

The extent of Centrifugal Underdevelopment in Bekwara: A Household Descriptive Survey

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Abstract

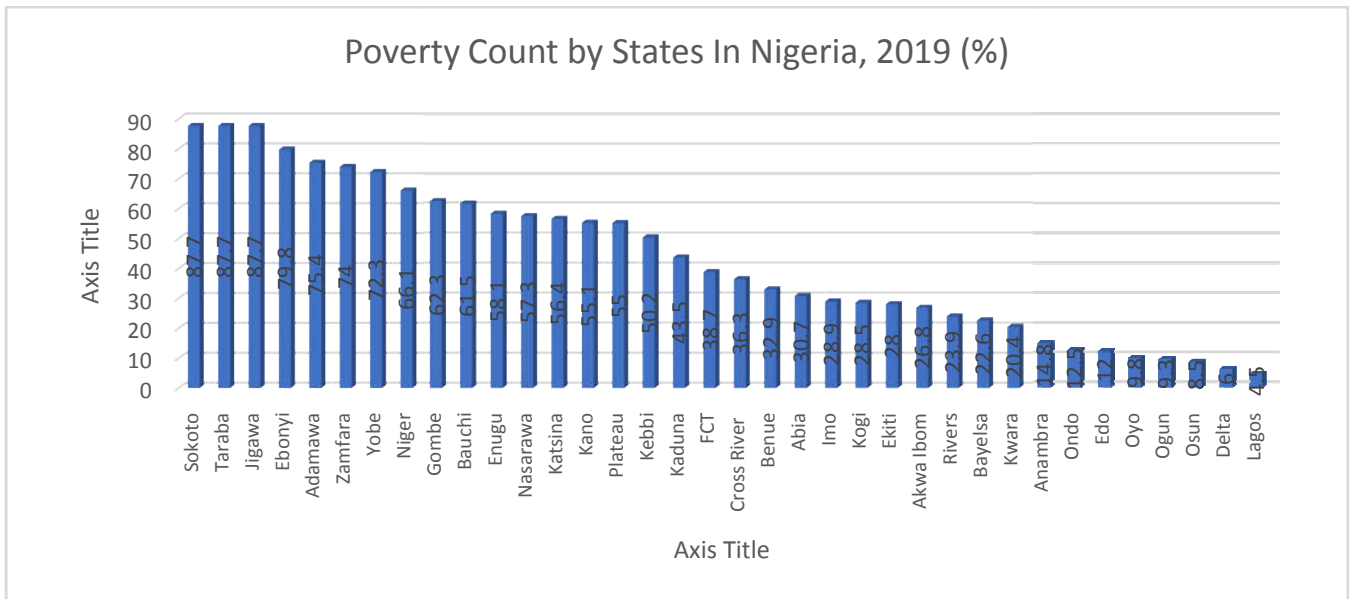
This study aims to examine the Extent of Centrifugal Underdevelopment in Bekwara: A Household Descriptive Survey. Adopting the descriptive quantitative research method, data were collected from 384 households in Bekwara Local Government Area of Cross River State, Nigeria using a self-developed semi-structured questionnaire. Data collected from the field were analysed using descriptive statistics. From the analysis, result revealed that 75.35 per cent of the household in Bekwara earn a maximum of 40,000 naira monthly. 96.61 per cent of the households' survey reported that income generated by the household head is not enough to take care of the household. 97.13 per cent of the surveyed household reported that they can hardly afford the most basic necessities. 64.84 per cent of the household surveyed reported difficulty in feeding properly. Result also revealed that 76.3 per cent of the participants use over the counter drugs or use traditional remedies when a member of the household is sick. 94.27 per cent reported that the health centres in the communities are ill-equipped and that there are not enough well-trained medical workers. 100.00 per cent reported that there is no constant supply of electricity in the study area. 57.81 per cent of the participant reported that they do not have portable drinking water. 77.34 per cent reported that there are no good roads in their community and that mobile network connectivity is very poor. The study thereby calls for policy change to address the problem of underdevelopment in Bekwara.

Keywords: centrifugal, underdevelopment, Household, Bekwara

Introduction

The distance between Nigeria and economic catastrophe, civil unrest and social disaster is a thin line. The country referred to as the giant the African Continent is blessed with numerous human and natural resource but suffers from high rate of youth unemployment and underemployment, civil strife, corruption and inept governance. The country continues to fall behind its peers in the sphere of development. The country has a complete dysfunctional sociopolitical structure, unproductive economy and entrenched economy (Akinyetu, 2016; Ojong, Iji, & Angioha, 2019). Even with the decline in global poverty, Nigeria's contribution to this statistic is very disappointing, with the country now statistically known as the poverty capital of the world (Aliyu & Amadu, 2017; Adeyanju, Tubeuf, & Ensor, 2017; USAID, 2020). According to the National Bureau of Statistics (2019), National Living Survey, the number of Nigerians living in abject poverty is estimated to be 82.9 million. The report covering 2019

estimates that 40.1 per cent of Nigerians are classified as poor. A further breakdown of this figure revealed that 4 out of every 10 Nigerian has a per capital expenditure of 137,430 naira per year, translating to a worrying figure of 376.5 naira per day, which according to the current National exchange rate is less than a dollar a day (Adesoji, 2020; USSAID, 2020). The country's poor population is concentrated in mostly rural areas and according to the National Bureau of Statistics (2019) stands at 48.48 per cent. According to the report, 51.1 per cent of these rural poor live in abject poverty, living on less than 1 dollar a day.



