

PREVALENCE OF BABY FACTORY IN NIGERIA: AN EMERGENT FORM OF CHILD ABUSE, TRAFFICKING AND MOLESTATION OF WOMEN

Chiedu Eseadi¹, Wilfred Achagh², Amaka B. Ikechukwu-Ilomuanya³, Shulamite E. Ogbuabor⁴

¹Department of Educational Foundations, University of Nigeria, Nsukka, Room 213, Harden Building, Faculty of Education, P.M.B. 410001, Nigeria. Mobile: +2348137258914; email:

²Department of Early Childhood Care and Education, FCT College of Education, Zuba, Abuja, Nigeria.

³Department of Educational Foundations, University of Nigeria, Nsukka, Nigeria

⁴Department of Educational Foundations, University of Nigeria, Nsukka, Nigeria

ABSTRACT: *Baby factory which serves as an avenue for human trafficking predisposes women of childbearing-age, expectant mothers and the child to ineffable trauma, violence and abuse. Thus, the aim of this study is to examine the recurrent nature of child abuse and trafficking and molestation of women in Nigeria occurring in those places the media has termed 'baby factory' with a view to providing preventative approaches for curbing the menace, using counselling as a tool. The study utilised a descriptive survey in which 800 respondents (teachers and principals) in secondary schools were randomly drawn from 3 south-east states. Data was collected using a 25-item questionnaire (0.85 α) constructed on four-point likert-type scale. Result shows that the leading causes of baby factory in Nigeria include poverty, childlessness, lack of ethical behaviour on the part of medical professionals, and greed among others. It further shows that there is no significant difference in the mean responses of teachers and principals on the causes of prevalence of baby factory in Nigeria, $F(1, 799) = 16.66, p = .75$. Providing preventative counselling, developing positive self image in the youth, and providing family counselling for childless couples by encouraging them to go for proper adoption at the social welfare and to seek advanced medical care were found to be among the major roles guidance counsellors could play in curbing the prevalence of baby factory in Nigeria. The finding also shows that there is no significant difference in the mean responses of teachers and principals on the roles of guidance counsellors in curbing the prevalence of baby factory in Nigeria, $F(1, 799) = 4.95, p = .55$. The conclusion and recommendations in this article were based on these findings.*

KEYWORDS: *Baby factory, Child abuse, Child trafficking, Counselling, Nigeria, Women.*

INTRODUCTION

The Nigerian child and women is supposed to be protected against all forms of adverse experiences such as trafficking and abuse as they are great potentials for nation building. However, recent happenings indicate that the Nigerian child and women is facing new and challenging source of abuse brought about by human trafficking networks in the country. The media has coined the term 'baby factory' to describe this ugly situation. Academic researchers are also beginning to focus attention in this direction using this term to inform the public both nationally and worldwide about this emergent social menace. The International Crimes Database Report describes the phenomenon

of baby factory in Nigeria as a widespread crime which is systematic in nature since some of the operators are allegedly serial human killers and are part of the human trafficking networks (Huntley, 2013). The term 'baby factory' has been used to describe a location where women are encouraged or forced to become pregnant and give up their newborns for sale (British Broadcasting Corporation, 2011; The Guardian, 2011; News24, 2011). Baby factory, according to Madike (2013a) is usually disguised as maternity homes, orphanages, social welfare homes, clinics, and informal water bottling factories and are operated by well-organized criminal syndicates. Madike further observed that the perpetrators are usually the owners of these facilities, with some of them being medical doctors and they run this 'business' with the help of employees, among whom may be men specifically hired to impregnate women and girls.

