

Children's Relative Wellbeing in Single Parent Male-Headed and Female-Headed Households in Imo State: Evidence from Housing Data

Innocent Emerenini Opara

Department of Geography, Faculty of Arts and Social Science Education, Federal University of Education, Zaria, Kaduna State, Nigeria

Email address

emerenini362@yahoo.co.uk

To cite this article

Innocent Emerenini Opara. Children's Relative Wellbeing in Single Parent Male-Headed and Female-Headed Households in Imo State: Evidence from Housing Data. *American Journal of Social Sciences*. Vol. 3, No. 6, 2015, pp. 178-186.

Abstract

The aim of this study is to examine housing indicator data in single parent male- and female-headed households (SPMFHHs) in Imo State with the view to generating data for ascertaining and comparing the wellbeing status of children in single parents' male and female-headed households. Given the perceived disadvantage of single parent household, the study has the potentials to spotlighting the plight/tracking and addressing the interlocking deprivations poor single parents and their children experience with respect to housing, access to pipe-borne water/sanitation and electricity. The study relied on State level data obtained through the administration of 686 questionnaires in six Local Government Areas (LGAs) of Imo State of which. 490 questionnaires were returned and found adequate for the analysis indicating a completion rate of 71.4%. The questionnaires were analyzed using SPSS version 17.0. The results show that using descriptive statistics, children in FHHs are more disadvantaged when viewed in terms of personal house ownership, access to electricity, improved sanitation, and living in one-two room apartment while the two groups of households are almost at par in access to pipe-borne water. The study recommends for prioritization of potable water provisioning and social housing for single parents households in Imo State. The study concludes that children in single parent male-headed households have better wellbeing than those of their female counterparts.

Keywords

Children Wellbeing, Single Parent Households, Housing Data

1. Introduction

In most gender researches in the developed climes, variables advanced as influencing and utilized to assess children's wellbeing across various family structures- two-parent families, cohabiting families, blended families, and single parent families-have often been related to economic status; parental socialization; childhood stress; and maternal psychological wellbeing (e.g. [1]; [2] [3]; [4]; and [5]. While the linkage between children wellbeing and housing indicator variables is an increasingly recognized one in the developed climes, little or no attention has been paid to exploring in great detail the impact of housing indicator variables- housing status (the means through which one has access to housing-rented or personal owned), room density, types-one-two room apartment; facilities- access to pipe-borne water in

yard plot/dwelling; access to improved sanitation; and access to electricity- on children wellbeing by most gender scholars in assessing children wellbeing. Perhaps, they are embedded into 'household resources', or 'neighbourhood effect', while glossing over or giving scant regard to the efficacy of these housing indicator variables in enhancing children wellbeing. These housing indicator variables while taking for granted in the developed climes, make profound contributions to human health and quality of life in the developing countries including Nigeria and by extension Imo State [6]. These variables are known to impact on children's overall wellbeing in such areas as health, education, psychological (self-esteem), nutrition, among others. It has been argued that housing conditions and characteristics play an important role in determining the wellbeing of children [7]. An evolving body of scientific evidence demonstrates solid relations between housing and health. An increasing body of evidence

has associated housing quality with morbidity from infectious diseases, chronic illnesses, injuries, poor nutrition, and mental disorders [8]. The Second United Nations Conference on Human Habitat (HABITAT 11) reaffirmed the right to housing and as an element of the right to adequate standard of living. Right to adequate housing as a universal human right includes not only a roof over one's head but imply access to all the systems considered essential to a healthy life including access to safe water and sanitation. In Nigeria, the deficit of housing requirements is growing at an alarming rate of 5.8% per year given rise to slum population estimated at 70% [9]. About 60% of the present population of 170 million lack adequate housing in Nigeria. Current housing deficit is about 16 million units [9]. Housing inadequacy is felt more by the less privileged for example the poor people (Federal Ministry of Housing [FMH/FGN], 2014 [10]. Although successive governments at all levels in Nigeria have increasingly devoted more resources to water and sanitation interventions, many households in Nigeria still do not have access to safe water and improved sanitation. In the NDHS 2013, 61% of households have access to an improved source of water with urban residents having higher access (76%) than rural (49%) while 37% of Nigeria's urban residents had improved toilets that are not shared as against 25% for the rural areas. On the whole, 29% of Nigeria's residents had no toilet facilities while 45% use non improved toilets (NPC, 2014). A key target of MDG 7 which aims to ensure environmental sustainability is to reduce by half the proportion of people without sustainable access to safe drinking water and basic sanitation by 2015. The water supply target underpins several other MDGs, including those related to poverty, MDG 1; education (MDG2; and gender equality (MDG 3). In particular it underpins MDG4, the reduction of child mortality, because many deaths in young children in developing countries including Nigeria are due to diarrheal diseases and unsafe water is a key factor of diarrheal diseases in this group (UNs, 2007 [11]. Water and sanitation-related sicknesses put severe burdens on health services and keep children out of school (UNDP, 2006). Most under-5 mortality in Nigeria results from diseases that in one way or the other are related to poor housing, unsafe water supply, inadequate sanitary facilities and or unhygienic behavior [12]. Important components of a proper health environment are sanitary and toilet facilities and safe drinking water. Unsafe water supplies, inadequate and overcrowded housing can impair children health and education [13]. Children who became chronically ill as a result of these conditions cannot go to school, even if free education is available [14]. Electricity is crucial in the life of households. Fans, light bulbs, television sets, ovens, air conditioners and refrigerators cannot function without electricity. Access to electricity is limited in Nigeria. Report by NDHS 2013 indicates that less than 42% of Nigerians have access to electricity [15].

