

An Assessment of the Effects of Poverty on Health Facilities in Northern Senatorial District of Kaduna State, Nigeria

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ABSTRACT

This research states the empirical analysis of poverty, health, and environmental conditions based on a field survey conducted in 2025. The findings disclosed that this research population considered young who carried majority, male, married and Islamic, with a high tertiary educational rate (53.8%). However, these educational gains, with systematic resource deprivation shown across all thematic domains. Nutritional insecurity is poor, with 44.5% of person managing one balanced diet in a day and 71.0% of children fed were carbohydrates. Housing conditions are overcrowded 67% of households reports overcrowded or crowded in their living arrangements and half (58.0%) depend on potentially unclean well water. Financial gaps had stopped 80.5% of respondents from accessing health care facilities with difficulties, and 62.8% of health facilities were deemed in adequately equipped and staffed. Poverty has a direct relationship with endemic diseases such as malaria (95.5%) very common or common, typhoid (89.8%), and cholera (84.8%). The overwhelming 73.5% of respondents states that government involvement remained insufficient to tackle these critical issues.

Keywords: Poverty, health conditions, environmental equality, diseases burden, health access, Nigeria, field survey, socio demographics.

I. INTRODUCTION

Poverty is a complex phenomenon. The world development report 2000/2001 (see World Bank, 2001) summarized the different dimensions as a lack of opportunity, lack of capacity building and lack of security. The available chance remains minimal to the poorer masses, and it make them totally in active in the community. The lack of capacity building reduced their opportunities in everything and lack of security make them expose to diseases. Concurrently, the United Nations says: Poverty is a denial of chances and opportunities, a deprivation of human dignity. This means absence of basic capacity to partake actively in a given society. It also means lack of having enough feeding, clothing, and shelter for the family, not

enroll to school or access to clinic, not having chance to credit. This means insecurity, helpless and isolation of individuals households, in societies. It means liable to crisis, and it is still applied to living conditions, without access to portable water or sanitary.

In Nigeria, poverty became highly prevalence. It indicated lack of food, clothes, shelter and education and infrastructural social amenities. Most the poor people cannot get basic necessities of life to the extent that it can be surprisingly on how they manage to live. There are so many effects and deficiencies linked with poverty in Nigeria. One of the major effects of poverty is poor health, has been reflected in Nigeria's infant mortality rate and short life span. Poor people in Nigeria come

across health challenges as they experienced inadequate health equipment and qualify medical experts. Some children don't have the privilege to be immunized and this can attract physical deformities in some of the children organs. Their health has less priority and as they have no choices, they live with opportunity in their life time.

This paper concentrate on some factors that lead to poverty in Nigeria such as lack of job, specifically among the educated youths, as a results of unhygienic political leadership who hold public office and resulted to underdeveloped economy, social inequality, shallow mind among the households and a low quality education system. These could lead be marked as the major causes of poverty. There are different between cause and effects of poverty, the factors poverty can be considered as causes of poverty while effects of poverty can be understood in the section of empirical background of the study.

According to Garcia, Kohl, Ruengson and Zislin (2006), Nigerian's major problems comprised of poverty reduction, diversification of economy from oil to gas and overhauling health and educational institutions. Oil sector had increased economic instability and inflation which affected the life of the majority population in Nigeria and also lead to instability government revenues, the agriculture became underdeveloped which provides the livelihood to majority of the poor people in Nigeria.

According to Nigerians national bureau of statistics the number of poor increased in 2004, with 55% of people living in absolute poverty.

By 2010 the number increased to 61%. The situation became worse in northern states where 75% of the people live in absolute poverty. The northern states have little development and fewer social welfare programmes, terrorist gang in northern Nigeria can easily employ poor young men into the illegal acts. The northern Nigeria had some social diseases such as malaria, tuberculosis, typhoid, skin diseases, and cholera, even though malaria is the most common health issue. Every year 3 to 4 million cases of malaria are recorded and account the death of under five children of around 2,500,000 each year.

