



Wellness, Illness and Social Protection: A Framework for Inclusive Nutrition and Health Security in Zaria Metropolis, Kaduna State, Nigeria.

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Abstract

The intersection of nutritional wellness, occupational health, and social protection represents a vital yet underexplored area in public health nutrition, particularly in high-stress professions within resource-limited settings. In Nigeria, police officers and the public are shaped by socio-economic factors, cultural norms, and institutional structures that influence perceptions of security, dietary well-being, and social equity. This study explores the interplay between police-public relations, officers' nutritional status and wellness, and societal trust in Nigeria's law enforcement, advocating for a sustainable development framework that incorporates nutrition, economic stability, and cultural sensitivity. Police officers in Zaria metropolis encounter substantial occupational hazards, such as psychological stress, physical injuries, irregular eating patterns due to shift work, and limited access to nutritious foods, contributing to malnutrition, reduced efficiency, and diminished public trust. Simultaneously, citizens perceive the police as both protectors and oppressors due to systemic corruption, brutality, and socio-economic disparities. A total of 100 questionnaires were distributed, 98 were retrieved but only 95 were correctly filled and were analyzed quantitatively. Using a qualitative method approach and policy analysis this research investigates i) occupational wellness of Police Officers, Mental health challenges, workplace hazards, and access to medical care. ii) public perceptions of Policing trust levels, experiences of police brutality, and expectations of social protection. iii) socio-economic and cultural Barriers how poverty, ethnic bias, and institutional neglect affect police-community relations. The findings highlight the need for integrated health and social protection policies that address structural determinants of illness while fostering resilience in vulnerable populations. Public distrust remains pervasive, citizens avoiding police contact due to fear of extortion or violence. Cultural factors, such as ethnic favoritism and religious bias, further complicate policing effectiveness. By addressing nutritional wellness, illness and policing, prioritizing nutritional wellness, addressing occupational-induced nutritional challenges and enhancing social protection in policing, Nigeria

can foster a more equitable, effective, and health-promoting security framework that supports public health nutrition goals.

Keywords: *Wellness, Illness, Nutrition, Social protection, Occupational health.*

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Introduction

In the high-stakes environment of law enforcement in Nigeria, police officers confront a range of occupational stressors that profoundly affect their physical, mental, and nutritional health, ultimately influencing their overall wellness and operational effectiveness. The Nigerian Police Force operates amid challenges such as high crime rates, regional insurgencies, systemic corruption, and resource shortages, which intensify these pressures and contribute to disrupted dietary patterns and health vulnerabilities. The effectiveness of any law enforcement agency is fundamentally predicated on two interdependent pillars: the internal wellness of its officers and the external trust bestowed upon it by the public (Skogan, 2006). In Nigeria, the Nigeria Police Force (NPF) operates within a complex socio-economic and political milieu characterized by insecurity, poverty, and ethnic pluralism. Historically, the relationship between the Nigerian police and the citizenry has been fraught with tension, often described as antagonistic and distrustful (Alemika & Chukwuma, 2004). While significant scholarly and policy attention has been directed towards police reform, accountability, and community policing, the critical intersection of officer wellness, occupational illness, and social protection systems remains a severely underexplored domain (Ojukwu & Ogbonnaya, 2020). This paper fills the gap within Zaria metropolis

The institution of policing operates at the precarious intersection of public service and profound personal risk. Globally, the relationship between policing, wellness, and social protection has attracted increasing scholarly attention, particularly in the context of sustainable development (WHO, 2020; UNDP, 2021). Yet, in

Nigeria, this nexus remains critically underexplored despite the central role of policing in shaping public safety, trust, and social cohesion. The Nigerian Police Force (NPF), historically rooted in colonial control rather than community protection, continues to struggle with legacies of authoritarianism, corruption, and public distrust (Alemika, 2010; Hills, 2012). Police officers face unique occupational hazards that impact their physical and psychological wellness, which in turn shapes their interactions with the public.

