

## Healthcare Service and Political Participation: Catalyst for Poverty Reduction among Women in Nigeria

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### *Abstract*

*Women are much more neglected in Nigerian politics as compared with their counterpart men, which makes the former remain socio-politically poor. This research is specifically investigated the impact of healthcare service and political participation on poverty reduction among the women in Nigerian society. The study employs mixed method that is both quantitative and qualitative. Questionnaire and interview supported with relevant documents are the instrument used for data collection. 360 respondents were chosen, which includes 200 participants and 160 non-participants in the Women Empowerment Strategy (WES) Programme in Kwara State, Nigeria, using Stratified Sampling Technique. Hierarchical Multiple Regression is mostly used to analyze the data. After entry of the TotalHS scale and TotalPP scale at Step 2, the total variance explained by the model as a whole was 15%,  $F(4, 355) = 15.49, p < .001$ . Findings reveal that healthcare service is statistically significantly impacted on poverty reduction while women political participation is not statistically significantly impacted on poverty reduction. It is recommended to the government to make politics free to all as well as all threat-free to the poor particularly, the women. In conclusion, policy implication is drawn by the study.*

**Keywords:** *Healthcare, Political Participation. Poverty Reduction, Women Empowerment*

### **Introduction**

In the Nigerian Poverty Profile (NPF) 2010, issued by the National Bureau of Statistics (NBS), generally the extreme poverty goes beyond mere measurement of a household's expenditure or welfare in Nigeria. Poverty has many dimensions and may incorporate inadequate access to government utilities and services, environmental issues, poor infrastructure, illiteracy and ignorance, poor health, insecurity, gender bias, social and political exclusion. In urban areas, the burden of demand of services has effects on school enrolment, access to primary health care, growth of unsanitary urban slums. Also in rural areas, poverty manifests itself more in the agricultural sector and food security. For any meaningful economic growth and poverty reduction, there is the need to enhance and improve access to social services, including health and education.

The tormentor of poverty in the state is something more than mere measurement of household's income, expenditure or wellbeing. This involves lack of access to public utilities and other services, poor and dilapidated infrastructure, illiteracy and ignorance, poor health care, social and economic insecurity as well as political exclusion and oppression. As the government has not fully understood the needs of the poor in the country it causes the former's ineffective strategies to alleviate poverty in the economy (Akindola, 2006:1). Although, state government continues her commitment to alleviate the suffering of the less privileged in the state despite the fact that it

relies almost exclusively on allocations from the federal level and taxes in the state as internal generated revenue (IGR) (Kwara State Governor, AbdulFatah Ahmed, 2013).

People are being poor and suffering because they lack empowerment in various ramifications, which include healthcare and political participation, particularly, among the women in Kwara State. According to Osalor (2012), the Former UN Secretary-General, Kofi Anna (2003) on the occasion of International Women's Day celebration in New York, admonished Nigeria to incorporate women effectively in developmental strategy in the economy (cited in Abdussalam, 2016:17-20). This is in line with the commonly cited issue of women at different international arenas. He labels the country as one of the worst in terms of the negativism towards women in the globe. It is argued that the country is putting less effort in helping the worsening situation of the women in the economy. This study examines the political participation and access to healthcare service among the women in Kwara State, Nigeria.

### **Concept of Poverty**

There are numerous definitions of poverty because many see it as multi-dimensional situations which mean different thing to different people, societies and countries. It is quite difficult for the humanity to comprehend the concept of poverty and the coincident poverty reduction measures as the latter has no consensus (Akindola, 2010; Aderonmu, 2010). It could mean homelessness, unemployment, frustration, hostility, anger and powerlessness, depending on the situation or experience of individuals according to Ropers and Hinton, 1991. That is why people do not substantively have common definition to poverty, thus, they do disagree on what the problem of poverty is or be, however, poverty is seen as undesirable state of affairs (Alcock, 1993:3-4).