Source: NBC (2019) Nigerian Living Standards Survey (NLSS)

The country's health statistics are grim and nothing to write home about. According to USAID (2020), the country has the second-highest HIV/AIDs prevalence globally. The country's maternal mortality is very high, contributing 20 per cent of the global maternal deaths. The United Nation (2019) revealed that between 2005 and 2015, more than 600,000 maternal related death occurred in the country, while there was more than 900,000 near miss death within this period. The country accounts for 13 per cent of global child death under the ages of 5 and one-third of the global malaria death. USAID (2020) states that more than 42 per cent of the nation's population have malaria. All these are attributed to the state of the nation's health system.

The country's healthcare system is an eyesore, statistic revealed that more than 200,000 Nigerians visit India every year for medical emergencies (Tumba, 2019). In the National budget of 2020, only 4.5 per cent of the total budget allocation is allocated to the healthcare system. A further breakdown reveals that just 2136.5 naira is allotted to each Nigerian for the year when the current population of 200 million is considered (Aworinde, 2020; Tumba, 2020). The health sector is bridled with corruption, lack of equipment, poor health infrastructure and there is hardly a year that health workers do not strike (Welcome, 2011; E nukoha& Angioha, 2019).

Nigeria's agriculture sector which was the main source of income before the discovery of oil has been neglected. Nigerian, which use to be known as the food basket of West Africa is now a net exporter of agriculture products such as sugar, fish and even toothpick (Inegbedion, Obadiaru, Obasaju, Asaleye, & Lawal, 2018; Omang, Liu, & Eneji, 2013; Ofem & Omang, 2018; Omang, Liu, Eneji, & Eneji, 2012; Iji, Ojong & Angioha, 2018; Angioha, Nwagboso, Ironbar, & Ishie, 2018). The level of public infrastructure in rural areas in the country is very poor. There is lack of any good road network and this is has caused high transportation fares to, reduced the chances of having adequate access to input and access to the local market to sell their agricultural products, as well as assess other social infrastructures such as education and healthcare (Omang, Liu, wang, Eneji, Makundi & Eneji, 2011). Other social infrastructures such as constant power supply, good drinking water are lacking, especially in rural areas.

Though considerable attention has been paid to the level of underdevelopment of Nigeria over the past two decades, National Studies such as the various surveys by the National Bureau of Statistics and other international and local agencies have looked at the level of underdevelopment. There is a dearth in studies that looked at Nigeria's under development at the Household level or local level, hence an empirical gap. This study examines the extent of underdevelopment at the centrifugal level.

Methodology

Settings

Bekwara the study setting is one of the 18 local Governmental Areas in Cross River State, Nigeria. Covering a land area of 304.30 square kilometres and a population of 105,822, according to the 2006 National Population Commission Census (NPC, 2006), the local government area lies at the North-Eastern part of the state. It is bounded to the North by Vandikiya in Benue State, to the East, by Obudu Local Government Area, Ogoja to the South and Yala local Government area to West. Bekwara local government is divided into sixteen clans, made up of two Ethnic groups, Bekwara and Afrike, with Bekwara the dominant ethnic group making up more than 70 per cent of the Local Government Area (Ochiche, Ajake & Okpilia, 2013). Politically, the study area is divided into ten political wards, with headquarters at Abuochiche. The major economic activity of the area is agriculture, which as a rural Area engages more than 85 per cent of its population. The area like other rural areas in Nigeria lacks major infrastructural facilities.

Study Method

The descriptive quantitative research method was adopted for the study. the method allowed the researcher to descriptively analyze data collected from the field using a survey instrument (Angioha, Erukoha, Agba & Ikhizamah, 2020). The method allows the researcher to systematically and accurately describe an issue or situation using data collected with the aid of a survey instrument. A self-developed questionnaire was used to collect the needed data for the

study. the instrument was semi-structured, designed to elicit household information on the extent of centrifugal underdevelopment in Bekwara.

Participants

384 household was randomly selected from this study. the number of households used was arrived at using the survey monkey sample size determinant technique at 95 per cent confidence level and a margin of error of 5 per cent. The households were selected using the stratified, purposive and random sampling technique. Bekwara was stratified into ten strata, according to the wards that make up the Local Government Area. From the wards, six political wards were selected using the purposive sample technique. the wards were selected because of easy access and terrain. From the selected wards, 64 households were randomly selected.

Ethical Consideration

The relevant ethical clearance that allows the research to be carried out in Bekwara was obtained. A written letter of approval was sent to the office of the National population commission for approval for the research to be carried out. The researcher also attached a written consent note to the research instrument in addition to the verbal consent was obtained from the participants of the study. all researcher ethics required for successful research was followed.

Data Collection and Analysis

Data collection was a two months process, with the aid of five research assistants who were trained on the ethics and process of distribution and collection of survey instruments in the field. Descriptive statistics was used to analyze the data collected from the field. This includes the use of tables, frequencies, counts, percentages and graphical illustration

Findings and Discussion

Findings

Data collected for this study was to analyze those centrifugal factors influencing the underdevelopment of Bekwara Local Government Area of Cross River State, Nigeria. Data collected was to analyze those internal factors (Centrifugal) contributing to the underdevelopment variables such as corruption, household income, family size, healthcare of the study area. The results were analyzed descriptively.