Baby factory which serve as avenue for human trafficking, abuse and sexual violence have become prevalent in Nigerian society today. Pregnant women and vulnerable females involve in this inhumane act are usually provided with forcibly restrained accommodation and maternal care during the period of the pregnancy, but after delivery, are paid to abandon their babies who are then sold to couples or other buyers desiring children. Most of those who willfully concur to engage in this illicit trade but are not yet pregnant are made to sleep with men employed by the baby factory operators to impregnate them. Such babies are traded upon conception and a price paid for them in their first few days of postnatal life (Madike, 2014a). The Guardian (2011) reported that some of the rescued girls in a raid at Aba in Abia state of Nigeria reveal to the Nigerian police force that the baby factory owners gave them \$192 for newborn boys and \$161 for newborn girls after they were sold. Thus, for the purpose of this study, the term 'baby factory' refers to any place where expectant mothers and young girls of child-bearing age (who voluntarily or forcefully get impregnated) are illegally kept until they are delivered of their babies who are then sold for monetary gains. In addition, baby factory may be regarded as an avenue for human trafficking that predisposes women of childbearing-age, expectant mothers and the child to ineffable trauma, violence and abuse. This latter conceptualization of baby factory, in part hinges on United Nations Office on Drugs and Crime(2009) assertion that once engaged in the trafficking process, victims may be subjected to a range of violent acts from threats to serious assaults, although, the intensity of violence varies.

The first cases of baby factory were reported in 2006 by the United Nations Educational, Scientific and Cultural Organisation (UNESCO) in its policy paper. UNESCO (2006) stated that the first reported cases of the phenomenon of baby factory in Nigeria were in Abia, Lagos and Ebonyi states. The UNESCO report which covered eleven states in Nigeria shows that many of the cases were reported in clinics and orphanages with doctors, nurses and orphanages operators being involved. Baby factory now serves as an avenue for human trafficking which is ranked the third most common crime in Nigeria, after financial fraud and drug trafficking in UNESCO's 2006 Report. From 2006 till date, the proliferation of baby factory in Nigeria has actually taken more treacherous and multifarious dimensions. Hence, baby factory has become an emergent human trafficking industry and a steady source of income to criminal cohorts involved in the act, particularly in the south-east region of Nigeria. Worst still, Madike (2013a) observed that many of the residents in communities in the identified states know the traders, where they operate, but watch helplessly as the babies are being sold into modern slavery or for ritual purposes. Media reports further shows that teenage girls and young women are brought by traffickers to a baby

factory with false promises of jobs or safe abortions but contrarily, they are confined and forced to give birth. Some of the victims are trafficked while being pregnant; others are later impregnated by men specifically hired for such purposes. Allegedly, their babies are sold for international or domestic adoptions, rituals, slave labour or sexual exploitation (Huntley, 2013; Uduma, 2011).

Media reports shows that the prevalence of baby factory has become very rampant in Nigeria to an extent that merits serious attention. For instance, in 2007, nineteen girls were rescued from a cartel in Rivers state. In 2008 network of baby factories claiming to be orphanages were revealed in Enugu state and seven teenagers were rescued in Enugu town and another thirteen girls were rescued from an eighty-year-old woman in the same Enugu state (Ahaoma, 2014). In 2009 over six baby factories were sealed with hundreds of pregnant young girls released in Abia state. Between January and March 2010 over seventy-seven teenage girls were also rescued in Abia state. Between May and June 2011 thirty-two pregnant girls, whose babies were on the sales list ranging between ₦25, 000.00 (up to \$135.14) and ₦30, 000.00 (up to \$162.16) were rescued from an illegal facility in Abia state. Fourteen pregnant girls were also rescued from a childcare home forty-two others rescued from a charity centre both in Abia state. In 2011 the police also raided two hospitals and dismantled two baby factories in Enugu State. In October 2011 seventeen pregnant teenagers were reported to have been freed from a sachet water production factory which was being used as an illegal baby harvesting facility in Anambra state. In April 2012 a town (Ihiala) that harboured a baby factory in Anambra state was also uncovered by Nigeria policemen (Ahaoma, 2014; Madike, 2013b). In May 2013 about twenty-six teenage girls were rescued by the police from a woman who operates a baby factory disguised as maternity home and a drinking water factory in the remote village of Umuaka in Imo state (Njoku, 2013). In the same month of May 2013 the Imo state Police Command rescued seventeen pregnant teenagers from a syndicate in Njaba local government area of the state. The police saved eleven babies waiting to be sold out. A young man who confessed to being the person responsible for impregnating the girls was arrested during the raid. In Akwa Ibom state, two baby factories housing seven pregnant teenagers and eight pregnant women respectively were discovered by the police and the victims rescued. Among the girls arrested was a 16-year old teenager who was promised some money to abandon her baby after delivery. Her baby was meant to be sold for ₦300, 000.00 (up to \$1,621).

