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## **Poverty Eradication and Sustainability of Healthful Living in Nigeria (Pp. 59-75)**

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### **Abstract**

*Poverty is not simply a lack of adequate income; it is a multi-dimensional phenomenon that extends beyond the economic arena to encompass factors such as the inability to participate in social and political life. In short, poverty is the deprivation of one's ability to live as a free and dignified human being with the full potential to achieve one's desired goals in life. Poverty level remains stubbornly-and-unacceptably high in sub-Sahara Africa. This paper discussed poverty eradication as a tool to sustainable healthful living in developing countries with special reference to Nigeria under the following:- poverty on human environment, Nigeria experiences and poverty eradication program. In Nigeria it was evident that despite all socio-economic, educational measures and police such as structural adjustment programme (SAP) austerity measures, Universal Basic Education (UBE), devaluation of naira and seven point agenda mounted to improve*

*economic status of family, have yield nothing but increased suffering, poor health and wide spread of social economic gap between families.*

**Key words:** *Poverty, Eradication, Sustainability, Healthful Living, Global Spread*

### **Introduction**

The eradication of poverty is a moral and ethical imperative, rooted in the principles governing the United Nations. To live a life free from poverty and hunger is one of the human rights and fundamental freedom enshrined in the Universal Declaration of Human Right (1948). Article 25(1) of the Declaration states that “everyone has the right to a standard of living adequate for the health and well-being of himself and his family including food, clothing, housing and medical care and necessary social services. Extreme poverty has also been recognized by the General Assembly (2004) as a violation of human rights, even of the right to life itself. In the charter of the United Nations it was determined that one mission of the United Nations would be to promote higher standard of living, full employment, and conditions of economic and social progress and development through international cooperation (Article 55 & 56).

Fifteen years ago, in Copenhagen, global leaders at the World Summit for Social Development described poverty eradication as an ethical, political, and economical imperative, and identified it as one of the three pillars of social development as reflected in the internationally agreed development goals. Zukang (2009) maintained that poverty is not simply a lack of adequate income. It is a multidimensional phenomenon that extends beyond the economic arena to encompass factors such as the inability to participate in social and political life. In short the author stated that poverty is the deprivation of one’s ability to live as a free and dignified human being with the full potential to achieve one’s desired goals in life. The United Nations (2006) characterized poverty as follows “poverty has various manifestations including, lack of income and productive resources sufficient to ensure sustainable livelihoods; hunger, and malnutrition; ill health, limited or lack of access to education and other basic services” increased morbidity and mortality from illness, homelessness and inadequate housing, unsafe environments; and social discrimination and exclusion. It is also characterized by a lack of participation in decision making and in civic, social and cultural life.

According to Singer (2009) extreme poverty does not entail just having unsatisfied material needs or been undernourished, it is often accompanied by a degrading state of powerlessness. The author maintained that even in democratic and relatively well-governed countries, poor people have to accept daily humiliations without protest, often they cannot provide for their children and have a strong sense of shame and failure, when they are trapped in poverty, the poor lose hope of ever escaping from their hard work for which they often have nothing to show beyond bare survival. The global poverty level has changed very little over the past two decades, poverty levels remain stubbornly, and unacceptably high in sub-Saharan African where there has been the little growth. The persistence of poverty, especially in its extreme form flouts the purposes and principles of the charter of the United Nations of a particular concern is the fact that poverty is often associated with health pandemic and environmental catastrophic that are beyond the control of those affected.

At the World Summit held in 2000, World leaders restated that “men and women have the right to live their lives and raise their children in dignity, free from hunger, and from the fear of violence, oppression and injustice and that no individual and no nation must be denied the opportunity to benefit from development. They vowed that they would spare no effort to free fellow men & women and children from the abject and dehumanizing condition of extreme poverty to which more than 1 billion of them are currently subjected. The General Assembly (2007) proclaimed 2008 – 2017 as the second Decade for the Eradication of Poverty. Zuhair (2009) stated that the General Assembly at its meeting of 9 July, 2009 decided to convene a high level plenary meeting on the Millennium Development Goals in 2010 to inter alia, accelerate global progress towards poverty eradication. According to most recent estimate of the Food and Agriculture Organization of the United Nations (FAO 2009), poverty is the principal cause of hunger and undernourishment, the number of hungry people worldwide is 963 million or about 14.6 percent of the estimated world population of 6.6 billion, most of the undernourished are in developing countries. Poverty it was maintained claims the lives of 25,000 children each day. They “die quietly in some of the poorest villages on earth, far from the scrutiny and the conscience, of the World:

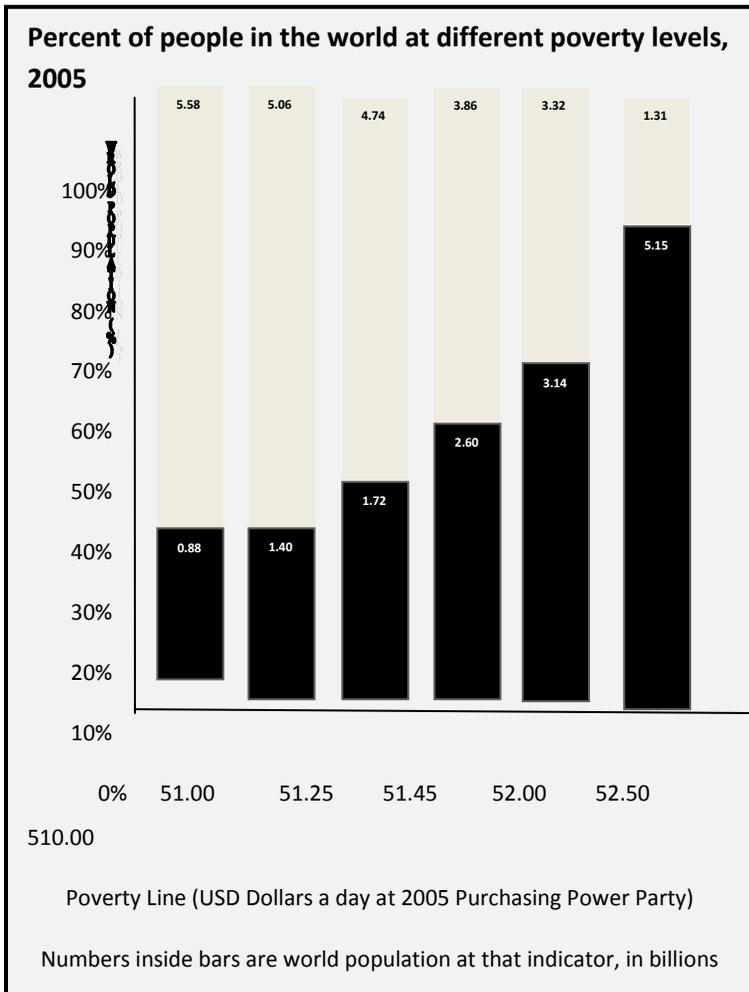


Figure I.II: Undernourished people in the developing world, 1990-2008



**Source: Food and Agriculture Organization of the United Nations (2008; 2009).**

Food and Agriculture organ of United Nation (2008-2009) stated that, children, especially girls are expected to suffer major health and educational setbacks as a result of the crisis, shrinking household budget forces families to pull children out of school with girls more likely than boys affected (World Bank 2009 b). Preliminary forecasts for 2009-2015 indicate a total of from 1.4 million to 2.8 million infants -700,000 in African alone, may die, if the crisis persists (World Bank 2009 e).

According to estimate contained in a press release of the World Bank (2009 b) the food and energy price hikes in 2007-2008 increased the global poverty head count by as many as 155 million people in 2008. New estimates for 2009 suggest that lower economic growth rates will trap 46 million more people or less than USD 1.25 a day than was USD 2 a day. This is on top of the 130-155 million people pushed into poverty in 2008, because of soaring food and fuel prices. The Department of Economic and Social Affairs of the

United Nation Secretariat (UNS 2009 b) estimate that the drop in per capital income growth in 2009 will slow poverty reduction significantly. Between 73-100 million more people will remain poor or fall into poverty than would have, if the pre-crisis growth rate had continued. The crisis is expected to keep 12-16 million more people in poverty in Africa., according to estimate by the International Labour Organization (2009 a) the global unemployment rate increased to 6.0% in 2008 from 5.7% in 2007, while the total number of unemployed increased by 10.7 million, reaching about 190 million in 2008. Workers at the lower end of the job ladder, including youth and female workers are more likely to lose their jobs or suffer income losses. According to Zoellick (2009), if this is correct, then 29% of the gains in global poverty reduction have been wiped out.