Pramanik et al. (2008:3) suggests additional form of poverty aside from aforementioned income and human poverty as hard core or abject or perverse poverty, which is a situation of the existence of extreme deprivation for being unable to meet even minimum food needs, which resulted in malnourishment, loss of vitality of life, productivity as well as consequently absence of basic minimum needs to survive.

An NGO member from Botswana says "Wealth is the blanket we wear. Poverty is to have that blanket taken away". More so, a refugee from Azerbaijan thinks, "Poverty is the impossibility of living in your own home. It is life in a refugee camp and the lack of opportunity for any children". A single mother from Guyana also laments, "Poverty is hunger, loneliness, nowhere to go when the day is over, deprivation, discrimination, abuse, and illiteracy." A slum dweller from Philippines views poverty quite differently to cause and mean nothing else other than government itself. She mentions, "Poverty is the squatter mother whose hut has been torn down by government for reasons she cannot understand." quoted in Pramanik (2008:4).

According to Animashaun (2010), poverty is viewed as lack of access to both visible and invisible items which can improve the level of welfare such as shelter, drinkable water, food, security, education, health care and other services. While Aku et-al. (1997) cited in Ijaya et al. (2011) sees poverty as deprivation of someone from certain aspects of life such as personal and physical, economic, social, cultural and political deprivation. Meanwhile, poverty has also been considered as a situation in which an individual finds it difficult to attain minimum living standard. Such situation or condition deprives or incapacitates a person of reasonable access to basic necessities such as food and non-food requirements which can give him/her meaningful life in a society (Arogundade et al., 2011).

Dike (1997) sees the situation whereby an individual or household cannot afford to buy a certain basket of basic goods and services in a society as poverty. In this respect, basic goods and services are viewed as the bundle of private and public goods and services which a person requires to guarantee his/her physical, economic and social-cultural survival. These are categorized into five, viz-a-viz, nutrition, accommodation/housing, healthcare, access to productive resource such as working tools, training skill and education, as well as political participation and representation. Whereas Idowu and Oyeleye (2012) view poverty as a peculiar situation or condition where people are exempted from participating in activities in a given country or society as well as prevention of income necessary to satisfy their basic requirements such as food, accommodation, training skill and working tools for life survival. Aigbokhan (2000) defines poverty “as the inability to achieve a minimal standard of living”. This connotes that a person is considered poor if his/her disposable income or consumption spending is below his/her level of minimum living standard.

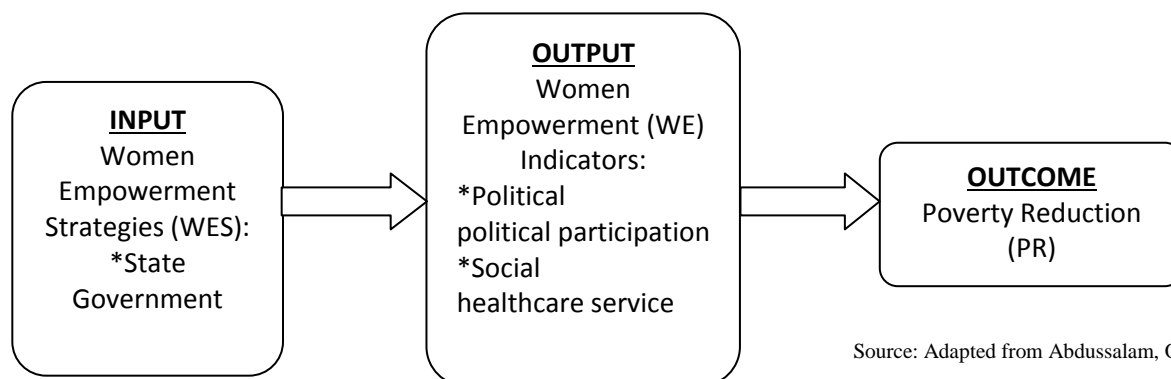
**Definition of the Terms**

**Political Participation and Representation:** - this refers to the situation whereby the individual respondent is aware and partaken in the political activities in her locality and being represented in the decision-making on the issues affecting her interest as woman. It can be measured by the level of political participation whether is low or high. In terms of representation, it is required to know the number of women representatives or political office holders in the local and state politics and this can be known through the interview with the government officers-in-charge of the women empowerment and of course, secondary data.