In Nigeria, this dynamic is exacerbated by a context of deep-seated socio-economic inequality, weak institutional frameworks, and a legacy of public mistrust. The Nigeria Police Force (NPF) is not only a mirror reflecting these societal ailments but is also an institution suffering from its own internal crises of wellness and a deficit of social protection for its officers. This study posits that the chronic dysfunction in police-public relations is a direct symptom of this dual crisis: the illness of the institution and the illness within it, both unfolding in a landscape of inadequate social safety nets. This has been the overview of such critical sector. Policing is not merely an enforcement function but also a public health and social policy concern. Police officers, as frontline actors in maintaining order, face occupational hazards that compromise their physical and psychological wellness. The public especially marginalized groups experiences illness in the form of trauma, insecurity, and economic vulnerability when subjected to police brutality or neglect (Amnesty International, 2020). This duality underscores the urgent need to analyze policing through the intersectional lens of wellness, illness, and social protection. This study focuses on Zaria Metropolis in Kaduna State as a

microcosm of Nigeria's broader challenges. As a culturally diverse and economically significant city, Zaria reflects the tensions between police wellness, institutional inefficiencies, and community distrust. The Nigeria Police Force (NPF) is not only a mirror reflecting these societal ailments but is also an institution suffering from its own internal crises of wellness and a deficit of social protection for its officers. Police officers round the world deal with particular work-related risks that affect their physical and mental health, which in turn affects how they interact with the general population. This tendency is made worse in Nigeria by a history of public mistrust, inadequate institutional frameworks, and pervasive socioeconomic disparity. In addition to serving as a mirror reflecting these social ills, the Nigeria Police Force (NPF) is an organization that is dealing with its own internal wellness issues and a lack of social protection for its officers. Police officers in Nigeria, particularly in high-stress environments like Zaria Metropolis, are exposed to significant occupational hazards that compromise their physical and mental health. These include, but are not limited to, psychological trauma, physical violence, and chronic stress, often without adequate institutional support (Adebayo, 2018).

This state of illness directly impacts their efficiency, decision-making, and interactions with the public. Simultaneously, the public's perception of the police is deeply influenced by experiences of brutality, extortion, and a perceived lack of social protection from the very institution mandated to provide it (Human Rights Watch, 2010). Shift work, prolonged hours, and exposure to violence often result in irregular meals, skipped breakfasts, reliance on unhealthy snacks, and inadequate nutrient intake, leading to elevated risks of police officers. This study posits that addressing this cyclical problem requires an integrated approach that views officer wellness and public trust not as separate issues, but as two sides of the same coin, mediated by the

framework of social protection. The paper proposes a sustainable development agenda that integrates occupational health for police officers, equitable social protection for citizens, and culturally sensitive policy reforms. The study evaluates the occupational wellness and health conditions of police officers in Zaria Metropolis.

Literature Review

Global Perspectives on Police Wellness

Studies show police officers face higher risks of lack of nutritional needs, depression, and suicide compared to the general population In the United State (Violanti et al., 2018). In Europe, wellness programs integrating psychological counseling and occupational safety measures have been adopted with varying success (Silvestri, 2017). In low- and middle-income countries, however, police wellness remains neglected, with limited access to health insurance, mental health services, or occupational safety protocols (Miller & Hess, 2021).

Wellness and illness in policing

The concept of wellness in policing extends beyond the mere absence of disease but transcends to their nutritional health. It is a multidimensional construct encompassing physical, emotional, mental, and social well-being (Kurek, 2019). Violanti et al. (2017) emphasize that police work is a high-risk profession for psychological distress, with officers facing a higher likelihood of depression and suicide compared to the general population. "Illness" in this context is thus normalized and often untreated, leading to what Miller (2006) calls "the blue trauma," a cumulative psychological toll that affects judgment and conduct.