The department of state security in Akwa Ibom state of Nigeria reports that over sixty children have been sold in the state though the alleged baby trader said he could not remember the number of babies he had sold. More than twenty (20) children were rescued in the special operation by security men. At Owerri in Imo state, a man was alleged to have paid ₦900, 000.00 (up to \$4, 864) to buy two boys (ages 3 and 4 years) from a baby trader. A medical doctor was arrested in Owerri, Imo state for operating a baby factory with sixteen pregnant girls in his compound. In January 2014, the Nigeria Immigration Service in Ondo state uncovered a baby factory syndicate at Ilu Tuntun in Okitipupa local government area arresting no fewer than twenty-four suspects during the raid. Also, eight pregnant girls were set free in Ogun state where another baby factory was discovered in Akute near Ifo (Ajayi, 2014). Earlier, 2012 report by Campaign for Democracy, a civil society organisation shows that the number of rescued cases of baby factory stood at 2500 with Imo and Abia states topping the list (Ahaoma, 2014; Information Nigeria, 2014). This is an indication that up till now, baby factory are still prevalent in Nigeria.

The increasing incidence of young, pregnant and helpless adolescent girls and poverty-stricken pregnant women being lured into giving away their babies after delivery for financial remuneration have labelled Nigerian society as one with most dehumanizing form of child abuse, women sexual assault and trafficking. Charles, Akwara and Andeshi (2014) found that abject poverty is the primary motivation that is propelling mothers in the baby factories to give out their babies for money; most of the those in baby factories are educationally challenged and were unable to incomplete secondary school education; most girls or women having failed in their petty businesses and needful of money to restart another businesses or start a vocation or to complete secondary school education. They also found that greed is one of the main motivating factors for the phenomenon of baby factories in Nigeria; and very few people purchase babies from baby factories in Nigeria for rituals; some of the buyers of the babies resell them for profit to mostly people living in the Diaspora; and most of the buyers of the babies are women who are barren and have issues in their marriage. For Charles, Akwara and Andeshi, it appears women living in the cities of Abuja, Lagos and the south-south region of Nigeria are the major consumers of the numerous products of the baby factories situated in the south-eastern part of the country. UNESCO (2006) had earlier identified poverty, perversion of cultural traditions, manipulation of religious rituals, harmful cultural and social realities as some of the root causes of baby factories in Nigeria. Huntley (2013) emphasized that among the root causes of the phenomenon of Nigerian baby factories may be those that facilitate any other forms of human trafficking such as low levels of education, illiteracy and lack of information on human trafficking.

The prevalence of baby factory has wide implications for policy making and counselling intervention programmes. There is the need to reawaken guidance counsellors and reposition them in the bid to curbing the prevalence of baby factory in Nigeria. Counselling is designed to help people to understand and clarify their views, and learn how to reach their self-determined goals through meaningful, well-informed choices, and through the resolution of emotional or interpersonal problems. Effective counselling should help to improve the self-image of young people and facilitate achievement in life tasks (UNESCO, 2001). To buttress the expected place of counselling in Nigerian society, the Federal Government of Nigeria (2013) stated that government shall continue to make provision for the training of teachers in guidance and counselling; establish and equip counselling clinics, career resource centres, and information centres; and proprietors of schools shall provide adequate number of guidance counsellors for their institutions. Thus, guidance counsellors are required to play active role in re-engineering the society in view of the emergent social problems. This in part motivated the researchers to carry out this investigation.