Global poverty represents one of the key challenges facing humanity in the 21st century; progress in eradicating poverty is now seriously threatened by the worst financial and economic crisis since the Great Depression of the 1930's which hit the world before it could fully recover from the sudden surges in energy and food prices. Food and Agriculture Organizaiton (FAO, 2009) estimated that the soaring food prices had pushed another 115 million people into condition of chronic hunger in 2007 and 2008 and noted that the impact cereals and under nourishment is already rife. Dercon (2006) maintained that income instability also impacts negatively on nutritional status, as necessary consumption cutbacks are made. Thomas et al (2004) have shown that poor families remove their children from school when family income falls suddenly and this may have negative effects on health outcome (Rahman & Aradhyula 2007). A focus on health by the international community recognizes the strong relationship between poverty and health. Three out of the Eight Millennium Development Goals call for specific health improvements by 2015; reducing child deaths, reducing maternal mortality and slowing the spread of HIV/AIDs, malaria and tuberculosis. According to Goldsborough (2007) government spending on health care has risen moderately since the late 1990s mainly making up for cuts in previous years; although increasing fiscal allocation for health is not sufficient to help the poor achieve improved health and to meet the internationally agreed health goals. Graham et al (2004) also posited that in both developing and developed countries, poor women are more likely to die in child bearing than rich, water and sanitation related diseases are a major cause of ill health particularly among children.

**Figure II: Government expenditure priorities, country by income 2005 & 2006**

	Health (2005)	Education (2006)	Defence (2006)
Low-income	6.9	..	18.3
Lower middle income	5.9	..	15.7
Upper middle income	..	14.1	..
High-income	10.9	12.5	10.6
East Asia and the Pacific	2.1	..	17.
Latin America and the Caribbean	..	..	..
Middle East and North Africa	8.2	..	16.2
South Asia	3.5	..	18.4

Over 24,000 children die every day around the world and the silent killers are poverty, easily preventable diseases and illness and other related causes. 1 billion children live in poverty, 640 million live without adequate shelter, 400 million have no access to safe water 270 million have no access to health services, 10.6 million died in 2003 before they reached the age of 5; while less than one-percent of what the world spend every year on weapons was needed to meet these needs by the turn of the new millennium. The amount the world spends on military and financial bailouts, compared to the amount spend to address the daily crisis of poverty and related problems are often staggering. Cutbacks in health, education and other vital social services around the world have resulted from structural adjustment policies prescribed by the International Monetary Fund (IMF) and the World Bank; this has increased poverty for most countries and people.

Irinoye (2009) has it that the central nature of poverty to quality of life underlines the global position on the need to eradicate poverty as the first of the eight millennium developmental goals. The target of this first millennium

development goal aims at eradicating poverty and hunger thereby creating a suitable healthful living among the people. The author further stated that achieving this goal would probably help to enhance a sustainable healthful living among the people both in the urban and rural area of Nigeria. Ebigo (2003) maintained that Nigeria though endowed with rich natural resources and extensive human resources has not developed the necessary technological, industrial, managerial and political know how to pull it resources together in a sound economy to take care of the basic needs of population. As a result, poverty and hard living conditions are prevalent, affecting children in particular Nigeria has the highest concentration of poor people in Africa with 70.2 percent translates into 109.96 million (Aluko, 2003). The speed of transformation definitely depended on policy reforms, both macro as well as sector policies, agriculture price and trade policies in many African countries have often been both internally inconsistent and costly for long-term diversified growth; the enlarged GDP has not reduced poverty hence the World Bank's apt description of the poverty experienced in Africa especially Nigeria as "dynastic".

However reliance on externally stimulated, export-induced growth is not without its health hazards. This is in the form of pollution and soil degradation arising from chemical inputs and alternative cheaper. Migration of household members is thus encouraged into urban centres and across borders, where they take to promiscuous living, not by choice but by poverty-instructed necessity. This usually results in contracting and spreading sexually transmitted diseases, with the dreaded HIV/AIDS pandemic inclusive. Umo J.U (2002) observes that for sub-Saharan Africa 'life expectancy in the region can be reduced by 20 years within a decade if nothing drastic is done.'

