



## Prevalence of Child Poverty and Deprivations in Agrarian Communities of Izzi Local Government Area, Ebonyi State, Nigeria: A Descriptive Approach

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### Abstract

Poverty remains a major socio-economic challenge for most African countries, especially Nigeria. This is most severe among children in farming households where the incidence of poverty is highest in the country. The study examined the prevalence of child poverty and deprivations in agrarian communities of Izzi Local Government Area of Ebonyi State, Nigeria. A Multi-stage random sampling technique was employed to select two hundred and forty (240) farming households who have children aged between 3 to 18 years. Primary data were collected through interview schedules and analyzed using descriptive statistics such as frequency, percentage, mean, bar chart and headcount ratio. Result showed that 51% of the respondents were poor. The respondents were deprived of good nutrition (71.3%), healthcare (47.1%), and education (42.9%). The study therefore, recommends for policy actions by government and non-state actors to improve and meet the nutritional, healthcare and educational needs of children in the country.

**Keywords:** Poverty, Deprivations, Children

### Introduction

The agriculture-based livelihood system prevalent in rural areas of developing countries has severally been reported to fall short of providing adequate living conditions for households, especially children (NBS, 2020; UNICEF, 2016a; UNICEF, 2016a). For instance, according to National Bureau of Statistics (NBS, 2020), 62.3% of rural farmers were poor as against the general poverty figure of 40.1% for the country. Literature also shows that poverty of farm households affects children most. UNICEF (2016) found out that children in rural areas where most heads of households were farmers were three times more likely to be stunted than those in urban areas. In sub-Saharan Africa, 45% of rural children were reported poor compared to 20% in urban areas in (David *et al* 2003).

Children are the most vulnerable entities in the world. They depend solely on the adult for their survival since they do not have economic resources, which expose them to high risk of poverty, malnutrition and deprivations (Rufai *et al.*, 2016). In recent times, development economists have focused more attention on child poverty as an important aspect of poverty (Ogwumike and Ozughalu, 2018). Recent estimates by the World Bank and UNICEF showed that about one in

five children is living in extreme poverty compared to one in ten adults (UNICEF, 2022). Globally, 385 million children are suffering from extreme poverty (Newhouse *et al.*, 2016). Also, a large percentage of the children are income-poor and most severely deprived (Olufemi and Adetola, 2016). Likewise, over half of the world's children in developing countries are suffering from one or more forms of severe deprivation of basic human needs (UNICEF, 2022). Evidence abounds in literature of the long-term consequences of children growing up in poverty in the society. First, poverty makes it impossible for children to have their fundamental human rights (UNICEF, 2022), second, it affects children's chances of excellent adulthood (Newhouse *et al.*, 2016).

Generally, a child is a young human being between the ages of 5 and 17 (Olagunju *et al.*, 2018). Also, a child can be seen as a human being below the age of 18 years (Ogwumike and Ozughalu, 2018). There is no uniform approach for defining child poverty. The notion of poverty to some people means lack of income, while to others, in addition to lack of income, poverty means the deprivation of the basic needs of life (Ogwumike and Ozughalu, 2018). In terms of lack of income, poverty is when a household's income fails to meet an established threshold, which differs across countries (UNESCO,

2017). While in terms of lack of basic needs of life, poverty goes beyond the income perspective to include the need for provision by a community, of the social services necessary to prevent individuals from falling into poverty (UNICEF, 2022). The international poverty threshold (or line) was updated by the World Bank in 2015 to \$1.90 per day (WorldBank, 2022). From 2019 to date, the Nigerian national poverty line was set as ₦137,400.00 (\$361) per year, while food poverty line was set at ₦87,300.00 (\$215) per year (Statista, 2022).

Therefore, a child or his/her household is considered to be poor if he/she/it has a low standard of living or lack of resources over time (Gordon *et al.*, 2003). Monetary measures of child poverty identify poor children by the percentage of the population who are living in a household with the income or consumption expenditure below established poverty line. The poverty line is a monetary cost to a given person, at a given place and time, of a reference level of welfare (Revallion, 1998). It is assumed that rising incomes, lead to a better standard of living of households, and this includes the children in the households. UNICEF defined child poverty as those who experience deprivation of material, spiritual and emotional resources needed to survive, develop and thrive, making them unable to enjoy their fundamental human rights and actualize their full potentials or participate as full and equal members of the society (UNICEF, 2006).

