An Assessment of Poverty and Its effects on Child Development

A case study of Tamale Metropolis and Savelugu-Nanton District

By

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DECLARATION

I hereby declare that this submission is my own work towards a Master of Science in Development Policy and Planning, and that to the best of my knowledge it contains neither material previously published by another person nor as in material already accepted for the award of any other degree by this university except where dew acknowledgement has been made in the text.

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ABSTRACT

Poverty and development are two extreme ends of human welfare continuum with the former presenting the negative state of human welfare whereas the latter illustrates the positive state of human welfare. Yet both present situations of complexity and multi-dimensionality. In assessing poverty and its effects, there must be the realization and understanding of these complexities and multiplicity which go far beyond inadequate income of individuals, households and communities to the incorporation of issues such as health, water and sanitation, education and skills, livelihoods, housing conditions, social exclusion, vulnerability, energy and security. Evidently, those who are mostly affected by poverty are children and women. With this awareness, the study focused on the effects of poverty on child development. Using the Tamale Metropolis and Savelugu-Nanton District in the Northern Region of Ghana as a case study, the causes of poverty, how poverty impedes child development, and the available interventions to mitigate the negative effects of poverty on child development in these areas were examined. A total of 100 households were contacted and 200 respondents from these households were interviewed.

The household respondents comprised 100 parents and 100 children from the two study areas. Fifty street children who represent 50 percent of the sampled children at the household level were contacted. Revealed, were poverty levels of parents manifesting in low income levels, low educational attainment and high illiteracy and had dire effects on the living standards of children particularly transcending the effects on child education to streetism. This situation makes it difficult for households to overcome the vicious cycle of poverty providing motivation for increasing awareness and attention on child development issues in the study areas and Ghana as a whole.

The study thus recommends the promotion of the issues of child development at local, sectoral and national levels and comprehensive articulation and mainstreaming of child development issue in national development agenda as it holds the greatest potential for poverty reduction in the long run. The study advocates for integrated programmes and projects on child development, participatory design and planning of child development interventions and the institutionalisation of programme and project performance monitoring systems to track progress and challenges of child development issues in the two study areas.

DEDICATION

All Heights reached and kept were not attained by sudden flight. I owe to God My Life and all I have come to attain.

To Mrs. Theresa Baah-Ennumh my supervisor, I dedicate this to her for her immeasurable contribution and all Teachers and Lecturers in my Life.

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AIDS	-	Acquired Immune Deficiency Virus
CAS	-	Catholic Action for Street Children
CHRAJ	-	Commission for Human Right and Administrative Justice
CSOs	-	Civil Society Organisations
DDE	-	District Directorate of Education
DHD	-	District Health Directorate
DOVVSU	-	Domestic Violence and Victim Support Unit
FAO	-	Food and Agriculture Organisation
GNP	-	Gross National Product
Gog	-	Government of Ghana
GPRS 1	-	Ghana Poverty Reduction Strategy
GPRS II	-	Growth and Poverty Reduction
GSGDA	-	Ghana Shared Growth and Development Agenda
GSS	-	Ghana Statistical Service
HH	-	Households
HIV	-	Human Immuno Virus
ILO	-	International Labour Organisation
JHS	-	Junior High School
LEAP	-	Livelihood Empowerment Against Poverty
MDG	-	Millennium Development Goals
MMDAs	-	Metropolitan, Municipal and District Assemblies
MMYE	-	Ministry of Manpower Youth and Employment
MoESW	-	Ministry of Employment and Social Welfare
MoFA	-	Ministry of Food and Agriculture
MPAT	-	Multidimensional Poverty Assessment Tool
NCCE	-	National Communication and Civic Education Unit
NDPC	-	National Development Planning Commission
NGOs	-	Non Governmental Organisations
NHIS	-	National Health Insurance Scheme
ONPHA	-	Non-Profit Housing Association
UNDP	-	United Nations Development Programme

UNESCO	-	United Nations Educational, Scientific and Cultural Organisation
UNICEF	-	United Nations Children's Fund
US	-	United States

CHAPTER ONE

BACKGROUND TO THE STUDY

1.1 Introduction

Ontario Non-Profit Housing Association (ONPHA, 2008) explains poverty as a multi-dimensional issue, characterized by lack of, or limited, income. It is commonly associated with multiple forms of deprivation and consequences caused by inability to purchase basic goods and necessities. Because of inadequate income and resources, people may be excluded and marginalized from participating in activities, which are considered the norm for other people in society. Desai et.al. (2008) confirm this observation by asserting that in addition to material consumption, health, education, social life, environmental quality, spiritual and political freedom, all matter when explaining poverty and deprivation with respect to any one of these can be called poverty. Unfortunately, the most affected are women and children.

Gordon et al (2003) present results that note that in developing countries, the effects of poverty on children manifest in a holistic manner. To them, the effects of poverty are evident not in terms of income but also in terms of severe deprivation of food, safe drinking water, sanitation facilities, health, shelter, education, information, and basic social services. For example in issues pertaining to child education alone, UNESCO (2010) estimates that there are still at least 72 million children who are missing out on their right to education because of the simple fact of where they are born or who their family is. Millions of youths leave school without the skills they need to succeed in the workforce and one in six adults are denied the right to literacy. Additionally, malnutrition affects around 175 million young children each year and is a health and an education emergency (UNESCO 2010). All these have been strongly linked to poverty.

Currently, most researches explain that children are at a disadvantage when growing up in poor environments providing evidence from many developing countries**.** The first paper in a recent child development series in the Lancet, estimated that over 200 million children under five years worldwide are not fulfilling their potential for growth, cognition, or socio-emotional development (Grantham-McGregor et- al-, 2007). In this regard, rising poverty levels mean that the challenge of meeting basic human needs is a daily struggle and

lessons from the past teach us that children are often the first to suffer – as is their chance to go to school (UNESCO 2010).

The Government of Ghana also recognises that, poverty is multi-dimensional with complex interactive and causal relationships with several dimensions affecting children, adults, women and men. Based on this premise, the National Development Planning Commission (NDPC, 2003) defines poverty as unacceptable physiological and social deprivation. These conditions combine to keep households and whole communities in persistent poverty. Subsequently, poverty levels are identified as a major factor inhibiting progress, affecting everyone especially on children's survival, protection and development (Government of Ghana and UINICEF, 2000). It is in view of this that Ghana is working to halve poverty by 2015 through several initiatives. Yet, Ghana cannot boast of the same for its child population, as almost a third of the population are living in poverty (Sultan and Schroder, 2008). The effects of poverty on child development are thus the underpinning influence of this research.

1.2 Problem Statement

The conceptualization of poverty in terms of the risk and vulnerability of those that are poor has emerged at a time when poverty reduction has become an important aspect of the national economic and social policy mix in many developing countries. In most cases, poor development of children could be attributed to poor income status of parents and other external factors. Wilson (1987) and Massey et al (1994) consider poverty to be strongly associated with deprivation, and, in fact, its principal determinant.

In Ghana, poverty levels are identified as a major factor inhibiting progress, affecting all aspects of children's survival, protection and development (Government of Ghana and UNICEF, 2000). At the household level, it is also estimated that children experience inadequate access to potable water and sanitation, improved health care, quality education and adequate shelter. It is estimated that 28.5 percent of Ghana's household population are poor (Ghana Statistical Service, 2008a) and the challenges of this poverty situations are evident among children living in these households.

Another manifestation of the poverty relating to inadequate access (i.e. both physical and financial) of food, health services, education, shelter, and social services is the incidence of street children and child labour, as many children are without any form of support (Government of Ghana and UNICEF, 2000). The Catholic Action for Street Children reports indicate that the numbers of street children have increased in Ghana. In 1999, it was estimated that 15,000 children were living and working on the street of Accra, the capital of Ghana (Beauchemin, 1999); this rose to 20,000 in 2002 (Catholic Action for Street Children, 2003). However, as these figures reveal, this situation relates to only one of the 10 major cities in Ghana; it is likely that the numbers are higher for the country as whole. Also, once on the street, children become more vulnerable to all forms of exploitation and abuse, and their daily lives are likely to be far removed from the ideal childhood envisioned in the Convention on the Rights of the Child (UNICEF, 2005).