II. METHODOLOGY

The research employed primary and secondary sources of data and (cross sectional survey research) were used for the research. The primary data was directly collected from selected respondents residing in rural area where the research set to conduct specifically on their health, access to health care services and their socio economic back ground in terms of income, education, nutrition, hygienic environment. Etc.

Analytical Techniques

- Descriptive statistics (frequencies and percentages) to tabulate respondents.
- Pearson Chi-square (X²) tests of independence to examine associate relationships between categorical variables, primarily perceived facility quality and specific service delivery indicators.
- Binary logistics regression to identify significant predictors of (a) financial difficulty in accessing a health facility and (b) the diseases profile associated with the poverty construct, reporting un standardized co efficient(B) world statistics, significance levels, and adjusted odds ratios (exp B).

III. RESULTS DISCUSSION

Nutritional Practices and Child Health Indicators

This part explained the dietary behaviors and nutritional patterns of the research surveyed households, and the nature of children intake and the repercussion burden of diet related and vector borne diseases in the research setting. Nutritional security is responsible for determine an individual immune system at the population level, which influences the epidemiological profile of the society under study.

Dietary Frequency and Fruits Consumption

Every single data point out in this research was captured where 44.5% of respondents indicated consuming a balance diet only once in a day, 21.3% consume twice in a day, 68.8% achieved nutritionally recommended frequency of four balance diet daily. A dietary in adequacy indicate commonly food insecurity across the research setting, with direct adverse effect on immune function such as mental health, and child development. It is highly significant to note that, this is not an easy case of nutritional ignorance as indicated in, the number of respondents had tertiary certificates but rather a symbolism of challenge purchasing ability and structural food access barriers in relation to poverty. The fruits consumption pattern compound to nutritional deficit. The (53.5%) respondents consume fruits only once in a week, and 3.5% respondents five or more weekly which is far below global recommendation limited intake of micronutrient rich food indicators in the population to Vitamin in adequacy and weakened immune system. Moreover, this increased vulnerability to the endemic infectious diseases.