The UNICEF (2006) definition establishes that the factors influencing child poverty are interrelated. For example, deprivation of nutritious food leads to malnutrition which consequently impedes the child's health and education, and negatively affects the child's development (UNICEF, 2006). Children in poor households are generally deprived in the areas of education, health, nutrition, water, sanitation, shelter, information, income, or any other fundamental right according to Aliyu and Garba (2012). Children living and growing up in poverty and low-income households experience many disadvantages, which can have negative health and social consequences during childhood and into adulthood. Being exposed to limited money for everyday resources (including good quality housing), stress of living in poverty, unhealthy lifestyles, and poorer education and employment opportunities can adversely impact on child development and health outcomes. Children's experience of poverty can also lead to bullying, or feelings of exclusion, as they may have fewer friends and less access to the social activities of their peers (Public Health Scotland, 2022).

Mostly, children in Nigeria face lots of problems such as poor health, lack of access to quality education, food, social insecurity, and lack of care (Adeoti and Popoola, 2012). In 1990, the world made commitment to promote the rights of children, to ensure that children have the means to survive, develop and thrive. The Sustainable Development Goals (SDGs), which Nigeria is a signatory to also, recognizes the dangers and challenges

of child poverty, such that the first goal aims at the eradication of all forms of poverty (UN, 2021). However, Ogwumike and Ozughalu, (2018) reported that 23.22% of children in Nigeria were in extreme child poverty, while 70.31% of children in the country were in overall child poverty. The study further showed that there was pronounced child deprivation in education, health, nutrition, child protection, water and sanitation. Both child poverty and child deprivation were more pronounced in the rural sector than in the urban sector and in Northern Nigeria than in Southern Nigeria. Close to one million children die before their fifth birthday yearly in Nigeria due ultimately, to poverty (Olufemi and Adetola, 2016). Though several efforts have been made by Nigerian governments over the years to reduce child mortality, Nigeria still maintains a high ranking of under-five mortality rate in the world because the root cause of the problem seems to be largely due to poverty (Olufemi and Adetola, *ibid*).

Ebonyi State is among the states in Nigeria experiencing child poverty and deprivation. Available statistics in Nigeria revealed that 61.1% of Ebonyi children had no early childhood education; 55.1% of them are involved in child labour with 42.4% undernourished (UNICEF-Save the Children, 2015). Also, 30.1% of the girl-child in Ebonyi State got married before the age of 18 due to high rate of child poverty (UNICEF-Save the Children, *ibid*). Despite the magnitude of the problem of child poverty in Ebonyi State, much of the available empirical information on the subject can only be gleaned from omnibus studies on poverty or derive from country-wide child poverty studies. For instances, Ogwumike and Ozughalu (2018) considered empirical evidence of child poverty and deprivation in both the rural and urban Nigeria, while Olufemi and Adetola (2016) considered child welfare deprivation in only rural Nigeria and used a counting approach to child poverty determination. Aliyu and Garba (2012) studied the implications of child poverty on the Nigerian economy, while Adeoti and Popoola (2012) adopted a multidimensional approach in studying the determinants of child poverty in rural Nigeria. These studies, besides not being specific on child poverty and deprivation in Ebonyi State also used secondary data. Available poverty studies that were localized in Ebonyi State like Nkwede (2014) dwelt on approaches to poverty reduction generally without paying particular attention to child poverty and deprivation in the area. Similarly, Umeh and Ochiaka (2018) and Eze, *et al.* (2019) analyzed factors influencing poverty generally among rural households in Ebonyi State. There is however, the need for closer study of local areas and micro-cultures to provide location-specific empirical evidences on child poverty and deprivation to guide local policy actions. Here therefore, lies the gap which this study tends to fill.

