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The Role of Public Infrastructure in Poverty Reduction in the Rural Areas of Edo State, Nigeria

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Abstract

This study examines the role of infrastructure on poverty reduction in Owan West Local Government Area of Edo State Nigeria. The objectives identified the types, distribution and impacts of these facilities on the lives of the people. Data used were obtained from the field through questionnaire, oral interview and personal observation and also from secondary sources including published and unpublished materials. The study identified that few infrastructural facilities were located in the study area, which were however not equitably distributed. Even at this, the study showed that these facilities had impacts on the lives of the people of the study area. Impacts relating to poverty alleviation as observed were in the areas of access to medical care, mortality rate, employment and literacy. These impacts notwithstanding, it was observed that facility provision was confronted with numerous problems in the study area. These include inaccessibility, inadequacy, lack of maintenance of existing infrastructure and the attitude of government to rural facilities location.

Keywords: Infrastructure, Rural poverty, Nigeria

1. Introduction

According to the Federal office of Statistics Report (1999), the level of poverty in Nigeria is high with more than 60% of Nigerian's population is estimated to be below poverty line. The report also indicated that the level of poverty is widespread and higher in the rural areas than in the urban centres. The rise in rural poverty levels followed largely the trend in national poverty. As at 1980, rural poverty was at 17.20%. It rose to 37% in 1985 and to 58.2% in 2000. One of the factors attributed to the high level of rural poverty is the lack of adequate infrastructural facilities such as pipe borne water, electricity, good roads, schools, health facilities and commercial facilities (Omofonmwan, 2004). According Kessides (1993) better rural infrastructure and human development programmes promote economic growth, social development and reduce poverty.

Although government at all levels have shown more commitment in the development of infrastructure in the last three decades, but available evidence shows that facilities location in Nigeria is very lopsided with the urban centres having more concentration of infrastructure than the rural areas as shown in the studies of Onokerhoraye (1982) and Makanjuola, (2000). Considering that over 75% of Nigerians live in the rural areas, it therefore supposes that the available infrastructure in this area is largely inadequate. Studies have also shown that the few available ones are poorly distributed, (Omofonmwan, 2004). These problems no doubt have left the rural areas deprived of some socio-economic opportunities. This lack of opportunities has translated into increasing poverty among the rural dwellers.

The study area is characteristically a rural area which evidently lack basic infrastructure. The available infrastructural facilities are few, inadequate and poorly distributed (Ojeifo, 2006). Irrespective of this however, it is believed that the few ones are having some impacts on the socio-economic life of the people. How much

impact they are generating is however not known and it is upon this that this study has been undertaken. This study is therefore carried out to determine the role of infrastructure provision in poverty alleviating in the rural local government area of Owan west, in Edo state, Nigeria.

1.1 Study Objectives

The objectives of this study are to identify the types and the distribution of infrastructural facilities in Owan west and also to determine their impacts on the lives of the people.

2. Study Area

The study area is Owan west local government areas of Edo State. This area is located within Latitude 6^0 47' and 7^0 15' north of the equator and Longitude 5^0 49' and 6^0 14'east of the Greenwich Meridian. It is bounded in the west by Ondo State and in the South by Ovia north east, Esan west and Uhunmwode Local Government areas. In the east it is bounded by Owan east local government area. This local government area was created out of the defunct Owan local government Area in 1991. The area is made up of 47 settlements, which for administrative purposes are grouped into 11 political wards. Only Sabongida-Ora, the headquaters of the local government area is urban using population statistics. The total land area of the local government area according to the Ministry of Lands and Surveys, Benin City, (2001) is 716.41km^2.

The economy of the study area is basically agrarian as over 80% of the population are into various types of farming especially subsistence farming. Inspite of this however, a proportion of the population is also engaged in secondary and tertiary activities such as electrical, mechanics, barbing, banking, teaching, and transportation and saw milling. Public infrastructure are few and in the area and are also unevenly distributed. The available ones are primary and secondary schools, hospitals, markets, primary health centres, roads, motor parks, silos, electricity, post offices, banks and agro-service centres. As rural local government area, majority of the people are poor. In the 2006 population census, the population figure for the study area was put at 118,142 people (National Population Commission, 2006).