The main purpose of this study is therefore to investigate the prevalence of baby factory in Nigeria in order to provide preventative counselling approaches for curbing the menace. The following research questions were raised to guide the study:

1. What are the causes of prevalence of baby factory in Nigeria?
2. What roles can guidance counsellors play in curbing the prevalence of baby factory in Nigeria?

Two null hypotheses were formulated to guide the study as follows:

1. There is no significant difference in the mean responses of teachers and principals on the causes of prevalence of baby factory in Nigeria.
2. There is no significant difference in the mean responses of teachers and principals on the roles of guidance counsellors in curbing the prevalence of baby factory in Nigeria.

METHODS

Research Design and Participants

The study was carried out in South-East Nigeria. South-East Nigeria is one of the six geo-political zones in Nigeria consisting of Abia, Anambra, Ebonyi, Enugu, and Imo states. This area was chosen because from the reported cases, it appears that the prevalence of baby factory is peculiar with the South-East Nigeria. A sample of 800 respondents selected from 3 (three) states, namely: Anambra, Imo, and Enugu states participated in the study. Based on work status, 500 teachers and 300 principals in 80 secondary schools were randomly selected. On the overall, 250 respondents (31.25%) were sampled from Anambra state, 230 (28.75%) from Imo state and 320 (40%) from Enugu state. Table 1 shows the demographic characteristics of the respondents across the 3 selected states.

Table 1. Socio-demographic Characteristics of Respondents by Sex, Marital Status, Work Status, and Number of Children across the Three Selected States.

	<i>Anambra</i>	<i>Imo</i>	<i>Enugu</i>
<i>Sex, n (%)</i>			
<i>Male</i>	150(18.75)	100(12.5)	120(15)
<i>Female</i>	100(12.5)	130(16.25)	200(25)
<i>Marital Status, n (%)</i>	250(31.25)	230(28.75)	320(40)
<i>Married</i>	180(22.5)	120(15)	200(25)
<i>Single</i>	70(8.75)	110(13.75)	120(15)
<i>Work Status</i>			
<i>Teachers</i>	200(25)	135(16.88)	165(20.62)
<i>Principals</i>	50(6.25)	95(11.87)	155(19.38)
<i>Number of Children, n (%)</i>			
<i>None</i>	43(5.38)	85(10.62)	140(17.5)
<i>1-3</i>	113(14.12)	50(6.25)	132(16.5)
<i>4-6</i>	90(11.25)	74(9.25)	41(5.12)
<i>7 and above</i>	4(0.5)	21(2.63)	7(0.88)
<i>Total</i>	250(31.25)	230(28.75)	320(40)

Measure

A 25-items questionnaire entitled “Prevalence of Baby Factory in Nigeria Questionnaire” was designed by the researchers and used for the study. The questionnaire has two sections – A and B. The section A sought for information regarding the respondents’ sex, marital status, and number of children given birth to. The section B has two clusters requesting information regarding the causes of prevalence of baby factory and guidance counsellors’ roles in curbing the menace. The questionnaire was developed on a four-point likert scale of Agree Strongly (AS= 4), Agree Mildly

(AM= 3), Disagree Mildly (DS= 2), and Disagree Strongly (DS= 1). The questionnaire was face validated by two senior lecturers in guidance and counselling, and also by a lecturer in measurement and evaluation unit in the Faculty of Education, University of Nigeria, Nsukka. The questionnaire was trial-tested in Akwa Ibom state of Nigeria before its usage for the actual study. The trial-testing was necessary as it provided constructive feedback which was employed to enrich the questionnaire. The questionnaire had an overall reliability score of 0.85 alpha.

