

ORIGINAL ARTICLE

Socio-demographic factors affecting access to and utilization of social welfare services in Nigeria

John Thompson Okpa^{1*}, Bassey Ballantyne Ikpeme¹, Nwosu Uchechukwu Wilson¹, Ude Bassey Obeten¹ and Ngozi Christiana Nwadike²

¹ University of Calabar, Calabar, Cross River State, Nigeria

² University of Nigeria, Nsukka, Nigeria

ABSTRACT

The study examined the socio-demographic factors affecting access to and utilization of social welfare services in Yenagoa Local Government Area of Bayelsa State, Nigeria. Quantitative and qualitative approaches were adopted to select 570 respondents from the study area. Probability and non-probability sampling techniques were adopted in the selection of communities, and respondents. The quantitative data were analyzed using frequency distribution tables and percentages, while chi-square statistic was used to determine the relationship between socio-demographic variables and access to and utilization of social welfare services. The qualitative data were analyzed in themes as a complement to the quantitative data. This study reveals that although all the respondents reported knowing available social welfare services, 44.3% reported not having access to existing social services due to factors connected to serendipity variables, such as terrain condition, ethnicity and knowing someone in government. Therefore, the study recommends that the government and other stakeholders should push for the massive delivery of much-needed social welfare services to address the issue of welfare service deficit across the nation, irrespective of the ethnic group and whether the community is connected to the government of the day or not, primarily in rural areas.

Keywords: access; utilization; social welfare services; socio-economic; age; place of residence; Nigeria

1. Introduction

The delivery of social welfare services geared towards meeting the needs of targeted beneficiaries is evolving in many nations. It is a contentious issue that has elicited various comments from different stakeholders, governments, NGOs and researchers (Abe and Oluwaleye, 2014; Umar and Tafida, 2015). The earliest modern social welfare laws were enacted in Germany in the 1880s. Since then, similar programs have been adopted in other countries. Every society develops its specific pattern and programs of social welfare services, which are meant for the general good of the people (Apanga and Adam, 2015). In most countries, the government engages in formulating and implementing a series of social welfare programs.

Social welfare services across the nations are provided for and

ARTICLE INFO

Received: March 26, 2022

Accepted: September 23, 2022

Available online: October 17, 2022

*CORRESPONDING AUTHOR

John Thompson Okpa, Sociology
Department, Faculty of Social
Sciences; University of Calabar,
Calabar, Cross River State, Nigeria;
okpajt@unical.edu.ng

CITATION

Okpa JT, Ikpeme BB, Wilson NU, et al. (2022). "Socio-demographic factors affecting access to and utilization of social welfare services in Nigeria". *Journal of Infrastructure, Policy and Development*, 6(2): 1448. doi: 10.24294/jipd.v6i2.1448

delivered to the people by their governments at all levels, whether at the federal, regional, state or local government level (United Cities and Local Governments (UCLG), 2010). The services cover every range of welfare services, including personal and social services, educational services, housing and community development efforts, environmental and general health matters, and general infrastructure provisions, among others (UCLG, 2010; Alao et al., 2015; Okpa, Eshiotse, et al., 2021). For instance, in Denmark, government authorities provide social welfare services to the people ranging from construction and maintenance of roads and streets, public utilities, public libraries, water supply and many others (UCLG, 2010). The situation is not different in Iran, where the government provides social welfare services except healthcare services, which private contractors handle. The Iranian government is responsible for providing water supply, power supply, street lighting, drainage system, construction and maintenance of roads, and others (Alao et al., 2015; Omang et al., 2020). Across many African countries, from Ghana to Congo, South Africa to Morocco, Uganda to Togo and Tanzania to Nigeria, governments provide and deliver social welfare services ranging from electricity, sanitation, healthcare, education, potable water supply, construction and maintenance of roads, and many other such basic social amenities (Irele, 2011; Ogbonna, 2017; Okpa, Ajah and Igbe, 2021).

Across Nigeria, social welfare services are provided and delivered by the government through its agencies (AMO Agba et al., 2020; Okpa et al., 2020). This can be traced back to the colonial era. During the colonial period, the services provided and delivered were limited. The services were meant only for the colonial masters and Nigerian workers, mainly for housing, education and health. After independence in 1960, the Federal Government expanded the reach of the services delivered to the people. However, the government's effort seemed insufficient with the growth of the population, as the demand for the services became overwhelming and the services were inadequate and scarce. To ensure that Nigerians have access to adequate social welfare services, the government in 1974 promulgated Social Development Decree No. 12 to guide the provision and delivery of social welfare services across the country (Ekpe and Mamah, 1997; Uzuegbu, 2016; Okon et al., 2020). Besides Social Development Decree No. 12 of 1974, the government has formulated other policies to aid the country's provision and delivery of social welfare services. Some of such policies include the Child Rights Act of 2003, the Pension Reform Act of 2004, the National Policy on Education of 2007, the National Health Promotion Policy of 2006 and the National Housing Policy of 2006, with the latest being the Petroleum Industry Governance Act of 2021.