Socio-economic status is a key determinant of adequate housing, access to safe water, and pipe-borne water in particular, and improved sanitation. Poverty is a barrier to

accessing them: the poorest households often lack the financing capacity to purchase sanitation facilities, and or installing pipe-borne water in the home/yard plot. Globally those in the richest quintile are twice as likely to have access to improved water source than the poorest quintile and four times more likely to have access to improved sanitation [16]. This may lead to lack of appropriate and well maintained excreta disposal. It is argued that across countries, poor households have considerably less access to electricity than those living above one dollar per day [17].

In Nigeria, these housing variables play a big part in influencing children's wellbeing which may span across educational, nutritional, health and psychological wellbeing, and are seen as among key indicators with the most potential to be influenced by government policies. Thus, dwelling on them in assessing children wellbeing is apt.

In most gender studies, family structure is strongly correlated with economic wellbeing. Married parents families generally have the higher economic status, followed by cohabiting parents and then single parents, with single parent male headed household being well off than their female counterparts (see for example [18]; and [19]. In 2003 in Canada, 56% of single parent families headed by women were poor compared to 24% of those headed by men and 12% of those with two parents and that the median income for single parent families was \$28000 compared to \$62000 for two-parent families [18]. In the United Kingdom, 47% of single parent families are below the government defined poverty line after housing cost deduction [19]. Single parents are a concern for policy makers because of their higher poverty rate and recourse to welfare and in their children social outcomes [20]. [21] and [22] suggest that in Nigeria, households headed by women are poorer than those headed by men.

In Imo State, single parent households are burgeoning (see [23] and [24]; and being a higher economic disadvantage group on the average, inadequacies in access to housing indicator variables might also be high, with consequent disadvantage to their children's wellbeing, their childhood and life chances, as well as for the families and communities around them. This disadvantage might also not be uniform for both single parent MHHs and single parent FHHs given their perceived differentials in economic status. In Imo State, no study has been conducted to establish children wellbeing in single parent female and male headed households and comparing them utilizing housing indicator variables/data.

Against the backdrop of the foregoing, this study attempts to look at the relative wellbeing of children in single parent male-headed and female-headed households in Imo state utilizing housing indicator data with the intention to generating baseline data that would be useful for policy and planning. The study has the potential to spotlighting the plight/tracking and addressing the interlocking deprivations poor single parents and their children experience with respect to housing, access to pipe-borne water/sanitation and electricity.

Wellbeing in this study is understood as the level of

children comfort and or the quality of children's lives, viewed or assessed in terms of their parents' status, rate or level of access to the housing variables; the higher the status or level of access, the more the beneficial effects they have on children overall wellbeing. A single Parent Household is a household headed by a single parent. A single parent itself is a mother or father who raises children without a partner or spouse usually because he or she is unmarried, widowed, separated or divorced and who is at the same time the head of the household. For the purpose of this study, children are defined as any person under the age of 18 in consonance with the Child Right Act of Nigeria, 2003.

2. Aim and Objectives of Study

The aim of this study is to examine housing indicator data in single parent male- and female-headed households (SPMFHHs) in Imo State with the view to generating data for ascertaining and comparing the wellbeing status of children in single parents' male and female-headed households.

To achieve this, the following objectives were set out to:

- i. Establish the nature of housing data in single parent male and female- headed households in Imo State.
- ii. Identify differentials in housing data between male and female-headed households in Imo state.
- iii. Utilizing the differentials in ii above to determine the relative wellbeing of children in the two households in Imo State.

3. Research Hypotheses

One hypothesis was tested:

There is no significant difference in wellbeing between children in single parent male-headed and female-headed households in Imo state measured in terms of their parents' status, rate or level of access to the housing variables/data-ownership of housing (personal owned/rented status), type (one-two room apartment; access to pipe-borne water; access to improved sanitation; and access to electricity).

4. Literature Review

4.1. What is Wellbeing

Wellbeing is somebody's state or condition with respect to whether he or she is healthy, safe, happy or prospering [25]. It is helpful to think of children's well-being as a *dynamic process*, in which a child's external circumstances (e.g., their socioeconomic background, family circumstances, physical surroundings) are constantly interacting with their individual characteristics (e.g., their personality, cognitive ability and so on) to satisfy – to a greater or lesser extent – their needs and thus build psychological resources, capabilities and positive interactions with the world around them [26].