Data Collection and Analyses

Trained research assistants helped the researchers in conducting the field work which took place between July 8 and August 10, 2014 in the three selected states. Respondents were met at their various schools in the selected states. Mean (M), standard deviation (SD), and analysis of variance (ANOVA) was used to analyze the data collected. The decision rule for interpreting the data collected with questionnaire items relating to each research question was based on mean score fixed at 2.5. As such, any item statement with a mean score of 2.5 and above is interpreted to be an accepted statement by the respondents, while an item with mean score below 2.5 is interpreted to have been rejected by the respondents. The hypotheses were tested at 0.05 level of significance. In the hypotheses testing, the decision rule is that if the p-value reported is equal to or less than 0.05, the difference between group means is said to be statistically significant. When such is the case, the null hypothesis is rejected, otherwise it is not rejected. Respondents' demographic characteristics were also analyzed using percentage.

RESULTS

The results of data analysis were presented based on the research questions and hypotheses as shown below.

Table 2. Mean responses of Teachers and Principals on the Causes of Prevalence of Baby Factory in Nigeria.

Items	Teachers, n= 500		Principals, n=300		Total, N=800		Decision
	M	SD	M	SD	M	SD	
1 Greed	3.37	.77	3.38	.77	3.37	.77	Accepted
2 Illiteracy	1.43	.89	1.22	.46	1.36	.79	Rejected
3 Childlessness	3.37	.69	3.50	.61	3.41	.67	Accepted
4 Lack of ethical behaviour on the part of medical professionals	3.44	.88	3.32	.91	3.40	.89	Accepted
5 Being pregnant out of wedlock and the thought of social stigma and ostracism	3.38	.75	3.24	.86	3.33	.79	Accepted
6 Misplaced sets of values among the populace	3.24	.87	3.22	.90	3.23	.88	Accepted
7 Corruption in the society	3.34	.86	3.12	.99	3.27	.91	Accepted
8 Unemployment	3.26	.76	3.20	.78	3.24	.76	Accepted
9 Poverty	3.52	.64	3.24	.81	3.43	.72	Accepted
10 Desire for boy-child to carry on the family name	3.35	.75	3.32	.76	3.34	.76	Accepted

Items statements with $M < 2.5$ = Rejected, $M \geq 2.5$ = Accepted; SD = Standard Deviation

To answer the research question one, the scores of respondents on the causes of prevalence of baby factory in Nigeria were analysed using work status as the independent variable and all the item statements as dependent variables. All the item statements except item 2 were accepted by both teachers and principals as the causes of prevalence of baby factory in Nigeria. Of note is that the leading causes of baby factory as indicated by the mean scores of the teachers and principals include: Poverty ($M= 3.43, SD = .72$), Childlessness ($M= 3.41, SD = .67$), Lack of ethical behaviour on part of the medical professionals ($M= 3.40, SD = .89$), and Greed ($M= 3.37, SD = .77$) amongst others. However, item 2 'illiteracy' was rejected by both teachers and principals as one of the causes of prevalence of baby factory as its value ($M= 1.36, SD = .79$) was below the bench mark of 2.5.

Table 3. Mean responses of Teachers and Principals on the Roles of Guidance Counsellors in curbing the Prevalence of Baby Factory in Nigeria.

Items	Teachers, <i>n</i> = 500		Principals, <i>n</i> =300		Total, <i>N</i> =800		Decision
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
11 Inculcation of discipline and right type of values in students	3.24	.74	3.23	.89	3.23	.84	Accepted
12 Providing preventative counselling	3.38	.87	3.28	.83	3.31	.84	Accepted
13 Encouraging the youth to go for vocational training	3.24	.74	3.20	.88	3.21	.84	Accepted
14 Counselling the youth on peer pressure coping skills	3.02	.95	3.29	.79	3.20	.86	Accepted
15 Developing positive self image in the youth	3.32	.76	3.26	.79	3.28	.78	Accepted
16 Developing decision making skills in the youth and the less privileged	3.28	.94	3.25	.71	3.26	.79	Accepted
17 Referring the youth and young women to microfinance houses that can assist them in starting up their own businesses.	3.32	.93	3.14	1.01	3.20	.99	Accepted
18 Providing family counselling for childless couples by encouraging them to go for proper adoption at the social welfare and to seek advanced medical care.	3.28	.94	3.26	.77	3.27	.83	Accepted
19 Organizing seminars and workshops on baby factories in the communities with emphasis on placing sanction on baby factory	3.06	.90	3.15	.69	3.12	.77	Accepted
20 Having consultation with village heads, community leaders, women group and community development unions	3.02	.95	3.09	.91	3.07	.92	Accepted