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Access to and the utilization of social welfare services are determined by a range of socio-demographic factors, such as sex, age, place of residence, marital status, religion, educational background and occupation status. There are other known factors, aside from socio-demographic factors, that affect access to and utilization of social welfare services in Nigeria. These factors include but are not limited to corruption, lack of transparency and accountability, poor work attitude, undue political interference and attitude towards service utilization, all of which have a direct influence on access and utilization (MS Agba et al., 2013; Zaidman-zait et al., 2016; Uzuegbu, 2016; Ebingha et al., 2019; Omang et al., 2022). Akinwale (2010) argued that two-thirds of Nigerian children have no access to immunization, which is one of the social services. He noted that women, especially in rural areas, do not have access to good healthcare service delivery. This has consequently led to an increase in maternal mortality in Nigeria. Oguzor (2011) argued that the lack of access to and utilization of social welfare services, such as electricity supply, potable water, healthcare services, good roads, good jobs, transportation and communication, hinder the betterment of the living conditions of citizens. While the need for welfare services in Nigeria has become highly imperative with the growing needs of the populace in appalling social conditions, studies on social welfare services, especially on the relationship between socio-demographic variables and access to and utilization of social welfare services, are limited. The purpose of this study was to examine the relationship between socio-demographic variables affecting access to and the utilization of social welfare services, with a look at how age and place of residence affect access to and the utilization of social welfare services.

2. Theoretical underpinning

2.1. Basic resource theory

The basic resource theory emphasizes the role of essential natural or environmental resources in any locality or region, and it was propounded by Essang (1975). The theory holds that the economic development of any particular area depends mainly on the presence, quality and magnitude of essential natural resources within it. This increases income generation for the people, employment, provision of basic amenities and overall improvement of the welfare of the people. Uche and Uche (2014) pointed out that the availability of natural or environmental resources plays a vital role in the overall development of any locality, mostly at earlier stages of economic and social development. In such situations, areas with more basic natural resources tend to have higher income and grow faster in the provision and delivery of social welfare services than those with meager or lesser resources (as this development helps improve the quality of the lives of the people). This explains the seeming disparity of development across the country. Furthermore, the theory attributes the growth and development of major cities in various geo-political zones in Nigeria to the availability and utilization of natural resources, such as coal in the east, cocoa in the west, groundnut in the north and palm oil in the south. Generally, the basic resource theory tends to postulate that the resources of the people of an area or locality should be used to fast-track the overall development and welfare of the people.

However, the basic resource theory has been criticized because the mere availability of natural or environmental resources in an area is not enough to accelerate development. This is so because there are areas where the abundance of natural resources has not generated development, such as the

Niger Delta region of Nigeria (Okoye, 1992). In contrast, limited natural or environmental resources have led to rapid development through other resource indices, such as population and the coastal nature of towns, such as Lagos. That is why Okoye (1992) argued that what counts is the availability of a technically skilled labor force and leadership strongly dedicated to economic development and the people's overall well-being. The theory also does not consider the possibility and operation of diminishing returns, which sets in when resources are exploited in an environment where population growth is rapid or static. Therefore, by application to this study, the basic resource theory shows that with the availability of crude oil in the suburbs of the study area, the provision and delivery of social welfare services should not lack in any way for residents, but the reality on the ground leaves much to be desired from welfare service providers. The basic resource theory has been used in studies in rural and community development.