Wellbeing is generally understood as the quality of people's lives [7]. It is a dynamic state that is enhanced when people can fulfill their personal and social goals. It is

understood both in relation to objective measures, such as household income, educational resources and health status; and subjective indicators such as happiness, perceptions of quality of life and life satisfaction.

Well-being can be defined as the realization of children's rights and the fulfillment of the opportunity for every child to be all she or he can be in the light of a child's abilities, potential and skills. The degree to which this is achieved can be measured in terms of positive child outcomes, whereas negative outcomes and deprivation point to the neglect of children's rights [27].

Well-being of children is defined as having a positive dimension called 'life satisfaction' (comprising satisfaction with self, family, friends, home and school) and a negative dimension called 'psychological disturbance' (comprising anxiety, depression, anger, disruptive behavior and physical symptoms [28].

4.2. Domains and Measures of Childhood Wellbeing

Concepts such as 'wellbeing', 'life satisfaction' and 'quality of life' are often used interchangeably, and incorporate both objective and subjective aspects of a person's life – both observable facts (such as household income, family structure, educational achievement, health status) and an individual's own feelings about these things and their life in general (Stathon and Chase, [7] 2010).

Childhood wellbeing is defined in many different ways. A wide variety of domains and measures are used to assess levels of childhood wellbeing. There is some emerging consensus that childhood wellbeing is multi-dimensional, should include dimensions of physical, emotional and social wellbeing; should focus on the immediate lives of children but also consider their future lives; and should incorporate some subjective as well as objective measures [7] and; [28]. In measuring well-being, a distinction is commonly made between measures that are more 'objective' (concerned with externally verifiable indicators such as material resources, morbidity, psychosocial functioning etc.) versus those that are more 'subjective' (perceptual, experiential, based around articulation of personal meanings [7].

Examples of international comparisons of child wellbeing abound in the literature. These include: The Multi-National Project for Monitoring and Measuring Children's Wellbeing which was first established in 1996 and is coordinated by the Chapin Hall Centre at the University of Chicago (<http://multinationalindicators.chapinhall.org/Index.html>). A set of around 60 indicators has been organised under five overarching domains: safety and physical status; personal life; civic life; children's economic resources/contributions; and children's activities; The UNICEF report on child poverty and child wellbeing in 'rich' countries [29] compared data relevant to childhood wellbeing from 21 countries across six dimensions: material wellbeing; educational wellbeing; health and safety; family and peer relationships; behavior and risks; and subjective wellbeing. Another cross-national comparison used an Index of Child Wellbeing in Europe to

compare 27 EU Member States, plus Norway and Iceland (Bradshaw and Richardson, 2009). This index had seven domains: child health, subjective wellbeing, personal relationships, material resources, education, behavior & risk, and housing & the environment; The Kidscreen 52 contains 52 items organised into 10 domains including factors such as physical health; moods and emotions, home life, school environment, social acceptance (including bullying) and the child's perception of their financial resources; In the United States, a Child and Youth Wellbeing Index developed by the Foundation for Child Development is used to track trends over time in the quality of life and wellbeing of America's children from birth to age 18 [30]. It comprises interrelated composite indices of numerous social indicators of the wellbeing of children and young people, and is produced on an annual basis. The main purpose is to give a sense of the overall direction of change (improvement or deterioration) in the wellbeing of America's children and young people, as compared to two base years of the indicators, 1975 and 1985

The examples of studies and indices listed illustrate the many different ways in which childhood wellbeing has been conceptualized, and the variety of methods that have been used to attempt to measure it. For example, the domain of children's health may be understood as physical health, including aspects such as fitness levels, diet, nutrition and risky behavior; and it may or may not include psychological and/or emotional health (in many cases this is a separate domain). Children's safety and accident levels may be included within the domain of health, or treated separately. Subjective wellbeing is sometimes identified as a separate domain, but in other cases is included within other domains or not considered at all. Subjective wellbeing may be treated as synonymous with psychological wellbeing, or as a separate concept. There may be indicators for 'community connectedness' [30], 'civic participation' (in the Chapin-Hall Multi-National project), and concerns about national and global issues ([31]).

Bradshaw, Hoelscher and Richardson [27] (2007) introduced an index of child well-being in 25 European Union countries. The aim was to use the index in monitoring the well-being of children on the European level. The index is based on rights-based approach and is a multi-dimensional understanding of child well-being. The performance of countries on 8 clusters with 23 domains and 51 indicators is studied. The clusters are children's material situation, housing, health, subjective well-being, education, relationships, civic participation and risk and safety.