### **Effect of Poverty on Human Environment and Health Issues**

Poverty has a strong link with environmental health and healthful living of individual. Poverty makes people more vulnerable to ill-health and poor living, hence as the common saying "Health is wealth and wealth is Health" Among others the poor are more likely to experience poor healthful living as a result of several variables such poor feeding / diet, poor living conditions. The poor in Nigeria are more likely to be found in the relatively deprived rural areas and urban slums where high quality health services and where environmental condition / sanitation are at lowest ebb. Poor health and poor living affects productivity and thereby reduces income and tends diminish quality life and longevity. The poor are more likely to die young. Poverty

can indeed be described as the leading global healthful challenges. According to WHO (1947) “The world biggest killer and the greatest cause of poor healthful living and suffering across the globe is extreme poverty. Poverty is the main reason why people live in slums, have poor environmental conditions, it’s why people live without proper food, clothing and shelter. Thus the effort to address sustainable healthful living among Nigerian must be seen from its poverty reduction potentials and the first millennium goals and the seven point Agenda of Yar’Adua regime.

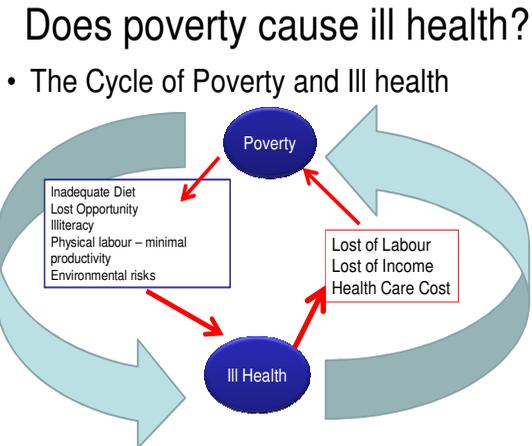
Government policies in Nigeria do not always improve the living conditions of the poor but of the rich. This is because the poor do not have access to influence policies and their makers. To the policy-makers the poor are seen modally. Thus the net effect of government policies is the further intensification of the impoverished population. In Nigeria for examples is the liberalization of the economy especially in the withdrawal of subsidies on a wide range of public provided or subsidized goods and services. With such subsidy withdrawals, the poor has to work out so many survival strategies.

Poor are forced to diversify their household incomes thus: ‘early marriage, sexual harassment, trafficking in women for sexual exploitation child abuse, child abandonment, pornography and labour’. He laments the landscape in developing countries where ‘girls are married off at the age of nine or ten, girls often do not have a choice concerning when, with whom and how to have sex, women are sexually exploited, molested and assaulted under the guise of culture and/or religion, and other forms of violence; they feel guilty, ashamed and responsible for having been sexually molested, harassed or assaulted while the assailant goes free or is protected, Women are trafficked for sex work, pornography and labour, girls and women are also subjected to female genital mutilation with all its negative effects on “womanhood”. Millions of girls and women do not have access to quality health care services even for obstetric emergencies, and in many communities women still require permission of their husbands or male member of the family before they can visit health care facility. Carol Bellamy, Executive Director of UNICEF, stated that “the health of society cannot be assured-and it is essential that health programmes are recognized and fully address that fact”.

Poverty itself has being conceived as a disease that saps people’s energy, dehumanizes them and increase a sense of helplessness and loss of control over one’s life. According to International Council of Nurses, illiteracy, ill health, malnourishment, environmental risks and lack of choices contribute to

the perpetual cycle of poverty and ill health. Health is a vital asset for the poor. Without health, a person's potential to escape from poverty is weakened due to lost time, labour, income, and the burden of health care costs.

**Figure 1: The Cycle of Poverty and Ill-health**



Source: [www.International Council of Nurses](http://www.InternationalCouncilofNurses.org) [Fact sheet-ICN on poverty and Health Breaking the link].htm

### **The Nigerian Experience**

Nigeria faces a number of development challenges, of which poverty holds a central place. Indeed, the country is a land of paradox inasmuch as poverty is concerned. While Nigeria is a leading oil-producing nation and highly endowed in terms of various natural resources, the majority of her people are economically poor. National data shows that over one-third of Nigerians (35%) live in extreme poverty while 54% are relatively poor. More than half of the Nigerian population lives on less than a dollar a day (BSPPFN 2005). In view of the extent and depth of poverty in the land, it should not be surprising that the health status of the country is poor, with an average life expectancy of only 46.6 years UNDP (2007/2008) According to the 2008