3. Research method

3.1. Study setting and population

Yenagoa is the capital of Bayelsa State. Yenagoa is located in southern Nigeria, with a landmass of 706 km². To the north and east, Yenagoa Local Government Area (LGA) is bounded by Mbiama communities of Rivers State, to the northwest by Kolokuma/Opokuma LGA, to the south by Ogbia LGA and the west by Southern Ijaw. It has become the melting point of the Ijaw ethnic nationality (the Izon-speaking people of Nigeria, scattered across the world) and its people, who form the majority of the population in the state. Epie-Atissa is the only political ward in Yenagoa. The local government area is located on the banks of Ekole Creek, a major river in the Niger Delta region. English is the official language spoken in Yenagoa. However, Epie-Atissa—a variety of the Izon language—is the primary language spoken in Yenagoa. Besides the Epie/Atissa language, other dominant languages are Nembe and Ogbia (Abdulraheem et al., 2018). The people are lovers of culture. This is expressed in their traditional attires, cultural festivals, arts and crafts, folklore and music. The major crafts include canoe building, fishnet and fish-trap making, pottery, and basket and mat making (Abdulraheem et al., 2019). Yenagoa Local Government Area was selected for this study because the government and non-governmental agencies provide social welfare services to residents. The study identified the following as government agencies responsible for providing social welfare services in Yenagoa: Ministry of Works, Ministry of Power, Ministry of Education and Ministry of Women Affairs and Social Development. Non-governmental agencies that provide social welfare services and other support services to residents include but are not limited to Kindling Hope Alive, Nigeria (KHAN) Foundation, Water and Sanitation Hygiene (WASH), Child Protection Network (CPN) and I-Care-Save-A-Soul. Yenagoa is a growing city with socio-economic challenges, a “civil servant” state with the majority of residents living below the poverty line with limited income to survive and for whom social welfare services are a lifeline. Therefore, the study's target population comprised respondents aged 18 years and above residing in Yenagoa LGA.

3.2. Design and sampling

The study used a questionnaire to gather data from 560 research participants. All the elements of the study, including community clusters, housing units and respondents, were selected through purposive and simple random sampling techniques. The study is descriptive in nature. In addition, qualitative data were collected from 10 willing and voluntary participants, selected from different

ministries and agencies for in-depth interviews (IDIs). The total sample size for both qualitative and quantitative data was 570 respondents. For the IDIs, four directors were selected, each from the Ministry of Women Affairs and Social Development, Ministry of Power, Ministry of Works and Ministry of Education, together with four chief executive officers of Kindling Hope Alive, Nigeria (KHAN) Foundation, I-Care-Save-A-Soul, Water and Sanitation Hygiene (WASH) and Child Protection Network (CPN), as well as two community leaders each from a rural community and an urban community in the study area. The selected participants are considered privy to issues of welfare services in the study area. The use of mixed methods helped improve the evaluation of this study by ensuring that the strengths of one method's type of data balanced the limitations of those of the other. This ensured that understanding is enhanced by integrating different methods of data collection.

3.3. Ethics and data collection procedure

This research study received ethics approval from the University of Nigeria to ensure that it abided by the ethical principles governing social research. The researchers also obtained approval from the clan heads, the village heads and the chiefs before collecting data from their subjects. Also, informed consent was obtained from all of the participants. Fifty-six (56) questionnaire forms, which were 10% of the sample size (560), were administered twice within two weeks for respondents who were purposively drawn from the same population with similar characteristics but resided in communities not included in the main study. Two separate scores were obtained and statistically analyzed using the Pearson product-moment correlation (PPMC). The reliability coefficient showed an *r-value* of 0.86, implying that the instrument can be used for the investigation. The instrument was also subjected to content and face validity. Three research assistants, who were undergraduate students at Niger Delta University in Amassoma, were employed. The number of questionnaire forms distributed and retrieved, and the logistics involved, necessitated the need for the researchers to solicit the services of research assistants who are indigenes of the communities affected. The research assistants were duly educated and trained to help in the fieldwork. The researchers carried out the in-depth interviews after appointments were fixed with the officials concerned at a time and place, they deemed convenient. The officials allowed the use of a tape recorder to record the interview process, from which the responses were transcribed.

3.4. Data analysis

This study applied qualitative and quantitative methods of data analysis. The Statistical Package for Social Science (SPSS) software was used to code and analyze the responses from the questionnaire forms distributed and retrieved. Frequency tables and percentages were used to present the outcomes. The chi-square (χ^2) test was used to test the significance of the relationship stated in the study's purpose. The qualitative data collected were transcribed, reviewed, organized, coded and analyzed into common themes. Careful interpretation of the responses obtained was ensured to use the points generated to relate to the themes developed. Verbatim quotes from the transcription were used to support the quantitative data.

4. Result and discussion

Five hundred and sixty (560) forms of the research instrument were distributed in the selected

communities. However, 549 were validly filled and returned, while 11 were either spoiled or were not returned.