Household demographic data were analysed using frequency distribution, simple percentage and table. Data on the distribution of household according to family size, 25.52 per cent (98) of the households studied was made up of between 1 and 4 members, 56.51 per cent (217) of the household had between 4 and 7 members, 9.90 per cent (38) of the household had between 8 and 11 members and 8.07 per cent (31) of the household had between 12 and above members. The distribution of households according to the number of children revealed that, out of the 384 households surveyed, 48.70 per cent (187) of the households have between 1 and 3 children, 41.41 per cent (159) have between 4 and 6 children, 5.21 per cent (20) of the households have 6 and above children and 0.26 per cent (1) of the household have just one child.

The distribution of households according to the level of income revealed that 25.52 per cent (98) of the households make a maximum of 10,000 naira monthly, 45.83 per cent (176) of the household surveyed make between 10,001 and 40,000 Nigerian Naira monthly, 18.75 per cent (72) of the households survey make between 40,001 and 70,000 naira monthly and 9.90 per cent (38) of the household surveyed make 70,0001 naira and above. The distribution of households according to the occupation of the household head revealed that 13.80 per cent (54) of the household heads are civil servants, 55.47 per cent (213) of the household heads are farmers, 17.45 per cent (67) of the household heads are traders, 8.33 per cent (32) are employed in the public sector and 7.29 per cent (28) are unemployed.

Table 1: Household Demographic data' demographic data

Variable	Category	N	Per cent (%)
Household Size	Less than 4	98	25.52
	4 to 7	217	56.51
	8 to 11	38	9.90
	12 and above	31	8.07
	Total	384	100
Number of Children	1-3	187	48.70
	4 - 6	159	41.41
	6 and above	20	5.21
	None	1	0.26
	total	384	100
Level of income of the household	Less than 10,000 (#)	98	25.52
	10,001 (#) and 40,000 (#)	176	45.83
	40,001 (#) to 70,000 (3)	72	18.75
	70,000 (#) and above	38	9.90
	Total	384	100
Occupation of the household head	Civil servant	54	13.80
	Farmer	213	55.47
	Trader	67	17.45
	Public sector	32	8.33
	Unemployed	28	7.29
	Total	384	100

Source: Field survey, 2020

Level of Poverty

Table 2
Response on Household Type

S/N	Item	Mud	Bricked	Moulded block	Wooden
1	House type	113	-	265 (69.01%)	6 (1.56%)

		(29.43%)			
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Source: Field survey, 2020

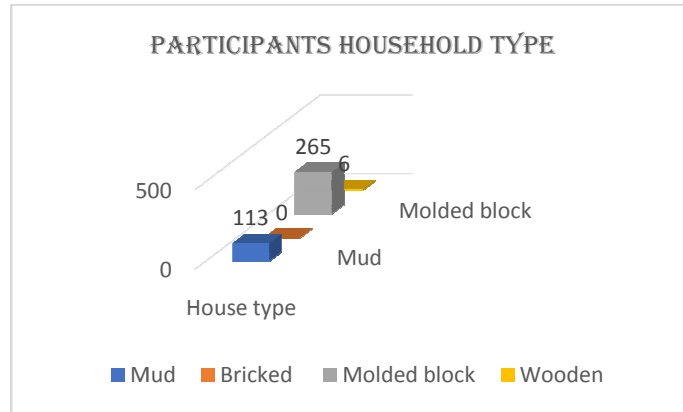


Figure 1:

graphical Illustration of Participants Household Type

Source: Field survey, 2020

Table 3
Response on Household Roofing Type

S/N	Item	Thatched	Aluminium	Stone-coated
2	Roofing type	28 (7.29%)	353 (91.92%)	3 (0.78%)

Source: Field survey, 2020

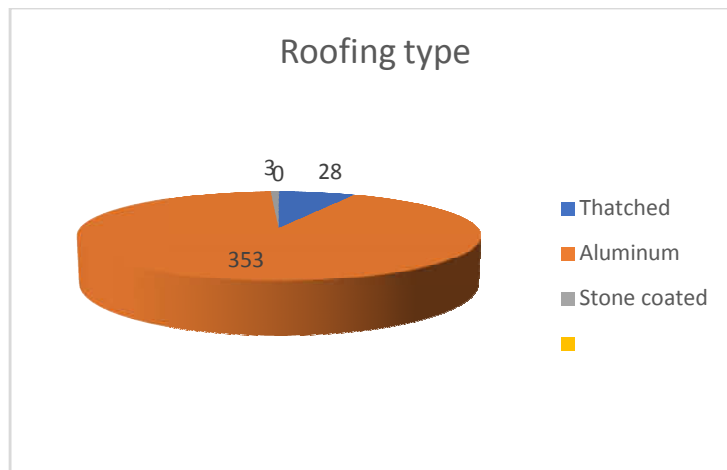


Figure 2:

graphical Illustration of Participants Roofing Type

Source: Field survey, 2020

Table 4
Response on How household builttheir houses

S/N	Item	Savings	Mortgage	Bank loan	Employee loan	Community effort	inheritance
3	How did you build your house	152 (39.58%)	-	3 (0.78%)	28 (7.29%)	68(17.71%)	133 (34%)

