



Boundary Dispute and the Health, Religious, and Political Life of Communities in South-East Nigeria

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Abstract

Background: Boundary dispute constitutes a persistent constraint on the institutional dimensions of community life in the South-East geo-political zone of Nigeria, in so far as contested claims over land ownership disrupt access to healthcare, undermine religious practice, and destabilise political authority within affected communities. This study investigated the effect of boundary dispute on the health, religious, and political life of selected communities in the South-East region.

Objective: To establish the extent to which boundary dispute affects the health of the people in the affected communities in the south east geo-political zone of Nigeria, to determine the effects of boundary dispute on religious life, and to identify the effects of boundary dispute on political life of the affected communities.

Methods: The study adopted a descriptive and correlational design involving 400 respondents drawn, through purposive and simple random sampling, from a population of 1,059,431 persons across the affected communities. Data were collected using a structured and validated four-point Likert-scale questionnaire whose health, religious life, and political life subscales returned Cronbach's alpha reliability indices of 0.87, 0.91, and 0.85 respectively. Analysis was conducted using frequencies, percentages, means, standard deviations, and simple linear regression, tested at the 0.05 level of significance.

Results: Findings revealed that 55% of respondents reported that boundary dispute had a strong negative effect on health, 66% reported a strong negative effect on religious life, and 52% reported a strong negative effect on political life. Regression analysis confirmed that boundary dispute exerted a statistically significant negative effect on health ($B = .580, \beta = .544, t = 11.952, p < .001$), religious life ($B = .389, \beta = .494, t = 9.372, p < .001$), and political life ($B = .199, \beta = .494, t = 6.046, p < .001$), such that all three null hypotheses were rejected.

Conclusion: The study concludes that unresolved boundary dispute structurally threatens affected South-East communities by compromising healthcare access, religious practice, and political authority, implying that institutional restoration requires integrated attention to all three domains simultaneously and sustainably.

Keywords:

boundary dispute, health, religious life, political life, community development, South-East Nigeria.

Introduction

Institutions, whether medical, religious, or governmental, provide the structural scaffolding through which communities organise collective life, and it is precisely this scaffolding that boundary dispute tends to weaken as territorial contestation persists over time. Boundary dispute refers to a territorially grounded disagreement in which two or more parties advance competing claims over the ownership, control, demarcation, or use of a defined area (Kohen & Hébié, 2018). In South-East Nigeria, such disputes have been documented in the Aguleri–Umuleri contestation over Otuocha land in Anambra State, the Ezillo–Ezza conflict in Ebonyi State, and the Usaka Ukwu–Nkari/Akwa Ibom boundary contestation in Abia State; these cases show that boundary-related conflicts can disrupt physical security, community administration, social services, economic activity, and the broader institutional life of affected communities (Onwuzuruigbo, 2011; Abada & Omeh, 2022; Ajeli, 2023; Nwakanma, 2021; Sampson, 2020). This study examines three institutional dimensions of community life, namely health, religious life, and political life, each of which depends on the continuity of functioning institutions that boundary dispute has been shown to disrupt.

The health implications of boundary dispute are considerable, in the sense that conflict-affected communities experience both the direct physical consequences of violence and the indirect consequences of degraded healthcare infrastructure. Petersen and Wilkinson (2020), in an examination of conflict and health in fragile states, found that prolonged territorial contestation disrupts the continuity of healthcare service delivery, discourages health personnel from serving in affected areas, and exacerbates morbidity through the displacement of residents into overcrowded and unsanitary conditions. This is consistent with the broader recognition, articulated by the World Health Organization (2016), that health systems in conflict-affected settings require an adequately resourced and secure operating environment to sustain routine service delivery, a condition which boundary dispute directly undermines through the disruption of access and the diversion of institutional attention towards conflict management.

Religious life can also be disrupted where boundary disputes escalate into communal conflict, since contested territory may include places of worship, sacred spaces, burial grounds, and the associational practices through which spiritual identity, worship, and communal support are sustained (Hassner, 2003; Best & Rakodi, 2011). This is particularly relevant in the Nigerian context, where communal conflicts have been linked to historically contested boundaries, land claims, and social divisions, while religious institutions often function not only as worship centres but also as sources of peacebuilding, welfare support, and community cohesion (Ibenwa & Uroko, 2020; Anierobi et al., 2025). Ellison (1991) conceptualised spiritual well-being as encompassing a person's connection to a transcendent or sacred dimension of experience, a connection which Koenig, McCullough, and Larson (2001) demonstrated to be closely linked to community-level trust and mutual support; where boundary dispute disrupts access to the physical sites through which this connection is maintained, as Okeke (2018) documented in relation to the destruction of sacred sites in Nigerian border dispute, the resulting loss extends beyond the immediate structure to the collective practices and continuity that Pargament (2000) and Kaldor (2007) identify as central to religious community life.