More so, the challenges that poverty has on child development have been associated with parents inability to provide for these children the basic needs of life relating this situation to the low quality and quantity of employment opportunities in Ghana. Given the lack of opportunities for employment and income generation, almost 28.5 percent of the population was living below the poverty line in 2010 (United Nations Development Programme, 2010) and an unemployment rate of 3.6 percent with 7 out 10 adults between the ages of 15-64 being economically active (GSS, 2008a). In addition, the government of Ghana's expenditure on social services since 1990 to 2008 showed that expenditures on education, health, social security and welfare, community water and sanitation and other social services all added up to 48.1 percent of the total national budget expenditure (Government of Ghana, 2000; National Development Planning Commission, 2009). This expenditure figure had direct impact on the survival, development and protection of children.

Fortunately, there is a growing awareness and global consensus about the need to increase efforts to combat poverty more vigorously by providing opportunities and assets for people who are less well-off on equity grounds. Empirical results generally suggest that improvements in income distribution may contribute to greater economic growth, faster development, and less poverty.

In Ghana, despite the efforts of Government and existing non-governmental organizations in the country especially in the Northern Region to curb the impacts of poverty, activities

of a number of such organisations leaves more to be desired. This stresses the need for interventions to change the plight of many more children whose child development processes are impeded because of poverty. Streetism, hunger, substance abuse, drug peddling, child labour, prostitution, incidence of sexual abuse of both young boys and girls by unsuspecting people, for these reasons and many others are the many manifestations of the effect of poverty on children. Therefore increasing investments in children to ensure that children are given the opportunity to develop fully and undergo the necessary child development processes in the Northern Region should be a priority of development action. This suggests the need to take keen interest in poverty situation and development of children particularly in the Northern Region of Ghana.

If these causes of poverty and child vulnerability are not addressed, they may accentuate the crisis for children especially in the Northern Region and Ghana at large. Access of children to education, potable water and sanitation, adequate health care and shelter are dire but no significant research have been carried out in this area with most researches concluding that if parents are poor then their children also lack access to the basic needs of life. Indeed, the manifestations and extent of the effects of poverty on child development have not been comprehensively discussed in Ghana warranting the need for this study.

1.3 Research Questions

Based on the problem statement, the study sought to find answers to the following questions:

i. What are the causes of poverty in the Northern Region of Ghana?
ii. How does poverty impede child development in the Northern Region?
iii. What are the interventions to addressing poverty and child development in the Northern Region?; and
iv. What recommendations for policy can be identified to ameliorate poverty and enhance child development in Ghana?

1.4 Research Objectives

The research seeks to study the relationship between poverty and child development. The specific objectives of the study are:

i. To examine the causes of poverty in Northern Ghana;
ii. To assess how poverty impedes child development in the Northern Region;
iii. To examine the interventions available in addressing poverty and child Development in the Northern Region;
iv. To identify the challenges in the implementation of poverty and child development interventions in the Northern Region; and
v. To propose policy measures for addressing poverty and issues of child development in the Northern Region.

1.5 Scope of the Study

1.5.1 Geographical Scope

The study was undertaken in the Northern Region of Ghana with special focus on two decentralised administrative areas namely the Temale Metropolis and the Savelugu-Nanaton District. Data of average annual household expenditure and per capita expenditure in quintile group according to Ghana Living Standard Survey (Ghana Statistical Service, 2008) depicts that, the three Northern regions; Northern, Upper East and Upper West have low proportions of households in the highest quintile and relatively high proportions of their households within the lowest quintile. This indicates that poverty is very high in the Northern Region of Ghana. These two study areas, Tamale Metropolis and Savelugu-Nanton District, were chosen because of the dynamics and complexities they exhibit in terms of poverty and child development in the Northern Region. For instance, the current available data indicates that the Tamale Metropolis has the lowest poverty rate in the Region whiles the Savelugu-Nanton District has a moderate poverty level compared to the other districts. The NDPC (2005) identifies that Tamale Metropolis has an overall poverty of 59 percent; 87 percent in rural areas and 43 percent in urban areas compared to Savelugu-Nanton District of 77 percent, 91 percent and 51 percent accordingly. All the other districts have overall poverty levels of between 84-92 percent making these two study areas a unique option for the study.

1.5.2 Contextual Scope

The thrust of this study embody the issues of poverty and child development. The objective is to understand how poverty affects children and how it manifests in the lives of these children; whether negatively or positively. To fully appreciate these two phenomena and the complexity associated with them, a multi-dimensional approach to measuring poverty and child development have been considered.

1.5.3 Time Scope

Household data on children from the beginning of the time they started schooling to 2011was analysed. This is to help appreciate the extent of some of the indicators being measured such as the incidence of dropouts. On the other hand, the baseline for data from institutions was 2005 with the aim of understanding poverty and child development issues in the past 5 years as new interventions for poverty reduction implemented between 2010-2013 development planning period started just recently in 2010 and the effects may not yield readily to measurements of effects and impacts.

1.6 Justification

The World Bank (2000) noted that poverty is an outcome of more than economic process but also include social and political processes that interact with and reinforce each other. In this regard, poverty reduction strategies should be worked out based on each country's economic, socio-political, structural and cultural context.

The significance of the study is enormous. The study will help to understand the relationship between poverty and the development of children, existing problems in the study area in particular and their resultant effect on the country as a whole. The results of this research will serve as a working document by Government both national and local in their efforts of understanding the effect of poverty on child development as well as provide policy direction on how to address the phenomenon. Findings from the research will help bridge the gap in knowledge acquisition in understanding the effect of poverty on child development in Ghana. This will make possible teaching and learning of the phenomenon. It will also provide a platform on which future research will be carried out.

The poor needs all the assistance they can get to make their lives better and this research seeks to draw to the notice of all especially policy makers and all leaders in society the plight of the poverty situation in the Northern Region of Ghana and the unpleasant consequences it has on the very vulnerable children in the Region as well as draw involvement in finding solutions to minimize drastically if not totally eliminating the extremes of poverty impacts on child development in the Region.

1.7 Organization of Work

The research report is comprised of five chapters. The introductory chapter entails the background to the study, problem statement, research questions, research objectives, scope, justification and organization of the study. Chapter two is made up of the literature review which includes review of issues and concepts of significance to the study. Chapter three comprises the research methodology; including data sources, the data collection methods, and sampling techniques and how the data was analysed. Chapter four constitutes data processing, analysis and presentation of the data obtained from the field through data collection processes with regards to assessing the effects of poverty on child development in the Northern Region of Ghana. Finally, chapter five presents the summary of findings, recommendations and conclusion for the thesis.

CHAPTER TWO

THE THEORETICAL ISSUES OF POVERTY AND CHILD DEVELOPMENT

2.1 Introduction

Poverty has several manifestations and consequences transcending the individual effect to communities and nations. The phenomenon is pervasive and for each section of the society the effects vary at different levels.

With this understanding, the focus of the discussions in this chapter is centred on the relationship between poverty and child development. The Chapter presents issues on the linkage between poverty and development by expatiating on the definition, dimensions, manifestations and the measurement of poverty. This has been done in addition to the discussion of poverty and its effect on child development both from a theoretical and practical perspective.

2.2 Poverty and Development

2.2.1 Definition of Poverty

Poverty and development are two extreme ends of human welfare with the former presenting the negative state of human welfare whereas the latter illustrating the positive state of human welfare. As simple as this may seem, there is still no consensus as to the definition of poverty and development although both phenomena have evolved from a sectoral perspective of economic understanding to an integrated and multidimensional perspective. Indeed, human development is an evolving idea not a fixed, static set of precepts and as the world changes, analytical tools and concepts also evolves (United Nations Development Programme 2010).

United Nations Children's Fund (2004) asserts that the United Nations views of poverty as a human condition is characterized by sustained or chronic deprivation of the resources, capabilities, choices, security and power necessary for the enjoyment of an adequate standard of living and other civil, cultural, economic, political and social rights. In simple terms, poverty is pronounced deprivation in wellbeing (World Bank 2000). All

these observations present poverty as a complex and dynamic negative human welfare situation.