3. Methodology of Study

The data for the study were collected from primary and secondary sources. The tools used for data collection from primary sources were questionnaires, interviews and personal observation. For the questionnaires, two hundred and twenty were made and distributed in the 11 wards of the local government area. In the distribution, the highest populated settlement in each ward was selected which brought the number of selected settlement to 11. The selected settlements are; Ozalla, Uhonmora, Eme-ora, Sabongida-ora, Avbiosi, Ivbiukhuru, Eruere, Ivbiodohen, Uzebba I, Uzebba II, and Sobe. In each of these selected settlements, 20 questionnaires were distributed and administered on respondents. The questionnaires were specifically meant to determine literacy level among the people.

Also interviews were conducted using a schedule prepared for the top management staff of some of the facilities and ancillary activities. Data on employment and mortality were thus generated by this means. Personal observation was helpful in obtaining information especially on the types and distribution of infrastructure and ancillary activities and also of the physical condition of the facilities in the study area. Secondary data on the

other hand were collected from books and articles. Data generated from both sources were analysed descriptively using tables and figures.

4. Conceptual Framework

The concepts upon which this study revolves are infrastructure and poverty. They are discussed to enable us have the basis and frame for this subject.

4.1 Concept of Infrastructure

Infrastructural facilities refer to those basic services without which primary, secondary and tertiary productive activities cannot function. In its wider sense, it embraces all public services from law and order through education and public health to transportation, communications and water supply (Mabogunje, 1976). Idachaba (1985) divided rural facilities in Nigeria into three main groups; namely, physical (transportation, storage, processing, water resources), social (health, education, utilities) and institutional (cooperative societies, financial institutions, agricultural research and training and product marketing) infrastructures. In this study, rural infrastructure therefore refers to those facilities and services that are needful to improve on the quality of life of the rural people. Infrastructural facilities in the study area include roads, electricity, police station, silos, post offices and agencies, markets, motor parks, hospitals, primary healthcare centres, banks, primary and secondary schools and town halls.

4.2 Concept of Poverty

Poverty on the other hand is an unacceptable deprivation in well-being (World Bank, 2000). It exists when there is lack of the means to satisfy critical needs. Aluko (2000) listed some aspects of poverty to include not having enough to eat, high rate of infant mortality, a low life expectancy, low educational opportunities, and lack of active participation in decision making. Bradshaw (2006) itemized five theories of poverty. The first is the economic theory which says that the poor lack incentives for improving their own conditions and blame the welfares system. The second theory roots the cause of poverty in the “culture of poverty”, which suggests that poverty is created by transmission over generations of a set of beliefs, values and skills that are socially generated but individually held. The third theory is the progressive social theory which is hinged on the economic, political and social systems which cause people to have limited opportunities and resources with which to achieve income and wellbeing. The forth theory states that poverty is caused by geographical disparities. This theory identifies that people, institutions and cultures in certain areas lack the objective resources needed to generate well-being and income, and that they lack the power to claim redistribution. The fifth theory of poverty looks at the individuals and their community as being caught in a spiral of opportunity and problems and that once problems dominates it closes other opportunities and create a cumulative set of problems that make any effective response nearly impossible.

In the study area, the phenomenon called poverty is distinctly visible. Housing condition is poor. There is high unemployment, low income and literacy level among the vast of the people. Also, mortality and morbidity rates are high while capacity is low.

5. Types and Distribution of Infrastructural Facilities in the Study Area

There are different types of public facilities in the study area. They are primary and secondary schools, silos, roads (tarred and earth roads) bank, hospitals, health centres, motor parks, bridges, drainage systems, police stations, electricity, post offices and postal agencies and markets. For the purpose of this study, our facilities will be restricted only to the secondary schools, police station, tarred roads, bank, hospitals, health centres, motor parks, electricity, post offices and markets. Table 1 shows the distribution of these facilities in the study area.