Political life is similarly affected by boundary disputes, as prolonged territorial contestation can weaken the authority of traditional rulers and elected representatives (Onwuzuruigbo, 2011), intensify tension within local governance structures where traditional rulers, local government authorities, legislators, youth leaders, and community representatives are drawn into dispute-

management processes (National Boundary Commission [Establishment] Act, 2006; Uwakwe, 2023), and stimulate political mobilisation among affected residents when competing claims to land, identity, authority, and community resources remain unresolved (Onwuzuruigbo, 2011; Uwakwe, 2023). Nwabachili (2017), in an examination of arbitration practice in resolving ethnic and religious conflict in Nigeria, observed that unresolved territorial contestation places sustained pressure on local governance structures, whereby leaders must navigate between asserting territorial claims on behalf of their communities and maintaining the internal cohesion required for effective governance. Health, religious life, and political life are, accordingly, best understood as three interdependent institutional dimensions of community life, each of which is examined in turn in the analysis that follows.

Statement of the Problem

Communities function effectively when residents enjoy stable access to healthcare services, practise their religion without fear or disruption, and recognise the authority of traditional and elected leaders who maintain order and promote collective welfare. Unfortunately, several communities in South-East Nigeria have continued to experience boundary disputes that appear to weaken these important aspects of community life. In some of the affected communities, residents are facing difficulties in accessing healthcare services, while some places of worship have reportedly been destroyed, abandoned, or rendered unsafe because of prolonged territorial contestation. Preliminary observations indicated that boundary disputes have reduced confidence in community leadership, created tension among residents, and weakened the ability of leaders to manage local affairs effectively. These conditions have made it difficult for affected communities to maintain institutional stability and recover fully from the consequences of recurring boundary disputes. If these disputes continue without clear empirical attention to their effects on health, religious, and political life, the restoration of affected communities may remain poorly planned and inadequately supported. Because of these difficulties, it is necessary to examine boundary disputes as a factor that affects the functioning of key community institutions. This study therefore intends to investigate the effect of boundary disputes on the health, religious, and political life of affected communities, namely Umuleri and Aguleri, Ezillo and Ezza, and Usaka Ukwu, in the South-East geo-political zone of Nigeria.

Research Questions

The following research questions guided this study.

1. To what extent did boundary dispute affect the health of the people in the affected communities in the south east geo-political zone of Nigeria?
2. What were the effects of boundary dispute on religious life of the people in the affected communities in the south east geo-political zone of Nigeria?
3. What were the effects of boundary dispute on political life of the people in the affected communities in the south east geo-political zone of Nigeria?

Hypotheses

The following hypotheses were tested in the study at 0.05 alpha level.

1. There would be no significant effect of boundary dispute on the health of the people in the affected communities in the south east geo-political zone of Nigeria.
2. There would be no significant effect of boundary dispute on the religious life of the people in the affected communities in the south east geo-political zone of Nigeria.
3. There would be no significant effect of boundary dispute on the political life of the people in the affected communities in the south east geo-political zone of Nigeria.

Methodology

This study adopted a combination of descriptive and correlational research designs, whereby the descriptive component enabled the characterisation of the health, religious, and political conditions prevailing in the affected communities, and the correlational component permitted estimation of the strength and direction of the relationship between boundary dispute and each of these three outcome variables. The study was conducted in three community clusters in the South-East geo-political zone of Nigeria, namely Umuleri and Aguleri in Anambra State, Ezillo and Ezza in Ebonyi State, and Usaka Ukwu in Abia State, communities selected on account of their longstanding exposure to boundary dispute and the documented disruption of institutional functioning therein.