For this reason, Reyes and Due (2009) agree to development thinking that have the assertion, that understanding the well-being of the poor requires a more multi-faceted approach that takes into account other kinds of deprivation, such as health, education, access to public goods and services, security, freedom, and human rights. The rationale, which was consolidated at the internal level by the United Nations Development Programme in 1990 articulating that to reduce poverty, the objective of development should therefore be to create an enabling environment for people to enjoy long, healthy and creative lives placing the human at the centre of development action. To this end, poverty can be said to be a situation of affliction on an individual, a group of people or a community that extends beyond just negative economic issues of income and employment to other issues of deprivation and impoverishments that limit people's capability to promote a sustained improvement in human welfare.

2.2.2 Types of Poverty

Over the few decades, poverty has mainly been grouped into two main types underpinned by economic perceptiveness. Absolute and relative poverty have thus become the universally and internationally acclaimed types of poverty as they provide a certain logical means of assessing and verifying poverty levels of individuals, communities and nations. Currently, there has been an addition to these two referred in most literature as multi-dimensional poverty which integrates the limitations of the latter two by integrating non-economic parameters in the poverty appraisal.

Absolute and Relative Poverty

White (2008) describes absolute poverty as measured benchmarks for assessing human welfare in relation to individual's consumption abilities such as the cost of getting enough food to eat, or being able to write your own name for literacy, whilst relative poverty is defined as measured benchmark against societal consumption standards. In developing countries the basket of 'essentials' comprises food and a few items of clothing, where as in developed countries it includes Christmas presents and going out once a month

demonstrating the relativity of poverty. In addition, Todaro and Stephen (2009) suggest that both relative and absolute poverty represents a specific minimum level of income needed to satisfy the basic physical needs of food, clothing, and shelter in order to ensure continued survival.

In all these, poverty levels are expressed in economic capabilities of individuals and communities expressed in terms of income and expenditure as against internationally accepted standards of human consumption. Both relative and absolute poverty as implied by Desai et al (2008) and Todaro and Stephen (2009) refer to the number of people who are unable to command sufficient resources to satisfy basic needs expressed in terms of consumption indices.

Thus poverty levels of individuals, communities and nations are counted as the total number living below a specified minimum level of real income (an international poverty line) which is independent of the level of national per capita income, and takes into account differing price levels by measuring poverty as anyone living on less than $1 a day or $2 per day in purchasing power parity dollars (Todaro and Stephen. 2009).

Multidimensional Poverty

The evolution of poverty to an integrated perspective has resulted in mathematical representation of a measure that includes the social, environmental and political variables in the estimation of poverty levels. According to Bibi (2003), empirical studies of poverty are usually based on one-dimensional indicators of individual welfare, such as income (or total expenditure) per capita or per equivalent adult but the multidimensional poverty aspect examines several aggregated welfare indicators simultaneously and is increasingly sensitive to other non-monetary, aspects of poverty, such as education, life expectancy at birth, and health, in addition to its monetary side. These indicators are then adjusted by using a formula that estimates the intensity of the deprivations (Asselin, 2002; United Nations Development Programme, 2010)

2.2.3 Dimensions and Manifestations of Poverty

2.2.3.1 Economic Dimensions and Manifestation

Poverty has remained overwhelmingly a rural phenomenon as majority of the world's population until 2008 lived in rural areas. Notwithstanding, the United Nations Educational Scientific and Cultural Organisation and Food and Agriculture Organisation (UNESCO, 2003;FAO, 2003) estimated that for the next two decades, the majority of the population living in developing countries will continue to be rural. This is even more the case for the least developed countries where the people living in rural areas will still represent over 55 percent of the total population in 2030. Thus rural poverty would still remain a great issue in development constellations in developing countries. These observations are founded on the economic measure of poverty levels using income and expenditure levels of individuals.

Currently, it is estimated that about 1.44 billion people in the world live on US$1.25 a day or less and approximately one in four people in developing countries continues to live below the World Bank's international poverty line of US$1.25 per day (World Bank, 2009). This represents the economic wellbeing of individuals and does not represent the total wellbeing of the individual with current thinking of multifaceted or multidimensional poverty.

2.2.3.2 Social Dimensions, Vulnerability and Exclusion

The social dimension to poverty is highly insidious cutting across issues relating to education, health, shelter, and environment and in some cases political issues. However, key to the social dimensions of poverty discussion are related to vulnerability and exclusion. Even though these have cognitive linkages to economic circumstances, the intensity of discussion of the factors that impoverish individuals leading to deprivations has been greatly associated with the social dimension of poverty; lack or inadequate access to food, quality education, improved health, potable water and sanitation, shelter and energy; which increases individuals' susceptibility to risks and shocks. For instance, the World Bank (2003) explains that because the poor lack the means to manage risk and to cope with external shocks, the first step in analysing social risk (i.e. the social dimensions of poverty) is an assessment of the vulnerability of the poor populations.

To Wisner et al (2003),vulnerability is defined as the state of a person or group that influences their capacity to anticipate, cope with, resist and recover from the impact of a natural hazard. Unfortunately this definition neglects several other conditions that impoverish human welfare and are not natural disasters as the ones identified earlier on. The definition by the NDPC (2004) is comprehensive and focuses on the processes of and susceptibility to, declines in wellbeing of individuals, households and communities in the context of changing social, cultural, economic and political environments. Consequently, vulnerability is the exposure of individuals and societies to risks, shocks and situations that inflict pain and undesirable impact on their welfare making them worse off than their original situation.

Closely associated to vulnerability in development nomenclature is exclusion. Mostly defined in the context of social dimension of poverty, it refers to the exemptions of individuals in decisions that concern their development. Burchardt et al (1999) notes exclusion as the situation in which an individual or group of people are exempted from the participation of key activities of the society within which they live. Invariably, persistent vulnerability leads to exclusion. This normally arises from the perpetuation of institutional barriers and the hindrances of incentives that decrease the access of diverse individuals and groups to development opportunities (World Bank 2003). This could be on the basis of age, gender, ethnicity, religion, language and geography. Vulnerability and exclusion of individuals limits their accessibility to social and economic services and opportunities and limits their ability to effect changes in their social wellbeing thus making the subject an emerging critical component of development and poverty discussions.

2.2.4 Measurement of Poverty

The measurement of poverty must begin with the understanding and appreciation of the underpinning precepts of the concept. Poverty as a material phenomenon is underpinned by the assumption that living standards could be quantified by monetary measures (McMichael, 1996); per capita income therefore became a key indicator of 'wealth' or 'poverty'. The conceptual roots of income-based measures of poverty are often traced to the work of Rowntree in England in the 1880s. (Hossain and Moore 1999; Kandur and Squire 1999). By 1948, the World Bank's definition of poor countries as those with a per

capita income of less than $1a day led to the overnight framing of two thirds of the world's population as poor (Escobar 1995). Again, the Gross National Product (GNP) of a country as an overall development measure has also been adopted as a measure of poverty. White (2008) explains the limitations of these economic measures of poverty by pointing out that other measurements of development aside the use of the GNP and poverty lines should be adopted as these measures are unable to take into account how far people are below the poverty line and the consequences of these on human capital development.

Contrary to these measures is that poverty is multidimensional in nature and with this realization, the World Bank (2000) explains that development efforts are being targeted to address both income and non-income measures of welfare and poverty, as recently captured in part by the Millennium Development Goals (MDG). Until recently, and as indicated in the preceding discussions, the income dimension of welfare has been the main focus of poverty and distributional analysis, and economic tools were most often applied in analyzing the money-metric welfare measure. Now, however, non-income dimensions of welfare and poverty such as human development and social development indicators addressing risk, vulnerability, and social capital are being given a closer consideration.

Several agencies are now adopting quantitative and qualitative approaches to measuring poverty from a multi-dimensional perspective. The Multidimensional Poverty Assessment Tool (MPAT) has been one of the emerging measures of poverty and is informed by the Basic Needs Approach. Cohen (2009) explains that the MPAT is based on the conviction that all people, rich or poor, living in urban, peri-urban or rural areas, across continents and cultures, have the same essential needs which serves as a means of assessing fundamental dimensions of rural poverty, but not a definitive list of the fundamental dimensions since there is no valid means of agreeing on such a finite list. These dimensions are: food and nutrition security; domestic water supply; health and healthcare; sanitation and hygiene; housing, clothing and energy; and education. The approach also adopts both qualitative and quantitative measures of univariate and multivariate analysis as well as Pearson Correlations.