Table 1: Distribution of Public Facilities

Facility	Ozalla	Uhonm-ora	Eme-Ora	Sabongida-Ora	Avbiosi	Ivbiughuru	Eruere	Ivbiodohen	Uzebba I	Uzebba II	Sobe
Market	1	1	1	1	1	1	1	1	1	1	1
Secondary school	1	1	1	1	1	-	-	-	1	-	1
Police Station	-	-	-	1	-	-	-	-	-	-	-
Electricity	1	1	1	1	1	1	-	-	1	1	1
Road (Tarred)	1	1	1	1	1	1	-	1	1	1	1
Motor Park	-	1	-	1	-	-	-	-	1	-	1
Post Office/Agency	1	-	-	1	-	-	-	-	1	-	1
Hospital	-	-	-	1	-	-	-	-	1	-	-
Primary Health Centres	1	1	1	2	1	1	1	1	1	1	1
Bank	-	-	-	1	-	-	-	-	-	-	-
TOTAL	6	6	5	11	5	4	2	3	8	4	7

Field Survey, 2012

In this Table 1, Sabongida-Ora have the highest concentration of facilities with 18.0%, followed by Uzebba I with13.1% of the facilities. The settlements with the least number of facilities are Ivbiodohen with 4.9% and Eruere with 3.3% respectively. The reason attributed for the high concentration of facilities in Sabongida-Ora is because of its status as the local government headquarters of Owan west since 1991. To carry out this role, there was need to increase facility development.

Among the facilities, primary health care centres are the most widely distributed with 19.6% of the facility in the study area. Except Sabongida-Ora which have 2 health centres, all other settlements have 1 each. The function of the primary health care centres is to deliver health care at the primary or local level of society. Markets are the second most widely distributed facilities and all the settlements have markets. Although, all the markets are rural markets, both agricultural produce and manufactured goods are sold. Markets amounted to 18.0% of facilities in this study area. Tarred roads connect 10 of the settlements of study; this represents 16.4% of facilities distribution. Electricity also connects 9 settlements of the study area, which is 14.8% of the distribution. Secondary schools are distributed in 7 settlements and this amounts to 11.5% of distribution. Motor parks and post office/agency have 6.6% each of their distribution. Hospitals are located in 2 settlements and with 3.3% of

its distribution. Police station and bank are 1 each in the study area and are located in Sabongida-Ora. They account for1.6% each of the distribution.

6. The Role of Facilities on Poverty Alleviation

The role of public facilities in achieving poverty reduction cannot be over emphasized. According to Aina (2006), infrastructure helps in promoting rural employment. He noted that the provision of electricity in rural areas would engage many welding works. Adeyemo (2002) noted that investment in infrastructure improves linkages between rural and urban areas which enhances productivity and raises the quality of life. Upon these and many other roles, we have tried to determine how the infrastructures under study have alleviated poverty in the study area. Drewnowski (1974) identified the following indices for measuring poverty to include:

1. Physical Development- nutrition status, health status, life expectancy, physical fitness
2. Educational Status- literacy, educational attainment, employment, education and manpower development
3. Health Services- access to medical care, prevention of infection and diseases, proportional mortality ratio
4. Education received- school enrolment ratio, school output ratio and teacher/pupil ratio.

In this study, the following indices were used to determine the impact of the facilities on poverty alleviation in the study area. They are; access to medical care, employment, literacy and mortality ratio.

6. 1 Access to Medical Care

Accessibility to any facility according to Moseley (1979) is the ease with which people in an area obtain necessary services. The concept of accessibility has physical, financial, social and time dimensions. In this study only the physical and the financial dimensions of access to medical facilities were examined. Physical accessibility pertains to the ease with which the friction of distance can be overcome to reach necessary service centres while financial accessibility pertains to the affordability of such services or the ease with which they can be paid for by the people. To determine the physical accessibility pattern of the facilities, the average distances of the facilities from all the settlements were obtained using Okafor, (1990) simple distance index method. The calculated average distances were compared with the maximum walking distances of the WHO (1978) of public facilities, in order to know how accessible the facilities are in the study area. As against the WHO 1978 16km maximum walking distance, the study revealed that average of 13km was traveled by the people of the local government area to obtain healthcare services in the two general hospitals. This means that the people are very accessible to the two general hospitals. The same goes for primary health care centres. With the maximum accessibility distance of 4km (WHO 1978) all the people of the study area travel the average of 1.8km which also makes them highly physically accessible.

On the aspect of financial accessibility (affordability), the cost of consultancy was considered rather than the cost of treating every ailment. It is well known that cost of treatment varies with every ailment but is usually the same for consultation for every ailment. An average consultation charge of ₦ 300 is paid in the hospitals while ₦ 50 is charged in the primary healthcare centres which can be termed as relatively considerate. This analysis has shown that people of the study area are not poor in term of access to medical care and that the presence of the medical facilities has alleviated poverty in terms of access to medical care.