Human Development Report (HDR) Nigeria is in the low human development index category and ranks 154 out of 179 countries, behind some West African countries with less economic potentials such as Ghana, Cameroon, and Senegal, which are in the medium human development category (UNDP 2007/2008)

However, with the advent of Structural Adjustment Programme and the development millennium goals changed. The economic environment became de-regulated. In the era of de-regulation, there was massive withdrawal of government activities which had hitherto cushioned the severity of poverty. It was in response to identification of the reality of poverty as a scourge that poverty became a public policy issue concern. It was this NAPEP that brought about a plethora of agencies that provided infrastructures. The aim of these agencies was the enhancement of standard of living. Thus there were programmes for every sector of the economy (Chete L.N. 1997 & Munasinghe M. 1998). Such programmes as NAPEP, Macro-economic policies and of course the Millennium developmental goals and the present “Yar’ Adua’s 2007 Seven point Agenda Reforms”.

Education and good health encourage productivity as highly productive human resource attracts high income. In such a scenario, the poor would be lifted out of poverty. He would have command over resources including access to health facilities. Thus the prospects for healthful living are enhanced. Poverty alleviation did not respond to the efforts of public policy. National Planning Commission (2004), indicates that: the poverty rate in Nigeria increased from 27% in 1980 to 66% in 1996. By 1999, it was estimated that nation-wide incidence of poverty stood at 62.2% (CBN, 2000). Life expectancy is a mere 54 years and infant mortality 77 per 1000 and maternal mortality (704 per 100,000 life births) are among the highest in the world. Other social indicators from 1999 to 2006 are shown below.

- Only about 10% of the population had access to essential drugs.
- There were fewer than 30 physicians per 100,000 people.
- More than 5 million adults were estimated to be living with HIV/AIDS.
- Among children under five, almost 30% were under-weight.
- Only 17% of children were fully immunized down from 30% in 1990-2005 and almost (40% in rural areas, 80% in urban areas).

- Some 29% of the total population lived at risk from annual floods.
- More than 90% of the rural population depended on forest for livelihood and domestic energy sources.
- Rural households members walking an average of one kilometer a day to collect water and fuel wood:

Qualitatively, poverty in Nigeria has many manifestations and dimensions, including joblessness, over-indebtedness, economic dependence, and lack of freedom, inability to provide basic needs of life for self and family, lack of access to land and credit facilities and inability to secure or own assets. Poor people tend to live in dirty location that put significant pressure on the physical environment contribution to environmental degradation. The poor, especially farmers, perceive their economic circumstances as fraught with uncertainty, affected by events over which they have no control, such as primary commodity prices, the volume of rainfall, pest attacks, fire outbreaks, changes in soil conditions and social conflicts. Lack of food is the most critical dimension of poverty (NPC 2004).

With the advent of democratic dispensation in May, 1999, there was a wholesale review of government policies. Arising from the review was the adoption of the National Economic Empowerment Development Strategy (NEEDS). The NEEDS itself has four major goals-creating wealth, poverty reduction, employment generation and value re-orientation.

Education is critical to meeting the goals set by NEEDS. It is also the sector that the initiative seeks to reform integrated sanitation services; promote sound food sanitation practices to ensure food security; promote the safe use of pesticides and other agro-chemicals; increase antenatal, postnatal and family planning services and outlets in order to reduce maternal mortality from the current level of 704 per 100,000 live births and infant mortality from the current level of 77 per 1000. intensify the campaign to indicate harmful traditional practices such as female genital mutilation and child marriage. Several state governments have already passed the necessary legislation and many more are in the process of doing so. The NEEDS document also outline aggressive combats to contain the spread of HIV/AIDS which studies in Africa suggest that the HIV/AIDS epidemic reduces annual GDP growth by about 1-2 per cent. All attempts failed due to excesses of the policy makers.