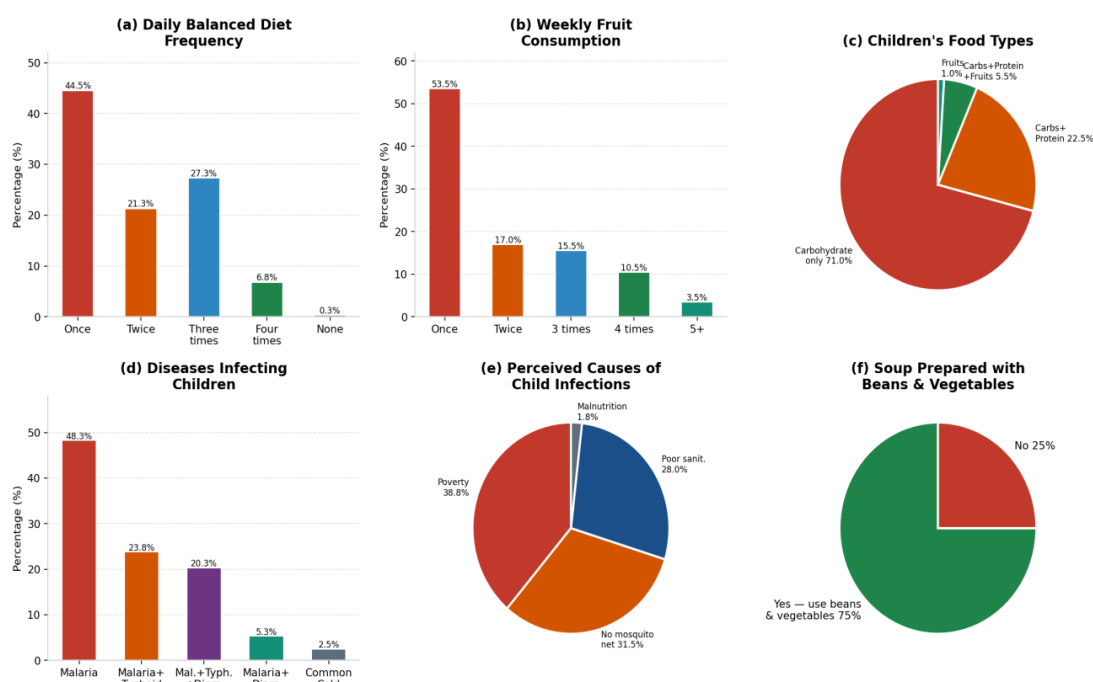
Child Dietary and Diseases Burden

The dietary combination given to children shows an alarming macronutrient imbalance. 71.0% of children fed completely carbohydrate based diets which contained in adequate protein, Vitamins, or minerals while 22.5% received combined carbohydrate with protein diets. 5.5% benefit from the fall spectrum of carbohydrates, proteins, and fruits. Dietary in sufficient bring about physiological malnutrition, stagnation growth, impaired cognitive development, and permanent from one generation to another.

The diseases of children in the survey households shows the configuration of consequence of nutritional vulnerability and insufficient environmental conditions. Malaria was the leading diagnosis diseases, infecting children of 48.3 of respondents. Multiple infections are also prevented.

23.8% of children are infected by both malaria, and typhoid, 20.3% suffered the acute burden of malaria, typhoid, and diarrhea. These multi morbidity patterns pointed out to a population operating at complex compromised baseline immunity, living in environment that triggered simultaneous exposure to co infectious vectors. The respondents illustrated clear awareness of the structural drivers of their children's illness. The level of frequency cited cause a reasonable poverty (38.8%) followed by inadequate mosquito nets (31.5%), poor environmental sanitary (28.0%). 1.8% contributes to child health malnutrition directly, and discovered limited awareness of the linked between carbohydrates as the most common diets and immune susceptibility gap need public health education to address the issues.

Figure 4.3: Nutritional Status and Child Health Indicators



Poverty Linked Disease Burden Community Perceptions

This component highlight the community views of the prevalence of actual diseases causally linked to poverty situation in research area. Participants were asked to categorize the livelihood of occurrence for eighteen distinct diseases divided using a four point Li -kert type scale. It is very common, common, and uncommon. Theses opinion, drawn from the life experience of 400 households, provided a basic level epidemiological profile that recommends clinical and administrative health information, more especially in contexts of limited routing information or data collection infrastructure.

-Borne and Waterborne Diseases

Malaria covers an majority position as the most common diseases linked to poverty in the research area with about 82.2% of respondents categorized it as “very common” and 13.5% as “common” yielding a combined “common/very common” rating of 95.5%. This near universal perception of malaria as an ever present threat, generally included with the environmental risk factors recorded in, more especially the 76.1% of households reporting near constant mosquito exposure. Typhoid, fever follows closely, with 72.0% rating it “very common” and 17.8%

“common” 89.8% cholera and diarrhea round out the water borne disease, each rate “very common” or “common” by 84.4% and 81.8% of respondents respectively.

Non communicable and Childhood Infection

The data disclosed an immense burden of non - communicable diseases (NCD) in an ostensible resource constrained, primarily agrarian setting. Hypertension is rated “very common” or “common” by 82.5% of respondents. While diabetes mellitus once considered disease of wealthiest rated similarly by 76.3%. Heart disease achieved a combined rating 67.5% and kidney disease 69.8%. (These high NCD perceptions may replicate poor dietary intake, the high carbohydrate, low protein diets recorded).

Chronic psychological stress gathered with poverty, reduced physical activities among older cohorts, and the natural repercussions of an again population segment with limited access to health care.

