogunjo et al., 2009; Lar et al., 2014). Yet, much of the existing literature has examined these issues from environmental science, geology, or public health perspectives, with comparatively limited attention devoted to understanding how the historical evolution of mining culture itself continues to influence contemporary health vulnerabilities.

It is against this background that this study investigates "An Enduring Legacy of the NGEM Historio-Cultural Practice and its Implication on Contemporary Public Health in Africa: The Case of Jos Plateau, Nigeria." The study adopts a historical perspective to examine how the evolution of gemstone and tin mining practices, colonial extractive policies, indigenous adaptations, and post-colonial mining activities have collectively

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produced enduring environmental and public health consequences. By integrating historical analysis with contemporary public health concerns, the study contributes to emerging interdisciplinary scholarship that connects environmental history, cultural heritage, historical geography, and public health. Ultimately, it seeks to demonstrate that understanding present-day health challenges on the Jos Plateau requires careful examination of the historical processes, cultural practices, and environmental transformations associated with more than a century of mining activities.

The study aspires to look at NGEM-Historic-cultural practice in the evolution of the Berom people of the area under study and how the practice endured into contemporary times and is now having negative results on the public health of the area as a result of the abuse in the contemporary practice of the Gem-historic- cultural practice. The gem culture was a practice that existed in the course of the Berom historical development as a people. It was a system where a man gives or allows his wife or spouse to have a sexual relationship with another man, with the understanding that the man renders certain economic services to the man's family, with the understanding that should any baby emerge out of such a relationship, the baby will still be the child of the woman's husband. Also, the study wants to bring out the implications of this practice on social protection in Nigeria, to determine how government and non-governmental organizations engage in awareness campaigns against such a cultural practice that has predisposed women, children, and men to health hazards, as this degenerated practice has been a medium of the spread of communicable diseases, especially STDs, Hepatitis, and other related diseases.

The Berom Ethnic Group

There are two versions of the Berom ancestry. While one version relates that their forebears came from the north, the other recounts that they migrated from the south. From the extant sources, it seems the migrants from the south arrived on the Plateau earlier than those from the north. It is related that the ancestors of the Berom migrated from a forest in the south or the Benue valley. On the Plateau, their first settlement was established at Oshonong. From there, they went to Riyom, which subsequently became their main spiritual centre.

In the accounts of the northern origin, it is related that their ancestors were Buzu (Tauregs) from the Hausa state of Gobir. Though the accounts are very unsatisfactory, it is related that the ancestors were part of an expeditionary force led by Bawa Jan Gwarzo, a seventeenth-century ruler of Gobir. While the size of the expedition is not known, and though Jan Gwarzo returned home, some of his soldiers remained behind. The remnants were the ancestors of the Berom who first settled at Kabong before they moved to Zawan.(Mangvway, Y.M & Kwaja C, 2015)

It will be recalled that an autochthonous group from ancient Aturu had earlier settled at Du. The shallow details in the oral account make it difficult to unravel the evolution of the Berom people. For instance, the records are silent about whether there were any clashes between the northern and southern migrants or with the autochthones as they first came in contact with each other. Despite this limitation, it is however, implicit in the

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accounts that because this development took place so long ago, any memories of conflict might either have been suppressed or completely forgotten. It is recounted that with natural growth in population, and through intermarriages, their forbears fused together and spanned over the area as a single polity with one language. (Mangvway, Y.M & Kwaja C, 2015)

Overview of Cultural Practices and Their Public Health Implications in Africa

Many pieces of literature speak on how cultural practices have been harmful to public health. Ukweh, I., and Core (2020) discuss how the cultural belief system in Cross River in Nigeria has affected maternal and child health care and thus making it difficult to reduce or stamp out some diseases and child delivery complications caused as a result of such a belief system.

MSD Kakatera (n.d.) also argues, though from a legal angle, that in Ethiopia, many traditional and cultural practices violate the fundamental human rights in the state, and women and children are badly affected.

Ojua Takim Asu(2013) also explains some cultural practices and health implications for rural development in his discussion, he says practices like religious belief, traditional African medicine, and denial of reality over time have created health challenges in Africa

Alahira A. H. (2001) examines how the Berom women in the Jos Plateau were made to face double exploitation from the colonial economy and some cultural practices in the society.