**Access to Healthcare Services:** - this is a situation whereby the individual participant in the strategy is being given opportunity to enjoy available medical facilities and services in the name of women empowerment strategy in the State, when she receives treatment in the public hospitals, clinics or maternity at very low payment or subsidized rate. The treatment includes what she pays as woman for card to register in the hospital, for consultation, for drugs/medicines and injection prescribed for her ailment, for check-up, on admission and other relevant medical information needed to make her live healthy. Such as the treatment she receives during and after pregnancy.

**Poverty Reduction:** - this refers to the level of economic, social and political welfare of individual respondents with regard to their living condition, in other words, poverty alleviation. This is multidimensional concept by nature (Ogunleye, 2010; Ravi Kanbur, 1987). It is overall level of living condition of individual respondent and measured by rating it has ‘low’, ‘moderate’ or ‘high’.

Figure 1: Cause and Effect Model



Source: Adapted from Abdussalam, O. I. (2016)

## Literature Review

This section gives succinct previous studies and literatures on the political participation and healthcare service in relation with poverty reduction. There are few past studies and literatures on the healthcare in relation with poverty reduction as compared to political participation in relation with poverty reduction. The studies available incorporate healthcare service as part of social or basic needs as variables against poverty reduction. In Bangladesh, government's measures employed to address the problem of poverty, most especially among the women, are to guarantee women's equal rights in the country's constitution in order to improve the status of women. Other measures to alleviate the suffering and gender bias against the women are to introduce quotas to ensure women's participation in politics, legal measures to protect women from violence, as well as special measures to improve female enrolment in schools. In addition, government ensures generation of job opportunity and income for various poor people in the country through the New Development Perspective, NDP, in Bangladesh (Siddique, 1998).

Brock et al. (2001) posits that decentralization has been seen significant to bring government closer to the people to make more people to participate in the local politics and equally bring about their due representation. The situation is being described as important facet of political empowerment which can have impact on the public policy and eventually, bring improvement in poverty reduction and enhance balance among different groups, culture and gender. Although, it is argued that democratic decentralization merely creates more chances and advantages for the local elites, relatively less benefits can be enjoyed by the poor. Furthermore, they believe that the idea of poverty alleviation through the women empowerment strategy creates political opportunity for the people to participate effectively in the local decision-making processes and increase awareness among them. This brings about meaningful influence and control in the government by the poor and local women.

Weeks (2013) in his study found that poor Americans are less politically participated in a democracy or any political activity in America. The poor, mostly those with low income and education are found less likely to vote during the national polls as compared to their counterparts that are more educated, more privileged, and enjoy higher income. The poorer one is, the less likely to enjoy political right and participated less in decision-making that affects one's life. Therefore, it implies that there is indirect relationship and impact between poverty and political participation. In other words, increase in political participation indicates more poverty alleviation. Participation in decision-making and local politics is considered to bring about poverty reduction in a country among other civil and political rights (UN, 2013 Human Rights). In the WES programme, women are being exposed to political participation in local politics, which makes them to enjoy basic political right, as this would to some extent alleviate their political suffering in the state.

Argument was raised by (Ogwumike, n.d.) that problem of poverty can be alleviated through the basic needs approach in the country, which consist of food, shelter, health care, among other necessities mentioned by him, if it is properly channeled to the targeted individual poor or group, in this respect, women. By avoiding politicizing such approach by the government much would be attained in alleviating poverty problem in the state. Kamrul (2005) carried out the study in Bangladesh on "Bangladesh Rural Advancement Committee (BRAC)", which is non-governmental organization. He observes that healthcare, family planning and education as social

needs are greatly contributed to alleviate poverty by improving the lives of people in the country. He used qualitative case study approach to examine the role of the BRAC in the social sector on the people most especially, the women. He set poverty reduction as dependent variable against the healthcare, family planning and education, as independent variables, in which he found positive impact between the two set of variables. More so, with this social programme, the participants were enabled to benefit greatly by making it possible to positively shift in their standard of living from low level to relatively high level. It makes both the participants and their families live healthy life and consequently reduces their social poverty problems. He concludes that as far as healthcare, family planning and education are concerned, BRAC has displayed positive and significant contribution in alleviating poverty in the country.