The population of the study comprised 1,059,431 persons resident in the selected communities, drawn from figures published by the National Population Commission (2006). A sample size of 400 was determined using the Yamane (1967) formula, $n = N / [1 + N(e)^2]$, where N represents the population size and e the 0.05 margin of error. A purposive sampling technique was used to identify relevant communities, whereas a simple random sampling technique was applied thereafter to select respondents for questionnaire administration, so that the sample remained broadly representative of the wider community population. Data were collected using a structured questionnaire, the Boundary Dispute and Community Development Questionnaire, which included dedicated sub-scales measuring the effect of boundary dispute on health, religious life, and political life, with responses scored on a four-point scale ranging from strongly agree to strongly disagree. Content and face validity were established through review by subject-matter experts in boundary dispute and dispute resolution, while reliability, determined using Cronbach's alpha from a pilot administration to residents of Awara community in Oguta Local Government Area, Imo State, yielded indices of 0.87 for the health subscale, 0.91 for the religious life subscale, and 0.85 for the political life subscale. Data were analysed using frequencies, percentages, means, and standard deviations, while the hypotheses were tested using simple linear regression at the 0.05 level of significance.

Results and Discussion

Demographic Variables of the Respondents

Table 1: Socio-demographic characteristics of respondents (n = 400)

Variables	Options	Frequency (n = 400)	Percentage (%)
Umuleri		80	20
Aguleri		80	20
Ezillo		80	20
Ezza		80	20

Usaka Ukwu		80	20
Age (in years)	20-29	100	25
	30- 39	100	25
	40 49	100	25
	50- above	100	25
Marital status	Single	116	29
	Married	244	61
	Separated	40	10
Religion	Christian	364	91
	Muslim	20	5
	Traditional	16	4
Education Level	Primary	67	16.75
	Secondary	219	54.75
	Tertiary	114	28.50
Occupation	Farmers	121	30.25
	Artisans	96	24.00
	Public servant	58	14.5
	Private employment	125	31.25

Source: Field work results (2026).

Table 1 shows that the study involved 400 respondents, with equal representation from Umuleri, Aguleri, Ezillo, Ezza, and Usaka Ukwu, as each community contributed 80 respondents, representing 20% of the sample. The respondents were also evenly distributed across the age categories of 20–29, 30–39, 40–49, and 50 years and above, with each group accounting for 100 respondents, or 25%. In terms of marital status, married respondents formed the largest proportion at 61%, followed by single respondents at 29% and separated respondents at 10%. Christians constituted the clear majority at 91%, while Muslims and adherents of traditional religion accounted for 5% and 4%, respectively. Educationally, most respondents had secondary education, representing 54.75%, followed by those with tertiary education at 28.50% and primary education at 16.75%. Occupationally, private employment and farming were the leading categories, representing 31.25% and 30.25%, respectively. Overall, the table indicates that the respondent profile was largely married, Christian, moderately educated, and economically varied across the selected conflict-affected communities.

Research Question One: To what extent did boundary dispute affect the health of the people in the affected communities in the south east geo-political zone of Nigeria?

Table 2: Mean and Standard Deviation on the Extent to Which Boundary Dispute Affected Health in the Affected Communities in South-East Nigeria

S/N	Items	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)	Mean (x)	Std. D
1	Boundary dispute in my community often involves conflicts that usually result in physical injuries, such as gunshot or stab wounds.	37 (8.75)	216 (54)	123 (30.75)	25 (6.5)	2.65	0.79
2	Community healthcare centres are often overwhelmed by influx of people injured during	39 (9.75)	166 (41.5)	178 (44.5)	17 (4.25)	2.58	0.94

	fighting about ownership of land.						
3	Some residents of our community are going through post-traumatic stress disorder (PTSD), due to fear of violence.	25 (6.25)	186 (46.5)	158 (39.5)	31 (7.75)	2.51	0.83
4	Some internally displaced persons in our community do not have access to clean water in refugee camps.	21 (5.25)	139 (34.75)	185 (46.25)	55 (13.75)	2.31	0.76
5	The prolonged boundary dispute in our community has often disrupted access to healthcare services to the residents of our community.	14 (3.5)	159 (39.75)	192 (48)	35 (8.75)	2.38	1.08
6	Our community often experiences food shortages as a result of boundary dispute and disruptions to agricultural activities.	55 (13.75)	220 (55)	115 (28.75)	10 (2.5)	2.80	0.94
7	The boundary dispute in our community often makes it difficult for healthcare workers to carry out immunization and vaccinations.	69 (17.25)	206 (51.5)	98 (24.5)	27 (6.75)	2.79	0.71
	Grand Totals	221 (55)		179 (45)		2.57	0.86

Note. $n = 400$. Source: Field survey.