Berom Culture and NGEM Practice

Gwom (1992) provides one of the earliest comprehensive ethnographic accounts of the Berom people, covering their origin, social organization, kinship system, and traditional institutions. The author emphasizes the importance of family structure, communal life, and indigenous practices in shaping Berom identity. Although the work does not explicitly isolate NGEM as a distinct concept, it highlights traditional mechanisms of social interaction and marital regulation, within which practices like GEM can be situated. The discussion on kinship and the legitimacy of children is particularly relevant, as it reflects a cultural system where social fatherhood may override biological paternity, aligning with the logic underlying NGEM practice.

Gwom's work is significant for this study because it provides a historical foundation, showing that such practices were embedded within a structured and culturally regulated system, rather than being inherently abusive in their original form.

Nyam (2005) examines Berom cultural expressions through festivals, rituals, and communal ceremonies, emphasizing their role in cultural continuity and moral regulation. The study highlights how cultural practices function as tools for social cohesion, identity formation, and intergenerational knowledge transfer.

While NGEM is not directly discussed, Nyam's exploration of youth participation and communal supervision is critical. It suggests that traditional practices involving youth

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interactions were closely monitored and guided by societal norms, thereby limiting excesses.

For this study, Nyam's work helps establish that pre-colonial Berom cultural systems were not inherently harmful, but rather regulated and value-driven. This supports the argument that the negative public health outcomes observed today may be a result of the degeneration and abuse of originally controlled practices like NGEM.

Nkup (1999) provides a detailed account of Berom historical evolution, migration patterns, and cultural institutions. The author pays particular attention to marriage systems, inheritance patterns, and gender relations.

The study underscores the importance of lineage continuity and social legitimacy, noting that cultural practices often evolved to protect family structure and economic stability. Within this framework, practices resembling GEM can be interpreted as adaptive strategies for maintaining social cohesion and economic exchange.

Nkup's contribution to this research lies in demonstrating that Berom cultural practices were historically functional and purposeful, rather than arbitrary. However, the author does not extend the discussion to modern distortions or health implications, thereby leaving a gap that the present study seeks to fill.

Pam et al. (2024) adopt a symbolic and interpretive approach to Berom culture, focusing on how belief systems, rituals, and symbols shape behavior and social norms. The study emphasizes that cultural practices are deeply rooted in religious meanings and moral expectations.

This perspective is useful in understanding GEM as not merely a social act but a practice that may have been symbolically embedded in notions of trust, alliance, and reciprocity. The authors also highlight the erosion of traditional values due to modernization and external influences.

The relevance of this work to the current study lies in its explanation of how the loss of symbolic meaning and moral control can lead to the misinterpretation and abuse of cultural practices, thereby contributing to contemporary social and health challenges.

Daniel and Gandung (2024), explore how environmental changes are affecting Berom livelihoods and cultural practices. The study argues that economic hardship and displacement have weakened traditional systems of control and cultural preservation. Although the focus is on climate change, the findings have indirect implications for GEM practice. The weakening of traditional authority structures may lead to: Reduced community regulation, Increased individual autonomy, and distortion of cultural practices.

This provides a useful explanation for how NGEM, once regulated, may have degenerated into forms that pose public health risks, including the spread of sexually transmitted diseases (STDs), hepatitis, and other infections.

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Sele et al. (2025), examine the role of language in preserving Berom cultural identity and values. The study argues that language serves as a vehicle for transmitting norms, ethics, and traditional knowledge.

The authors note that the decline in indigenous language use has contributed to the erosion of cultural discipline and social control mechanisms. This has implications for practices like NGEM, where Original rules and boundaries may no longer be clearly understood, and younger generations may adopt distorted versions of the practice. This study is important in explaining how cultural disintegration and communication gaps contribute to the misuse of traditional institutions, thereby exacerbating social and health problems.

From the reviewed literature, several key observations emerge: Berom cultural practices were historically structured and regulated (Gwom, 1992; Nkup, 1999). They served functional roles in social organization, morality, and economic stability (Nyam, 2005). Cultural meanings and controls have weakened due to modernization and external pressures (Pam et al., 2024; Sele et al., 2025). Emerging socio-economic and environmental challenges have further distorted traditional practices (Daniel & Gandung, 2024).