Similarly, Arifujjaaman Khan, M. & Anisur Rahaman, M. (2007:69) find positive correlation and impact on the better access to healthcare and the improvement in living standard when regressed along with other variables as better access to education and better financial situation. He found the three independent variables as significant predictors of the dependent variable of improvement in living standard. The result shows 42.9% of the variation in the improvement in living standard of family can be explained from the three independent variables. In this respect, this study proposes positive impact and correlation of the healthcare service provided by the WES on the poverty alleviation among the participants in Kwara State, Nigeria. Therefore, we can hypothesize that the provision of healthcare service has positive effect on the improvement of living standard and equally alleviate poverty among women in Kwara State, Nigeria.

Broadly, from the aforementioned discussion, this current study hypothesizes that the political participation and healthcare service are playing key role in reducing poverty or improving political social living condition of women in Kwara State, Nigeria. This can be seen as strategy to tackle the problem of poverty and equally serve as socio-political empowerment for the women. From the above literature and empirical studies, we can deduce our hypothesis related to this in the current study.

### **Research Question**

What are the contribution of the political participation and access to healthcare service to poverty reduction of the women in Kwara State?

### **Research Hypothesis**

After controlling for demographic variables of senatorial constituency and education level, women participation in politics and access to healthcare services do make a significant contribution to explaining variance in poverty reduction (PR) of the women in Kwara State, Nigeria.

### **Methodology**

Three hundred and sixty respondents as sample size are chosen for this study. This sample size drawn from the population of the study is also considered appropriate and fit, according to Krejcie & Morgan (1970), Pallant, (2010:173-174) and Tabachnick & Fidell (2007:123). These three hundred and sixty respondents are selected using Stratified Sampling Technique (SST). The sample size comprises of 200 participants and 160 non-participants of the Women Empowerment Strategy(WES) Programme. The 200 participants are selected from women that are fully enjoyed various benefits from the WES programme while the remaining 160 non-participants are chosen from outside the WES programme in Kwara State. This method of

selection is appropriate because it requires the total population to be divided into strata or sub-population after which samples are selected randomly, but independently from one another (Babbie, 1986:154-177 and Sekaran & Bougie, 2013:248-256). Meaning that the sampling techniques employed, in this study are stratified and simple sampling technique. The instruments used are mixed one, quantitative and qualitative, that provide data for this study. These include the questionnaire, face-to-face interview or simply, personal interview as well as discussion. The researcher would monitor the distribution and filling of the questionnaires in order to ensure smoothness and reasonable number of the questionnaires are returned from the respondents.

**Findings**

Table 1 shows the output in different tables and scatterplot generated from the test of hierarchical multiple regression; to address the research question and hypothesis above, we would use the output/result from the hierarchical multiple regression. The result of the analysis and the interpretation of the output that follow below allow us to respond to Research Question and its associated Hypothesis posed early in the study.

**Table 1:** Selected Output from Hierarchical Multiple Regression

**(a) Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics			
					R Square Change	F Change	df1	Sig. F Change
1	.160 <sup>a</sup>	.025	.020	.60711	.025	4.660	2	.010
2	.385 <sup>b</sup>	.149	.139	.56905	.123	25.672	2	.000

a. Predictors: (Constant), senatorial district/ constituency , education level or qualification

b. Predictors: (Constant), senatorial district/ constituency, education level or qualification, TotalHS, TotalPP

c. Dependent Variable: TotalPA

**(b) ANOVA<sup>a</sup>**

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	3.435	2	1.717	4.660	.010 <sup>b</sup>
	Residual	131.583	357	.369		
	Total	135.018	359			
2	Regression	20.061	4	5.015	15.488	.000 <sup>c</sup>



