SOCIO-ECONOMIC STATUS AND ACCESS TO SANITARY FACILITIES AMONG INHABITANTS OF UGEP COMMUNITY, CROSS RIVER STATE, NIGERIA

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Introduction

• Ugep community is a gradually expanding and urbanizing town, with an initial homogenous and indigenous population but in recent times welcoming non-indigenes who have come to settle with a view to improving their standard of living and very well contribute to the growth and development of the Ugep community.

• The Human Development Index (HDI) is a valid and global criteria used in assessing the state of human well-being amongst various nations of the world and alongside the Gross Domestic Product (GDP) helps to gauge and determine the state of socio-economic development of nations.
• According to the United Nations, 2019, the sixth target of ensuring availability and sustainable management of water and sanitation for all, means providing basic sanitation services by 2030, and requires a doubling of the current efforts by all concerned as well as the rate of annual progress.

• Enhancing the quality of sanitation is paramount to realizing the health-related objectives of the Sustainable Development Goals (SDGs), which is aimed at cutting down on child and infant mortality, while also tackling diseases. More than one quarter of the population of people in developing countries live in abject poverty, and one of the major components of this generalized poverty is the lack of adequate sanitation.
Sanitation and water supply
• Nnodu (2008) sought to identify the extent to which inaccessibility to water sources and adequate sanitation exacerbates poverty level. The second hypothesis in his research states that there is no relationship between access to improved sanitation and poverty level, had its null hypothesis accepted with correlation coefficient of 0.79. It recommended community participation in the process and implementation of a sustainable sanitation system for the community by the government.

• Mnisi (2011) in the summary of research findings, revealed that household accessibility to water and quality sanitation were seriously hindered by their socio-economic status as poverty is very prevalent amongst majority of the inhabitants, as income levels are much low due to unemployment. Lack of employment opportunities forced people to migrate to urban centers to look for better employment options.
Maslow’s Hierarchy of Needs

- **Physiological needs:** food, water, warmth, rest
- **Safety needs:** security, safety
- **Belongingness and love needs:** intimate relationships, friends
- **Esteem needs:** prestige and feeling of accomplishment
- **Self-actualization:** achieving one’s full potential, including creative activities
The Basic Needs Concept (ILO, 1976) defined development objectives in terms of people and their needs as expressed by the people.
Livelihood of the Ugep Community

• Subsistence agriculture,
• Artisans,
• Commercial concerns,
• Traders,
• Civil servants
Sanitary conditions in Ugep Community

Solid waste dumped in river channel

Solid waste dumped in river channel

Blocked drainage by solid waste
The researchers combined empirical findings from various related and relevant studies. These empirical evidences and results were selected from published theses, journal articles, annual reports from water and sanitation agencies, relevant internet sources related to water and sanitation challenges etc.. The researchers utilized both quantitative and qualitative approaches.

The purpose of using closed-ended questionnaires in this study was to: quantify data and generalize results from a sample to the population of interest; measure the incidence of various views and opinions in a chosen sample; collect data from a large population; and collate numerical data for data representation and analysis.

Ugep community was visited and preliminary survey was conducted to get a feel of the perceived impressions as well as expectations of the inhabitants on the issue of sanitary facilities in the wards that make up Ugep community. The major source of data collection for this research was through the administration of structured questionnaires and field officers were deployed after requisite training bearing in mind cultural and traditional disposition of respondents to sanitation and personal hygiene. The questionnaire was drawn up by the researchers and reviewed for correctness to suit the objective of the research.

Focus Group Discussions were also held in the course of the surveillance survey and civil servants, artisans as well as farmers were interviewed and relevant data also collected. In order to select the sample of the study, the Taro Yamane (1967) formula of sample size determination was employed to determine the sample size for the study.
Data was collected through the administration of 500 questionnaires with family heads as points of primary contact.

The socio-economic and cultural parameters that were considered for study ranged from occupation, annual income, education, and the household sizes of the respondents. Types of sanitary facilities in the community. Based on these, the researchers related their status to hygiene practice in terms of sanitary conditions.

Results indicate regression model summary with coefficients of multiple determination $R^2=0.605$ or 60.5%. This indicate that about 60.5% of household location can be attributed to access to toilet facilities or sources. The F-value of 3.826 was significant at 0.98 level. Since 0.98 is greater than the 0.05 confidence level that was set for this study, we accept the null hypothesis ($H_0$) and reject the alternative hypothesis. Income and occupation do not significantly impact on access to sanitary facilities in the area. This collaborates Nnodu 2008 where findings indicate no relationship between improved sanitation and poverty level.

On the second hypothesis, since the calculated F-value of 0.20 is less than the table value of 2.69, we accept the $H_0$ that there is no significant difference in sanitary facilities (toilet) available in wards in the study area. Findings revealed that low-income levels and nature of occupation in the face of limited resources show their impacts on the quality of sanitary facilities available.
• The low socioeconomic level of most inhabitants has denied majority of households the needed empowerment to invest in the effort at making water readily available within their living premises, this is also related to access to quality sanitary and hygiene facilities, hampered due to poverty as there is little or no savings left to enable them improve their position in line with modern standards.

• Again, in spite of the increasing level of urban development, sanitation level is generally poor in the area. Therefore, issues such as the non-provision of good toiletry system and bathrooms, housing and the perceived overcrowding in the area as a fallout of household size in relation to available facilities are reasonable conclusions that have led to the observed poor sanitation in Ugep Community.

• In conclusion, the objectives of the 2030 sustainable development goals as it concerns water availability and sanitation has not been achieved in the study area. There is a need for government and private health agencies and other related organizations to increase their existing efforts and develop other novel effective techniques in creating awareness on sanitary practices. This will also include the enforcement of sanitary processes and regulations at the ward level through the periodic environmental sanitation days with incentives for compliance and sanctions against non-compliance. Government and private organizations should develop and implement economic empowerment programs to help improve the livelihoods of the residents in the various wards of the community. The community members should also be encouraged to participate in sanitary and environmental mitigation measures as this would positively impact on their health and well-being.