Source: Field survey, 2020

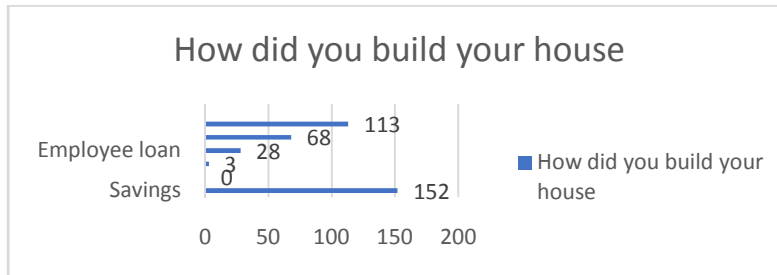


Figure 3:
graphical Illustration of How household built their houses

Source: Field survey, 2020

Table 4

Response to poverty level

S/N	item	Yes	No	Not sure
4	The family depends on the income of the breadwinner	224 (58.33%)	160 (41.64%)	-
5	The income of the household is enough for the wellbeing of the family	5 (1.30%)	371 (96.61%)	13 (3.39%)
6	My household afford the necessities of life	7 (1.82%)	373 (97.13%)	4 (1.04%)
7	My household affords three square meal a day	89 (23.18%)	249 (64.84%)	46 (11.98%)
8	All Children in my household attend school or are educated	247 (64.32%)	137 (35.68)	0
9	The children in the household attend public schools	367 (95.57%)	17 (4.43%)	0

Source: Field survey, 2020

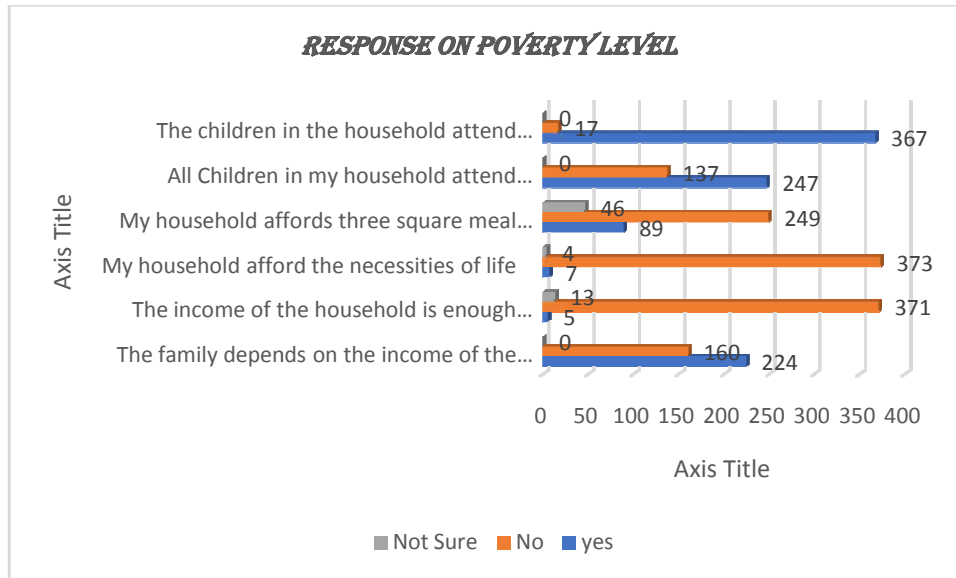


Figure 4:
graphical Illustration of How household built their houses

Source: Field survey, 2020

Data analyzed showed household response pattern as follows; on the kind of house that the participants live in, 113 (29.43%) reported mud, 265 (69.01%) reported moulded block and 6 (1.56%) households reported wooden house. On Roofing type; 28 (7.29%) households reported thatched, 353 (91.92%) reported aluminium and 3 (0.78%) reported stone coated. on how household built their houses: 152 (39.58%) households reported and d through savings, 3 (0.78%) households reported bank loans, 28 (7.29%) reported employee loans, 68(17.71%) reported community efforts and 133 (34%) reported inheritance. On the family depends on the income of the breadwinner; 224 (58.33%) reported yes, 160 (41.64%) reported No. On The income of the household is enough for the wellbeing of the family; 5 (1.30%) households reported Yes, 371 (96.61%) households reported No and 13 (3.39%) reported Not Sure. On my household afford the necessities of life; 7 (1.82%) households reported Yes, 373 (97.13%) reported No and 4 (1.04%) reported Not Sure. On my household affords three square meal a day; 89 (23.18%) households reported Yes, 249 (64.84%) reported No and 46 (11.98%) reported Not Sure. On All Children in my household attend school or are educated; 247 (64.32%) households reported Yes and 137 (35.68) reported No. On the children in the household attend public schools; 367 (95.57%) households reported Yes and 17 (4.43%).

Level of Access to Healthcare

Table 5
Response on Type of health facility in the community

S/N	item	Health post	health centre	Secondary health facilities	Tertiary health facilities	none
1	Type of health facility in your community	134 (34.90)	147 (38.28)	61 (15.89)	-	60 (15.63)

Source: Field survey, 2020

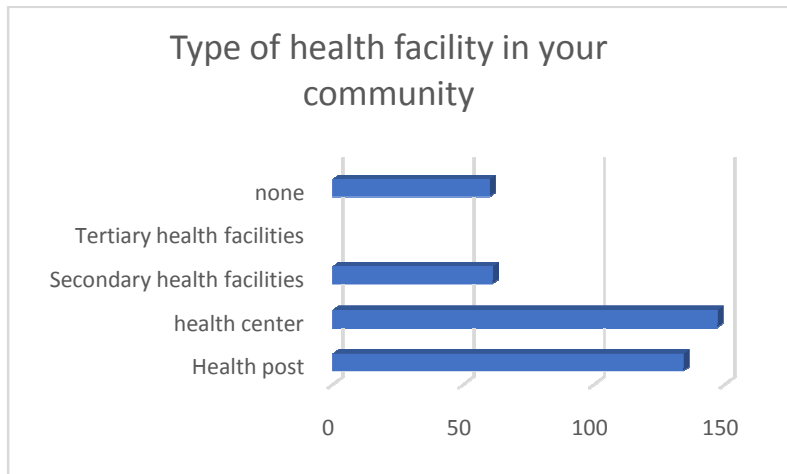


Figure 5:

graphical Illustration of Type of health facility in the community

Source: Field survey, 2020

Table 6
Response on Distance of health facility to you home

S/N	item	A walking distance	Not up to two kilometres away	3 to 5 kilometres away	Local Government headquarters	Another local government Area
2	The distance of health facility to you home	75 (19.53%)	148 (38.54%)	126 (32.81%)	35 (9.11%)	-