Correspondingly, the 2010 UNDP annual report adopted a multidimensional approach in discussing poverty and human development. According to UNDP (2010), poverty is multifaceted and thus multidimensional explaining further that money-based measures are

obviously important, but deprivations in other dimensions and their overlap also need to be considered, especially because households facing multiple deprivations are likely to be in worse situations than income poverty measures suggest. The Multidimensional Poverty Index (MPI) by the UNDP is grounded in the capability approach and refers to the share of the population that is 'multi-dimensionally poor' adjusted by the intensity of the deprivations. The dimensions identified by this tool for assessment are three. The first dimensions relates to the health of households using the indicators of nutrition and child mortality; the second dimension relates to education which uses the indicators of years of school and children enrolment; and the last dimension standard of living which focuses on toilet, cooking fuel, water, electricity, floor, and assets as the indicators (UNDP, 2010).

Therefore, in assessing poverty, there must be the realization and understanding of the factors that cause poverty. These factors are multifaceted thus a comprehensive apprehension of the dimensions of poverty must go far beyond inadequate income of individuals, households and communities to the incorporation of issues such as health, water and sanitation, education and skills, livelihoods, housing conditions, social exclusion, vulnerability, energy and security. This would thus inform adequately interventions for poverty reduction making these initiatives participatory, comprehensive and sustainable.

2.3 Poverty in Ghana

2.3.1 Poverty Trends in Ghana

The NDPC (2003) explained that Ghana has experienced growing and deepening poverty over the past ten years (i.e. 1990-2000), which presents evidence of intensification of vulnerability and exclusion among some groups and in some areas, especially in the north of the country and the Central Region. In addition, five out of ten regions in Ghana had more than 40 percent of their population living in poverty in 1999. The worst affected being the three northern savannah regions (the Upper East, Upper West and Northern Regions). Nine out of ten people in the Upper East; eight out of ten in Upper West, seven out of ten in Northern Region and five out of ten in Central and Eastern Regions were classified as poor in 1999 and food crop farmers in the country had the highest incidence of poverty. They constituted fifty-nine percent (59%) of the poor in Ghana (NDPC 2003).

Overall poverty levels decreased 1991/92 from 51.7 percent to 40 percent in 1998/99. Extreme poverty declined from 36.5 percent to 27 percent over the same period. Urban and rural poverty also decline from 18 percent to 17.3 percent and 46 percent to 36.0 percent respectively (GSS 1999).

By 2005/2006, national poverty incidence was 28.5 percent, down from 39.5 percent in 1998/99 indicating a decline of 11 percent according to the Ghana Statistical Service (2006). This implies that the proportion of the population living in poverty declined by an average of 1.5 percent on an annual basis, and represents about 44.9 percent decline from the 1991/92 level of 51.7 percent. Similarly, the proportion of the population living below the absolute poverty line declined from 36.5 percent to 18.2 percent (NDPC, 2008). However, there are masks of uneven decline in poverty and incidents of growing and deepening poverty in some geographical areas of Ghana. The NDPC (2010) explains that some regions did not record improvements in poverty, particularly the three Northern regions where high levels of poverty persist; i.e. over 70 percent of people whose incomes are below the poverty line can be found in the Savannah areas of Ghana.

2.3.2 Manifestations of Poverty in Ghana

The realization that poverty is multidimensional in nature is evident both at the national and local level. NDPC (2003) articulated that poverty is recognized as multi-dimensional with complex interactive and causal relationships between the dimensions and defined as unacceptable physiological and social deprivation. For this reason, the dimensions and manifestation of poverty transcends economic issues to cross-sectoral issues including health, water and sanitation, education, housing, vulnerability and exclusion.

In terms of health as a dimension of poverty, manifestations in terms of under-five mortality revealed that there has been a 30 percent reduction in the under-five mortality rate, as it declined from 111 per 1000 live births in 2003 to 80 per 1000 live births in 2008, while infant mortality rate as at 2008 stood at 50 per 1000 live births compared to 64 per 1000 live births in 2003. Neonatal mortality rate also has seen a decrease from 43 per 1000 live births in 2003 to 30 per 1000 live births in 2008 (Ministry of Health, 2008). In addition, maternal mortality rate has reduced from 740 per 100,000 live births in 1990 to 503 per 100,000 live births in 2005, and then to 451 deaths per 100,000 live births in 2008. However, if the current trends continue, it is projected that maternal mortality will

reduced to only 340 per 100,000 live births by 2015 instead of the MDG target of 185 per 100,000 live births by 2015 and Ghana is unlikely to meet the target (NDPC, 2010).

In education, it is observed that survival rate at the Primary and Junior High Level recorded was 88 percent and 67.7 percent pupils/students respectively in 2007/08.This illustrates that about 12 percent and 32.3 percent pupils/students of Primary and Junior High School Level do not stay and complete school after enrolment. Again, 34.2 percent of all adult 15 years and older are illiterate and 71.3 percent of the population aged 25 years and older at least has secondary education (NDPC, 2008).

Access to water and sanitation in Ghana has improved over the years. However, it is estimated that as at 2008, 16.2 percent of Ghanaians did not have access to potable drinking water. The proportion of the urban population without access to potable drinking water was 45 percent in 2008, while that for rural population was 42.86 percent (Ghana Statistical Service, 2008b). Furthermore, 17.4 and 54.7 percent of urban and rural household population did not have access to improved sanitary facilities as at 2008 whereas about 5.5 million people live in slums in Ghana (NDPC, 2008).

Although remarkable achievements have been made, there are several individuals and families without access to basic social and economic infrastructure and services limiting their ability to cope, reduce and mange risks and socks and draws critical implication for directing policies to mitigate these negativities especially when the worse affected are women and children.

2.3.3 Causes and Effects of Poverty in Ghana

The causes of poverty are as pervasive as the dimensions and manifestations of poverty. It is clear now that people may experience poverty not just because they lack access to goods and services but also because there are systematic constraints that limit the mobilization and the allocation of resources to the particular group. In addition, the 2007Ghana Human Development report explains that public institutions can be aggravated poverty through a lack of understanding of the dynamics of vulnerability, poverty and exclusion or through sheer oversight. As a result, poor legislation may act to deepen the exclusion of some social groups. Sometimes adequate legislation may be in place to protect the interests of

the underprivileged but the non-enforcement of these legislations would perpetuate poverty.

It has also been identified that rapid population growth without a corresponding provision for social and economic infrastructure and services limit access to water, sanitation, health, education and energy which are all manifestations of poverty. Again, the level of education and the technical know-how of the individual and the geographical location of groups of people have also been identified as a cause of poverty. The arguments are that areas without substantial natural resources that can inform economic activities have been the consequences of underdevelopment and rising poverty levels. It thus not surprising to find the three Northern Regions in Ghana characterized by high incidence of illiteracy and inadequate access to social and economic services are considered as the most poverty endemic regions in Ghana.

2.4 The Concept of Child Development

2.4.1 Definition of a Child

Who a child is, differs across geographical regions and recognised in various worldviews. UNICEF identifies a person less than 18 years as a child. This is in line with the provision of the 1992 Constitution of the Republic of Ghana, Chapter 5 Articles 28(5) which states that for the purpose of this article "child" means a person below the age of eighteen years. Thus a child is a person between the ages of 0-17 years. This is also delineated in the Children's Act of 2005.

Contrary to this legislative provision, the Ghana Living Standard Survey adopted an age group of 0-15 years and this could be attributed to the demographic nature of the country, which defines the reproductive age group as between 15-49 years. Based on this, it is estimated currently that children under 15 years account for about 40 percent of the population, whilst the aged persons (65 years and older) form 4.7 percent. Based on this structure, the survey reveals a dependency ratio of 82. It can be noted that the proportion of children in rural areas (43.3%) is higher than in Accra (30.7%) and other urban areas (36.4%).