Another important distinction in the literature is between understandings of childhood wellbeing which adopt a developmental perspective and those that adopt a children's rights perspective [32]. A developmentalist outlook is more likely to adopt measures associated with deficits, such as poverty, ignorance, and physical illness [7]. Children's capability to develop their potential is a result of their development and wellbeing is a dynamic process that is influenced by a multitude of environmental factors. Children interact with their environment and play an active role in

creating their well-being by making use of available resources [33]. The rights-based approach uses the UN convention on the rights of the child as a partial reference [26]. It offers a normative framework for the understanding of children's well-being. Its four general principles include: non-discrimination, best interest of the child, survival and development, and respect for the views of the child. These are found fitting well to the conceptualization of child well-being. The children have a double role as citizens with their own right and as dependent on their families, schools, communities. Well-being is a realization of the children's rights and the fulfillment of the objectives to provide them with abilities, potentials and skills through effective protection and provision of assistance by the families and their institutional environment.

[34] Reviewed the literature on current approaches to the evaluation of projects on children's participation in development with focus on local level activities. The concepts, the process, the success or failure of participatory programs, their impacts, ethical concerns and evaluation of participation are discussed. Attree (2004) reviews the quantitative studies on the impacts of poverty and associated disadvantages on children's lives as children. The focus is on the children's subjective accounts of growing up in disadvantage exploring the value of social resources available to children living in poor circumstances [35]

5. The Study Area

Imo state came into existence in 1976; Part of it was split off in 1991 to form Abia State, and another part became Ebonyi State. It lies between Latitudes 4°45' N and 7°15' N and Longitudes 6°50' E and 7°25' E with an equatorial climate. Imo State covers an area of about 5530sq km. Imo State has a population of 3,934,899 persons in the 2006 national population census [24]. The population is youthful with children (1-18 years) making up 42% of the population. The inhabitants of Imo State are Igbos, a culturally homogeneous group. Sales and services is the largest employer of labour in the state (58.0% for women and 44% for men) followed by agriculture (18.4% for women and 2.5% for men) [24]. The location of Imo State within the tropical rainforest gives it the ecological basis for production of a wide range of tropical crops, which include yam, cassava, cocoyam, maize, and vegetables. Oil palm, pineapple, cocoa, rubber, cashew nuts and maize are the chief cash crops.

The study area spans six Local Government Areas (LGAs) in Imo State: two LGAs each from the three senatorial districts in the state, namely: Owerri (Imo East); Okigwe (Imo North) and Orlu (Imo West). One of the Local Government Areas selected from each senatorial district is an urban centre while the second one is a rural centre since poverty differential exists between rural and urban centers in Nigeria [36]. The Local Government Areas selected are Owerri zone (Imo East) - Owerri Municipal (urban) and AbohMbaise (rural); Orlu zone - Ideato North (rural) and

Oguta (urban); Okigwe zone-(Imo north)-Ehime Mbano (rural) and Okigwe (urban). In terms of time scope, the study was carried out between March 2010 and August, 2013.

6. Materials and Methods

6.1. Types of Data

For this study, the data needs were data that supplied information on single parents' area identification- compound name, village, autonomous community/town and local Government; background characteristics-gender, household size, monthly income. These data were selected from primary sources using structured questionnaire and interview schedules. Secondary data that have relevance to study were also gathered to complement the primary data.

6.2. Sampling Techniques/Procedure

A total of two (2) LGA's were sampled from each senatorial zone, making a total of six (6) LGAs out of the 27 LGAs in the state. The stratified sampling combined with systematic sampling procedure was adopted in the selection of the study LGAs. This entailed listing the LGAs in each senatorial district on the basis of urban and rural status and in alphabetical order and every first LGA in each of the rural and urban groupings in each of the senatorial districts was picked, one rural and one urban LGA from each of the three senatorial district making a total of six (6) LGA's (Table 3.1). The six LGAs, two LGAs from each of the three senatorial zones were selected in order to ensure even geographical spread across the state. The LGAs are, Owerri Municipal; AbohMbaise; Oguta; IdeatoNoth; Okigwe; and EhimeMbano. Eighteen communities (three from each of the six LGAs) were equally selected using a combination of stratified sampling and stratified sampling methodology.

Imo State has 118813 female heads of household and there were 551273 male-headed households in the state according to NPC [23]. Reconnaissance survey showed that there was approximately one single parent MHHs to every thirty two-parent MHHs which translates to approximately 18376 single parent male heads of households. When the 18376 single parent male-heads of households are added to the 118813 female heads of households, it gives a total of 137189 single parent households in the state. Using a 0.5% proportion of this number (137189), a total of 686 questionnaires were arrived at as the sample size for this study and distributed to the 18 communities selected in proportion to the number of districts in each community.