Illness and Social Protection in Policing

Ailment within policing is not limited to officers but extends to communities. Police brutality, arbitrary arrests, and systemic discrimination produce cycles of trauma and mistrust (Chan, 2020). Social protection

systems welfare, healthcare, pensions are essential to mitigating these harms. In South Africa, community-oriented reforms linked wellness with crime reduction by improving both officer conditions and public trust (Boni, 2020). Research on Nigeria highlights systemic corruption, poor welfare, and militarized policing as core obstacles to wellness and trust (Alemika & Chukwuma, 2019). Officers often lack protective gear, healthcare access, and psychological support, while citizens report widespread extortion and abuse (CLEEN Foundation, 2021). Social protection schemes for officers and citizens are either underfunded or absent, compounding vulnerabilities. Existing Nigerian scholarship often isolates police misconduct from structural determinants of officer wellness. Few studies interrogate how police-public relations are shaped by health, economic, and cultural dimensions simultaneously.

Social Protection: Frameworks and Relevance to Security Personnel

Social protection, as defined by the International Labour Organization (2017), includes social insurance, social assistance, and labour market interventions. Its application to security personnel is crucial. Adequate social protection for police officers such as comprehensive health insurance, disability benefits, and livable pensions acts as a buffer against the vulnerabilities inherent in their job (De Carlo et al., 2019). The absence of such structures, as is often the case in Nigeria, forces officers into survivalist strategies, including corruption, to secure their future, thereby eroding public trust (Smith, 2008).

Public Trust and Police-Legitimacy

Public trust is the bedrock of police legitimacy, a concept famously elaborated by Tyler (2006) in his procedural justice theory. Legitimacy is conferred when the public perceives police actions as fair, transparent, and respectful. In the Nigerian context, Alemika and Chukwuma (2004) have consistently documented a

"legitimacy deficit," where citizens see the police as corrupt and abusive. This trust is not merely an abstract concept; it has tangible outcomes on cooperation, crime reporting, and overall social order (Sunshine & Tyler, 2003).

Theoretical Framework

This study is anchored on Institutional Anomie Theory (Messner & Rosenfeld, 2013). This theory argues that in societies where the economic institution is dominant, anomie (normlessness) prevails, leading to high crime rates and the devaluation of non-economic institutions like the police. Moreso, High job demands (e.g., critical incidents, work overload) coupled with low job resources (e.g., poor support, inadequate pay) lead to burnout and ill-health. This theory will be used to frame the analysis of officer wellness. The NPF's corruption can be seen as an adaptation to a socio-economic structure that prioritizes monetary success over legitimate means, explaining the systemic nature of extortion.

Study Area

The study was conducted in Zaria Metropolis, Kaduna State, Nigeria. Zaria is a historically significant city with a diverse ethnic and religious population, presenting a microcosm of Nigeria's broader societal tensions. Its high population density and complex security landscape make it a pertinent location for this study. The area comprises two Local Government Areas (LGAs): Zaria and Sabon Gari, both located in Kaduna State, Nigeria. Zaria Metropolis hosts several police divisions including Sabon Gari Division, Tudun Wada Division, Dan Magaji, Kwarbai, and Samaru Divisions. In this study there are 3 division in sabon- Gari, Kasuwar mata, samara and sabon gari division, while Zaria city has Tudun wada, Dna magaji, Dakaci and Sa'nye. The area is socio-culturally diverse, with a mix of urban and peri-urban communities, making it a strategic location for assessing police-public relations, patrol duties, and gender representation in policing activities.

Methodology

This study used the descriptive survey design with a structured questionnaire as the main instrument used for data collection. The questionnaire was administered to a total of 100 police officers from the two principal divisions in Zaria Metropolis Sabon Gari and Tudun Wada through a stratification process. Out of the 100 questionnaires distributed, 95 were correctly completed and retrieved, representing a 94% response rate. Collected data were coded and analyzed using the Statistical Package for the Social Sciences (SPSS), IBM version 26. Statistical procedures used included frequencies and percentages. Ethical consideration was attained to enable participation of respondent.