21	Organizing workshops for doctors and nurses on ethical standards, expectations and the way forward	3.32	.76	3.18	.79	3.23	.78	Accepted
22	Inviting resource persons for specialists' input in the communities or neighbourhood	3.28	.94	3.17	.80	3.21	.85	Accepted
23	Encouraging communities and wealthy indigenes to open free vocational training centres for the youth and less privileged	3.32	.93	3.01	1.15	3.11	1.09	Accepted
24	Extensive community counselling programme on the need to report cases of baby factories to appropriate authorities/law enforcement agents	3.24	.74	2.97	.84	3.06	.82	Accepted
25	Enlightening communities on the dangers of baby factories, and the individual and collective roles in setting monitoring groups to combat the scourge	3.06	.90	3.03	.74	3.04	.79	Accepted

Items statements with $M < 2.5$ = Rejected, $M \geq 2.5$ = Accepted; SD = Standard Deviation

To answer the research question two, the scores of respondents on roles guidance counsellors can play in curbing the prevalence of baby factory in Nigeria were analyzed using work status as independent variable and all the item statements as dependent variables. All the item statements (items 11 – 25) were accepted by both teachers and principals as the roles guidance counsellors could play in curbing the prevalence of baby factory in Nigeria. Of note is that item 12 'providing preventative counselling has the highest score of acceptance ($M = 3.31$, $SD = .84$)', followed by item 15 'developing positive self image in the youth ($M = 3.28$, $SD = .78$)', and item 18 'providing family counselling for childless couples by encouraging them to go for proper adoption at the social welfare and to seek advanced medical care ($M = 3.27$, $SD = .32$)' amongst others.

Table 4. One-way Analysis of Variance on mean responses of Teachers and Principals on the Causes of Prevalence of Baby Factory in Nigeria.

	<i>SS</i>	<i>Df</i>	<i>MS</i>	<i>F</i>	<i>Sig.</i>
Between Groups	2.95	1	2.95	16.66	.75*
Within Groups	264.81	798	.18		
Total	267.76	799			

* $p > .05$

In the one-way analysis of variance done, work status was used as the factor while the item statements served as the dependent variable. The result of hypothesis one shows that the p value of .75 obtained is greater than the significant level of 0.05. This is an indication that there is no significant difference in the mean responses of teachers and principals on the causes of prevalence of baby factory in Nigeria, $F(1, 799) = 16.66$, $p = .75$. In view of this, the null hypothesis that there

is no significant difference in the mean responses of teachers and principals on the causes of prevalence of baby factory in Nigeria is not rejected.

Table 5. One-way Analysis of Variance on mean responses of Teachers and Principals on the Roles of Guidance Counsellors in Curbing the Prevalence of Baby Factory in Nigeria.

	<i>SS</i>	<i>Df</i>	<i>MS</i>	<i>F</i>	<i>Sig.</i>
Between Groups	1.31	1	1.31	4.95	.55*
Within Groups	396.26	798	.26		
Total	397.57	799			

* $p > .05$

The result of one-way analysis of hypothesis two shows p value of .55 which is greater than the significant level of 0.05. This suggests that there is no significant difference in the mean responses of teachers and principals on the roles of guidance counsellors in curbing the prevalence of baby factory in Nigeria, $F(1, 799) = 4.95$, $p = .55$. Thus, the null hypothesis that there is no significant difference in the mean responses of teachers and principals on the roles of guidance counsellors in curbing the prevalence of baby factory in Nigeria is not rejected.