6.3. Questionnaire Administration

The questionnaires and interview schedules were conducted and administered respectively using the purposive sampling technique, which targets only those respondents who are household heads in the single parent households with children in the 0-18 year age group and who were equally willing to be part of the study. The major roads/streets in each of the selected communities were used

for picking the respondents. Beginning with the first house along each of the roads, any third ordered house to the left or right was selected and any single parent who was willing to be part of the study was picked and interviewed. At the end of the questionnaire administration exercise, 490 or 71.4% of the total questionnaires administered were returned made up of 408 males and 82 males. Six research assistants were recruited and trained to assist in questionnaire administration. The questionnaire administration exercise lasted for three days beginning from 16th June, 2011 to 18th June, 2011.

6.4. Data Analysis

SPSS version 17 was used in data analysis. Both descriptive and inferential statistics were used in presentation of data. Tables and figures were used to present information in summary form. The data are organized in ordinal data format using percentages.

To examine the relative wellbeing of the children between the two groups of households, information gathered from the questionnaire was used to provide a collection of various, objective children wellbeing issues/variables pertaining to housing data/variables status of housing (personal-owned or rented); access to pipe-borne water in dwelling/yard/plot; access to improved sanitation; and access to electricity. These variables were then examined and compared one on one, between MHHs and FHHs to generate the overall children relative wellbeing picture.

7. Results and Discussion

7.1. Types of House (Accommodation)

Table 1. Distribution by Types of Accommodation and Sex of Household Heads.

Types of house	Male		Female		Total	
	N=82		N=408		N=490	
	No	%	No	%	No	%
Flat	20	24.4	121	29.7	141	28.8
Duplex	08	9.8	12	2.9	20	4.0
Bungalow	24	29.3	38	9.3	62	12.7
One-two room apartment	30	36.6	237	58.1	267	54.5

Source: Fieldwork, 2011

Table 1 indicates that more than half of the entire households live in one-two room apartment, with more proportion of FHHs residing in one-two room apartments than MHHs. The implications of living in one-two room apartment are not far-fetched. First, privacy is not guaranteed as most facilities such as kitchen, bathroom and toilets are shared by many households and this has implications for household health. Secondly, children's comfort might be negatively impacted. It has been argued that the physical characteristics of household dwellings are important indicators of the socio-economic and health status of households [24]. A befitting home environment is a powerful positive influence on children's academic and health wellbeing [37]

7.2. Ownership of Residence

Table 2. Distribution of Ownership of Residence by Sex of Household Heads.

Place of residence	Male		Female		Total	
	N= 82		N=408		N=490	
	No	%	No	%	No	%
Personal-owned	57	69.5	127	31.1	184	37.6
Rented	25	30.5	191	46.8	216	44.1
Others	0	0.0	90	22.1	90	18.4
Total	82	100.0	408	100.0	490	100.0

Source: Fieldwork, 2011

Table 2 indicates that nearly fifty percent of the households reside in rented apartments, and that more female heads live in rented house than MHHs. This concurs with mainstream results in the literature that single fathers are much more likely to own their homes than single mothers (for example, [38]. Owning a house reduces their burden of rent and thereby increases chances of poverty reduction [39]. Lack of affordable housing has been linked to inadequate nutrition, especially among children. Relatively expensive housing may force low-income tenants to use more of their resources to obtain shelter, leaving less for other necessities such as food [40]. Housing is an important determinant of health, and substandard housing is a major public health issue [8]. Data also suggests that more female heads than male heads would be paying for rent. It also suggests that there is serious housing deficit among single parents in Imo state. A little above one-fifth of female heads are in the “others” category i.e. those that neither own their houses nor pay rent but maintain their own household while living in relative and or parental houses. Lack of privacy and the noise coupled with the high house population density associated with this type of residence may inhibit children home study initiatives. Thus overcrowding in FHHs might be a source of health concern. It is argued that people living in overcrowded living conditions are more likely to be exposed to infectious diseases [12]. Using house ownership and rental status as a measure of children wellbeing, children in MHHs will have higher wellbeing and comfort than those of FHHs. This is so given that the residential status (renting or owning a house) is a determinant of wellbeing for single parents [41]. It has been reported that single parents who owned a home or had a mortgage had much higher levels of wellbeing compared with single parents who were renting or were dependent on others [41]. Higher levels of wellbeing stemming from ownership of home could trickle down to children of parents concerned. These parents are more in the MHHs. In the United Kingdom, one of the six priorities in children wellbeing is that children should have a safe and suitable home environment and local area [42]. Children need safe and suitable environments at home and in their local area. Where children are unhappy in these environments, often through feeling unsafe, feeling that they have a lack of privacy, or feeling that their home has inadequate facilities, this has a strong association with lower levels of well-being [42].

7.3. Types of Toilet Facilities

Table 3. Distribution of Types of Toilet Facilities by Sex of Household Heads.