Source: Field survey, 2020

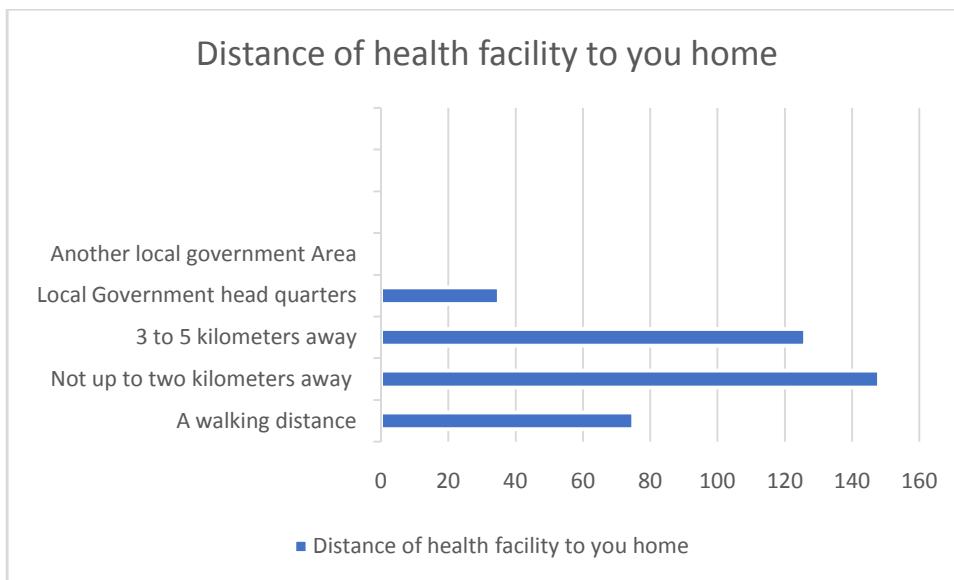


Figure 6

graphical Illustration of Distance of health facility to you home

Source: Field survey, 2020

Table 7
Response on treating a household member

S/N	Item	Visit the hospital	use mostly tradition remedy	Buy over the counter unprescribed drugs or self-medicate
3	When a member of the household is sick, how do you treat the	91 (23.70%)	138 (35.94%)	155 (40.36%)

Source: Field survey, 2020

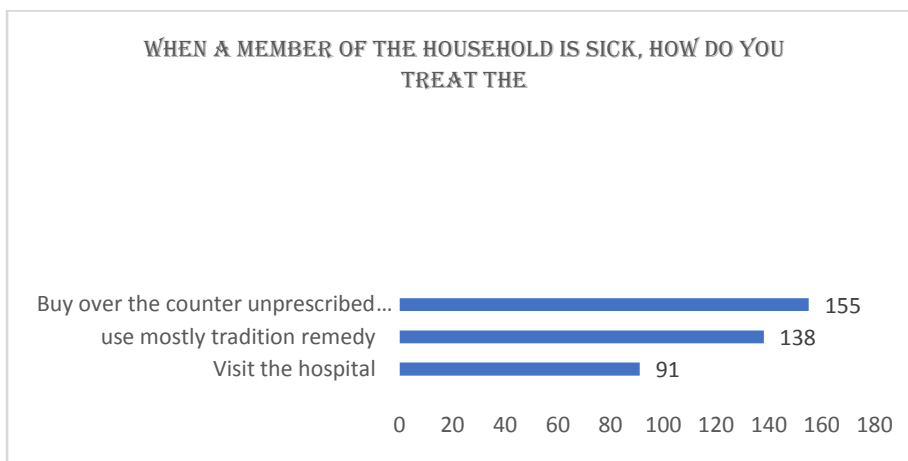


Figure 7

graphical Illustration of treating a household member

Source: Field survey, 2020

Table 8
Response on reasons for not using healthcare facilities

S/N	item	Hospitals are too expensive	No money	Don't trust the hospital	Hospital is too far
4	For families who do not use the hospital, why	89 (30.38%)	95 (32.42%)	55 (18.77%)	54 (18.43%)