Table 1. Respondents' demographic data

Variable	Category	N	Percent (%)
Community			
	Agudama-Epie	135	24.6
	Ekeki-Epie	137	25.0
	Gbarain	138	25.1
	Biseni	139	25.3
	Total	549	100
Gender			
	Male	294	53.6
	Female	255	46.4
	Total	549	100
Age			
	18–24 years	157	28.6
	25–31 years	142	25.9
	32–38 years	98	17.9
	39–45 years	104	18.9
	46 years and above	48	8.7
	Total	549	100
Place of residence			
	Urban	298	54.3
	Rural	251	45.7
	Total	549	100
Marital status			
	Single	293	53.4
	Married	247	45.0
	Separated	4	7
	Divorced	3	5
	Widowed	2	4
	Total	549	100
Religious affiliation			
	Christianity	547	99.6

Table 1. (continued)

Variable	Category	N	Percent (%)
	Islam	1	2
	Others	1	2
	Total	549	100
Educational status			
	Primary education	23	4.2
	Secondary education	164	29.9
	OND	48	8.7
	NCE	57	10.4
	BSc	195	35.5
	PhD	6	1.1
	Others	56	10.2
	Total	549	100
Occupation			
	Civil servant/public servant	195	35.5
	Trader	76	13.8
	Students	176	32.1
	Farmers	14	2.6
	Others	88	16.0
	Total	549	100

Source: Field survey

The data obtained show that 24.6% of the respondents reside in the Agudama-Epie community, 25.0% reside in Ekeki-Epie, 25.1% reside in Gbarain and 25.3% live in the Biseni community. The gender composition of the respondents shows that 53.6% are males and 46.4% are females. The five categories of the age group, presented in **Table 1**, show that the number of respondents between the ages of 18–24 years is noticeably more than those in any other age group, accounting for 28.6% of the sample, closely followed by those aged 25–31 (25.9%), 39–45 (18.9%) and 32–38 (17.9%). Those who indicated that they were in the age group of 46 years and above accounted for 8.7%. In the sample, 54.3% of the respondents reside in urban centers, while 45.7% are rural dwellers. Out of the 549, 53.4% were single, 45.0% were married and 0.7% were separated. Also, 0.5% of the respondents were divorced, whereas 0.4% were widowed. The result also reveals that 3.8% of the respondents completed only up to primary education. Those who completed only up to secondary education were 29.9%. In contrast, 8.7% of the respondents are holders of the Ordinary National Diploma, and 10.4% are holders of the National Certificate of Education. A majority (35.5%) are holders of bachelor's degrees, while 1.1% are doctorate degree holders. In comparison, 10.2% are holders of various degrees unspecified in the study questionnaire, such as M.Sc., NABTEB, etc. The

finding reveals that out of 549 respondents in the study, 35.5% were civil/public servants, 13.8% were traders and 32.1% were students. Also, 2.6% of the respondents were farmers. However, 16.0% identified as “Others”, such as artisans, self-employed and unemployed. The finding indicates that the highest percentage of the respondents (35.5%) were civil/public servants, followed by students (32.1%).

4.1. Knowledge of available social welfare services

Data in **Table 2** reveal that 100% of the research participants reported knowing the available social welfare services in Yenagoa. This suggests that respondents are overwhelmingly aware of the available social welfare services in the study area.

Responses to the follow-up question in **Table 3** show that the most identified social welfare services are educational services with 32.6%. This is followed by medical services with 22.0%, roads with 18.4%, electricity supply with 6.7% and potable drinking water with 1.3%. The percentage of respondents who mentioned other services, such as scholarship and empowerment training, is 1.8%.

In an interview with a director at the Ministry of Education, it was revealed that both the government and multi-national oil firms have remarkably invested in educational services and other welfare services to improve citizens’ well-being. The following is an excerpt of the interview session:

The government has prioritized education to ensure that citizens have access to quality and affordable education. The government and other stakeholders in the educational project in the state have ensured that new classroom blocks are built, old classroom blocks are renovated,

Table 2. Percentage distribution of respondents on knowledge of available social welfare services

Knowledge of available social welfare services	Frequency	Percentage (%)
Yes	549	100
No	0	0
Total	549	100

Source: Fieldwork

Table 3. Availability of social services in selected study area

Available social welfare services	Identify	Did not identify	Total
Roads	101 (18.4%)	448 (81.6%)	549 (100%)
Medical services	121 (22.0%)	428 (78.0%)	549 (100%)
Electricity supply	37 (6.7%)	512 (93.3%)	549 (100%)
Potable water	7 (1.3%)	542 (98.7%)	549 (100%)
Educational services	179 (32.6%)	370 (67.4%)	549 (100%)
Others	10 (1.8%)	539 (98.2)	549 (100%)