### **Methodology**

The study was carried out in Izzi Local Government Area (LGA), Ebonyi State. Izzi is one of the largest Local Government Areas in Ebonyi State with total population of 236,679 inhabitants in 2006 National

Population Census (NPC, 2006) and a projected population of 343,185 people in 2021 at 3% growth rate. The LGA lies within Cross-River plain in between the Enyimu and Ebonyi Rivers, which are both tributaries of the Cross-River. It lies between the Latitude 6° 34'60" North and 8° 3'0" East in DMS or 6.58333 and 8.05 in decimal degrees (Onyeabor *et al.*, 2015) with total area of about 86.14 square miles or 723.1 square kilometers. The annual rainfall ranges from 1800 to 2000mm. The rainfall pattern is bimodal spreading between April and November with peaks in July and September. The temperature ranged from 27°C to 31°C for night and day temperatures respectively. The general occupation of the people of the area is farming. The major crops include; rice, yam, cassava, maize, cocoyam and oil palm (Onyeabor *et al.*, *ibid*). The study covered the entire 8 autonomous communities and 56 villages of Izzi LGA. Taro Yamane scientific formula was used to determine the number of farming households as well as the number of children (respondents) to be used for the study. A 5% confidence interval was given for error (Nwibo and Okorie, 2013).

$$\text{Sample size, } n = \frac{N}{1+N(e)^2}$$

Where n is the sample size, N is the total population and e is the error margin.

Hence, 240 households who have farming as their first occupation and who have children between ages 3 and 17 were randomly selected from a sample frame of 600 prepared through reconnaissance survey. Also, a sample size of 338 children was conveniently selected from a population of 2,192 children in the sampled households. However, only data from 240 respondents were analyzed, 98 were discarded on suspicion of falsehood or confusing information. Interview schedules were used to collect data for the study. The interviews involved the interviewer asking questions orally to the respondents and the respondents responding orally too, while the proceedings were recorded with a handset and later transcribed on paper. The interviews were divided into two parts: the children's characteristics and the household characteristics. The household heads responded to questions on household characteristics and children's characteristics if the child was below 12 years of age. Teenagers responded to the children's characteristics with occasional interview of the household heads. Descriptive statistics such as frequency tables, percentages, mean and head count ratio was used to analyze the collected data. Headcount ratio was used to analyze the poverty and deprivation status of Izzi children and the results are presented in Table 2. Three dimension of deprivation such as health [method of medication (self or hospital)], food (numbers of meals per day, food satisfaction, food with meat/fish and changing of diet) and vaccination, education (school attendance, means of going to school, having school uniform, dropping out of school), and living standard (cooking method, improved toilet facilities, safe drinking water, electricity), shelter (house type, floor type, wall type, roof type, ceiling and bedding

type), asset ownership, overcrowding in rooms and child labour were used in this research work. Two third of the mean per capita income were used as the poverty line.

## Results and Discussion

### *Socio-economics characteristic of the Respondents*

Socio-economics characteristics of the respondents are presented in Table 1. Results reveal the average household size of the respondents as 8 persons. This implies that the household sizes where these children live are relatively large. Large household size can be an asset in terms of more available labour force, but it can also be a liability in terms of more persons to feed and provide for with lean resources. Hence, a household size of 8, which is twice the globally accepted household size of 4, is expectedly, a predisposing factor to household poverty, and by extension, child poverty in the study area. Further result revealed that the highest proportion of respondents (50%) attained primary education, 26.7% attained tertiary education, while 18.3% had no formal education. According to Public Health Scotland (2022), educational level of household heads has direct correlation with poverty status of households (and the children within them) as it affects access to income opportunities and information that improves wellbeing of households generally. Result also shows that the highest monthly income earned by a household was ₦70,000 (or \$168.70), while the average monthly income for all respondent-households was ₦27,200 (or \$65.07). Given the universal poverty line of \$1.90 per adult male per day, if the average household size of 8 is adjusted to 6 adult male equivalents, an average household will require five times the present income or ₦142,000.2 (or \$342.01) to live above poverty line per month of 30 days. Majority (87.9%) of the respondents slept in crowded rooms with 1-5 persons, and average number of children that slept in a room as 4 persons. This has implications for disease transmission and overall health of children. All (100%) the respondents (children) were involved in one form of child labour or the other, the highest proportion (52.9%) was involved in farm labour. Children that are engaged in child labour are more likely to have compromised health statuses, school attendance and academic performance. Such children are likely to have less contact with parents, more likely to acquire delinquent behaviours and to be exploited and violated. Table 1 further showed that about 92.1% of the children were not allowed by their parents to participate in peer group activities. However, peer group involvement tends to give children sense of belonging and support, which enhance their self-confidence, functioning and capabilities.