Source: Field survey, 2020

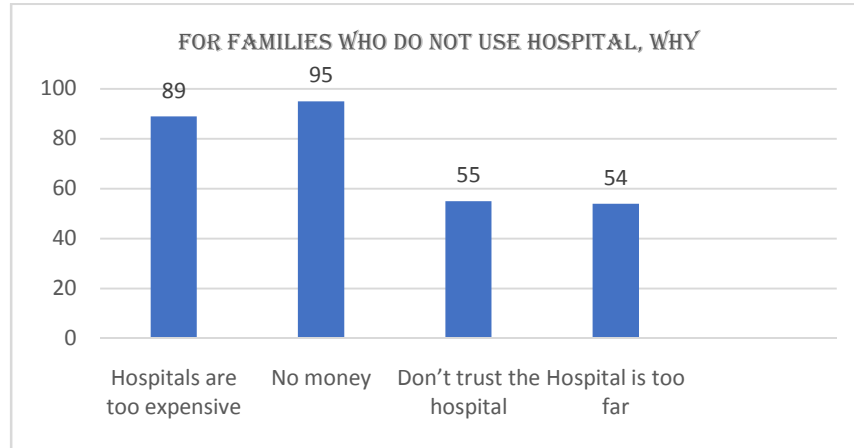


Figure 8

graphical Illustration of reasons for not using healthcare facilities

Source: Field survey, 2020

Table 9
Response to health

S/N	Item	True	Not True	uncertain
5	People do not have easy access to medical care in my community	192 (50.00%)	123 (32.03%)	68 (17.71%)
6	The health centre in my community do not have the facilities to treat ill people	362 (94.27%)	18 (4.69%)	4 (1.04%)
7	There are no enough medical workers	371 (96.61%)	13 (3.39%)	-
8	The medical workers are not well trained	357 (92.97%)	16 (4.17%)	11 (2.86%)

Source: Field survey, 2020

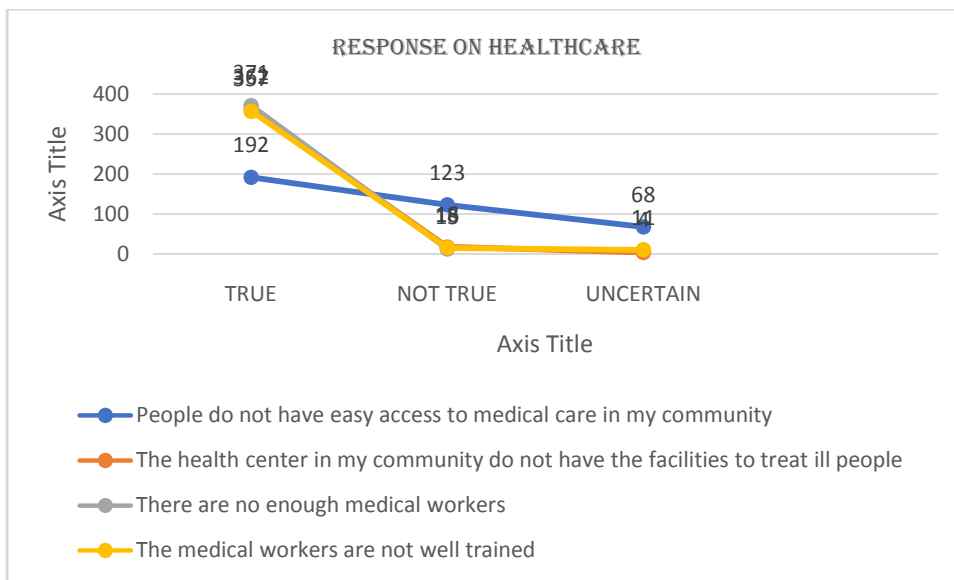


Figure 9
graphical Illustration of Response to Access to Healthcare

Source: Field survey, 2020

Data analyzed on access to healthcare showed household response pattern as follows; on the Type of health facility in your community; 134 (34.90) reported Health post, 147 (38.28) reported health centre, 61 (15.89) households reported Secondary health facilities and 60 (15.63) reported that there was no health care facility in their community. On the distance of health facility to you home; 75 (19.53%) households reported A walking distance, 148 (38.54%) reported Not up to two kilometres, 126 (32.81%) household reported 3 to 5 kilometres away and 35 (9.11%) reported Local Government headquarters. on When a member of the household is sick, how do you treat the: 91 (23.70%) households reported Visit the hospital, 138 (35.94%) household reported using mostly tradition remedy and 155 (40.36%) reported buy over the counter unprescribed drugs or self-medicate. On For families who do not use the hospital, why; 89 (30.38%) household reported hospitals are too expensive, 95 (32.42%) reported No money, 55 (18.77%) household reported don't trust the hospital and 54 (18.43%) households reported the hospitals are too far. On People do not have easy access to medical care in my community; 192 (50.00%) households reported true, 123 (32.03%) households reported not true and 68 (17.71%) reported uncertain. On The health centre in my community do not have the facilities to treat ill people; 362 (94.27%) households reported True, 18 (4.69%) reported not true and 4 (1.04%) reported uncertain. On my household affords three square meal a day; 89 (23.18%) households reported Yes, 249 (64.84%) reported No and 46 (11.98%) reported Not Sure. On there are not enough medical workers; 371 (96.61%) households reported True and 13 (3.39%) reported not true. On the medical workers are not well trained; 357 (92.97%) households reported true, 16 (4.17%) household reported not true and 11 (2.86%) reported uncertain

Infrastructural facilities

Table 10
Response on Infrastructural facilities

S/N	item	Yes	No	Uncertain
1	My community has electricity	384 (100.00%)	-	-
2	Each community have an electricity transformer	-	384 (100.00%)	-
3	The electricity is constant and stable	-	384 (384.00%)	-
4	The community has portable and safe drinking water	222 (57.81%)	136 (35.42%)	25 (6.51%)