Accessibility pattern in this research became important to study because it has been identified that to a large extent it could determines the level of impact in that, the more accessible a facility is to a people the more likely it is to affect the lives of the people.

6.2 Mortality Ratio

According to NationMaster.com (2012) mortality rate in Nigeria is 18.82 per 1000. Infant mortality is 100 per 1000 live birth, while maternal mortality is 495.27 per 1000 and paternal or adult male mortality is 498.62 per 1000. Accurate statistics on mortality are not readily available in rural areas because of lack of death registration and poor methods of registration in hospitals and health care centres. Inspite of this however, it was deemed necessary to have statistics on mortality using available records from the two general hospitals in the study area. To obtain the data, records of deaths for five years (2007-2011) in the two hospitals were obtained. The data were obtained from the death register of the hospitals as shown in Table 2.

Table 2: Record of Deaths in Hospitals

Year	Death Record in Sabongida-Ora General Hospital	Death Record in Uzebba General Hospital	Total	%
2007	53	43	96	17.4
2008	81	50	131	23.8
2009	74	66	140	25.4
2010	56	40	96	17.4
2011	49	39	88	16
Total	313	238	551	100

Sabongida-Ora and Uzebba General Hospitals, 2012

The Table 2 shows that a total of 551 deaths were recorded in Sabongida-Ora and Uzebba General Hospitals respectively between 2007 and 2012. Of this, 56.8% of the deaths were recorded in Sabongida-Ora general hospital while 43.2% were recorded in Uzebba general hospital. The highest number of deaths was recorded in 2009 with 25.4% while the least was recorded in 2011 with 16%. Using the five year period, the average number of recorded deaths for per year stands at 110.2. With this annual death rate of 110.2 people, mortality rate is therefore 9.07 persons per 1000 deaths in the study area. This is considerably high when compared with the population of the study area which is 118,124 people. However it should be noted that it could have been higher if these two hospitals and other health centres were not available or accessible to meet the health care needs of the people. To a very large extent therefore, the hospital and other health care facilities in the area have helped to alleviate poverty by meeting the health care needs of the people.

6.3 Employment

All the facilities have contributed to generating employment directly and indirectly in the study area. Data obtained from some of the establishments in charge of these facilities show that a good number of people and especially indigenes of the study area have been employed.

Table 3: Employment in the Facilities

Facility	No. Employed (Indegines)	No. Employed (Non Indegines)	Total No. Employed
Hospitals	39	18	57
Primary Health Centres	65	9	74
Secondary School	76	32	108
Post Office/Agency	6	2	8
Bank	6	13	19
Electricity	12	20	32
Motor parks	18	-	18
TOTAL	**222**	**94**	**316**

Field Survey, 2012

As shown in Table 3, a total number of 316 people are employed directly by the facilities listed in the table. This is very significant as it show the ability of facilities to generate employment directly. Out of this figure, 222 or 70.3% are indigenes while 94 or 29.7% are non-indigenes of the study area. The need for this comparison is to establish the number of those who are from this area that have benefited from the location of the facilities. The highest employer as shown in Table 4 is the secondary schools with 108 persons accounting for 34.2% of the total number employed. The least employer is the post office/agency which employed only 8 or 2.5% of the people employed.

Attempt was made to determine the number of indigene persons employed from each ward. This was considered necessary so as to know the employment distribution pattern and also to establish how much of the population have been lifted from poverty. Table 4 shows the number of person employed from each ward and their population. Of the total number of 222 indigene persons employed by these facilities, ward 4 has the highest number of persons with 46 or 20.7%. The least is from ward 8 with 12 or 5.4% of the persons employed. When the figures of the employed are compared with the population of the area and that of each ward, it is observed that very little can be appreciated of the number employed by these facilities. For example out of a population of 82,158 persons, only 222 or 0.27% persons are employed. This is rather meager for poverty alleviation.