Table 2 shows that respondents agreed that boundary dispute often resulted in physical injuries, such as gunshot or stab wounds (Item 1, $\bar{x} = 2.65$). They also moderately accepted that healthcare centres were overwhelmed by persons injured during land-related fighting (Item 2, $\bar{x} = 2.58$) and that some residents experienced PTSD because of fear of violence (Item 3, $\bar{x} = 2.51$). However, the results showed lower agreement on lack of clean water among internally displaced persons (Item 4, $\bar{x} = 2.31$) and disrupted access to healthcare services (Item 5, $\bar{x} = 2.38$). Respondents strongly endorsed food shortages caused by agricultural disruption (Item 6, $\bar{x} = 2.80$) and difficulty in immunisation and vaccination services (Item 7, $\bar{x} = 2.79$). These responses indicate that nutritional and preventive disruptions were more visible than displacement-related hardships. Overall, 55% of the respondent affirmed that boundary dispute affected their health in the affected communities to a high extent ($\bar{x} = 2.57$).

Research Question Two: What were the effects of boundary dispute on religious life of the people in the affected communities in the south east geo-political zone of Nigeria?

Table 3: Mean and Standard Deviation on the Extent to Which Boundary Dispute Affected Religious Life of The Residents of the Affected Communities in South-East Nigeria

S/N	Items	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)	Mean (x)	Std. D
1	Boundary dispute in our community has often led to the destruction of places of worship, such as churches, mosques or shrines.	69 (17.25)	246 (61.50)	62 (15.50)	23 (5.75)	2.90	0.95
2	Boundary dispute in our community often leads to abandonment of places of worship, thereby disrupting religious practices of residents.	96 (24.00)	275 (68.75)	24 (6.00)	5 (1.25)	3.16	0.78
3	Boundary dispute has often led to imposition of restrictions on religious freedom of the people.	9 (2.25)	159 (39.75)	185 (46.25)	47 (11.75)	2.33	0.89
4	Religious leaders often play a role in conflict resolution through peace-building efforts.	95 (23.75)	279 (69.75)	22 (5.50)	4 (1.00)	3.16	0.76
5	Members of religious minority groups affected by displacement due to boundary dispute are often discriminated based on their religion.	29 (7.25)	183 (45.75)	158 (39.50)	30 (7.50)	2.53	0.87
6	Boundary dispute in our community has often led to destruction of sacred sites that hold significant religious importance to the adherents.	16 (4.00)	161 (40.25)	158 (39.50)	65 (16.25)	2.32	1.01
7	Some members of our community often draw on their religious beliefs to cope with the challenges of boundary dispute.	54 (13.50)	178 (44.50)	142 (35.50)	26 (6.50)	2.65	1.03
	Grand Totals	264 (66)		136 (34)		2.72	0.90

Note. n = 400. Source: Field survey.

Table 3 shows that respondents most strongly endorsed items concerning the abandonment of places of worship (Item 2, mean = 3.16) and the role of religious leaders in conflict resolution (Item 4, mean = 3.16), the latter finding indicating that religious institutions retain a constructive function within the affected communities notwithstanding the disruption boundary dispute otherwise causes. By contrast, the item concerning the destruction of sacred sites (Item 6, mean = 2.32) recorded the weakest endorsement, even though qualitative evidence from these communities, as documented by Okeke (2018) in relation to the destruction of sacred sites in Nigerian border dispute, suggests that such destruction, where it occurs, carries disproportionate significance for community identity. In aggregate, 66% of respondents reported that boundary dispute had a strong negative effect on religious life, the highest proportion recorded across the three dimensions examined in this study.

Research Question Three: What were the effects of boundary dispute on political life of the people in the affected communities in the south east geo-political zone of Nigeria?

Table 4: Mean and Standard Deviation on the Extent to Which Boundary Dispute Affected Political Life of The Residents of the Affected Communities in South-East Nigeria

S/N	Items	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)	Mean (x)	Std. D
1	Boundary dispute has reduced the authority of community leaders, thereby creating a vacuum in government.	9 (2.25)	108 (27.00)	226 (56.50)	57 (14.25)	2.17	0.84
2	Boundary dispute often causes political instability in our community.	58 (14.50)	162 (40.50)	125 (31.25)	55 (13.75)	2.56	0.67
3	Competing opinions on the boundary issue often create dilemmas in making leadership decisions that satisfy all community members.	39 (9.75)	202 (50.50)	135 (33.75)	24 (6.00)	2.64	0.98
4	Boundary dispute often triggers political mobilization leading to increased political engagement to resolve the dispute.	17 (4.25)	181 (45.25)	159 (39.75)	43 (10.75)	2.43	0.87
5	Boundary dispute usually makes people in our community question the decisions of leaders.	17 (4.25)	178 (44.50)	188 (47.00)	17 (4.25)	2.49	0.92
6	Boundary dispute has made some people develop an obscured sense of identity.	74 (18.50)	221 (55.25)	80 (20.00)	25 (6.25)	2.86	0.76
7	Government mediation has not helped to reduce the tensions.	38 (9.50)	141 (35.25)	186 (46.50)	35 (8.75)	2.46	0.69
Grand Totals		206 (52)		194 (48)		2.52	0.82

Note. n = 400. Source: Field survey.