2.4.2 An Overview of Child Development

Child development is defined by Engle and Black (2007) as the ordered emergence of interdependent skills of sensorimotor, cognitive–language, and social–emotional functioning, which depend on the child's physical well-being, the family context, and the larger social network. With regards to this research, child development may refer to a composition of both caring for the basic health and safety needs of children and providing for the multidimensional growth of their mental, emotional, and social development. It may also refer to that foundation for community development and economic development, as capable children become the foundation of a prosperous and sustainable society.

The years of a child's life are crucial for cognitive social and emotional development for the actualization of the individual. Therefore, it is important for the necessary steps to be taken to ensure that children grow up in environments where their social, emotional and educational needs are met. In this consideration, the MDGs arising from the Millennium Declaration, agreed in 2000, with set goals which are directly or indirectly related to children, eradicate extreme poverty and hunger, achieve universal primary education, promote gender equality and empower women, reduce child mortality, improve maternal health, combat HIV/AIDS, malaria and other diseases, ensure environmental sustainability and finally, develop a global partnership for development, presents a conscientious drive to promote child development. Implicit in the goals are the pronounced understanding that child development is dependent on the physical, social, emotional, and intellectual growth and development of children by making available essentially the care and guidance needed for children in other to create an environment that will promote optimum development of children.

In order to meet this objective, 190 governments convened at the United Nations General Assembly special session on children in May 2002 and pledged to accelerate progress on child development. These world leaders unanimously embraced a set of time–bound goals including: promoting the best start and healthy lives for children; providing quality education; protecting children against abuse, exploitation and violence; and combating HIV/AIDS. These commitments were reflected in a new international compact, "A World Fit for Children" (UNICEF, 2004).

2.4.3 Rationale for Promoting Child Development

Children living in poverty are exposed to an increasing number of risks over time, and the cumulative effects of these risk factors on development become more evident as children get older. Prior work has found that higher cumulative levels of risk are related to poorer cognitive development (Brooks-Gunn et al., 1995; Sameroff et al., 1993), psychological distress and behaviour problems (Brooks-Gunn et al., 1995; Evans, 2003), and communicative development and symbolic behaviour (Hooper et. al.1998).

Studies have revealed that children in the developing world are more likely to be vulnerable to deficiencies in basic health and nutrition than are children in the developed world and these deficiencies results in delayed physical and cognitive development. Children who benefit from quality early childhood care and development programs tend to be better adjusted.

African governments have over the years declared the importance of children in their development efforts and have devoted considerable resources to child development, especially in education and health. They affirmed their commitment in Africa with the caption "Fit for Children". This was the African Common Position (Pan-African Forum, 2001) at the Pan-African Forum for Children in Cairo in May 2001. This position was endorsed by the heads of state and government of the Organization of African Unity (now African Union [AU]) in Lusaka in July 2001. The African Common Position became Africa's input into the United Nations Special Session on Children held in May 2002. This commitment thus indicates the importance of promoting child development.

The links are critical between the achievement of the best start in life for Africa's children and the successful implementation of the human rights conventions such as the Convention on the Rights of the Child (United Nations 1989), the African Charter on the Rights and Welfare of the Child (Organization of African Unity 1999), and the Convention on the Elimination of All Forms of Discrimination Against Women (United Nations 1979) as well as international development policies and strategies such as Education for All, Poverty Reduction Strategy Papers (PRSPs), the Millennium Development Goals (MDGs), sector wide approaches (SWAps), and the New Partnership for Africa's Development (NEPAD). African leaders emphasized the links in 2001 when

they stated in Africa Fit for Children: "The socioeconomic transformation of the continent rests with investing in the young people responding to the needs of Africa's children is imperative. Children should be the core of priorities for policy makers", (Organization of African Unity, 2001). For example, it calls for measures "to eliminate harmful social and cultural practices affecting the welfare, dignity, normal growth, and development of the child and, in particular, the girl child" (Organization of African Unity, 1999). It also prohibits child marriage and betrothal of girls and boys.

2.5 Child Development in Ghana

2.5.1 State of the Child in Ghana

African societies value children and place them at the core of their family life and communities. The African Charter on the Rights and Welfare of the Child (ACRWC) states that "the child occupies a unique and privileged position in the African society" (Organization of African Unity 1999). However, children experience major forms of exclusion which include effects of HIV and AIDS, increased number of orphans, child mortality, their inability to access social grants, lack of access to social services, begging and living on the streets, neglect and commercial exploitation, child pornography and prostitution, child labour, child trafficking, children with disabilities and chronic illness not catered for, social crimes and substance abuse, and all forms of abuse including sexual, physical and emotional abuse. More so, children born with physical abnormalities are often subjected to cruel treatment.

In Ghana, child development statistics from the Ghana Living Standard Survey 5 indicates that about 20 percent of children aged 6 to 11 are currently not enrolled school in all regions except the three northern regions (Northern, Upper East and West) where more than 30 percent are currently enrolled school. About 28.7 percent of children 5 years and younger suffered from illness or injury. Although the 1998 Children's(Act 560) prohibits children from engaging in any work that is exploitative or hazardous to the child's health, education, or development, out of the estimated 4.7 million children aged seven to fourteen years, an estimated 612,388 children or 13 percent were economically active. Higher proportions of these children are males, and in rural areas, compared to females

and urban dwellers. About 89.3 percent of these children are engaged in agriculture, which is also the main industrial sector in rural areas.

Awedoba (2002) adds that for example in Ghana, Kasena children born with congenital defects are seen as Chuchuru – spirits who must be returned to the bush from where they are believed to have come. The unfortunate situation of the parents of such children calling upon a specialist who may either administer strong poison to kill the child or club the child to death by use of a ritual object.

In other perspectives, the manifestation of the effects of poverty on children has been associated with streetism. A survey by Ghana Statistical Service (2003) revealed that 53.5 percent of street children interviewed had sustained one form of injury/illness or another in the course of their work. Poverty was cited by 83 percent of people interviewed as the factor that pushes children onto the street. It was also confirmed that over half (55 percent) of such children came from the three Northern Regions, where the incidence of poverty according to the fourth round of the Ghana Living Standards Survey, is highest in the country. According to the Ghana Statistical Service (2003), living on the street exposes children to various hazards and this makes them very vulnerable to many illnesses and injuries.

In relating poverty to child development in Ghana, Ministry of Manpower Youth and Employment (MMYE, 2007) explains that the phenomenon of poverty is prominent in developing countries where over 60 percent of the people are in the informal economy, characterized by issues like small family businesses, capital scarcity, subsistence farming, and primitive technology which result in low levels of productivity and low income. These limit the ability to save and thus create a vicious cycle of poverty. It is therefore uncommon to find children engaged in economic activities (MMYE, 2007) which can be detrimental to their development. This is in terms of being mentally, physically, socially and morally dangerous and harmful to children; and interferes with their schooling by depriving them of the opportunity to attend school, by obliging them to leave school prematurely, or by requiring them to attempt to combine school attendance with excessively long and heavy work (International Labour Organization, 2002).

2.5.2 Response to Child Development in Ghana

The response to poverty reduction and child development is approached from three standpoints namely, the policy, legislative environment and the institutions responsible for implementing these policies and legislative provisions for poverty reduction and child development in Ghana.

2.5.2.1 Policies for Child Development in Ghana

Several policies have been formulated to confront the challenges children face in Ghana. The national disability policy, children's policy, under five child health policy, early childhood development policy, the domestic violence and human trafficking acts and their corresponding national action plans, national action plan on child labour, and several social protection initiatives such as the national health insurance scheme, capitation grant for public schools, free school uniforms, free bus-rides for school children, school feeding program, and Livelihood Empowerment Against Poverty social grants to households with children involved in child labour are examples of such policy response to child development in Ghana.

All these policy initiatives are facilitated by national policy documents that guide development actions in Ghana. The Ghana Poverty Reduction Strategy (GPRS I)provided the development framework for the period 2003-2005 whereas the Growth and Poverty Reduction Strategy (GPRS II) was between 2006 and 2009. Currently, the Ghana Shared Growth and Development Agenda (GSGDA) are guiding the development process in Ghana for the period 2010-2013. Under the GPRS I, 2003-2005, the provisions for child development included:

i. Streamline legal system to address gender-based violence, violation of freedoms, protection of property rights, protection of children, elderly and disabled;
ii. Intensify awareness of Convention on Rights of the Child, the Children's Act especially on child labour;
iii. Increase resources for the protection of the rights of women and children;
iv. Provide community support for orphans and vulnerable children; and

v. Strengthen the work of the Department of Social Welfare and Community Development and capacity of child care workers; etc.