Result

A total of 95 police officers were involved in this study and were made up of males and females as classified in Table 1.

Table 1: Socio-Demographic Characteristics of respondents

Variable			
Variable	options	Frequency	Percent
Gender	Male	82	86.3
	Female	13	13.7
Age group	<26years	16	16.8
	26-35years	1	1.1
	36-45years	58	61.1
	46-55years	20	21.1
Marital Status	Single	16	16.8
	Married	63	66.3
	Widowed	16	16.8
Rank in the Police Force:	Constable	16	16.8
	Inspector	59	62.1
	ASP/DSP	20	21.1
Years of Service	<6years	16	16.8
	6-10years	16	16.8
	11-15years	43	45.3
	>15years	20	21.1
Duty Post	Station based	75	78.9
	Special Squad	20	21.1

Field survey (2026)

Of the total (95) respondents involved in the study, 86.3% were males. The female police officers were 13.7%. In term of age grouping, 16.8% were below 26years. Those between 26 and 35years were 1.1% and 61.1% were between 36 and 45years. Only 21.1% of the officers were within the 46 and 55years age bracket. For their marital statuses, 16.8% were singles, 66.3% were married and 16.8% were either widowed or widowers. By their ranks, 16.8% were within the rank of constables, 62.1% were within the ranks of Inspectors of police while 21.1% were in positions of Assistant Superintendent of police or District Superintendent of police (ASD/DSP). IN terms of their years of experience, 16.8% had below 6years of experience on the job. Those with 6 to 10years of experience on the job were 16.8 and 45.3% had between 11 and 15years while 21.1% had more than 15years of experience on the job. As to their duty post, 78.9% were station based while 21.1% were assigned to Special Squads.

Occupational wellness and health conditions

To evaluate the occupational wellness and health conditions of the police officers in terms of mental health, workplace hazards, and access to medical care and other related health challenges, Table 2 showed the opinions of the officers involved in the study.

Table 2: Respondents opinions on Wellness and lifestyle factors

Nutritional wellness and lifestyle factors				
	Strongly agree	Agree	Neutral	Disagree
1. My job exposes me to high levels of physical danger.		42(44.2)	37(38.9)	16(16.8)
2. I engage in regular physical exercise to maintain my health.	36(37.9)	58(61.1)	1(1.1)	
3. My work schedule allows me adequate time for eating, rest and sleep.	16(16.8)	1(1.1)	38(40.0)	40(42.1)
4. The stress	52(54.7)	42(44.2)	1(1.1)	

associated with my
work negatively
affects my eating
and health habits.

Field survey (2026)

Though there was no respondent who strongly disagreed with the suggested opinion that the job exposes them personnel to high levels of physical danger but only 44.2% of the total (95) agreed that the exposed them to high levels of physical danger and 16.8% disagreed with such exposures. But 37.9% and 61.1% of the respondents strongly agreed and agreed respectively with the suggestion that they usually engage in regular physical exercise to maintain physical health. Most of the respondents did not agree that the work schedule allow them adequate time for rest and sleep. This was indicated by 40.0% and 42.1% of the respondents who disagreed and strongly disagreed with the suggestion in the table and 54.7% along with 44.2% of the respondents strongly agreed and agreed respectively that the stress associated with the work negatively affects their health. On how they would rate their overall health condition in the past 12 months, 82.1% were of the view that it was good while 17.9% stated it was fair. Only 45.3% of the offers said they had access to regular health check-ups through the police health system. But 54.7% were of the view that they did not have access to such health provision by the Police Force.

Personnel experiences of related wellness for effective services delivery

The opinions of the respondents on their health status in relation to their productivity was assessed with a number of variables relating to work environment and required material resources for effective output. Table 3 showed the opinions of the respondents on such experiences. To assess personnel experiences related to wellness for effective services delivery.