### **Poverty Eradication**

Poverty eradication is the ultimate to attain sustainable healthful living. The literature on poverty hardly confronts its eradication as a fundamental policy pre-condition to the attainment of sustainable healthful living. The eradication of poverty has been declared by the United Nations World Summit for Social Development in 1995 as the unfinished business of the 21<sup>st</sup> century. The issue was also topmost in the agenda at the United Nations Millennium Summit in New York in September 2000. Apart from eradication of poverty and hunger, the other listed Millennium Development Goals (MDGs) include the achievement of Universal Primary education, promotion of gender equality and women empowerment, reduction in child mortality and improvement in maternal health care. Merely scanning through the list of MDGs will tend to suggest that poverty eradication is not only topmost, it is central and inextricably linked with most other goals, in particular health-related goals in the list. The relationship between poverty and healthful living is circularly causal or, simply expressed, a two way process. For instance, there are mounting evidences corroborating the fact that where poverty is widespread, the vulnerability of child mortality, problem of maternal health care, shelter, HIV & AIDS, malaria and other diseases are necessarily commonplace. At the same time, it is becoming apparent that many diseases are associated with poverty. Illness prevents people from working, affects their productivity and consequently impoverishes them or undermines their capacity to make appreciable income for better healthful living standard.

Aluko (2003) wonders ‘whether economic efficiency is all that government should pursue at the expense of social welfare of the people, particularly if health care education, public utilities or transportation are privatized, and the poorer segments of the population lose access to the benefits from such utility services’. Thus poverty eradication can only be attained by alternative economic paradigm so as to attain sustainable healthful living.

### **Implications for Policy**

The thrust of policies against poverty is in its mitigation and not eradication of poverty hence it is interventionist. The thrust should change to its eradication. Such policies with eradication of poverty as its thrust must have a long-term view so as to ensure consistency in and reinforcement of government policies as Malaysia’s successful siege against poverty illustrates. It is suggested that the developing countries initiate wide-ranging consultations with all relevant segments of the society to map out its poverty eradication programmes.

There is also the very urgent need for improved and re-informed institutional capacity building. This is because, among other things, there had been economic growth globally but as the Human Development Report (1996) observes, the growth had been characterized by

- ◆ Jobless growth. Where growth fails to expand opportunities for employment
- ◆ Ruthless growth, where fruits of growth accrue to the rich.
- ◆ Rootless growth, where growth has not been accompanied by democratic empowerment and participation
- ◆ Futureless growth, where present generation squanders the resources of the future generation through indiscriminate consumption.

### **Conclusion and Recommendation**

Poverty is a mass phenomenon in sub Saharan Africa, including Nigeria. It is not really a simple and straightforward concept; rather it is complex, dynamic and multi-dimensional in nature. The phenomenon presents itself as a situation of pronounced deprivation of all kinds which could be material or non-material in nature; and income of human poverty.

Nigeria government is currently implementing the National Poverty Alleviation Programme with the aim of improving the welfare of the poor and to empower them to become more viable and functional in the society. Government so far has shown a measure of commitment but the implementation of the programme still suffers from the ills of the past. It seems government has not realized the potency of Health Education and healthful living as an agent of productivity and functional government and that poverty is an abrasion to sustainable healthful living. Fiscal allocations to encourage self-employment generation especially at the informal sector level at both the rural and urban areas should be urgently pursued and intensified. This can be in the form of specific rate of poverty-eradication-indexed tax levy on the pre-tax profit of financial institutions as well as economic organizations whose annual turnover is above a given poverty-indexed volume. This should be put in a Poverty Eradication dedicated account. The disbursements therefore will be an on-going basis, not as the present interventionist that relapses. This is because the target increases. The focused target is the many graduates of the various levels of education, both formal and informal.

The problem of poverty in sub-Saharan Africa is an overall development problem that should be analysed from the perspective of sustainable human development paradigm. The relevant indicators in the context are therefore the Human Poverty Index (HPI) and the related measure of human development, the human development index (HDI). These have always been taken into account in the UNDP's design of national reduction strategies in such countries as Benin, Botswana, Lesotho, Namibia and South Africa. This has not been the case in Nigeria which shares virtually the same development challenges as these countries. The statistical information on poverty profiles in Nigeria have all along been compiled based on the notion of income rather than human poverty.

It is hoped that Nigeria will follow this human poverty approach in view of the dynamics and multidimensionality of the phenomenon. The adoption of this approach will provide an effective instrument for moving beyond the narrow framework of income poverty to a comprehensive assessment of human poverty in the country which will lead the country to achieve a sustainable healthful living among the teeming population.

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