For the GPRS II, 2006-2009, the provisions included:

i. Promote energy efficient technologies that safeguard the health of domestic users especially women and children;
ii. Promote and protect the welfare of children in difficult circumstance including eliminating child labour;
iii. Support Complimentary Basic Education to target hard to reach children;
iv. Develop combined local language and English reading materials for kindergarten children.

Similarly, under the Ghana Shared Growth and Development Agenda (GSGDA), 2010-2013, the provisions for child development include:

i. Introduce multi-grade teaching in small remote communities with limited facilities to ensure that children of pre-school and primary one age are exposed to learning opportunities
ii. Ensure improved Maternal and Child Health Care through Improving access to antenatal care ANC) service to ensure favourable birth outcomes for mother and child and reduce child and maternal mortality; and
iii. Protect children from direct and indirect physical and emotional harm and eliminate child trafficking; etc.

Unfortunately, the implementation of these initiatives however continue to be plagued with bottlenecks such as overlapping mandates and weak coordination among sectors, weak enforcement of legal provisions, inadequate budgets and weak institutional capacity for monitoring and evaluation among others.

2.5.2.2 Legislation for Child Development in Ghana

The legal instruments that provide the basis for child development interventions include the Constitution of the Republic of Ghana, Children's Act, Human Trafficking Bill, and the Juvenile Justice Act. In addition, the International Labour Organisation Convention 182, ILO Convention 138, and the United Nations convention on the rights of the child (1989) are comprehensive legal provisions that mandate the Ghana Government to ensure children's rights protection thereby promoting child development.

Specifically, the 1998 Children's Act Part V, Employment of Children Sub-Part 1, Child Labour Section (2) states that, labour is exploitative of a child if it deprives the child of its health, education, or development.

The Persons with Disability Act, 2006(Act 715) makes provision for the right of people with disability to family and social life, education for children with disability and their protection against exploitation and discrimination. It lays emphasis on Sub- section (1) and (2) of the Children's Act, 1998 (Act 560) which protects the disabled child against undignified treatment and guarantees his/her "right to special care, education and training wherever possible to develop his/her maximum potential and be self-reliant."

From the Children's Rights of the 1992 Constitution of the Republic of Ghana, Article 28, section (1) clauses states that:

(a) Every child has the right to the same measure of special care, assistance and maintenance as is necessary for its development from its natural Parents except where those parents have effectively surrendered their rights and responsibilities in respect of the child in accordance to law;
(b) Every child, whether or not born in word lock, shall be entitled to reasonable provision out of estate of its parents;
(c) Parents undertake their natural rights and obligation of care, maintenance and upbringing of the children in co-operation with such institutions as parliament may, by law, prescribe in such manner that in all cases the interest of the children are paramount;
(d) Children and young person's received special protection against exposure to physical moral hazards; and
(e) The protection and advancement of the family as the unit of society are safe guarded in promotion of the interest of the children.

Sections (2) also state that, every child has the right to be protected from engaging in work that constitutes a threat to his health, education or development. In Section (3), the provision explains that "a child shall not be subjected to torture or other cruel inhuman or degrading treatment or punishment". Section four delineates that "no child shall be deprived by any other person of medical treatment, education or any other social or economic benefit by reason only of religious or other beliefs and section (5) defines who

a child is. The provisions present a total perspective to child development in Ghana presenting the multidimensional nature of development and its negative manifestation; that is poverty to which no child in Ghana whether through direct or indirect means must not be subjected to experience. The onerous responsibility as per the provision is placed on parents thus parents are required by law to implement and maintain the provisions of the constitutional provisions on the child.

Unfortunately, this mandate has been daunting to achieve by parents since poverty presents are constraint on the ability of parents in Ghana to effectively promote child development. UNICEF (2004) explains that in addition to threatening children's lives, poverty increases their vulnerability to other dangers, providing fuel for violent and exploitative conditions that include hazardous child labour and child trafficking. In addition, protecting the rights of children is about not only harmonizing national laws and policies with international legal instruments but also "about altering traditions, customs and behaviour that continue to undermine children's rights" (UNICEF, 2005) and this must begin from the parents.

2.5.2.3 Institutions Responsible for Child Development in Ghana

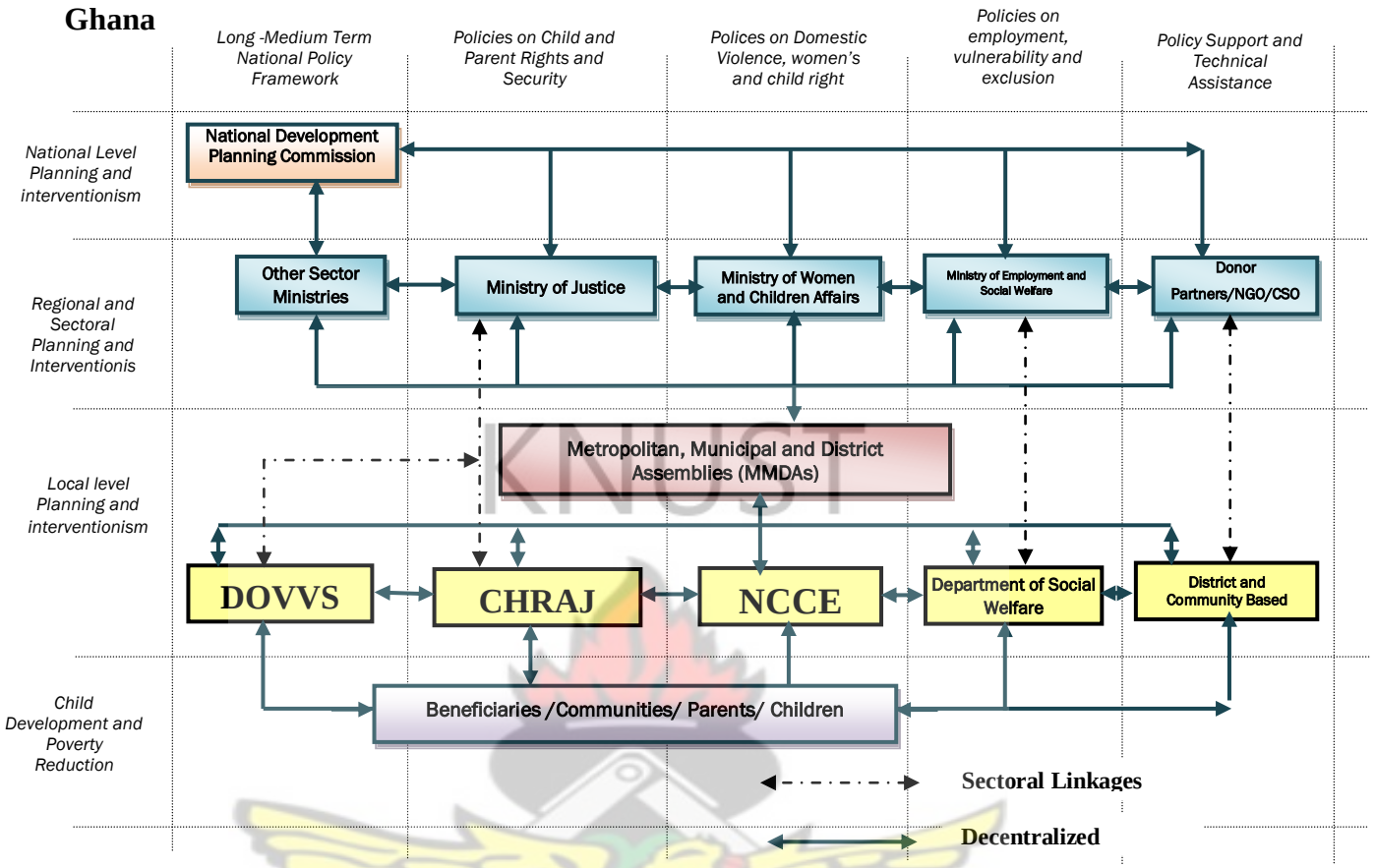
The review of literature has revealed that intervention on both poverty reduction and child development involve both public and private actors and these actors are operational at the local, regional and national level. However, planning and interventionism occurs mainly at the national and district level. This is consolidated in the National Development Planning (Systems) Act 480; 1994 that identifies planning activities including the design, implementation and monitoring and evaluation of poverty and child development interventions at the national level and local/district levels.