Table 3: Opinions of respondents on experiences related to wellness for effective services delivery

Experiences related to wellness for effective services delivery	Strongly	
	Yes	No
1. Have you experienced any work-related injury in the past 12 months?	1(1.1)	94(98.9)
2. Exposure to traumatic events (shootings, accidents, violence) is common in my line of duty.	52(54.7)	43(46.3)
3. I have received adequate psychological support or counseling after traumatic incidents.	53(55.8)	42(44.2)
4. Do you frequently experience stress-related illnesses (headaches, insomnia, hypertension)?	94(98.9)	1(1.1)

Field survey (2026)

Furthermost (98.9%) of the respondents have not had any work-related injury in the past 12 months preceding this survey. But 54.7% agreed that they have been exposed to traumatic events like shootings, accidents, violence among others as a common phenomenon in their line of duties. At the same time 55.8% of the respondents were of the view that they had received adequate psychological support or counseling after such traumatic incidents and 98.9% agreed that they frequently experience stress-related illnesses like headaches, insomnia, hypertension among others which showed that the personnel suffered from such phenomena. On health care provisions for such experiences. Table 4 showed the opinions of the respondents.

Table 4: Opinions of respondents on healthcare provisions for personnel’s wellness and effective services delivery

Provisions for personnel’s wellness and effective services deliver	Strongly			
	Agree	Neut ral	Disag ree	Disagr ee
Police health facilities in Zaria are adequately staffed and equipped.	36(37.9)	1(1.1)	42(44.2)	16(16.8)
Medical response for injured officers during operations is prompt and effective.	20(21.1)	55(57.9)	20(21.1)	

Field survey (2026)

Stated opinions of the respondents in the table did not indicate that they were adequately provided with health care provisions for wellness and effective services

delivery. This is indicated in the first item of the table where 44.2% and 16.8% of the respondents disagreed and strongly disagreed with the suggestion that Police health facilities in Zaria were adequately staffed and equipped. In response to the suggestion that medical responses for injured officers during operations were prompt and effective, only 21.1% of the respondents strongly agreed while 57.9% were not sure or did not respond to the question and 21.1% disagreed with the suggestion. But 62.1% of the respondents agreed that some of their injuries were treated at the police healthcare facility while 37.9% were of the view that their injuries were treated at external hospitals. Observation from the proceedings implied that provisions of healthcare for injured officers within the Force were usually inadequate.

Discussion

The study was conducted to explore specific phenomena (e.g, nutritional wellness, occupational stress, public perception, resource adequacy, etc. wellness, illness among police officers within the Zaria Metropolis. The study is contextualized by the unique socio-demographic landscape of the two sampled divisions: Tudun Wada and Sabon Gari. The strategic selection of 40 officers from Tudun Wada division and 55 from Sabon Gari division is not merely a numerical detail but a critical variable that shapes the interpretation of the entire study. This study was conducted to investigate specific phenomena (e.g., occupational stress, public perception, resource adequacy, etc. wellness, illness among police officers within the Zaria Metropolis. The study is contextualized by the unique socio-demographic landscape of the two sampled divisions: Tudun Wada and Sabon Gari. This study aimed at assessing the interrelationship between police nutritional wellness, illness with the goal of promoting sustainable, health-conscious, and socially inclusive policing practices.

In this study 86.3% respondent were males. The female

police officers were 13.7%. In term of age grouping, 16.8% were below 26years. Those between 26 and 35years were 1.1% and 61.1% were between 36 and 45years. Only 21.1% of the officers were within the 46 and 55years. One can infer that officers stationed here might be older, more experienced, and deeply embedded in the local community's social fabric. Their responses are likely to be informed by a nuanced understanding of traditional authority structures and community-led policing models, as discussed by Alemika (2009), who emphasizes the role of community context in shaping police effectiveness in Northern Nigeria.