Table 4 shows that respondents disagreed that boundary dispute reduced the authority of community leaders and created a vacuum in government (Item 1, $\bar{x} = 2.17$). However, they agreed that boundary dispute caused political instability in the community (Item 2, $\bar{x} = 2.56$) and created dilemmas in making leadership decisions that satisfy all community members (Item 3, $\bar{x} = 2.64$). The result also showed low agreement that boundary dispute increased political mobilisation for dispute resolution (Item 4, $\bar{x} = 2.43$), made residents question leaders' decisions (Item 5, $\bar{x} = 2.49$), and rendered government mediation ineffective in reducing tension (Item 7, $\bar{x} = 2.46$). The highest mean score was recorded for obscured sense of identity (Item 6, $\bar{x} = 2.86$). Therefore, boundary dispute affected the political life of residents in the affected communities to a high extent ($\bar{x} = 2.52$), as affirmed by 52% of the respondents.

Hypothesis One: There would be no significant effect of boundary dispute on the health of the people in the affected communities in the south east geo-political zone of Nigeria.

Table 5: Regression Analysis for the Effect of Boundary Dispute on Health

Model	B	Std. Error	Beta	t	p	Decision
(Constant)	.926	.134		6.920	.000	
Boundary dispute	.580	.049	.544	11.952	.000	Significant, H_{01} rejected

Note. Dependent Variable: Health. $p < 0.05$.

Table 5 shows that boundary dispute produced an unstandardised coefficient of $B = .580$, a standard error of .049, a standardised coefficient of $\beta = .544$, and a t-value of 11.952 ($p < .001$), indicating a moderate to strong and statistically significant negative relationship between boundary dispute and health. The null hypothesis was accordingly rejected, confirming that increases in the intensity of boundary dispute are associated with corresponding decreases in the health of residents of the affected communities.

Hypothesis Two: There would be no significant effect of boundary dispute on the religious life of the people in the affected communities in the south east geo-political zone of Nigeria.

Table 6: Regression Analysis for the Effect of Boundary Dispute on Religious Life

Model	B	Std. Error	Beta	t	p	Decision
(Constant)	.702	.230		2.494	.010	
Boundary dispute	.389	.070	.494	9.372	.000	Significant, H_{02} rejected

Note. Dependent Variable: Religious Life. $p < 0.05$.

Table 6 shows that boundary dispute produced an unstandardised coefficient of $B = .389$, a standard error of .070, a standardised coefficient of $\beta = .494$, and a t-value of 9.372 ($p < .001$), indicating a moderate and statistically significant negative effect of boundary dispute on religious life. The null hypothesis was therefore rejected, confirming that boundary dispute exerts a significant, quantifiable, and negative effect on the religious life of the affected communities in the South-East geo-political zone of Nigeria.

Hypothesis Three: There would be no significant effect of boundary dispute on the political life of the people in the affected communities in the south east geo-political zone of Nigeria.

Table 7: Regression Analysis for the Effect of Boundary Dispute on Political Life

Model	B	Std. Error	Beta	t	p	Decision
(Constant)	.562	.178		5.950	.039	
Boundary dispute	.199	.029	.494	6.046	.000	Significant, H_{03} rejected

Note. Dependent Variable: Political Life. $p < 0.05$.

Table 7 shows that boundary dispute produced an unstandardised coefficient of $B = .199$, a standard error of $.029$, a standardised coefficient of $\beta = .494$, and a t -value of 6.046 ($p < .001$), indicating a moderate and statistically significant negative effect of boundary dispute on political life. The null hypothesis was also rejected, confirming that boundary dispute exerts a significant, quantifiable, and negative effect on the political life of the affected communities in the South-East geo-political zone of Nigeria.