At the national level the National Development Planning Commission provides the national framework or policy for poverty reduction and child development. The agency does this through the preparation of national development policy documents including the GPRS I, GPRS II and the GSGDA. Sectoral ministries consequently prepare their policy documents in accordance with the provisions by the NDPC. At this level, they involve donor partners such as UNDP, UNCEF, ILO; Non-Governmental Organisations (NGOs) such as Action Aid, Care International, World Vision as well as civil society groups such

as Legal Aid, Ghana Federation of the Disabled in the decision making and implementation process.

The implementation of these interventions, are done through the Metropolitan, Municipal and District Assemblies (MMDAs), Civil Society Organisations (CSOs) or NGOs at the District level. Similarly, Ministries also implement their interventions through their sector directorates and departments at the local level. The District Directorate of Education (DDE), District Health Directorate (DHD), Domestic Violence and Victim Support Unit (DOVVSU), Commission for Human Right and Administrative Justice (CHRAJ), National Communication and Civic Education Unit (NCCE), and the Department of Social Welfare play critical roles in poverty reduction and child development at this stage. The consequences of these interventions are poverty reduction and child improvement for beneficiaries in the various communities of the Districts most importantly parents and their children. Figure 2.1 shows the institutional framework for poverty reduction and child development in Ghana

Figure 2.1: Institutional Framework of Poverty Reduction and Child Development in Ghana



Source: Authors Construct, February 2011

In addition to the above response to child development in Ghana, the Government of Ghana affirmed her commitment in Africa "Fit for Children";which is the African Common Position(Organization of African Unity 2001) at the Pan-African Forum for Children in Cairo in May 2001. The African Common Position became Africa's input into the United Nations Special Session on Children held in May 2002. Children and young people constitute more than half of Africa's population (African Union, 2003).

Again, the Ghana Government together with other governments in Africa and in partnership with the Economic Commission for Africa (ECA) and UNICEF, in September 2003 published "The Young Face of NEPAD*";* Children and Young People in the New Partnership for Africa's Development. This publication which called for African leaders to take bold and radical actions in favour of Africa's children, starting with ECD: "Early childhood care for survival, growth, and development is not just an obvious humanitarian action, but an action at the centre of the long-term development and evolution of society" (African Union, 2003).

2.6 Effects of Poverty on Child Development

2.6.1 Global Trends

Poverty threatens child development in the most tangible way of all by jeopardizing a child's right to survival and self-actualization. It is also noted that one child out of six born in least developed countries dies before the age of five compared with one child out of every 167 born in rich countries (UNESCO, 2005). Other studies have observed that young children growing up in poverty are more likely to experience developmental delays and growth deficits than those from more privileged backgrounds because they are disproportionately exposed to a wide range of co-occurring risk factors that impact development (Bradley and Corwyn, 2002; Bolig, Borkowski, and Brandenberger, 1999; Brooks-Gunn, Klebanov, Liaw, and Duncan, 1995). In the developing world the conditions contributing to poor child development are exacerbated by more extreme poverty, poor sanitation, overcrowding, and even more limited access to resources (Guo and Harris, 2000).

The effects of poverty on child development to education according to the United Nation Population Fund (2005) reveals that early and child marriages though abolished in many developing countries continue to persist. The practice deprives girls of education, and thus the opportunity to be less-dependant on men in later life, restricts their economic autonomy and often adversely affect their reproductive health. In addition, United Nations (2006) identifies that over 121 million primary school age children are out of school. They are deprived of their right to education by poverty, either because their families cannot afford school fees. Children who lack access to health-care, education and security will also lack the capacity to contribute to family and community decisions. Over 140 million children in developing countries, 13 percent of those aged 7-18 years, have never attended school. This rate is 32 percent among girls in Sub-Saharan Africa, where 27 percent of boys also miss out on schooling, and 33 percent among rural children in the Middle East and North Africa of Africa.

In terms of access to health care and adequate shelter, the organization again notes that around 270 million children, or just over 14 percent of all children in developing countries, have no access to health-care services and over 640 million children in developing countries experience severe shelter deprivation respectively, with those in Sub-

Saharan Africa clearly the most deprived. More so, the impact of conflict on childhood are vast as they could be orphaned, abducted, raped or left with deep emotional scars and psychosocial trauma from direct exposure to violence, dislocation, poverty or the loss of loved ones (UNICEF, 2005).

Furthermore, in considering poverty with housing situations, Sub-Saharan Africa has the highest rates of absolute child poverty in the world. More than half of all children in the region are severely shelter-deprived and 45 percent are water-deprived. The region also suffers from the highest rates of deprivation in education (30 percent) and health 27 percent (World Bank, 2008).

It was also stated in 2000 World Development Report that (Children who benefit from quality early childhood care and development programmes tend to be better adjusted socially. In particular, recent findings indicate that brain development before age one is more rapid and extensive than previously thought, and that early experience lays the foundations for later life in terms of leaning capacity, health and behavioural patterns (World Bank, 2010). Thus, interventions in the early years of life can generate substantial economic and social benefits such as increased school enrolment.

2.6.2 Effects of Poverty on Child Development in Ghana

Child development as indicated earlier is comprehensive and multidimensional in nature as poverty. It transcends economic issues and includes social and institutional factors including access to decent standard of living of children. Thus child development embody child education, access to good and adequate health, water and sanitation, shelter and excludes all forms of child labour which embody all work that is harmful and hazardous to a child's health, safety and development; taking into account the age of the child, the conditions under which the work takes place, and the time at which the work is done (MMYE, 2003).

In Ghana, the causes of child impoverishment and deprivations have been identified as the consequences of poverty as a result of parents/guardians incapacities to provide for the basic needs of their children resulting sometimes in the child engaging in economic activities to support the family or provide for him/herself.

With regard to poverty and health of children, it can be said that the general performance of the health sector in the area of child health has stagnated over the period. According to the NDPC (2010)," although evidence shows that there has been significant reduction in both infant and under-five mortality rates in Ghana, it is unlikely that the 2015 target of reducing the child mortality rates will be met unless coverage of effective child survival interventions
is increased". Evidence from the Ministry of Health indicates that the proportion of children with stunted growth in the Eastern, Upper East and Northern regions were estimated to be 38 percent, 36 percent and 32 percent respectively in 2008, compared to national average of 28 percent while the proportion of children with wasting was estimated to be highest in the three northern regions (Ministry of Health, 2008). The NDPC (2010) associates this trend to poverty and indicates that high global food prices in addition to those of domestic key staples and population growth rates and family sizes continue to continue to affect the poor's ability to adequately feed their families resulting in poor nutritional status and increased vulnerability of poor people.

Thus improving the wellbeing of people thereby reducing poverty is seen to have positive effects on children. This was particularly the case for the infant mortality rate (IMR); under-five mortality rate; and the incidence of child malnutrition (NDPC 2006) which has been attributed to poverty limiting mothers from accessing antenatal and post-natal healthcare services. For instance between 1990 to 2008 where poverty declined from 42 percent to 28.5 percents infant mortality rate, child mortality and the incidence of mal nutrition amongst children also reduced. Under five mortality has reduced from 122 deaths per 1,000 live births in 1990 to 80 per 1,000 live births in 2008 (Ministry of Health 2008, NDPC 2010). Infant mortality rate (IMR) which increased from 57 per 1000 live births in 1994 to 64 per 1000 lives in 2003 has also declined to 50 per 1000 live births by 2008 (Ministry of Health 2008, NDPC 2010). Therefore reducing poverty would improve female literacy, empower women both economically and socially leading to improved health seeking behaviour. This would manifest as improvements in child welfare indicators.