However, None of the reviewed works explicitly examines NGEM as a distinct institution or its public health implications. Therefore, the reviewed literature provides a strong foundation for understanding the historical and cultural context of NGEM practice among the Berom. It shows that such practices were originally embedded within regulated and meaningful cultural systems. The studies also painted the Gem as a pre-marital affair which field reports and Focus Group Discussion (FGD). However, the absence of focused scholarly attention on NGEM, particularly its degeneration and public health, as well as the presentation of NGEM as a pre-marital affair by some of the work reviewed, consequently, represents a significant research gap.

Theoretical Framework

This study adopts Social Protection Theory to examine how the persistence of the Gem practice exposes women to multidimensional vulnerabilities, particularly in the areas of health, economic security, and legal recognition. The Theory also provides a useful framework for understanding the vulnerability of women involved in the Gem practice of concubinage in Jos Plateau. The theory emphasizes that social risks such as health insecurity, economic dependence, and social exclusion are products of institutional failure rather than individual choice (Devereux & Sabates-Wheeler, 2004). In contemporary contexts where traditional safety nets have weakened and state welfare mechanisms remain limited, women in concubinage arraNGEMents are left without adequate protection, thereby increasing their exposure to public health risks. This study therefore, situates the persistence of the NGEM within broader debates on gendered vulnerability and social protection in Africa.

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Discussion on NGEM Practice

The NGEM in Old Berom Tradition

The word gem refers to a friend or a lover. The term is mostly used when referring to a friend of the opposite sex, in which romance and emotional attachment are involved. If the friend is a female is called Hwong gem, and if it is a male is called Rwas gem. The words Hwong and Rwas both mean a female and a male, respectively. So Hong NGEM means female lover, while Rwas NGEM means male lover. This practice was more common among the northern Berom of Gyel, Du, Zawan, Riyon, and Vwang; this does not mean that it was not in practice among other Berom.(Fieldnote in Bachit 2025)

In the old Berom tradition, gem practice emanated in the course of their traditional and cultural evolution. It was a civic cultural practice that allowed married couples to have a concubine for emotional and sexual desire for men, while for the women, it was also to meet some economic and material needs. Further study also observed that one of the reasons for practice was for hybridization i.e men seen with extra ability in terms of character, handsomeness, or heroism are always invited. This invitation was either initiated by the wife of a person or the husband. (Fieldnote in Vwang 2025)

Emotional and Sexual Needs

Emotional and sexual desires were very common among the male population, this is because men are very quick in expressing it than women. This was also aided and abetted because the African tradition tends to give men more freedom to marry as many women as their economic power will allow them to. In this regard, when a man sees a beautiful woman, he will first make advances seeking her acceptance and approval; if this is achieved, he will further go and meet her husband, asking for his permission to become a friend of his wife. The husband, if attracted to the man, will ask him if he has the approval of his wife. If the answer is yes, the intended Rwas NGEM will then be asked to perform the necessary things required by the tradition. Some of these include: a number of goats, and a ceremonial visit of the intended Rwas NGEM to the house of the intended Hwong NGEM. In this visit, the intended Rwas gem was expected to come with an expected quantity of beer and dishes required by the tradition for the joining of the two intended Rwas and Hwong NGEMs. (Fieldnote in Gyel, 2025)

Furthermore, the practice enjoys the following protection for both male and female NGEMs :

- The Rwas NGEM is allowed to come to the house of his Hwong NGEM whenever he develops emotional and sexual needs towards her, and anytime he comes, all he needs to do is excuse her husband, who will now leave the room or the house for him to achieve and satisfy his needs.
- Any child that emanated from that relationship is automatically the child of the original husband of the woman. The Rwas NGEM has no claim whatsoever to the child.

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- The Rwas NGEM must occasionally contribute to the labour needed in the house of the original husband of the wife. In some instances, and common among the Berom of Gyel, the Hwong NGEM, either influenced by her husband or of her initiative, would want to request farmland from her Rwas NGEM. And once that is given, the family of the Rwas NGEM will never complain except the land he is given belongs to someone else; other than that, the land becomes their legal property by tradition. (Focus Group Discussion in Bukuru 2025)