Table 4: Population of Settlements and Number of Indigene Persons Employed

Ward/Settlement	Population 2012 etimates	No. of Indigene persons employed	%
Ozalla	9504	24	10.8
Uhonmora	7614	22	9.9
Eme-ora	6404	16	7.2
Sabongida0ora	23621	46	20.7
Avbiosi	6082	22	9.9
Ivbiughuru	4486	15	6.7
Eruere	2503	14	6.3
Ivbiodohen	4514	12	5.4
Uzebba I	7351	19	8.6
Uzebba II	5179	19	8.6
Sobe	5100	13	5.9
Total	82158	222	100

Field Survey, 2012

Indirect employment has also been created by these facilities. Welding, carpentry, electrical/electronics sales and repairs, pharmacy, transport services, business services and sawmill are among the ancillary activities generated as a result of the presence of these facilities. To determine the pattern of employment in these associated ancillary activities, a survey of some ancillary activities was carried out to determine the number of activities that located due to the facilities and the number of persons employed. Table 5 shows the ancillary activities that located due to the facilities and the number of persons employed.

Table 5: Ancillary Activities and Number of Persons Employed

Ancillary Activities	Number surveyed	Number Located due to Facilities	Number of Persons Employed	%
Chemists,	30	22	48	15.9
Stationery stores,	30	26	26	8.6
Sale of manufactured goods	30	27	55	18.2
Carpentry	30	24	29	9.6
Restaurants	30	26	52	17.2
Transport Services	30	26	38	12.6
Welding	30	30	54	17.9
Total	**210**	**181**	**302**	**100**

Field Survey, 2012

This Table 5 shows that of the 210 activities surveyed, 181 were located due to the facilities. Of 181 activities, 302 persons are employed. The number of the employed in welding activity are more and it accounted for 54 or

17.9% while the least of the employed is in sales of stationery which accounted for 26 or 8.6% of the employed. On the whole, the number employed in these ancillary activities is quite appreciative and it goes to show how much of employment and poverty reduction can be achieved through infrastructure provision.

6.4 Literacy

Literacy as it relates to this study and the study area pertains to the number of persons who can read and write in the study area. To determine this, twenty questionnaires were distributed and randomly administered on respondent in each of the eleven selected settlements in the study area. Questions pertaining to educational qualification enabled us to determine the literacy level and the contribution of the secondary school facilities to education in the study area. Of the 200 respondents surveyed the analysis show that 13.2% had no formal education while 10.9% had only primary education. Those that obtained only secondary school certificate were 63.2% while those who have higher degree were 12.7%. This shows that majority of the respondents have secondary education. Of this 200 respondents also, 167 or 75.9% attended the secondary schools in the study area while 53 or 24.1% attended secondary schools outside the locality. On the whole the contribution of secondary school facilities towards educating the people of the study area cannot be quantified. The study shows that over 75.9% of the respondents are literate because they can read and write. This ability in itself is poverty alleviation because being literate means being savaged from ignorance.

5. Problems of Facility Development in the Area

Inspite of these enormous contributions to rural poverty alleviation, facility provision and development is facing some problems in the study area. Among the problems identified by the respondents are inadequacy, poor distribution, lack of maintenance, inaccessibility and attitude of government towards facility investment. However, inadequacy, maintenance and governments attitude were considered as the most important by 78% of the respondents.

Facilities considered inadequate by the people of the local government area are police station, post offices and roads. In the case of the roads, majority are not tarred. During the rainy season such roads become impassable as potholes and gullies emerge on the roads. Due to this condition, not many commercial motor vehicles ply such roads for fear of accidents and damage to vehicles. Although motor bike has serve as alternative means of movement on these roads, the problems with their use is also very enormous and include high cost and regular accidents. However, the condition of the roads has reduced employment opportunity in the transport sector in the area, as a number of people have been discourage from going into the transport business. In another way, the condition of these roads has also affected cost and convenience of movement. For example it cost as much as ₦250 to travel from Eruere to Ivbieje and also from Okaigboro to Ivbiodohen settlements. This is rather exorbitant considering the fact that most rural people are poor.

For banks, only one is presently located in the entire local government area. Considering the population and size of activities in the area, one bank is inadequate. Worse still, security challenges have made the bank to close down to business severally in the recent time. Respondents agreed that it was not convenient to do business with one bank in bank in the area. In the event of robbery, which has made the bank to shut down severally the people of the area often suffer the problems of payments and cash withdrawals for business. Investment in the area has

also been affected as investors consider banks as a necessary tool for business. More banks mean more investments and more investment means more development and employment and poverty alleviation.