Source: Fieldwork

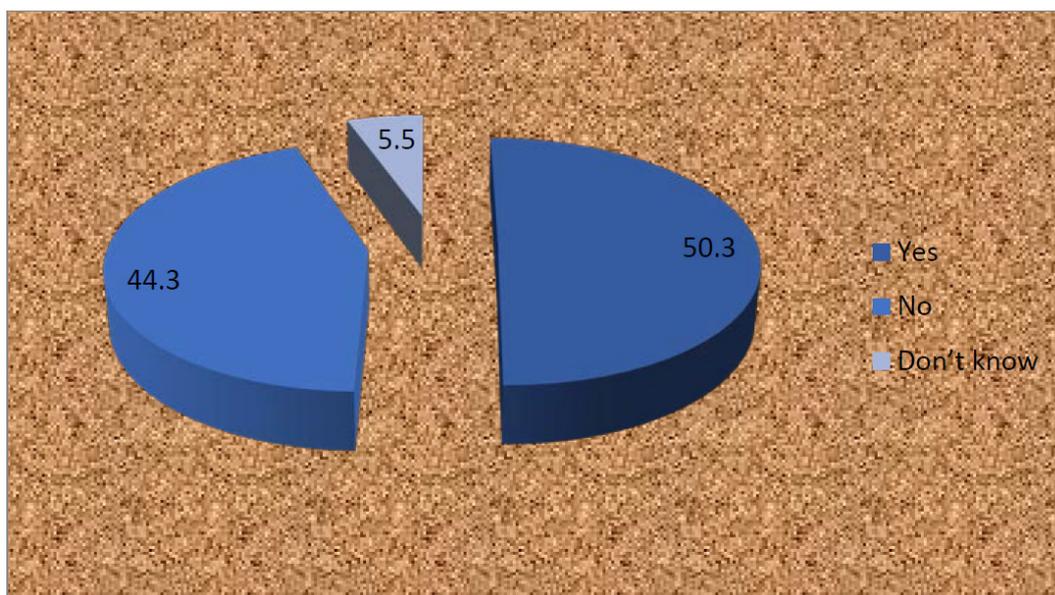
and incentives are provided to students and teachers to get the best from them. Other areas that have enjoyed government interventions are roads, the health sector, support for the disabled and power supply. **(IDI/Male/Director/Ministry of Education)**

Similarly, another participant believes the government and critical stakeholders are making significant efforts to advance citizens' welfare in Yenagoa Local Government Area. This participant noted that the state capital has been transformed from what it used to be to an emerging megacity in Nigeria. According to him:

*Since the dawn of the present democratic dispensation, the people of the state, irrespective of their local government areas, have enjoyed motorable roads, improved investment in healthcare and educational facilities. The Social Welfare Ministry has ensured that supports are [sic] provided for the elderly, orphanages and disabled members of society. **(IDI/Male/Community leader/Biseni community)***

However, there was a dissenting voice among the IDI participants who argued that individuals entrusted by the commonwealth have not invested enough resources on issues that concern the citizens' but instead take advantage of citizens' vulnerability to impoverish them more. She said:

*To some, government is trying, but I am afraid I have to disagree with such persons. If those individuals in a leadership position would be sincere to themselves and the people who voted them into power, rapid development that will transform citizens' well-being will take place. Look at our roads, hospitals, schools, and other aspects of our national life. We deserve something better than what is being offered to us by the leadership across Nigeria. Corporate entities now play politics with corporate social responsibility. They keep making promises which they hardly fulfill. We need a change in how things are done in this country for citizens to enjoy the dividend of democracy. **(IDI/Female/Community leader/Epie-Atissa community)***



Source: Fieldwork

Figure 1. Percentage distribution of respondents concerning their accessibility to social welfare services

Figure 1 shows that most respondents (50.3%) asserted that they have access to available social welfare services, 44.3% stated that they do not have access to the services, while 5.5% said that they do not know.

In an IDI session with one of the participants in the Agudama-Epie community, he expressed himself thus:

I have access to the welfare services provided by the government, non-governmental organizations and oil companies. The roads, hospitals, boreholes, and the schools my children attend are some of the social services I have enjoyed over the years. They may not be in their best state, but we are managing them like that. (IDI/Male/Youth leader/Epie-Atissa community)

During the IDI sessions, some participants reported that some communities have been denied the privilege of benefiting from available social services. However, their knowledge of the available services comes from the media or friends who are beneficiaries of these projects. The view of one of such participants is summarized thus:

How can we access projects that are not available? There is an uneven distribution of social services like roads, hospitals and schools. Why some communities enjoy the opportunity of seeing these projects cited in their communities, others, through the media houses, get the reports of the execution of these projects. This group of individuals only know [sic] that the projects are available but do not have access to them because they are far from reach. (IDI/ Deputy Director/Ministry of Women Affairs and Social Development)

Data in **Table 4** shows that many respondents (47.2%) asserted that the delivered educational services are effective, while 39.5% of the respondents stated that the educational services are not effective and 13.3% stated that they were not sure. Likewise, 45.9% of the respondents believed that the delivered healthcare services are effective, 39.2% held that the healthcare services are not effective, whereas 14.9% said they were not sure. On the other hand, 18.0% of the respondents indicated that the delivered infrastructure services are effective, while a majority of the respondents (53.9%) held that the infrastructure services are not effective and 28.1% asserted that they were not sure about the effectiveness of the infrastructure services in the study area.