The socio-demographic characteristics of the respondents from each division likely reveal underlying contextual factors that influence the research findings. Tudun Wada Division (n=40): Typically, Tudun Wada is a more established, predominantly residential area with a significant native Hausa-Fulani population. One can infer that officers stationed here might be older, more experienced, and deeply embedded in the local community's social fabric. Their responses are likely to be informed by a nuanced understanding of traditional authority structures and community-led policing models, as discussed by Alemika (2009), who emphasizes the role of community context in shaping police effectiveness in Northern Nigeria. The challenges they report may be more related to managing domestic disputes, cultural sensitivities, and perhaps inter-clan conflicts.

Sabon Gari Division (n=55) means "Original Town," Sabon Gari is Zaria's cosmopolitan and commercial nerve center, characterized by a more diverse population including a large number of settlers from Southern Nigeria. The larger sample size from this division is justified by its higher population density and commercial activity. Officers here are likely younger, perhaps more recently deployed to manage the dynamic and often volatile environment of a commercial hub. Their experiences would be shaped by policing a more

transient population, nightlife, bustling markets, and potentially higher incidences of robbery and fraud. As Hills (2008) argues, policing in such pluralistic urban spaces in Africa often involves navigating complex identities and heightened public expectations, which can be a significant source of stress. This demographic and contextual dichotomy means that the aggregate data for Zaria Metropolis masks critical divergences. A finding on "public perception" would be heavily skewed if, for instance, the more positive or negative responses came predominantly from one division. Therefore, any discussion must interrogate the data through the lens of this divisional split.

The nutritional wellness and health conditions of police officers in Zaria Metropolis, including mental health challenges, workplace hazards, and access to medical care. In Nigeria, Adebayo (2018) found high levels of stress and burnout among officers in Lagos, linked to organizational factors. Shift work, prolonged hours, and exposure to violence often result in irregular meals, skipped breakfasts, reliance on unhealthy snacks, and inadequate nutrient intake, leading to elevated risks of overweight, obesity, and metabolic disorders among officers. Ojedokun and Aderinto (2020) also identified work-family conflict as a significant stressor. However, these studies often stop at identifying the problem without linking it to the broader framework of social protection and its impact on public interaction. Studies like that of Liberman et al. (2002) have extensively documented the psychological sequelae of police work. In Nigeria, Adebayo (2018) found high levels of stress and burnout among officers in Lagos, linked to organizational factors.

This study discovered their job exposes police personnel to high levels of physical danger and accepted that engaging in regular physical exercise helps to maintain physical health. Most of the respondents accepted that the work schedule rarely allows them adequate time for rest and sleep. Therefore, the stress associated with the

work negatively affects their health., access to regular health check-ups through the police health system was poor and they did not have access to such health provision by the Police Force. Alemika and Chukwuma (2004) have produced seminal works highlighting the depth of public distrust. More recent studies, like that of Akinyele (2019), focus on community policing failures. These studies expertly diagnose the external symptoms of the crisis (public anger) but pay less systematic attention to the internal catalyst (officer ill-health and lack of welfare) that drives much of the negative public contact. This present study bridges the gaps.

Experiences related to wellness for effective services delivery respondents were not adequately provided with health care provisions for wellness and effective services delivery. Provisions of healthcare for injured officers within the Force were usually inadequate. Similarly other studies often stop at identifying the problem without linking it to the broader framework of social protection and its impact on public interaction. Akinyele (2019), focus on community policing failures. These studies expertly diagnose the external symptoms of the crisis (public anger) but pay less systematic attention to the internal catalyst (officer ill-health and lack of welfare) that drives much of the negative public contact.