Residual	114.957	35 5	.324		
Total	135.018	35 9			

a. Dependent Variable: TotalPA

b. Predictors: (Constant), senatorial district/ constituency , education level or qualification

c. Predictors: (Constant), senatorial district/ constituency , education level or qualification, TotalHS, TotalPP

(c) Coefficients<sup>a</sup>

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.	Correlations			Collinearity Statistics		
	B	Std. Error	Beta			Zero-order	Partial	Part	Tolerance	VIF	
1	(Constant)	2.804	.109		25.672	.000					
	education level or qualification	.054	.020	.142	2.721	.007	.143	.143	.142	1.000	1.000
	senatorial district/ constituency	-.052	.039	-.070	-1.343	.180	-.072	-.071	-.070	1.000	1.000
2	(Constant)	1.368	.240		5.706	.000					
	education level or qualification	.056	.019	.147	2.995	.003	.143	.157	.147	.989	1.011
	senatorial district/ constituency	-.022	.037	-.030	-.597	.551	-.072	-.032	-.029	.941	1.063
	TotalPP	.100	.054	.103	1.854	.065	.219	.098	.091	.782	1.278
	TotalHS	.323	.058	.299	5.571	.000	.344	.284	.273	.833	1.201

a. Dependent Variable: TotalPA

Hierarchical multiple regression was used to assess the ability of two control measures (Total Healthcare Service: TotalHS and Total Political Participation: TotalPP) to predict levels of poverty alleviation (TotalPA scale), after controlling for the influence of senatorial district/constituency and education level/qualification. Preliminary analyses were conducted to ensure no violation of the assumptions of normality, linearity, multicollinearity and homoscedasticity. Senatorial district/constituency and education level/qualification were entered at Step 1, explaining 3% of the variance in poverty alleviation. After entry of the TotalHS scale and TotalPP scale at Step 2, the total variance explained by the model as a whole was 15%,  $F(4, 355) = 15.49$ ,  $p < .001$ . The only two control measures explained an additional 12% of the variance in poverty alleviation, after controlling for senatorial district/constituency and education

level/qualification, R square change = .12, F change (2, 355) = 25.67,  $p < .001$ . In the final model, only one control measure of interest and one controlling variable were statistically significant, with the TotalHS scale recording a higher beta value (beta= .30,  $p < .001$ ) than the education level/qualification (beta= .15,  $p < .003$ ).

Therefore, it is found base on the result/output of the model that women participation in politics and access to healthcare services make a significant contribution to the poverty reduction (PR) of women in Kwara State, Nigeria. Likewise, the alternative Hypothesis, which states that “After controlling for demographic variables of senatorial constituency and education level, women participation in politics and access to healthcare services do make a significant contribution in explaining variance in poverty reduction of the women in Kwara State, Nigeria”, cannot be rejected.

### **Analysis of the perception of the Respondents in Politics and Access to Healthcare on Poverty Reduction**

When controlled for certain variables in the model, the TotalPP and TotalHS make meaningful impact on the poverty alleviation among women in Kwara state, Nigeria, only the TotalHS of the two independent variable scale that make a unique statistical impact while the TotalPP independent variable scale does not make a unique impact on poverty alleviation. This implies that women’ perception of impact of healthcare service on their poverty alleviation is positive and significant. In other words, women in Kwara State believe that the sound health they are enjoying due to the provision and accessibility to the healthcare facilities in Kwara State cause them to be socially better-off, or health wise, feel better-off. This finding is in line with what Kamrul (2005) found in Bangladesh. The finding of his study shows positive contribution of healthcare service (other independent variables used in the study were family planning and education) on poverty reduction, using qualitative case study approach. Mohammad Arifujjaman Khan and Mohammad Anisur Rahaman (2007: 69) also found positive correlation and impact of healthcare service on poverty alleviation when regressed along with other independent variables like better access to education and better financial situation of women. This connotes healthcare as a significant contributor and predictor of poverty alleviation.