A deputy director at the Ministry of Women Affairs and Social Development explained this better. During the IDI, he said:

The government is trying to provide and deliver social welfare services to the residents in the local government area, but the services are not very effective. This is because, apart from the

Table 4. Distribution of respondents on information concerning effectiveness of social welfare services

Services	Effective	Not effective	Not sure
Educational services	259 (47.2%)	217 (39.5%)	73 (13.3%)
Healthcare services	252 (45.9%)	215 (39.2%)	82 (14.9%)
Infrastructure services	99 (18.0%)	296 (53.9%)	154 (28.1%)

Source: Fieldwork

Table 5. Distribution of respondents on information concerning service providers of social welfare services by residents

Service providers	Mentioned	Not mentioned	Total
Governmental agencies	181 (33.0%)	368 (67.0%)	549 (100%)
Non-governmental organizations	14 (2.6%)	535 (97.4%)	549 (100%)
Community self-help projects	28 (5.1%)	521 (94.9%)	549 (100%)
Others	23 (4.2%)	526 (95.8%)	549 (100%)

Source: Fieldwork

educational and healthcare services that are seemingly functional and largely effective, the area of infrastructural services is not effective as yet. The present administration is making obvious strides to put up infrastructure all across the local government area. However, the pace is slow, and the present infrastructural services on the ground are not effective. Nevertheless, at the end of this administration, it is hoped that there will be sufficient and effective infrastructure that will improve the welfare of the residents.

Data in **Table 5** shows that 33.0% of the respondents asserted that government agencies are primary providers of social welfare services, 2.6% stated that the services are provided by non-governmental agencies, 5.1% were of the view that the services are provided through community self-help projects and 4.2% mentioned other means, such as companies operating in their areas as providers of social welfare services.

A director at the Ministry of Education explained this better. During the IDI, she said:

The government is the primary stakeholder in delivering social welfare services to the residents in the local government area. They provide the most social welfare services, ranging from educational to healthcare, infrastructural and other services. Although other stakeholders make efforts to provide and deliver some social welfare services to the residents, the government creates an enabling environment. It supports the communities with some resources to enable social welfare services delivery.

4.2. Cross-tabulation of research variables

Independent variables of gender and residence were cross-tabulated with the dependent variable of accessibility to and utilization of social welfare services. The chi-square test was used to determine whether there is any significant relationship between the variables under consideration. In order to achieve this, some data were re-coded for an easier understanding of the variables.

4.2.1. Age

The result of the analysis of the data from **Table 6** reveals that out of all the respondents who have access to social welfare services, 47.7% were younger adults and 52.3% were older adults. Among all those who do not have access to social welfare services, 58.2% were younger adults, while 41.8% were older adults. The result reveals that more older adults have access to the delivered social welfare services, while more younger adults do not have access to the delivered social welfare services. This may be attributed to the fact that older adults may find welfare services more economical than younger adults. The chi-square value of $\chi^2(df = 1) = 5.589, p < .018$ shows

Table 6. Distribution of respondents by age and access to social welfare services

Accessibility to social welfare services	Age		Total
	Younger adults	Older adults	
Have access	93 (47.7%)	102 (52.3%)	195 (100.0%)
Do not have access	206 (58.2%)	148 (41.8%)	354 (100.0%)
Total	299 (54.5%)	250 (45.5%)	549 (100.0%)

Note: $\chi^2(df = 1) = 5.589, p < .018$

Source: Fieldwork

Table 7. Distribution of respondents by age and utilization of social welfare services

Utilization of social welfare services	Age		Total
	Younger adults	Older adults	
Utilized	146 (52.9%)	130 (47.1%)	276 (100.0%)
Not utilized	153 (56.0%)	120 (44.0%)	273 (100.0%)
Total	299 (54.5%)	250 (45.5%)	549 (100.0%)

Note: $\chi^2(df = 1) = 0.548, p < .459$

Source: Fieldwork

a statistically significant relationship between the age of the respondents and accessibility to social welfare services. Hence, one's age might not affect access to social welfare services; however, one might show dependence on welfare services as one gets older.