Malaria stand out as the most rated childhood illness in this research, perceived as “very common” or “common” by 75.5% of respondents. The research revealed in the context of an overcrowded housing environment and potentially shortage vaccine refrigeration continuously, shows the high level of immunization gap and promote quick attention from the state primary health care development agency (SPHDA). Diarrhea disease was also considered very common at 81.8% as a result of well water dependent and unhygienic environmental sanitary identified in the research area.

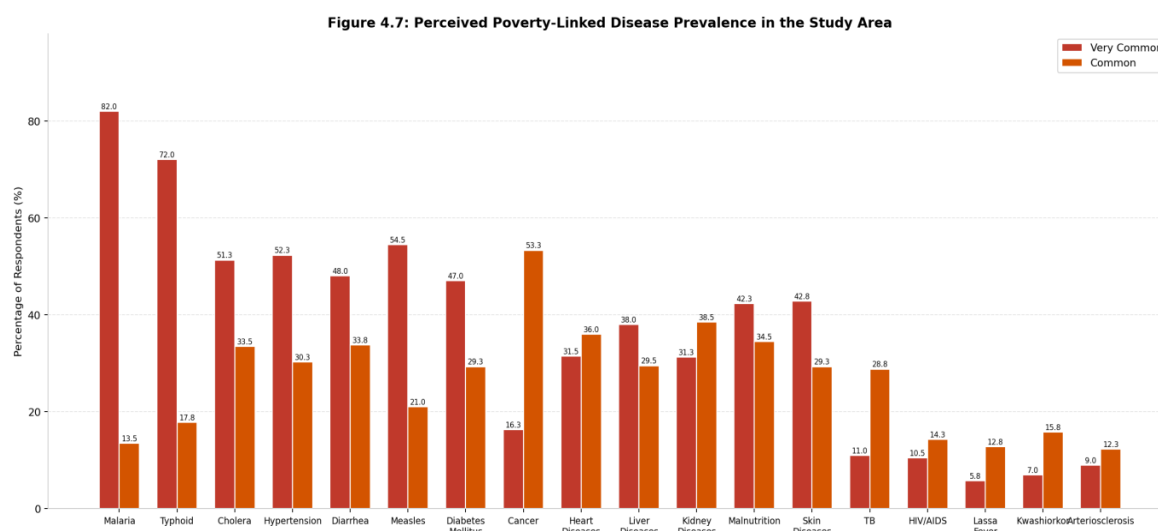


Figure 4.7. Poverty related diseases occurrences: “very common” and “common” Ratings across eighteen (18) disease categories (N=400). Sources field Survey, 2025.

IV. CONCLUSION

This findings had systematically recorded the interrelationship of poverty, health, and environmental conditions across 400 households in Makarfi, Kudan, and Ikara local governments respectively. Below were the clearly evidence indicated.

- Socio demographic profile: A young (62.3% aged 20-39), are majority male (62.5%) and Muslim (74.5%) population with a paradoxically high education rate (53.8%), and occupation by (37.8%) respectively.
- Nutritional insecurity: 44.5% of households reported only once balance diets in a day, and 71.0% of children were fed completely carbohydrate (starch). This has adverse implication on immunological vulnerability.
- Environmental conditions: 58.0% depended on poor unhygienic dig well water, 67.0% live in

overcrowded environment, 43.8% using public refused sites, while 76.1% recorded one of the most common mosquito victim in their environment.

- Health care access barriers: 80.0% came across money problems for care, 64.5% trek or transport far to reach health centers, and 62.8% of hospitals lacked available equipment and health personnel.
- Diseases burden: malaria 95.5%, typhoid 89.8%, and cholera 84.8% were perceived as very common or common, including hypertension 82.5% lastly diabetes mellitus 76.3%.
- Governance deficit: 100% of respondents' grade government performance was in adequate. 67.5% cited in ability of the present administration to organize health programmes

in order to address the health care problems faced at all level.

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