However, the perception of women on political participation is low to help them overcome their political deprivation and poverty problem among women in Kwara State, Nigeria. Fatile et al. (2012) and Ojo (2013) attribute the low political participation of women in Nigerian politics to discrimination against women, gender inequality and the way they are financially handicapped. (See also Oduwaiye (2009), on the challenges faced by women with low political participation). Women are not seen fully exercising their political rights in Kwara State and this has been arguably existed since Nigeria’s independence (Irabor, 2012). The study carried out in Kandy, Sri Lanka, shows that women participation in politics was not that impressive. It prevents women from influencing decision-making and ability to enhance their livelihood. The socio-economic difficulties facing the women in Kandy District equally attributed to their low political participation and representation in the political arena (Aladuwwaka, 2003: 98-99). Weeks (2013) also found low political participation among less educated and poor Americans (poor women were included) and this caused them to be more politically deprived. Similar notation was given as per the political participation of females in India, as Chipa et al. (2014) claim that India is one



of the countries in the World with far low female political participation and representation in decision making process.

When questions were asked about the state of health and politics in relation with living condition of women in Kwara State, Nigeria, most of the respondents did not believe that these two variables impact much on their living condition. Although the State government is claiming of improving the healthcare service in Kwara State, more effort is required on its part to ensure its real access of the service by the women in the state. Politically, women are just being used in the politics of Kwara State in particular and Nigeria in general. However, their support is always highly needed during general elections. One respondent said:

*When I go to the government hospital during my pregnancy, I do pay but the payment is lower to that of private hospital. The only problem at times I face is time consuming before the doctor attends me and this is because of large number of people that want to see doctor for treatment. (Resp. 2)*

Two of the interviewees said:

*We need more hospitals and clinics in our communities to help taking more care of us and our children. Sometimes, they ask us to pay for drug and injection, at times, we are given the name of the medicines and injections to go and buy outside the hospital or clinics. The only thing is that their bills are far better than the private hospitals and clinics. (Resp. 4&7)*

Most of the interviewees commented:

*They are participating in politics because they used to vote during the elections even if they would give us money before or promise us after voting. That is mostly the compensation we are getting from politics in the state, so, does it mean we are not enjoying and gaining from political participation in Kwara State? (MR)*

One respondent said:

*My participation in politics and following the renowned politicians in my community make me to secure job for one of my children and that indirectly reflects my living condition as well, and make me to feel that I'm local champion. (Resp. 5)*

## **Conclusion and Recommendations**

The study investigates the contribution of the political participation and healthcare services as our variables of interest on poverty reduction when controlled for the variables such as senatorial district and education level of the respondents. Hierarchical multiple regression was equally used to test the contribution of these two variables on poverty reduction of women in the Kwara State, Nigeria. The result shows that only one controlled measure of interest and one controlling variable were statistically significant, with the TotalHS scale recording a higher beta value (beta= .30,  $p < .001$ ) than the education level/qualification (beta= .15,  $p < .003$ ). Political

participation which was the second variable of interest was not statistically significant in the model.

More so, it is recommended for Kwara State government to increase the benefits in the Women Empowerment Strategy (WES) and make it politics - free strategy in such a way that it would be open to all and sundry poor in the State particularly the women. By increasing various benefits in the WES to a number of poor women the more empowerment the latter would enjoy in the State. The Government should distance itself from intra- and inter- politics that exist in the WES so that the strategy would yield meaningful contribution in the lives of participants as well as pave the way for other poor women in the State to participate. Generally, poverty cannot be alleviated alone by the State government hence Local Government Areas (LGAs) should also be effective in poverty alleviation strategies of WES. Since, the constitution of Nigeria recognises the third tier of government therefore State government should incorporate and channel adequate resources to LGAs to tackle the problem of poverty in their respective communities. This is highly important because LGAs are easier and nearer to access for poor women in the community than the State government. Likewise, the former have the potential to mobilize community people and to identify their areas of needs and priorities as far as issues of poverty and empowerment are concerned.

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