Table 7 reveals that out of all the respondents who have utilized social welfare services, 52.9% were younger adults, while 47.1% were older adults. Among all those who have not utilized social welfare services, 56.0% were younger adults, while 44.0% were older adults. The result, however, reveals that younger adults are the higher proportion of respondents who have utilized social welfare services and the higher percentage of those who have not utilized social welfare services. The reason for this may be attributed to the high numerical strength of respondents who were younger adults. The chi-square value of $\chi^2(df = 1) = 0.548, p < .459$ shows no statistically significant relationship between the age of the respondents and their utilization of social welfare services. Hence, one's age does not affect one's perception of utilizing social welfare services.

4.2.2. Place of residence

The place of residence was examined as a factor that determines residents' access to social welfare services. This was drawn from the fact that there is a wide known gap between rural and urban communities in many African countries regarding access to information and social services. Thus, the researchers tried to determine whether there is any significant relationship between the place of residence and some of the views expressed by the people on their accessibility to and utilization of social welfare services. This is shown in **Tables 8** and **9**.

Table 8 reveals that out of all the respondents who perceived that they have access to social welfare services, 56.4% were urban dwellers, while 43.6% were rural dwellers. On the other hand,

Table 8. Distribution of respondents by place of residence and access to delivered social welfare services

Accessibility to social welfare services	Place of residence		Total
	Urban	Rural	
Have access	110 (56.4%)	85 (43.6%)	195 (100.0%)
Do not have access	188 (53.1%)	166 (46.9%)	354 (100.0%)
Total	298 (54.3%)	251 (45.7%)	549 (100.0%)

Note: $\chi^2(df = 1) = 0.553, p < .457$

Source: Fieldwork

Table 9. Distribution of respondents by place of residence and utilization of social welfare services

Utilization of social welfare services	Place of residence		Total
	Urban	Rural	
Utilized	150 (54.3%)	126 (45.7%)	276 (100.0%)
Not utilized	148 (54.2%)	125 (45.8%)	273 (100.0%)
Total	298 (54.3%)	251 (45.5%)	549 (100.0%)

Note: $\chi^2(df = 1) = 0.001, p < .975$

Source: Fieldwork

among those who perceived that they do not have access to social welfare services, 53.1% were urban dwellers, while 46.9% were rural dwellers. The result, however, reveals that more respondents who were urban dwellers reported having access to social welfare services, as well as those who reported not having access to social welfare services. The reason may be that most of social welfare services are available in urban areas. However, the chi-square value of $\chi^2(df = 1) = 0.553, p < .457$ shows no statistically significant relationship between the place of residence and the perceived accessibility to social welfare services. Hence, one's place of residence does not affect one's perception of accessibility to social welfare services but rather where the services are delivered.

The chief executive officer of Kindling Hope Alive, Nigeria (KHAN) Foundation explained this better. During the IDI, he said:

I think the government still has enough work to deliver more social welfare services, especially in rural areas. Many people who live in the village do not have access to the provided or delivered social welfare services, as these are concentrated in urban centers. Some of them shy away from applying or requesting these services because they were not well informed of their benefits.

Table 9 reveals that out of all the respondents who have utilized social welfare services, 54.3% were urban dwellers, while 45.7% were rural dwellers. Among all those who have not utilized social welfare services, 54.2% were urban dwellers, while 45.8% were rural. However, the result reveals that urban dwellers are the higher proportion of respondents who have utilized social welfare services and the higher percentage of those who have not utilized social welfare services. The reason for this may be attributed to the high numerical strength of respondents who were urban dwellers. The chi-square value of $\chi^2(df = 1) = 0.001, p < .975$ shows no statistically significant relationship

between the place of residence and the utilization of social welfare services. Hence, one's place of residence does not affect one's perception of the utilization of social welfare services.

The executive administration officer of I-Care-Save-A-Soul provided a deeper understanding of the issue. During the IDI, he said:

The delivery of social welfare services, especially to the residents in the rural areas, is not the way it should be. Many people who live in the communities do not have access to most social welfare services, as these services are primarily concentrated in urban centers. As such, they cannot utilize the services from the government agencies, which is why we are trying to take our services to the communities.