Source: Field survey, 2020

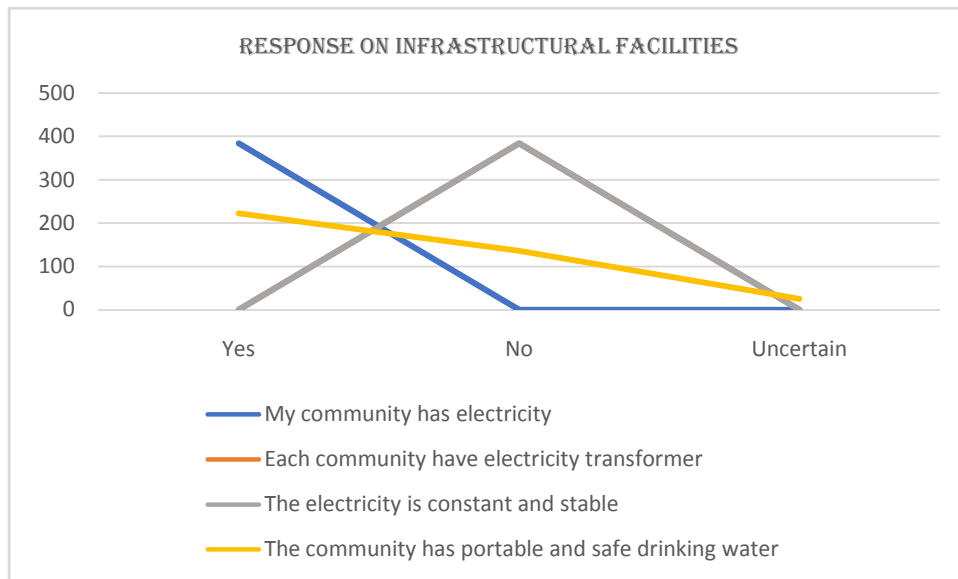


Figure 10
graphical Illustration of Response on infrastructural facilities

Source: Field survey, 2020

Table 11
Response on Source of drinking water

S/N	Item	Village stream	Government built borehole	Borehole at my house	Buy drinking water
5	Source of drinking water for the household	127 (33.07%)	73 (19.01%)	62 (16.15%)	121 (31.51%)

Source: Field survey, 2020

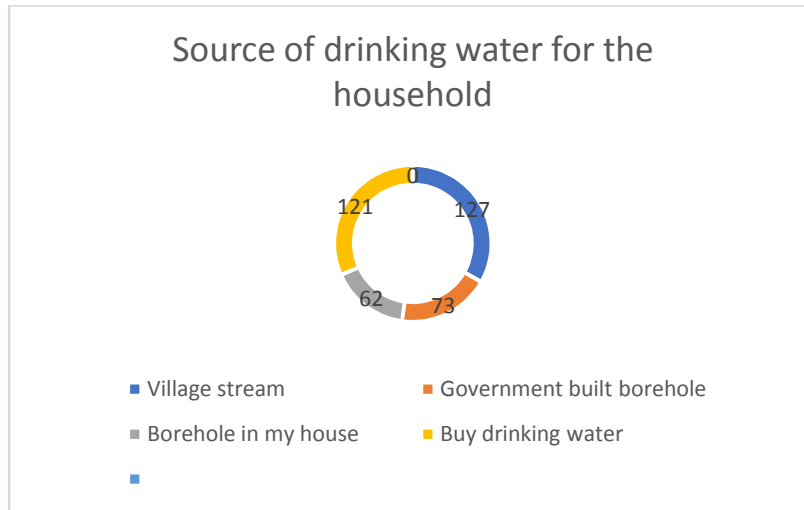


Figure 11

graphical Illustration of Response on Source of drinking water

Source: Field survey, 2020

Table 12
Response on infrastructural facilities

S/N	Item	Yes	No	Not sure
6	The good road leading to my family home	87 (22.66%)	297 (77.34%)	
7	Motorable roads in the community	65 (16.93%)	319 (83.07%)	
8	My community have good mobile technology network	132 (34.38%)	202 (52.60%)	50 (13.02%)