The two NGEMs are also expected to be faithful to each other because the union was also seen as a marriage union of some sort, and its continuity was also dependent on trust and faithfulness. This means that the woman has had only two sexual partners. It also means that the rate of divorce was minimal because wealthy male individuals, instead of using their economic power to cause divorce by totally taking away the wives of the poor, developed the NGEM practice to minimize such occurrences within the Berom social milieu. The bottle line of this practice lies in the fact that it was transparent and economically beneficial to the parties involved. The faithfulness in the practice reduced to a larger degree the tendency of disease infection and spread among the population of the Berom people. (Field note, Du 2025)

Gem Practice in the Modern Era

By the opening of the colonial influence and the concomitant tin mining activities that took over the Berom land, where many Berom villages became mining towns and subsequently urban centres, and some of the villages, even though they were not transformed to mining settlements, their proximity to mining settlements had a tremendous impact on the sociocultural life of the Berom people. The colonial mining activities came with a large number of external male population that came and settled either with the Berom in their traditional homes, or as neighbours. The colonial economic system, for its survival it disrupted the traditional economy of traditional subsistence agriculture where each household produced virtually all that was needed for the family's sustenance. This economic disruption then shifted the Berom economic activities to the service of Western capital, designed to thrive on the exploitation of the human surplus labour. Also, the colonial economy introduced to the Berom traditional communities a young male population who will also require emotional and sexual desires from any female population, and the Berom women happened to be the closest to the mining towns in Jos and its environs. (Field note, Barkin Ladi Town 2025)

The new situation then incapacitated the Berom men from providing for their families because (i) they lost their ties with their economic system that was provision-oriented, not profit-oriented. (i) Only to embrace an economic system that depended on wages that were not even commensurate with the time and labour they supplied. This situation created a lack, and with the pressure of the mining male labourers, most of them were either single or had left their wives in their various villages. It was a similitude of what happened to the Portuguese men when they were brought to Brazil to man the slaves. Many of them ended up sleeping with the African women slaves. Also, the

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case of the German colony in what was then referred to as South-western Africa, the present state of Namibia, where German men who were brought to the area for colonial business ended up sleeping with the African women and produced what are called the Mulattoes in Namibia.

Average Monthly Size of Labour Force Per Annum on Tin Mines

Year	Amount	Year	Amount	Year	Amount
1911	5,832	1921	14,982	1931	20,763
1912	12,037	1922	13,512	1932	18,089
1913	16,883	1923	19,129	1933	14,911
1914	17,316	1924	22,702	1934	20,138
1915	14,316	1925	31,375	1935	21,390
1916	19,250	1926	37,115	1936	24,390
1917	21,817	1927	29,959	1937	36,142
1918	25,568	1928	38,578	1938	31,805
1919	22,289	1929	30,072	1939	34,074
1920	22,976	1930.			

Source: Nigerian Mines Department Annual Report, 1939

Racial distribution of mines, Jos Division,1930, based on the 1931 Census Tabulation

Tribe	Amount	Tribe	Amount
Hausa	64,981	Munshe (Tiv)	153
Beriberi	1906	Bolewa	151
Bagirmi	1677	Nupe	151
Fulani	1097	Asaba	66
Tera	649	Berom	55
Kerikerii	590	Other Southern Province	165
Arab (Shuwa)	429	Native foreigners	16
Igbo	249		
Yoruba	225	Total	14,817
Babwe	221		

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Zaberma	154		

Source: Bill Freud, p. 85

The economic pressure and introduction of the male population, coupled with the NGEM practice on the ground, made the Berom women bastardize the practice to meet the family needs. The NGEM practice took a different dimension. It is done with secrecy, non-Berom men, and an excuse for having a non-caring husband.

This practice came to be wrongly given societal legitimacy. This attitude continues to endure to the present, whereby the introduction of infectious diseases has become commonplace. The introduction of the Human Immuno-Deficiency Virus (HIV) Hypertittis, Covit 19, etc. This historical-cultural practice that is now wrongly taken to present is now a serious challenge to public health, and the female married population is the most vulnerable to these diseases. It is on this premise that women need social protection and economic empowerment to protect them from indulging in such unhealthy practices, which are culturally permissible.

Plateau State health authorities reported that 45,835 persons were living with HIV in the state in 2023, while 2,260 new infections were recorded (Shurkuk, 2024). By 2024, the state recorded 2,520 new HIV cases with a prevalence rate of 1.6% (Ba'amlong, 2025). These statistics reflect the continuing burden of HIV/AIDS across Plateau State, including Jos South LGA.