Discussion of Findings

Effect of boundary dispute on the health of communities in the South-East

The finding reveals that boundary dispute significantly undermines health in the affected communities, as its moderate to strong negative effect shows that prolonged territorial contestation disrupts healthcare access, weakens service delivery, and exposes residents to preventable health risks. This result corroborates Petersen and Wilkinson (2020), whose examination of conflict and health in fragile states showed that prolonged territorial contestation can disrupt routine healthcare delivery independently of acute violence. This is evident in the present findings, whereby respondents identified disrupted immunisation services and food shortages as more prevalent consequences than direct injury from violence, a pattern consistent with the recognition articulated by the World Health Organization (2016) that conflict-affected health systems suffer primarily through the erosion of routine service continuity rather than through episodic crisis alone. In practical terms, this suggests that health interventions in the affected communities should prioritise the restoration of routine service delivery, including immunisation coverage, over crisis-oriented emergency response alone.

Effect of boundary dispute on the religious life of communities in the South-East

The result reveals that religious life was the most severely affected institutional domain, as 66% of respondents reported a strong negative effect of boundary dispute on religious practice in the affected communities. This shows that territorial contestation did not only disrupt social order, but also threatened sacred spaces, worship activities, and communal religious identity. This result is consistent with the United Nations Alliance of Civilizations (2019), which emphasised the protection of religious sites as spaces of worship, identity and communal security. It also aligns with Hillenbrand (2023) and Okeke (2018), who showed that religious service attendance and the content of faith practices are positively associated with dimensions of social cohesion, particularly trust, identification and collective responsibility. Disruption of religious practice in the affected communities likely intensified the erosion of social cohesion described by Koenig et al. (2001), since interruptions to communal worship and ritual undermine shared norms, mutual support, and interpersonal trust. Respondents' affirmation of the constructive role of religious leaders in conflict resolution also agrees with recent Nigerian evidence that religious actors and institutions can support mediation, reconciliation and peacebuilding when properly engaged (Sakupapa & Adehanloye, 2025; Yusuf, 2023).

Effect of boundary dispute on the political life of communities in the South-East

The finding of this study reveals that boundary dispute significantly weakened political life in the affected communities, although its effect appeared less immediate than its impact on health and religious life. While the statistical result confirmed a moderate negative effect on political life, the lower proportion of strong negative endorsement indicates that political disruption was expressed less immediately than the disruption of health or religious life. The result reveals that

boundary dispute weakened political life mainly through gradual pressures on leadership confidence, contested authority, communal identity, and collective decision-making. This aligns with Egobueze (2025), who showed that communal conflicts in Nigeria generate socio-political instability by intensifying social dislocation, ethnic tension and political uncertainty. It is also consistent with Neupert-Wentz (2025), whose analysis of traditional authorities and communal conflict showed that overlapping customary and state authority can produce jurisdictional uncertainty and vertical conflict. In this view, the political effect of boundary dispute lies not only in open instability but also in the slow erosion of trust, cohesion and institutional coordination, a pattern reinforced by Balgah et al. (2025), who found that conflict negatively affects bonding, bridging and linking social capital. The comparatively strong endorsement of the item concerning obscured sense of identity, relative to the weaker endorsement of leadership-authority erosion, indicates that the political consequences of boundary dispute in these communities operate substantially through questions of belonging and legitimacy rather than through the formal displacement of governance structures.

Conclusion

Based on the findings, this study concludes that boundary dispute exerts a statistically significant negative effect on the health, religious, and political life of selected communities in South-East Nigeria. The strongest effect was recorded in relation to health, followed by religious life, while political life recorded a more moderate effect. The study further concludes that these institutional dimensions are functionally interconnected, as the weakening of healthcare access, religious practice, and governance legitimacy reinforces wider institutional instability in the affected communities. Consequently, any intervention that addresses only one domain is unlikely to produce lasting recovery, since the restoration of health systems, religious life, and political authority requires a coordinated response that recognises their mutual dependence within the social organisation of the affected communities.

Recommendations

Based on the study's findings, the following recommendations are proposed:

1. State health authorities should prioritise the restoration of routine healthcare service continuity, including immunisation and vaccination coverage, in the affected communities, rather than relying solely on episodic emergency response.
2. Religious institutions should be formally supported and resourced in their demonstrated role as conflict-resolution actors, given respondents' strong endorsement of the constructive function performed by religious leaders in the affected communities.
3. State and local governments should implement transparent governance communication strategies that address the erosion of communal identity and leadership legitimacy identified in this study, rather than confining political interventions to the formal adjudication of territorial claims alone.

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