The second most important problem that confronts the study area in terms of facility development is the maintenance of existing facilities. The study shows that the condition of some facilities in the area is very poor as some of them are very old and have not been adequately maintained. For the massive renovation of public schools carried out by government since 2010, all the schools prior to this year were dilapidated. Some of the markets do not have open or lock-up stores while some of the primary healthcare centres, post office/agencies and motor parks have structural deformities, and were without adequate facilities and equipments. This condition is affecting patronage of these facilities and hence poverty alleviation.

The third most important factor affecting facility development is the attitude of government, particularly the state and local government in locating more facilities in the study area. Rural areas seem not to interest government when it comes to facility location. A survey of some facilities shows that they were located years ago. Attempt has not been made by government to locate new ones or expand on existing ones to meet with the rising demand. The only police station in the area was built over 25 years ago while the post office and postal agencies were located between 1973 and 1980. Most of the existing tarred roads were done before 1980. The two hospitals were located before 1981 while the most recent primary healthcare centres were built in 2003. No new road has been tarred in the last 6 years and yet over 85% of the major roads in the entire local government area is not tarred. The attitude of government in investing in facilities particularly in rural areas as shown in this study is affecting poverty alleviation.

6. Recommendation and Conclusion

A major emphasis of the rural development programmes in Nigeria, whether in the past or presently, is the development of rural infrastructure for poverty reduction. Unfortunately, not much has been achieved due to faulty implementation (Biodun, 1998). As a result, the rural areas still remain places of poverty, disease and deaths, high unemployment and illiteracy. In the study area, few infrastructural facilities are available and their impacts have been highlighted. However, these impacts have not met the desires and the aspiration of the majority of the people of the study area. This is because poverty in all ramifications is still widespread in the area. For poverty to be reduced to its minimum through facility provision in the rural areas of Nigeria, the following recommendations are therefore necessary for implementation.

There is need to articulate all the rural development plans and come out with a more viable and formidable programme which entertains the entire needs of the rural people. This programme should be genuinely set and governments at the various levels should be involved in the operationalization and implementation for improved standard of living of the rural people. Of all the poverty alleviation programmes that Nigeria has had, the only one which was genuinely initiated to tackle the problem of infrastructural development was the Directorate of Food, Roads and Rural Infrastructure (DIFRRI) of 1986. Unfortunately it did not achieve much inspite of the heavy financial investment into it. Any new programme must identify the failure of DIFRRI and set a better agenda for rural road construction and rehabilitation, water, electricity, health educational facilities provision and rural industrial development.

In the study area, more infrastructural facilities should be located. Considering the population of the area, it is only wise that more than one bank, two hospitals, one post office, two postal agencies, one police station, and

one silo station and few tarred roads are located. The effects of the inadequacy of these facilities in the area are enormous including accessibility problems. It is therefore recommended that settlements having over five thousand population should have a health centre, water facility, market, electricity and a postal agency. All roads linking the settlements should be tarred for the purpose of improved accessibility. To do this, governments, especially at the state and local government levels should develop infrastructural development plans for which there could be collaborative engagement to provide infrastructure.

As a measure, the existing facilities can be expanded to accommodate the increasing demand for services. The hospitals can have annexes in some of the localities while more police posts, postal agencies, and motor parks, can be located in each ward of the study area. By these, facility services will not only be functioning, the impacts of infrastructure location will be accelerated.

This study dealt with the impact of public infrastructural facilities on poverty alleviation in the rural areas of Nigeria, using the rural settlements of Owan east Local Government Area of Edo State as a case study. In the study, it was observed that few public infrastructural facilities were located in the study area and these facilities were found to be affecting the lives of the rural people. The indices that were used to measure the impacts were access to medical care, mortality, employment, and literacy level. Several problems were also found to be affecting public infrastructure and this included inadequacy, lack of maintenance of existing structures and government's neglect of facility location in the area.

Public infrastructural facilities location is capable of transforming the socio-economic life of people in the urban and rural areas. Though neglected in the scheme of infrastructural provision in Nigeria; this study has shown that rural areas can become socially and economically viable if public infrastructure scheme needed to transform it is put in place.

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