DISCUSSION

The study found that the leading causes of prevalence of baby factory in Nigeria as indicated by the mean scores of the respondents include poverty, childlessness, lack of ethical behaviour on the part of medical professionals and greed amongst others. The finding is in line with Charles, Akwara and Andeshi (2014) that abject poverty, barrenness and greed are among the motivating factors for the phenomenon of baby factory in Nigeria. The finding also supports UNESCO (2006) whose policy paper also identified poverty as one of the root causes of this menace and showed that many of the cases occur in clinics and orphanages with doctors, nurses and orphanages operators being involved in the act.

The finding further reveals that there is no significant difference in the mean responses of teachers and principals on the causes of prevalence of baby factory in Nigeria. The indication is that both teachers and principals in South-East Nigeria have similar views on the causes of prevalence of baby factory in Nigeria. However, illiteracy was rejected by both teachers and principals as one of the causes of prevalence of baby factory in Nigeria. Therefore, this study submits that illiteracy may not actually account for the prevalence of baby factory in Nigeria. The finding therefore, disagrees with Huntley (2013) that among the root causes of the phenomenon of Nigerian baby factory may be those that facilitate any other forms of human trafficking such as low levels of education and illiteracy. If actually educational attainment predicts this menace, why then are doctors and nurses among the perpetrators? Most of the medical professionals were identified as perpetrators. Based on the findings, greed ($M=3.37$, $SD=.77$) and all other factors above the bench mark in this study except 'illiteracy' may better explain the causes of prevalence of baby factory in Nigeria.

Furthermore, the research focused on the roles guidance counsellors can play in curbing the prevalence of baby factory in Nigeria. It was discovered that providing preventative counselling,

developing positive self image in the youth, and providing family counselling for childless couples and encouraging them to go for proper adoption at the social welfare as well as seek advanced medical care amongst others were the major roles guidance counsellors can play in curbing the prevalence of baby factory in Nigeria. This finding in part, reinforces that of Charles, Akwara and Andeshi (2014) that couples who are finding it very difficult to procreate should be supported by the authorities to seek advanced medical care in and outside the country. Guidance counsellors in Nigeria are among the recognized authorities when it comes to psychological support services and as such, they should intensify their efforts in providing appropriate supportive counselling services to both couples and family members with fertility challenges. The study further shows that there is no significant difference in the mean responses of teachers and principals on the roles of guidance counsellors in curbing the prevalence of baby factory in Nigeria. This is also an indication that both teachers and principals have similar understanding on the roles of guidance counsellors in curbing the prevalence of baby factory in Nigeria.

CONCLUSION

Based on the findings of the study, the researchers conclude that both the educated and illiterate Nigeria citizens are cohorts in fostering the prevalence of baby factory in Nigeria. This has made it to seem as if the sole purpose of education in Nigeria has been defeated. To ameliorate this scourge, adequate counselling intervention is needed in this direction and efforts must be geared towards initiating and implementing a proactive counselling intervention programme at individual and community levels to surmount the Nigerian baby factory phenomenon.

In the light of the above expositions, the following recommendations are also made:

1. Government and NGOs must partner at this time to put adequate measures in place to empower the youths by creating functional employment and free skill acquisition opportunities as a way of alleviating poverty.
2. Various state governments should intensify their efforts at creating jobs for the teeming youths, especially for vulnerable adolescent females who are easily lured into the illicit trade due to hardship.
3. State government should collaborate with international agencies to create a child friendly environment to surmount the baby factory scourge and take pre-emptive actions against the culprits. Child life protection Act should be made to prohibit and punish persons caught in the sale of babies in Nigeria under any guise as well as protect the rights of children from conception to birth and not just those children that have been delivered of.
4. Enlightenment campaigns to overcome the Nigeria baby factory phenomenon and make each state fit for a child should be championed by all stakeholders from all walks of life with all sincerity, commitment, and enthusiasm.
5. Centre for counselling and human development should be set up and funded for the effective training and retraining of guidance counsellors who could assist in surmounting this illicit trade through community counselling interventions.