### *Poverty and Deprivation Status of the Respondents*

The poverty and deprivation status of the respondents is presented in Table 2. Results show that one hundred and twenty-three children (51.25%) were poor, while one hundred and seventeen (48.75%) of them were non-poor. Further result shows that one hundred and twenty-nine (53.8%) were deprived of one or more basic needs, while one hundred and eleven (46.3%) were not

deprived.

### ***Dimensional Share of Deprivation among the Respondents***

The frequency distribution of the respondents according to their dimensional deprivation rates is presented in Table 3. Result shows that the respondents were most deprived in their living standard (71.3%), followed by health (47.1%), and least in education (42.9%). These results are in line with those of Olufemi and Adetola (2016), which reported health as the second most deprived need and Ogwumike and Ozughalu (2018) who found that there was pronounced child deprivation in education, health, nutrition, child protection, water and sanitation. The living standard of respondents was poor especially in the area of having improved toilet facilities. Deprivations in living standards, education and health of growing children are most likely to

program them for poor adulthood, and consequently, they become burdens and cogs in the wheel of societal progress. This prediction is supported by the report of Public Health Scotland (2022).

### **Conclusion**

The study examined the prevalence of child poverty and deprivations in Izzi Local Government Area of Ebonyi State, Nigeria. Child poverty was prevalent in the area (51.25%), while 53.8% of them were deprived of deprived of basic needs. The basic needs that respondents were mostly deprived of include; living standards (71.3%), health (47.1%), while the least was education (42.9%). The study recommended policy interventions that will improve the living conditions of the respondents, especially in the use of clean energy, modern toilet facilities, ownership of assets and access to decent and uncrowded accommodation.

**Table 1: Percentage distribution of household/children according to socio-economic characteristics**

<b>Socio-economic variable</b>	<b>Categories</b>	<b>Frequency (N = 240)</b>	<b>Percentage (%)</b>	<b>Average</b>
<b>Household size</b>	≤ 5	92	38.3	8
	6-10	112	46.7	
<b>Educational level of the household head</b>	11-15	36	15.0	
	Primary education	120	50.0	
	Secondary education	64	26.7	
	Tertiary education	12	5.0	
	No formal education	44	18.3	
<b>Monthly Income of the household head</b>	5,100-10,000	84	35.0	27,200
	10,100-20,000	44	18.3	
	20,100-30,000	48	20.0	
	30,100-40,000	24	10.0	
	40,100-50,000	3	1.3	
	50,100-60,000	9	3.8	
	60,100-70,000	28	11.7	
<b>No of persons sleeping in a room</b>	1-5	211	87.9	4
	6-10	29	12.1	
<b>Age of children</b>	≤ 5	28	11.67	11
	6-10	80	33.3	
	11-15	92	38.3	
	Above 15	40	16.17	
<b>Sex of children</b>	Male	100	41.7	
	Female	140	58.3	
<b>Position in the family</b>	1-5	192	80.0	
	6-10	43	17.9	
	11-15	5	2.1	
<b>Kind of labour the children are subjected to</b>	Public services	5	2.1	
	Farming work	127	52.9	
	Domestic work	62	25.8	
	Hawking	46	19.2	
<b>Participation in peer groups</b>	No	221	92.1	
	Yes	5	7.9	

*Source: Field Survey, 2019*



**Table 2: Frequency distribution of poverty and deprivation status of respondents**

Categories	Frequency	Percentage	Category	Frequency	Percentage
Poor	123	51.25	Deprived	129	53.75
Non-poor	117	48.75	Not deprived	111	46.25

**Table 3: Frequency distribution of respondents according to their dimensional share of deprivation**

Dimension	Number deprived	Number not deprived	% Deprived	% Not deprived
<b>Health</b>				
Food	123	117		
Medication	164	76		
Vaccination	51	189		
Mean	113	127	47.1	52.8
<b>Education</b>				
Means to school	208	32		
School attendance	89	151		
Having uniform	32	208		
School dropout	84	156		
Mean	103	137	42.9	7.1
<b>Living standard</b>				
Cooking method	212	28		
Child labour	178	62		
Safe water source	193	47		
Improved toilet facilities	217	23		
Electricity	73	167		
Own major asset	193	47		
Overcrowded room	198	42		
Shelter(mean)	101	139		
Mean	171	69	71.3	28.8

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