Source: Field survey, 2020

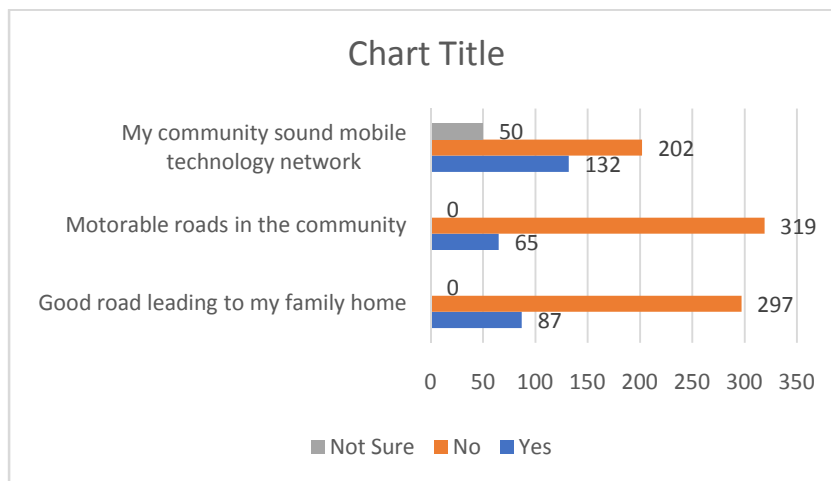


Figure 12

graphical Illustration of Response on infrastructural facilities

Source: Field survey, 2020

Data analyzed on access to on infrastructural facilities showed household response pattern as follows; on My community has electricity; 134 (34.90) reported My community has electricity. On each community have electricity transformer; 384 (100.00%) households reported No. on the electricity is constant and stable: 384 (384.00%) households reported No. On the community has portable and safe drinking water; 222 (57.81%) household reported Yes, 136 (35.42%) household reported No and (25 (6.51%) household reported uncertain. On the Source of drinking water for the household; 127 (33.07%) households reported Village stream, 73 (19.01%) households reported Government built borehole, 62 (16.15%) household reported Borehole in my house and 121 (31.51%) reported buying drinking water. On Good road leading to my family home; 87 (22.66%) households reported Yes, 297 (77.34%) reported No. On Motorable roads in the community; 65 (16.93%) households reported Yes, 319 (83.07%) reported no. On my community have good mobile technology network; 132 (34.38%) household reported yes, 202 (52.60%) household reported No and 50 (13.02%) household reported Not Sure.

Discussion of Findings

Data for this study were analyzed using descriptive analysis. Underdevelopment which is the main issue understudy was checked using three main variables. Household poverty level, access to Healthcare and infrastructural facilities. The analysis was done using frequency distribution, tables, simple percentages and graphical illustration.

Level of Poverty

The result from the descriptive analyses revealed that 75.35 per cent of the household in Bekwara earn a maximum of 40,000 naira monthly. Also, it was discovered that 55.47 per cent of the household surveyed. Head were farmers, 17.45 per cent were traders, while the rest were either civil servants, working in the private sector or are unemployed. This is true because Bekwara Local Government Area is a rural community. Most of its inhabitants engage in mostly subsistent agriculture for survival. There are hardly any industries in the area, with the little small-scale businesses existing belonging to the government or a very privileged few. In this area farm activities and the non-farm activities are complimentary. For example, most rural people in the areas buy lands for agriculture. The World Bank (2014) asserts that in Nigeria, the agricultural sector employs 60 per cent of the rural population.

The analyzed result revealed that most of the household, 73.58 per cent built their house either through savings or inheritance. 58.33 per cent of the households surveyed point out that the household depends on the income generated by the breadwinner of the households alone and 96.61 per cent of the households' survey reported that income generated by the household head is not enough to take care of the household. 97.13 per cent of the surveyed household reported that they can hardly afford the most basic necessities. 64.84 per cent of the household surveyed reported difficulty in feeding properly. Result also revealed that most of the children in the household survey attend public schools that the learning environment is inadequate, with poor teaching staff and inadequate teaching equipment. This finding is supported by the work of the

World Bank (1996), who describes the poverty situation in Nigeria as a paradox. Omonona (2017), who asserts that 54.4 per cent of Nigerians in rural areas are poor.

Level of Access to Healthcare

Result from the analysis of data on the level of access to healthcare, result revealed that most of the study area does not have well-equipped healthcare facility. This is according to the response of the participants who reported that their communities only have health post or health centres (73.18 per cent) and 16.63 reported that their community did not have any. Result also showed 71.35 per cent of the participants revealed that the closest health centre to their community as 2 to 5 kilometres away. Findings also revealed that most of the participants, 76.3 per cent of the participants use over the counter drugs or use traditional remedies when a member of the household is sick, while only 23.70 per cent use health facilities. The reasons for this is according to the response of 62.8 participants are lack of financial resource for visiting the hospital and being poor.

The result from the analysis of data also revealed that most respondents (50.00 per cent) feel that the government does not make healthcare accessible to them. Most of the participants, 94.27 per cent also feel that the health centres in the communities are ill-equipped and that there are not enough well-trained medical workers. The works of Titus, Adebisola and Adeniji(2015) supports the findings of this work. They assessed healthcare and utilization in rural areas in southern Nigeria. The result from the analysis of data revealed that Most of the respondents (40.5%) travel a distance of 5-9 km before accessing health care facilities. Accessibility indices reveal unequal access to modern health facilities in the study area.

Availability of infrastructure

From the analysis of data, result revealed that most of the communities' studied electricity connection, but all the participants reported that not all communities have electricity transformers that supply power to each community. All the participant, 100.00 per cent reported that there is no constant supply of electricity in the study area. 57.81 per cent of the participant reported that they do not have portable drinking water. 33.07 per cent of the participants reported that they get their drinking water from the stream, 31.51 per cent reported that they buy water to drink, 19.01 per cent get their drinking water from a government built borehole, while 16.15 per cent get drinking water from a borehole in their home.

Most of the participants, 77.34 per cent reported that there are no good roads in their community and that mobile network connectivity is very poor. Gaal and Afrah (2017) reported that most people in rural community are poor and live in areas where public infrastructure especially roads seems low. The inadequate roads and poor road access put high cost of transportation; reduce the ability to use access high-quality inputs; limit the uses of local markets to the sales of their products, the purchase of consumer goods and opportunities for off-farm employment.

Conclusion and Policy Implication

This study has descriptively revealed the extent of centrifugal household poverty in Bekwara, Cross River State, Nigeria. Hence, there is need for government at both local, state and federal level to formulate an all-inclusive policy that will help developed Bekwara and other rural areas in the state and the country. The government and other financial institutions should provide low-interest loan for the rural people that will help them expand their farm holding or start a business. The federal government need to increase the budget allocation to the health sector, increase the number healthcare centres in rural areas and well as send well equipped and trained, medical personnel to rural areas plan More infrastructural facilities should also be provided for the rural people especially in terms of good road, electricity, and storage facilities etc., all these will contribute to their development

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