Types of Toilet facilities	Male		Female		Total	
	N= 82		N=408		N=490	
	No	%	No	%	No	%
Flush	64	78.1	234	57.4	298	60.8
Traditional pit latrine	12	14.6	87	21.3	99	20.2
Ventilated improved pit	06	7.3	48	11.8	54	11.0
No facilities	0	0.0	39	9.6	39	8.0
Total	82	100.0	408	100.0	490	100.0

Source: Fieldwork, 2011

An improved sanitation facility is defined by the JMP as one that “hygienically separates human excreta from human contact [43]. Additionally, sanitation facilities that are shared or public are not considered improved, as their hygiene, accessibility, and security are often compromised [44].

Improved Sanitation Facilities according to JM Pareflush toilet, piped sewer system, septic tank, pit latrine; Ventilated improved pit latrine (VIP); Pit latrine with slab; Composting toilet; flush or pour-flush to elsewhere (street, ditch, yard/plot, open sewer, etc.). Unimproved Sanitation Facility Categories include Pit latrine without slab or open pit Bucket Hanging toilet or hanging latrine; No facilities or bush or field (open defecation)

Table 3 data implies that 100% of the MHHs and 90.4% of the FHHs have improved sanitation. The data suggests that possibility of meeting the MDGs target in sanitation is high while the likelihood of reaping far-reaching, low-hanging benefits associated with a high access to improved sanitation recorded in the study is high. UNICEF and WHO has linked investing in sanitation to among others, reduced morbidity and mortality and increased life expectancy; savings in health care costs; reduced time caring and sick leave (back to work); higher worker productivity; better learning capacities of school children; increased school attendance, especially by girls. It has been observed that improved sanitation not only brings advantages for public health, but also has positive effects on livelihoods and dignity-advantages that extend beyond households to entire communities [44]. For those FHHs who do not have toilet facilities, the health, worker productivity, social, and financial-time cost could be high.

The fact that nearly one-tenth of FHHs do not have sanitation facilities for children in this category of household might constitute a source of discomfort and lower wellbeing for the children in these households. Not having access to sanitation means that people are forced to defecate in the open or public areas. Lack of toilets and or toilets placed at a distance from the home result in loss of privacy and dignity, exposure and increased risks to personal safety. Hence children wellbeing measured in terms of access to improved sanitation facility is better for children in MHHs than those of FHHs.

7.4. Access to Pipe-Borne Water

Access to piped water into dwelling/yard/plot for MHHs is 13 households (15.8%); for FHHs it is 70 households (17.1%) with 13 households (16.9%) having piped-borne water in their yards/plots overall.

That less than one-fifth of households have access to pipe-borne water suggests that pipe-borne water provisioning to a wider segment of the populace remains an unmet need; and that larger proportion of single parent households are socially excluded when viewed in terms of access to pipe-borne water. This has implication for policy. It has been argued that if piped water is conveniently provided, people can spend less of their income on it and thus have more for other necessities [45]. An indirect health benefit that may be gained from such a situation is the possibility of mothers having greater time to spend on child care [46].

Moreover, the fact that a little below one-fifth of households in MHHs and FHHs combined have access to pipe-borne water into dwelling/yard/plot suggests that searching for water outside the home is critical. Children would bear much of the brunt fetching water though depending on their age. Energy and time would be wasted fetching water. This task in turn would impinge on the wellbeing of children in both the FHHs and the MHHs. A study in Uganda revealed that piped water within a household and access to private pit toilets significantly reduces the prevalence of diarrhea. In particular, increased access to piped water within a dwelling reduces prevalence among infants by about nine percentage points, the study revealed [46].

7.5. Access to Electricity

Data indicates that single parent MHHs have eighty-two (82) households (100%) having access to electricity while their female counterparts have three-hundred 368 or (90.2%) having access to electricity. The total number of households with access to electricity is four-hundred and fifty (450) or (91.8%). Data indicates that MHHs ordinarily have higher access to electricity. It has been argued that access to electricity is fundamental to development and has been shown to be important for improving the quality of life and level of human wellbeing [17]. Using electricity as a measure of happiness and comfort, MHHs' children should be better than FHHs'.

To summarize this section, descriptive statistics have shown that children in FHHs are more disadvantaged in terms of access to better housing, electricity, improved sanitation, while the two households are almost at par in access to pipe-borne water. Higher access of children in MHHs to these facilities implies or translates to higher child wellbeing compared with their FHHs' counterparts *ceteris paribus*. Access to pipe borne water in both MHHs and FHHs is low. More than one-third of MHHs and nearly three-fifth of the MHHs are living in one-two room apartment. Overall, more than half of the households live in one-two room apartment. Nearly one-tenth of FHHs do not have access to

electricity while all the MHHs do. A little above two-thirds of MHHs and Little above one-third of FHHs have personal-owned homes. There is evidence of increased access to improved sanitation among single parents.

8. Hypothesis Testing

Chi-square results shows that the p-values for duplex house is 0.053; for 1-2 room apartment is 0.27; for access to improved sanitation is 0.491; for personal owned house is 0.000; for access to electricity is 0.525; for access pipe-borne water into dwelling/yard/plot is 0.821.