In addition, early and child marriages though abolished under the Children's Act of 1998(Act 560) continue in certain parts of the country. This practice deprives girls of

education and thus the opportunity to be less-dependant on men in later life which is in line with the observations made by the UNFPA (2005).

2.7 Lessons and Implications for Ghana

Literature has revealed that the effects of poverty is pervasive and transcends beyond the general understanding of limited socio-economic effects on communities. Poverty affects all kinds of people and in different ways and the most affected at children and women. For children, poverty limits their ability to self-actualise through poor access to education, health, housing, water and sanitation making them more vulnerable than their intrinsic nature of vulnerability associated with their age group. The effects of poverty and lacuna of comprehensive interventions perpetuates a cycle of inheritance known as the vicious cycle of poverty. Thus child development should be seen as a priority for poverty reduction that has long term effects for community and national development. Measuring poverty and child development therefore demands an appreciation of the pervasiveness of the two phenomena and their manifestation. Cross-cutting indicators, integrated approaches and multi-sectoral perspectives must be adopted in the process of assessing poverty and child development especially the context of their manifestation.

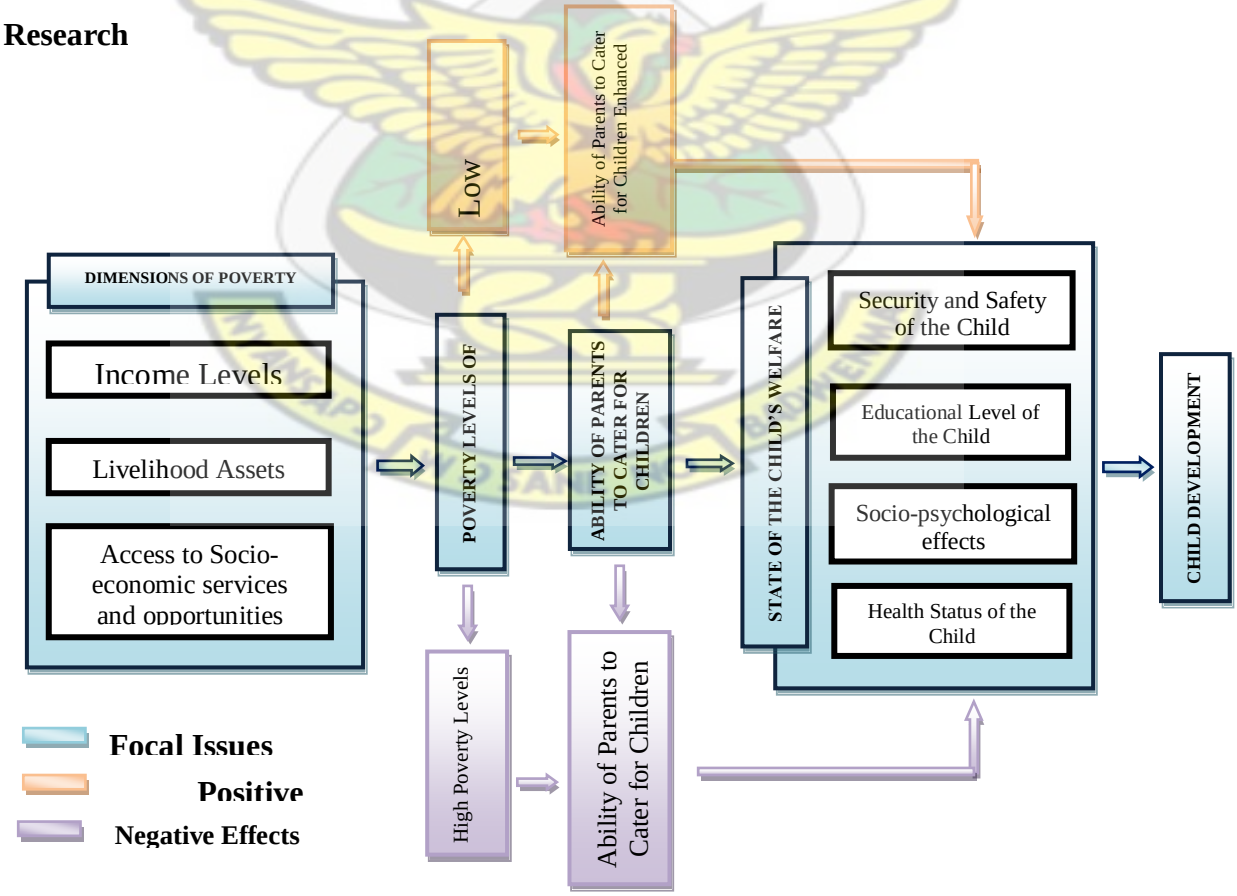
Ultimately, the greatest responsibility lies on parents who are the development bearers for these children. The development of their human capabilities greatly rests on the ability of the family and of the state to ensure that children are free from deprivation. There should be avenues to enable children's access to private and community assets to be tailored towards building the capacity of parents to transcend to the development of human capabilities of their children. In the process, the needs of children and their interest would be enhanced to save them risk and shocks that may limits their potential for self-fulfilment and a means of truncating the vicious cycle of poverty for households and communities.

2.8 Conceptual Framework for the Research

Emerging from a multi-dimensional perspective, the research identifies the poverty levels of households with parents being the unit of analysis for the levels of poverty and the effects of poverty on the households have been skewed to children of households as they

are the focus of this study. The study postulates that poverty among parents limits their purchasing power and ability to access health care services and other basic needs such as adequate and nutritious food for their household particularly for children in such homes, clothing, adequate housing needs, and financial capability to enrol as well as maintain their children enrolment in school. These effects are experienced at the household level and have dire effects on children. A parent-child relationship on the effects underpins the concept and measurement indicators for the study at the household level. Though the units of measurements are from the household level, the study postulates that the dimensions of poverty manifesting in income levels, levels of assets and access to socio-economic opportunities are the determinants of the extent of effect of poverty levels of parents. This subsequently determines the ability of parents within a particular household to cater for their children's wellbeing. The manifestations of positive or negative consequences thus converge on the understanding of child development at the household level and community at large. This is illustrated in Figure 2.2.

Figure 2.2: Conceptual Framework on Poverty and Child Development for the Research



Source: Author's Construct, March 2011

2.9 Conclusion

Child development issues are critical for understanding the needed interventions for poverty reduction in the long term. The realisation that poverty indeed has dire consequences on children presents important realisation for mainstreaming child development issues in development interventionism especially for developing countries like Ghana whose population was described as very young with the 2000 Census indicating that children under 15 years of age constituted the majority of the population.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This Chapter delineates the processes and methods adopted for this study. It explains the research design and the rationale for the choice of the design, the variables for the study and how they relate to the research themes as well as the research instruments to be used in measuring the variables of this study. In addition, the Chapter articulates clearly on the sampling technique and how the sample size was determined.

Conceptually, the principles and understandings informing this research have also been discussed. This provides the basis for the research and the causations as well as correlative issues presented in the analysis of the data. This has thus provided impetus for appreciating the divergence and convergence of the issues being studied in relation to what has already been discussed in the literature review and the possible gaps that needs to be addressed on the subject matter of child development and poverty.

3.2 Research Design

The study adopted the case study method in investigating the relationship between the incidence of poverty and the challenges of child development in the Northern Region of Ghana. The case study approach provides an avenue for intensive study of an individual unit or community stressing development factors in relation to the unit's own environment. In this method, the researcher explores a single entity or phenomenon (the case) bounded by time and activity and collects detailed information using a variety of data collection procedures during a sustained period of time (Agyedu et al, 1999). Thus for this study, emphasis was placed on detailed information about poverty, actors, structures as well as dialogue among the various stakeholders in the Northern Region. The reasons for this method stems from the fact that the study requires multiple sources of evidence and the issue investigated into, is a contemporary phenomenon which is on-going and for which the researcher has little control over.

The Northern Region of Ghana was selected after an initial analysis of the problem and the scope of work to be done. As has been stated earlier in the scope, the study reviewed the

incidence of poverty and the challenges they pose to child development in the Region which is among one of three most deprived Regions of Ghana. This was selected through a simple random sampling from using the three Northern Regions as the sample frame; Upper East, Upper West and Northern Region. This thus led to the selection of the Region for this study.

3.2.1 Study Variables, