



EMPIRICAL ANALYSIS OF POVERTY AND WELL-BEING OF RURAL DWELLERS IN YAKURR LOCAL GOVERNMENT AREA OF CROSS RIVER STATE, NIGERIA

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Abstract:

The thrust of this study was to investigate the effect of poverty on the well-being of rural dwellers in Yakurr local government area of Cross River State, Nigeria. Specifically, the study examined the effect of poverty on the quality of food and health care services access by rural dwellers in Yakurr local government area. The study adopted a cross-sectional survey research design. Purposive sampling technique was used in selecting four hundred (400) respondents from the rural areas of Yakurr local government area of Cross River State. Data were collected from both primary and secondary sources. Elucidated data were statistically analyzed using linear regression while all hypotheses were tested at 0.05 level of significance. The result of the analysis revealed that poverty significantly affect the quality of food consumed by rural dwellers, it also revealed that poverty significantly affect the quality of health care services access by rural dwellers in Yakurr local government area of Cross River State, Nigeria. Based on the findings of this study it was recommended that government, non-government organizations, and wealthy individuals should contribute to the generation of employment, provision of social amenities and support the health needs of rural people in Yakurr local government of Cross River State, Nigeria.

Keywords: poverty, well-being, rural dwellers, food, and access to health care services

1. Introduction

Poverty like any other social problem has posed a great challenge to the global community in the recent past. Reports from empirical studies indicate that poverty is a universal phenomenon that affects all gender, age, and religion (Ajayi, 2009). It has no geographical boundary, as it exists in all parts of the global whether urban, semi urban

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or rural area. The United Nations Development Programme (UNDP) and the World Bank report, shows that more than one billion people or one-fifth of the world's population live in extreme poverty and that such poverty is a leading cause of death, hunger, poor nutrition, destitution, begging and poor access to health care services (Joseph, 2005). Poverty according to Iro (2008) refers to an economic situation where a household income is inadequate to meet the minimum nutritional need for growth and long-term survival of family members. It is a vicious circle of multiple adverse circumstances, which limit the choices of the vulnerable groups (Iro, 2008). Fiorino and Bowles (2010) noted that people are counted poor when their measured standard of living in terms of income/consumption is below the poverty line. The poor are those who are unable to obtain an adequate income, find a stable job, own property, lack access to good nutrition, education, and are unable to satisfy their health needs. According to Iwuoha (2012), the poor lack access to essential necessities of life such as food, clothing, decent shelter and are limited in meeting their socio-economic obligations.

Nigeria, like many other developing countries of the world is faced with the problem of poverty with a significant number of her population living below one dollar per day. This situation has resulted in high rate of rural-urban drift, high rate of crime, uncontrolled penchant for violence and aggression, illiteracy, unemployment, inequality, hopelessness, loss of trust in government, high rates of infant and maternal mortalities, low life expectancy as well as low standard of living (Ogar, 2016). Poverty is widespread in both rural and urban areas in Nigeria (Idachaba, 2006). The rural areas, however, record a higher incidence, depth and severity of poverty than the urban areas. The National Bureau of Statistics (2007) records show that more than half of rural households are 'absolutely poor' while the proportion is much lower in the urban areas. The National Bureau of Statistics attributed the high incidence of poverty in the rural areas to their dependence on low-productivity agriculture, lack of access to opportunities and poor social and economic infrastructure. The plight of the rural poor in Yakurr local government area of Cross River State, Nigeria is not different from what their contemporaries are suffering in other parts of Nigeria.

Poverty remains endemic in rural communities in Nigeria despite the introduction of several anti-poverty programmes by successive governments (Idachaba, 2006; Gumwa, 2009). Successive Nigerian governments have sought to address the challenge posed by poverty by focusing on rural development, such as improving access to credit facilities for farmers and encouraging the development of small and medium-scale enterprises. Others are the National Poverty Eradication Programme (NAPEP), which main objectives are targeted at Capacity Enhancement Programme, the Youth Empowerment Programme, Community Enlightenment and Sensitization Programme, and Social Welfare Service Scheme to improve the socio-economic well-being of rural dwellers as a well-designed organizational framework to alleviate poverty (Aliu, 2001, Joseph, 2005, Gumwa, 2009). The Cross River State office of the National Poverty Eradication Programme (NAPEP) was established in 2001 and it

operates in line with the national objective of NAPEP, to promote grassroots economic activities that will impact positively on the well-being of rural dwellers. These interventions were intended to reduce poverty in rural areas, but their designs and implementations were faulty. While the policies and programmes needed to address poverty will require substantial resources, the cost of not tackling poverty is unquantifiable. In the light of the above, the study is designed to examine the effect of poverty on the well-being of rural dwellers in Yakurr local government area of Cross State, Nigeria.

2. Objectives of the study

The general objective of the study is to investigate the effect of poverty on the well-being of rural dwellers in Yakurr local government area of Cross River State, Nigeria.

The specific objectives are:

1. Examine the effect of poverty on the quality of food consumed by rural dwellers in Yakurr local government area of Cross River State
2. Evaluate the effect of poverty on the quality of health care services access by rural dwellers in Yakurr local government area of Cross River State

2.1 Research questions

The following research questions were put forward to guide this study;

1. How does poverty affect the quality of food consumed by rural dwellers in Yakurr local government area of Cross River State?
2. What is the relationship between poverty and the quality of health care services access by rural dwellers in Yakurr local government area of Cross River State?

2.2 Research hypotheses

The following hypotheses were formulated for the study

1. Poverty has no significant effect on the quality of food consumed by rural dwellers in Yakurr local government area of Cross River State
2. There is no significant relationship between poverty and the quality of health care services access by rural dwellers in Yakurr local government area of Cross River State

2.3 Significance of the study

The study on the effect of poverty on the well-being of rural dwellers in Yakurr local government area of Cross River State is very important in diverse ways. Through the findings of the study, factors contributing to poverty among rural dwellers in Yakurr local government area will be identified and this will assist policy makers, government and philanthropists in the area and other places to understand as well as strategize towards overcoming such problem. The study would further serve as a resource material to all those who might be interested in embarking on a similar study like this.

2.4 Scope of the study

The focus of the study is on the effect of poverty on the well-being of rural dwellers in Yakurr local government area of Cross River State, Nigeria. The study was carried out in Yakurr local government area of Cross River State, Nigeria. The principal variables of the study are quality of food, quality of health care services, while the independent variable is poverty.

3. Literature review

3.1 The effect of poverty on the quality of food consumed by rural dwellers

It is an obvious fact that the socio-economic status of an individual determines the quality of food he/she consumes. Akpoko, Auta and Arokoyo (1998) revealed that vulnerable members of the society who lack the financial strength to purchase quality food, feed on diets that are of low quality, lacking the essential nutrient required for individual growth and development. Inadequate dietary intake, according to Aliyu (2003), is partly a product of poverty and partly a product of ignorance and indiscipline. Akpoko, Auta and Arokoyo (1998) observed that the poor lack adequate access to proper feeding plan and this heightens their vulnerability to infectious diseases, which, in turn, can keep the body from absorbing adequate food. Poor feeding habits and ill health are all closely related to poverty (Ebong, 1991). Poor people according to Ebong (1991) generally consume fewer than 2,100 calories per day. Lower-income households experience significantly higher rates of preschooler stunting and illness and worse caring practices than better-off families.

Onibokun and Kumuyi (1996) observed that increase in the cost of food often affect the quality and quantity of food consumed by the poor. This may result in a reduction in the amount of food consumed and/or the substitution of higher priced food for less expensive food that are often less nutritious. Over a prolonged period such changes may have negative consequences for nutrition, both through the quantity of food consumed for maintaining energy balance as well as for the quality of food consumed for maintaining sufficient intake of protein, fats and micronutrients such as vitamins, minerals and trace elements. In adults, this will affect the ability to do work and resist disease, and if this situation becomes widespread and prolonged, it will act as a brake on the individual economy. In women of child bearing age this will reduce birth weight, increase the prevalence of low birth weight babies and increase maternal and child mortality. For children, the prevalence and severity of under-nutrition, including stunting, micronutrient deficiencies, and wasting will increase as well as the number of child deaths from under-nutrition (Onibokun & Kumuyi, 1996).

Studies by Oyesanmi and Danile, (2000), Orji (2005), Ugoh and Ukpere (2009) revealed that some households in the rural areas face serious problem satisfying the food needs of their family, particularly, regarding the consumption of protein and vitamins. The studies showed that the poor were also found to be ignorant of the basic nutrients required for a balanced diet. This suggests that it is very unlikely that they

would eat a balanced diet even when they are capable of buying nutritious food. Generally, most of the rural household's food availability are majorly food that contains high calories, staple foods such as cassava, yam and maize.

3.2 The effect of poverty on the quality of health care services access by rural dweller

Health care plays a critical role in the development of the socio-economic well-being of any nation. Good health does not only contribute to better quality of life but is also essential for a virile labour force for the creation and maintenance of a nation's wealth (Akpomuvie, 2010). Poverty and access to health care services are major development problems in sub-Saharan Africa particularly in Nigeria. Poverty has denied many individuals the privilege of enjoying good health care services. This is largely true, as a significant number of Nigeria population cannot afford the luxury of quality health care services (Akpomuvie, 2010). The nexus between poverty and access to quality health care services according to Ike (2008) can be seen as part of a larger cycle, where poverty leads to ill health and ill health maintains poverty. Peter, Gary, Bloom, Walker (2008) noted that despite improvements in providing access to health care in third world nations, considerable proportions of their citizens have limited access to quality health care services because of poverty. They observed that the poor in developing nations suffer from a huge burden of disease, which is as a result of their social status.

Health care facilities staffed with qualified doctors are also inaccessible to families in poverty because of the cost (Peter, Gary, Bloom & Walker, 2008). Rural health care facilities employ people with limited educational backgrounds since it is difficult to attract qualified physicians and nurses because the pay is too low. United Nations reports state that "*poor health is the major cause of impoverishment and other forms of social deprivation (e.g. loss of educational and employment opportunities) in developing countries.*" The cycle of poverty continues as ill health (complicated by poor nutrition and inadequate hygiene) and the high costs of healthcare economically cripple poor families both in developed and developing countries (Shoal & Omozuawo, 2007). Besides the direct cost of treatment and informal payments, there are also indirect costs that deter the poor from seeking treatment (Okunola, 2002). These indirect costs include the opportunity cost of time of both the patient and those accompanying him or her, transportation costs, and expenses on food and lodging. There is increasing focus not only on these financial barriers to accessing care but also on the economic consequences of paying for health services (Peter, Gary, Bloom, Walker, 2008).

4. Theoretical consideration

4.1 Social exclusion theory

The basic tenet of social exclusion theory is on the process and outcomes of social denial. The theory contends that social exclusion can lead to other form of exclusion, which in turn can lead to more exclusion and permanent multiple disadvantages (Sameti, Esfahani, Haghighi, 2012). The theory reveals that social exclusion lead to

deprivation, social isolation, and rejection. According to Silver and Miller (2002) social exclusion occurs when an individual is deprived the honour to take part in activities of a group voluntarily or non-voluntarily. The social exclusion theory view poverty as a declining participation and access denial to resources. Olson (in Jordan, 1996) noted that people become vulnerable to poverty when they are excluded from rewarding ventures organized by groups within a market setting. When social exclusion caused by poverty occurs, the individual affected lacks access to health care services, food, jobs etc (Bessis, 1995). The poor are naturally excluded from accessing quality health care services, quality food and other necessities of life because they cannot afford the cost. Generally, poor health is disproportionately concentrated among the poor because of their inability occasioned by their socio-economic status.

4.2 Methodology

The study adopted a survey design. The design was adopted because it enables the researcher to study a situation, as it exists at the time of investigation. It was also opted for because it permits the researchers to study both large and small population to discover the relative incidence, distribution and interrelation between variables under study (Isangedighi, Joshua, Asim, & Ekuri, 2014, Ukwaiyi & Okpa, 2017). The study was carried out in Yakurr local government area of Cross River State, Nigeria. Yakurr LGA has a latitude $50^{\circ} 40'10''$ and 101° north of the equator and longitude $80^{\circ} 21'$ and $60'$ east of the Greenwich meridian and 120 KM (75mile) northwest of Calabar, the capital of Cross River State, Nigeria (NPC, 2006). The people of Yakurr have a very rich cultural heritage. They believe so much in customs and traditions. Prominent among the festival celebrated by the people is the Leboku festival. This is an annual festivals celebrated by the people of Yakurr to mark the new yam festival (Ukwaiyi, Okpa, Adewoyin, Angioha, & Udom, 2017). The people of Yakurr are predominantly farmers, civil servants, and businessmen by occupation. Majority of the people in Yakurr are Christians and traditional religious worshippers, although some of the indigenes and settlers who are in the minority are worshipers of other religions. According to 2006 National Population Census, Yakurr has a total projected population of two hundred and twenty six thousand, nine hundred (226,900) inhabitants.

The study purposively selected a sample of 400 respondents from rural communities in the study area. Data for the study were gathered through primary and secondary sources. The primary sources consists research questionnaire and oral interview, while the secondary sources consists of textbooks, journal articles etc. The instrument for data collection was 15 items questionnaire. Elucidated data were coded and analysed using statistical package for social sciences (SPSS) version 21. Linear regression was used to test the effect of poverty on the well-being of rural dwellers in Yakurr local government area of Cross River State, Nigeria.

5. Presentation of research findings

The statistical package for social sciences (SPSS) version 21 was used to perform frequency counts, percentages, mean, standard deviation and linear regression. Though 400 copies of the questionnaire were administered to a sample of 400 respondents only 396 were returned while 4 copies of the questionnaire were mutilated, hence the use of 396 copies of the questionnaire for the data analysis. Table 1 revealed respondents demographic data. The spread of respondents with respect to sex indicates that 65.2 per cent (N=258) were male while 34.8 per cent (138) were female. The distribution of respondents in respect to age shows that majority 34.6 per cent (N= 137) were between the ages of 31 – 40 years, 34.1 per cent (N = 135) were between the ages of 41-50 years. 18.2 per cent (N = 72) were below 30 years, while only 13.1 per cent (N = 52) were above 51 years. The spread of respondents with respect to educational status reveal that majority of the respondents 38.4 per cent (N = 152) have completed tertiary education, 37.1 per cent of the respondents (N = 147) have completed their secondary education, 14.9 per cent (N = 59) are illiterate, while the least group are respondents with primary certificate with a representation of 9.6 per cent (N = 38). The spread of respondents in terms of occupation they engage in reveal that; majority 43.4 per cent (N = 172) are civil servants, followed by respondents who are unemployed with representation of 27.5 per cent (N = 109), followed by business men with a representation of 21.5 per cent (N = 85), and the least represented group are others whose employment status is not listed in the questionnaire, have a representation of 7.6 per cent (N = 30). The distribution of respondents with respect to marital status reveal that majority 57.3 per cent (N = 172) are married, 42.7 (N=128) are single, while 24.2 (N=96) are widow/widower/separated/divorced

Table 1: Demographic data of respondents

Demographic variable		Frequency (N)	Percentage
Sex	Male	258	65.2
	Female	138	34.8
	Total	396	100
Age	Below 30 years	72	18.2
	31-40 years	137	34.6
	41-50 years	135	34.1
	51 years and above	52	13.1
	Total	396	100
Education status	Primary school certificate	38	9.6
	Secondary education	147	37.1
	Tertiary	152	38.4
	Never schooled	59	14.9
	Total	396	100
Occupation status	Civil servants	172	43.4
	Business	85	21.5

	Unemployed	109	27.5
	Others	30	7.6
	Total	396	100
Marital status	Single	128	32.2
	Married	172	43.4
	Widow/widower/separated/divorced	96	24.2
	Total	396	100

Source: Fieldwork, 2017 SPSS (Version 21 for Windows Output)

5.1 Test of hypotheses

A. Hypothesis one

The regression model statistics on the effect of poverty on the quality of food consumed by rural dwellers in Yakurr local government area as shown in Table 2, revealed that poverty affect the quality of food consumed by rural dwellers ($R = .844$). The adjusted R square is seen to be 67.2, this showed a correlation coefficient of the independent variable with the dependent variable, which showed a positive correlation between the variables. The model coefficients of determination (R^2) is seen to be .672 this showed that up to 67 per cent of the variance in the quality of food consumed is explained by the independent variable (Poverty). The ANOVA analysis revealed a higher calculated value of 7.427 against the critical F-ratio of 3.65. This shows that the null hypothesis which states that poverty has no significant effect on the quality of food consumed by rural dwellers in Yakurr local government of Cross River State was rejected while the alternate hypothesis was accepted. The standardized coefficient and t-value showed the effect of the independent variable on dependent variable. ($\beta = .344$, $t = 6.453$, $P < .05$). Thus, we reject H_0 and conclude that poverty significantly affect the quality of food consumed by rural dwellers in Yakurr local government of Cross River State, Nigeria.

B. Hypothesis two

The regression model statistics on the relationship between poverty and the quality of health care services accessed by rural dwellers in Yakurr local government area of Cross River State, as shown in Table 2, revealed that a strong relationship ($R = .563$) exists between poverty and the quality of health care services accessed by rural dwellers in Yakurr local government area of Cross River State. The adjusted R square is seen to be 67.3, which showed correlation coefficient of the independent variable with the dependent variable, which showed a positive correlation between the variable. The coefficient of determination (R^2) is seen to be .67.3 this implied that up to 67 per cent of the variance in the quality of health care services access is explained by the independent variable. The calculated ANOVA showed a higher calculated value of 5.417 against the critical F-ratio of 3.65. This shows that the null hypothesis which states that there is no significant relationship between poverty and the quality of health care services access by rural dwellers in Yakurr local government of Cross River State was rejected while the alternate hypothesis was accepted; this means that there is a significant relationship between poverty and the quality of health care services access by rural dwellers in

Yakurr local government of Cross River State. The standardized coefficient and t-value showed the effect of the independent variable with ($\beta = .133, t = 5.426, P < .05$). Thus, we reject H02 and conclude that there is no significant relationship between poverty and the quality of health care services access by rural dwellers in Yakurr local government of Cross River State.

Table 2: Regression model analysis for poverty and the quality of food consumed by rural dwellers

(N=396)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.844 ^a	.0672	.682	1.22510

a. Predictors: (Constant), poverty

Model	Sum of Squares	Df	Mean Square	F	Sig.
1					
Regression	.641	1	.641	7.427	.514 ^b
Residual	325.688	396	1.501		
Total	326.329	395			

a. Dependent Variable: quality of food consume by rural dwellers

b. Predictors: (Constant), poverty

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.431	.377		6.453	.000
	Poverty	.066	.101	.344	.653	.514

a. Dependent Variable: quality of food consume

Source: Field Survey, 2017/ SPSS (Version 21.0 for Windows Output)

Table 3: Regression model analysis for poverty and the quality of health care services access by rural dwellers

(N-396)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.563 ^a	.673	.77.3	3.04776

a. Predictors: (Constant), poverty

Model	Sum of Squares	Df	Mean Square	F	Sig.
1					
Regression	4.667	3	1.556	5.417	.00.0
Residual	236.027	396	1.098		
Total	240.694	393			

a. Dependent Variable: quality of health care services

b. Predictors: (Constant), poverty

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
	(Constant)	2.218	.409		5.426	.000
	Poverty	.125	.066	.133	1.901	.059
		.087	.068	.089	1.265	.207
		.009	.075	.008	.122	.903

a. Dependent Variable: political development

Source: Field Survey, 2017 / SPSS (Version 21.0 for Windows Output)

6. Discussion of findings

The result of hypothesis one revealed that poverty significantly affect the quality of food consumed by rural dwellers in Yakurr local government area of Cross River State. The findings of this study support the research findings of Onibokun and Kumuyi (1996). They reported that increases in the cost of food often affect the quality and quantity of food consumed by the poor. According to Akpoko, Auta and Arokoyo (1998), the poor lack adequate access to proper feeding plan and this heightens their vulnerability to infectious diseases, which, in turn, can keep their body from absorbing adequate food.

The result of hypothesis two revealed that there is a significant relationship between poverty and the quality of health care services access by rural dwellers in Yakurr local government area of Cross River State. The study revealed that poverty has denied many rural dwellers the privilege of enjoying good health care services. Ike (2008) observed that there exists a strong relationship between poverty and the quality of health access by rural dwellers. He noted that poverty is a re-enforcing circle, that is, poverty leads to ill health and ill health maintains poverty.

6.1 Conclusion and recommendations

The study was designed to investigate the effect of poverty on the well-being of rural dwellers in Yakurr local government area of Cross River State, Nigeria. After extensive statistical analysis of each of the formulated hypotheses, the study concluded that, poverty significantly affects the well-being of rural dwellers in Yakurr local government area of Cross River State in terms of the quality of food consumed and the quality of health care services access. In view of the findings of this study and the conclusion drawn from the findings, the following recommendations were put forward;

1. Community enlightenment and sensitization programmes should be strengthened and encourages at the rural areas. The programmes should be redesigned to focus on sensitizing rural people on the available techniques of alleviating poverty at the rural area.
2. Social welfare services of government should incorporate medical services for the rural dwellers who cannot afford the luxury of visiting hospitals for their medical needs.
3. The well-being of rural dwellers could be enhanced by government through improved food production, mechanized agricultural system, consistency in government policies, food security, and improved access to health care services.

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