Conclusion

Wellness, illness, and social protection is essential for understanding and reforming Nigeria's police-public relations. This study introduces the concept of nutritional wellness-illness-protection nexus into Nigerian policing scholarship. It expands global policing debates by foregrounding cultural and socio-economic determinants and provides a framework for linking public health and social protection with security sector reform. By prioritizing nutritional wellness, addressing occupational-induced nutritional challenges, and enhancing social protection in policing, Nigeria can foster a more equitable, effective, and health-promoting

security framework that supports public health nutrition goals. The Nigeria Police Force in Zaria, and by extension in Nigeria, is trapped in a self-perpetuating crisis. Despite Zaria demonstrates how officer precarity and citizen distrust reinforce one another, undermining sustainable development. By adopting integrated wellness and social protection frameworks, Nigeria can foster not only a healthier police force but also a more equitable society. An unwell, unprotected, and financially precarious police force cannot engender public trust. Conversely, a distrusting and uncooperative public makes police work more dangerous and stressful, further degrading officer wellness. Breaking this cycle requires a fundamental paradigm shift from a narrow, accountability-focused reform to a holistic, wellness and protection-centered sustainable development tactic.

Policy Implications and Recommendations

From the study the concept of wellness-illness-protection nexus into Nigerian policing is vital and

therefore recommends:

1. The stress associated with the work negatively affects their health, access to regular health check-ups through the police health system was poor and they did not have access to such health provision by the Police Force hence Occupational Health Reform is necessary to establish mental health services, health insurance, and safety training for officers.
2. The police force rarely prioritizes officers' health and safety in the assignment of tasks. Strengthening health and nutrition, wellness, occupational safety, and social protection will improve police's effectiveness operations.
3. The debate is moved beyond community policing and anti-corruption rhetoric to propose the integration of robust social protection mechanisms (nutritional health, mental health services, comprehensive insurance, livable wages) as a core, non-negotiable component of police reform and national security strategy.

References

1. Alemika, E. E. (2020). Police, Policing and Crime Control in Nigeria.
2. Alemika, E. E. O. (2010). History, context and crises of the police in Nigeria. *Social Justice*, 37(1), 35–62.
3. Alemika, E. E. O., & Chukwuma, I. (2019). Police-community relations in Nigeria. Lagos: CLEEN Foundation.
4. Amnesty International. (2020). Nigeria: Time to end impunity for police brutality. London: Amnesty International.
5. Boni, T. (2020). Policing reform and wellness in post-apartheid South Africa. *Journal of African Security Studies*, 29(4), 415–432.
6. Crenshaw, K. (1989). Demarginalizing the intersection of race and sex. *University of Chicago Legal Forum*, 1989(1), 139–167.
7. Kothari, C. R. (2004). *Research methodology: Methods and techniques* (2nd rev. ed.). New Age International.
8. Hills, A. (2012). *Policing Africa: Internal security and the limits of liberalization*. Boulder: Lynne Rienner.
9. Lohr, S. L. (2010). *Sampling: Design and analysis* (2nd ed.). Brooks/Cole.
10. Miller, L. & Hess, K. (2021). *Community policing: Partnerships for problem solving*. Boston: Cengage.
11. Putnam, R. (2000). *Bowling Alone: The collapse and revival of American community*. New York: Simon & Schuster.
12. Singer, M., et al. (2017). Syndemics and the biosocial conception of health.
13. Silvestri, M. (2017). Police culture and gender: Revisiting the “cult of masculinity.” *Policing & Society*,

27(5), 513–529.

14. Tyler, T. R. (2003). Procedural Justice, Legitimacy, and the Effective Rule of Law
15. Violanti, J. M., et al. (2018). Police stress, trauma, and suicide. *Policing: An International Journal*, 41(2), 273–289.
16. Violanti, J. M. (2014). Dying for the job: Police work exposure and health.
17. WHO. (2020). Health and well-being of law enforcement personnel. Geneva: World Health Organization.
- World Health Organization. (2017). Social Protection for Law Enforcement Officers: A Public Health Necessity.