Acknowledgments

The researchers are thankful to all the teachers and principals in south-eastern Nigeria who devoted their time and participated in this study. The researchers also appreciate Professor Paul N. Onwuasoanya of the Department of Educational Foundations, University of Nigeria, Nsukka for proofreading the manuscript and providing constructive feedback.

REFERENCES

- Ahaoma, K. (2014, March 24). *Baby factories: The new face of human trafficking in Nigeria*. Retrieved from <http://newtelegraphonline.com/baby-factories-new-face-of-human-trafficking/Nigeria>
- Ajayi, B. (2014, April 04). *Baby factory and baby trade in Nigeria*. Retrieved from <http://nigeriaworld.com/feature/publication/babsajayi/040414.html>
- American Counselling Association. (2005). *ACA code of ethics*. Alexandria, VA: Author
- British Broadcasting Corporation. (2013, May 10). *Nigeria baby factory raided in Imo state*. Retrieved from <http://www.bbc.co.uk/news/world-africa-22484318>
- British Broadcasting Corporation. (June 01, 2011). *Nigeria 'baby farm' girls rescued by Abia state police*. Retrieved from <http://www.bbc.co.uk/news/world-africa>
- Charles, A., Akwara, A. F., & Andeshi, C. A. (2014). Dialectics of the incubation of 'baby factories' in Nigeria. *International Journal of Peace and Conflict Studies*, 2(1):82-90.
- Federal Republic of Nigeria. (2013). *National policy on education* (6th ed). Lagos: NERDC Press
- Huntley, S.S. (2013). *The phenomenon of baby factories in Nigeria as a new trend in human trafficking. International Crimes Database (ICD), Brief 3*. Retrieved from <http://www.internationalcrimesdatabase.org>
- Information Nigeria. (2014, January 4). *2,500 Pregnant Teenagers Rescued From 'Baby Factories' in South East in 2012_Report*. Retrieved from <http://www.informationng.com/214/01/2500-pregnant-teenagers-rescued-from-baby-factories-in-south-east-in-2012report.htm>
- Madike, I. (2013a, May 26). *Baby 'factories': Why it's thriving in S' East, S' South*. Retrieved from <http://nationalmirroronline.net/new/baby-factories-why-its-thriving-in-s-east-s-south/>
- Madike, I. (2013b, May 26). *The abc of baby factories*. Retrieved from <http://www.cknnigeria.com/2013/05/the-abc-of-baby-factories-national.html>
- News24. (2011, October 16). *Nigerian baby factory raided*. Retrieved from <http://www.news24.com/Africa/News/Nigeria-baby-factory-raid-20111016>
- News24. (2013, June 20). *Nigeria frees 16 in baby factory raid*. Retrieved from <http://www.news24.com/Africa/News/Nigeria-frees-16-in-baby-factory-raid-20130620>.
- Njoku, C. (2013, May 12). *Pregnant teenage girls open up: How we were lured to motherless baby homes*. Retrieved from <http://www.nationalmirroronline.net/new/we-were-lured-to-baby-factories-home/>
- The Guardian (2011, June 2). *Nigerian 'baby farm' raided – 32 pregnant girls rescued*. Retrieved from <http://www.theguardian.com>world>human-trafficking>
- Uduma, K. (2011, July 30). *How child trafficking network operates in South East*. Retrieved from <http://www.vanguardngr.com/2011/07/how-child-trafficking-network-operates-in-south-east/>

- UNESCO. (2001). *Counselling*. France: Author. Retrieved from http://www.unesco.org/education/mebam/module_2.pdf
- UNESCO. (2006). *Human trafficking in Nigeria: root causes and recommendations*. Policy Paper No 14.2 (E). Paris: Author. Retrieved from <http://unesdoc.unesco.org/images/0014/001478/147844E.pdf>
- United Nations Office on Drugs and Crime (2006). *Module 3: Psychological reactions of victims of trafficking in persons. Anti-human trafficking manual for criminal justice practitioners*. Austria: Author