This shows that the p-values for access to electricity; for access to pipe-borne water into dwelling/yard/plot are more than 0.05 indicating that there is no significant difference between MHHs and FHHs with respect to these variables. On the other hand, the p-values for 1-2 room apartment, for access to improved sanitation, for personal owned house are less than 0.05 which indicates that there is significant difference between MHHs and FHHs with respect to these variables. We therefore reject the hypothesis and conclude that since the p-values is less than 0.05, in three out of the five variables, there is significant difference in wellbeing between children in male-headed and female-headed households in Imo state.

9. Conclusion

The conclusions to be drawn from the study are: 1. that a successful child wellbeing improvement for single parent households in Imo State would require a strong emphasis on increased access to pipe-borne water and social housing. 2. The heterogeneity of single parent households in both MHHs and FHHs in terms of access to house ownership and pipe-borne water should be taken into consideration in designing policies to enhance children's wellbeing. In other words, housing provisioning policy for single parent households in Imo State, should mainstream gender 3 Children in single parent MHHs in Imo State have better wellbeing than those of FHHs.

Recommendations

- That less than one-fifth of households have access to pipe-borne water suggests that pipe-borne water provisioning to a wider segment of the populace remains an unmet need; and that larger proportion of single parent households are socially excluded when viewed in terms of access to pipe-borne water. This has implication for policy. It has been argued that if piped water is conveniently provided, people can spend less of their income on it and thus have more for other necessities (Population Report, 2002). The government should devote more resources to pipe-water provisioning.
- A key finding of this study is that over sixty percent of single parents in this study do not have own house

which suggests that they could be setting aside a significant proportion of their income yearly for the payment of rent. This could impinge on their income and increases the likelihood of falling into poverty/financial stress. Hence, a way of alleviating poverty among single parents would be to providing them with affordable, low cost housing. A key function of social housing is to provide accommodation that is affordable to people on low incomes. Gender mainstreaming is recommended here for social housing provisioning for single parents in Imo State.

References

- [1] Amato P.R. (1993): Children's adjustment to divorce: Theories, hypotheses and Empirical support. *Journal of marriage and family*, 55, 23-38.
- [2] Mc Lanahan, S. and Sandefur, G. (1994): *Growing up in a single parent family. What hurts, what helps*. Cambridge M.A. Harvard University Press.
- [3] Mc Lanahan and Bumpass (1988): Intergenerational Consequences of family disruption *American Journal of Sociology* 94, 130-152.
- [4] NPC (2008): *NDHS Report 2008* A publication of the NPC, Abuja.
- [5] Ambert, A.M; Ferguson, B.S. and Clifford, .k. (2006): *One Parent Families Recent trends in Canada* Ottawa Mc Grawill Publishers.
- [6] Downey, D.B, Ainsworth-Darnel, J.W., and Diyar, M.S. (1998): Sex of Parent and Children's Wellbeing in Single Parent Families *Journal of Marriage and the Family*, (60) 878-898.
- [7] Carson, M. and Corcoran, M. (2001): Family Structure and Children Behavioral and Cognitive Outcomes. *Journal of Marriage and Family* 63, 779-792.
- [8] Todaro, M.P. and Smith, S.C. (2011): *Economic Development* Pearson Educational Publishers, Essex.
- [9] Stathon, J. and Chase, E. (2010): *Child Wellbeing A Brief Overview* Child Wellbeing Research Centre Briefing Paper 1 Loughborough University.
- [10] Sharfstein J, Sandel M, eds. *Not Safe at Home: How America's Housing Crisis Threatens the Health of Its Children*. Boston, Mass: Boston University Medical Center; 1998
- [11] Nubi, T. (2015): Beyond Bricks and Mortar Inaugural Lecture Department of Housing and Urban Regeneration University of Lagos, Nigeria Sept, 2015.
- [12] Federal Ministry Housing/FGN (2014): Federal Housing Policy Document FMH/FGN Abuja, Nigeria.
- [13] UNs, (2007): The MDGs Report, New York, United Nations.
- [14] NPC/UNICEF (2001) *Children's and Women's Rights in Nigeria A Wake up Call Situation Assessment and Analysis NPC Abuja*.
- [15] UNICEF (1998): *The State of the World Children Report. 1998* UNICEF, focus on Nutrition Oxford University Press.
- [16] UNICEF (2008) *The State of World Children Report Focus on Health* UNICEF Geneva.
- [17] NPC (2014): *NDHS Report 2014*. A publication of the NPC, Abuja.
- [18] WHO/UNICEF (2010): Progress on Sanitation and Drinking-water: 2010 Update. Geneva: World Health organization, 2010. http://www.wssinfo.org/download?id_document=1289.
- [19] Pachauri, S and Muller, A. (2007): A Regional Decomposition of Domestic Electricity Consumption in India 1980-2005 Downloaded 07-05-11.
- [20] Statistics, Canada (2005) *Labour Force Survey 2005* Statistics Canada, Ottawa.
- [21] UK ONS [United Kingdom Office for National Statistics] (2004-05): Labour Force Survey; Focus on Family.
- [22] Ambert, A.M; Ferguson, B.S. and Clifford, k. (2006): *One Parent Families Recent trends in Canada* Ottawa Mc Grawill Publishers.
- [23] Maurice, A.O. (1997): Female-headed households in Ini, the Environmental consequence of poverty Selected papers on poverty alleviation in *Nigeria Economic Society* 1997 National Conference pp383-395.
- [24] Mamman, M. (2008): Gender and Development. Unpublished Msc. Lecture note Department of Geography, ABU, Zaria.
- [25] NPC (2009a): 2006 Population and Housing Census of the Federal Republic of Nigeria Priority Tables vol.1.
- [26] NPC Abuja (2009b): NDHS Report 2008. A publication of the NPC, Abuja.
- [27] Sandtrock, J.W. (2004): *Life-span Development* Mc Graw Hill Publishers NY
- [28] NEF [New Economic Foundation] (2009): A guide to measuring children's well-being: [well-being@neweconomics.org](http://www.neweconomics.org) <http://www.neweconomics.org>
- [29] Bradshaw, J., Hoelscher, P. and Richardson, D. (2007): 'An Index of Child Well-being in the European Union ', *Social Indicators Research* 80: 133-77.
- [30] Camfield, L.; Natalia S. and Martin Woodhead, M (2008): *Children's Wellbeing in Contexts of Poverty: Approaches to Research, Monitoring and Department of international Development University of Oxford, Oxford, UK*.
- [31] UNICEF (2007) *Child poverty in perspective: an overview of child well-being in rich countries*, Innocenti Report Card, Vol 7. Florence, Italy: UnicefInnocenti Research Centre http://www.unicef-irc.org/publications/pdf/rc7_eng.pdf
- [32] Land, K. (2007): *Trends in Infancy/ Early Childhood and Middle Childhood Well-Being, 1994- 2006: A composite index of trends in the well-being of America's children and youth*. North Carolina, Duke University.
- [33] Rees, G., Bradshaw, J., Goswami, H., Keung, A. (2009) *Understanding Children's Well-Being: A national survey of young people's well-being*. London, The Children's Society.
- [34] Pollard, E. L., & Lee, P. D. (2003): 'Child Well-being: A Systematic Review of the Literature' *Social Indicators Research*, 61, 1, 59-78.