Table Showing Available HIV Statistics Relevant to Jos South LGA (2020–2025)

Year	**Location**	**Persons Living with HIV**	**New HIV Infections**	**HIV-related Death**	**Source**
2023	Plateau State (including Jos South LGA)	45,835 persons on ART	2,260 new infections	581 Deaths	Shurkuk (2024)
2024	Plateau State	Not specifically stated	2,520–2,786 new infections	460 Deaths	Ba'amlong (2025)
2012 study	Jos-South LGA	8 positive cases out of 305 screened (2.62%)	_____	_____	Gomwalk et al. (2012)

Note: Publicly accessible official statistics specifically for Jos South LGA from 2020–2025 remain limited. Therefore, Plateau State HIV data are often used as proxy indicators for discussions involving Jos South LGA.

Implications for Contemporary Public Health

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Sexual and Reproductive Health Risks: Concubinage inherently involves multiple sexual partnerships, increasing vulnerability to STIs, including HIV/AIDS (UNAIDS, 2020). The informal nature of the Gem often excludes women from accessing reproductive health services.

Maternal and Child Health:Women in concubinage arraNGEMents frequently lack legal recognition, reducing their access to antenatal care, safe delivery services, and child welfare support (WHO, 2018).

Gender Inequality and Mental Health: The Gem reinforces gender inequality by limiting women's autonomy and decision-making power. Psychological stress, social stigma, and domestic violence are common but underreported consequences (Jewkes et al., 2015).

Cultural Persistence and Public Health Policy Challenges: One of the greatest challenges to public health intervention is the cultural sensitivity surrounding traditional practices. Efforts to eliminate concubinage without community engagement often face resistance (Airhihenbuwa, 2007). Public health strategies must therefore balance cultural respect with human rights and health protection.

The NGEM practice in Jos Plateau, represents an enduring legacy of African socio-cultural history. While historically functional, its persistence in contemporary society poses significant public health challenges. Addressing these challenges requires culturally informed public health policies, community education, and the empowerment of women through legal and economic reforms. Without such interventions, the continued practice of concubinage may undermine efforts to achieve sustainable public health outcomes in Nigeria and Africa at large.

Using social protection theory explicitly recognizes gendered vulnerability. Women bear disproportionate risks because: They lack bargaining power, Their reproductive labor is exploited, Their exit options are limited by poverty and stigma. This explains why concubinage remains a female burden, while men largely escape health, social, and legal consequences (Kabeer, 2008).

All this has implications for contemporary public health. This can be discerned through a Social Protection Lens, which looks at health as a social protection issue. Public health outcomes in Jos Plateau, HIV prevalence, maternal mortality, and untreated STIs can be understood as failures of social protection rather than purely medical problems. Women in Gem relationships are less likely to: Access antenatal care, Negotiate safe sex, Receive psychosocial support. This aligns with the social protection argument that health shocks deepen poverty and vulnerability if unprotected (WHO, 2018).

Informality and exclusion from welfare systems, social protection systems in Jos Plateau and Nigeria at large, such as health insurance, social welfare programmes, and legal aid, are largely tied to formal marital or employment status. Women in concubinage arraNGEMents fall outside these categories, reinforcing exclusion (Adésínà, 2011).

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This study, therefore, contributes to knowledge by documenting NGEM as a distinct cultural institution, analyzing its evolution and transformation and by examining its implications for public health and social protection

Oral Interviews

No.	Name	Sex	Age	Occupation	Date & Place of Interview
1	Late Rev. Zango	M	88	Clergy	22/3/2019- Nyango
2	Rev Bulus Gyang	M	72	Clergy	21/4/2025- Vwang
3	Vou Garba Kandi	F	59	Trade	3/7/2025-Gyel
4	Musa Gyang	M	60	Teacher	5/6/2025-Barkin-Ladi
5	Kachollom Davou	F	81	Farmer	4/4/2025-Du
6	Simon Pam	M	70	Retired civil servant	2/3/2019- Jos
7	Jack Chollom	M	85	Retired Teacher	11/3/2025-Jos
8	Ngo Esther Bot	F	90	Farmer	12/3/2025-Zawan
9	Simon Choji	M	72	Traditional Chief	14/3/2025- Gyel
10	Kumbo Pam	M	74	Grandma	20/3/2025-Kuru

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