4.3. Discussion of findings

This study reveals that all the respondents are aware of available social welfare services, such as roads, medical services and schools, delivered to the residents of Yenagoa Local Government Area (LGA), Bayelsa State, Nigeria. This implies that the awareness of available social welfare services delivered to the residents of Yenagoa LGA is high. Data on the available social welfare services show that most respondents affirmed that education and healthcare services are readily available for residents to access. The finding is consistent with the works of Alao, Osakede and Owolabi (2015), Mwenzwa and Waweru (2016) and Okoi, Okpa and Iniama (2021). They maintained that social welfare services such as education and healthcare are high in their respective studies. The present study also partly agrees with the finding of Managa (2012) on the increased provision of educational and healthcare services among the people of South Africa. Similarly, the study's results corroborate the finding of Abegunde and Akinyemi (2014) on the high provision of social welfare services among urban dwellers.

Data on the effectiveness of available social welfare services show that 47.2% of the respondents asserted that educational services are effective and 45.9% believed that healthcare is effective, while most respondents, 53.9%, expressed the ineffectiveness of infrastructures, such as roads. Regarding providers of social welfare services, the majority of the respondents, 33.0%, mentioned government agencies as the providers, 2.6% mentioned non-governmental agencies, 5.1% mentioned community self-help projects, and 4.2% opted for other options, such as oil companies.

Table 6 shows that older adults (52.3%) have more access to social welfare services. On the other hand, in Table 7, this study reveals that younger adults (52.9%) utilize the available social welfare services more than older adults. This is in disagreement with the findings of Mosadeghrad (2014), Sotiropoulos and Bourikos (2014) and Ewhrudjakpor (2009). Ewhrudjakpor (2009), in his study of the residents of the Delta State of Nigeria, revealed that those who have access to and utilize the available social welfare services were older adults with a mean age of 48.8 years. This is supported by the finding of Amzat and Olutayo (2009) in their study on Nigerians, which indicated that the majority of the persons who have access to and utilize available social welfare services in Nigeria were older men and women between the ages of 51 and 60 years.

Also, Table 8 shows that most respondents (56.4%) who have access to social welfare services reside in urban areas. This finding agrees with those of some earlier studies (Uzuegbu, 2016; Bakare, 2013; Nwogwugwu, 2012). Uzuegbu (2016), in her research on Nigerians, revealed that respondents in urban areas are more likely than those in rural areas to be provided social welfare

services. Her findings showed unacceptably low delivery of social welfare services among residents in rural areas. Insufficient delivery of social welfare services to rural areas causes large-scale rural-urban migration. According to Nwogwugwu (2012), one major cause of rural-urban migration in the last three decades in Nigeria was the increase in inadequate provision and delivery of socio-economic services, including agriculture, healthcare and other social services, for the welfare and well-being of the people at all levels of society, especially in rural areas. Any nation that neglects to provide and deliver social welfare services to its people for their development and empowerment should not expect meaningful development (Harande, 2009; Bakare, 2013).

5. Conclusion and policy implications

The study examines the socio-demographic variables affecting access to and the utilization of social welfare services in Yenagoa Local Government in Bayelsa State, Nigeria. Using the triangulation method, the study relied on data gathered from 570 respondents in establishing the relationship between socio-demographic variables and access to and utilization of social welfare services. Results from both descriptive and inferential statistics show that, with respect to the provision of social welfare services, all the respondents indicated that they are aware of available social welfare services. Most respondents mentioned educational and healthcare services as available social welfare services. Although all the respondents reported knowing available social welfare services, as high 44.3% of the respondents reported that they have no access to existing social services. This is because of the uneven distribution of these services, which favors urban dwellers more. Most respondents reported that education and healthcare services are effective, in the sense that access to these services has helped reduce poverty, increase household income, reduce child mortality and increase education delivery in the study area. However, a majority of the research participants, 53.9%, reported that infrastructure facilities are not effective because of their near absence or the deplorable state of the available ones. Cross-tabulations show that older adults (52.3%) have more access to social welfare services.

In comparison, younger adults (52.9%) utilize the available social welfare services more than older adults. Also, Table 8 shows that most respondents (56.4%) who have access to social welfare services reside in urban areas. A key policy issue from the research findings is for government and policymakers to deliver social welfare services to the residents, particularly those in rural areas. There should be deliberate efforts and actions to provide the needed social welfare services. The services should be close to the residents, as this makes for easy accessibility and utilization. The delivery of social welfare services should be evenly spread across urban and rural areas. This will make for development reaching every resident in the country irrespective of place of residence. There is a need for all stakeholders to mobilize resources together to fight against forces of corruption, poor/bad leadership and other factors that are affecting the delivery of social welfare services to residents across the country. Civil societies should organize and mobilize all residents, irrespective of their age, gender, marital status, place of residence, level of education or occupation, to call on authorities to bring about the delivery of social welfare services in every community across the country. The people should also be encouraged to monitor and protect all infrastructures in their communities in order to reduce the deficit of social welfare services in the country, especially, in rural areas.

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