- [35] Heshmati Heshmati, A. Bajalan S.J.C., and Tausch A (2007): *Measurement and Analysis of child Well-Being in Middle and High Income Countries* Discussion Paper No. 3203 December.
- [36] Ackermann, L., Feeny, T., Hart, J. and Newman, J. (2003), Understanding and Evaluating Children's Participation. A Review of Contemporary Literature. Plan UK/Plan International.
- [37] Attree, P. (2004), Growing Up in Disadvantage. A Systematic Review of the Qualitative Evidence'. *Child: Care, Health and Development* 30(6), 679-89.
- [38] NBS National Bureau of Statistics (2007): Poverty Profile of Nigeria 2007 NBS, Abuja, Nigeria.
- [39] Minett, P. (2000): *Child and Development*, John Murray Publishers, London.
- [40] Pauline, G. and Lee, Y.G. (2002): Expenditure of Single Parents How does gender figure in? *Monthly Labour Review* 125(7) 16-37.
- [41] Suddique, R. (2001): Gendered Dimensions of Poverty in Pakistan Downloaded on 12-05-09.
- [42] Ellaway A, Macintyre S, Fairley A. Mums on Prozac, (2000) kids on inhalers: the need for research on the potential for improving health through housing interventions. *Health Bull* 2000; 54:336-339. [PubMed].
- [43] Cummings, R. (1997): *Comparative Quality of Life Scale-Adult Manual 5th Edition*, Melbourne Deakin University.
- [44] Rees, G., Bradshaw, J., Goswami, H., Keung, A. (2009) *Understanding Children's Well-Being: A national survey of young people's well-being*. London, The Children's Society.
- [45] WHO Snap shot (2008): A snapshot of Drinking Water and Sanitation in Africa: a regional perspective based on new data from the WHO/UNICEF JMP for water supply and sanitation. Geneva WHO and NY.
- [46] WHO/UNICEF (2008): Progress on drinking water and sanitation: special focus on sanitation. Geneva WHO New York and UNICEF 2008 Retrieved from <http://www.wss.info.org>
- [47] Population Reports (2002): Meeting the Urban Challenge Series 113 Nov.
- [48] CEEPA [Centre for Environmental Economics sand Policy in Africa (2008) CEEPA Policy Brief An Assessment of Policy Options for Uganda.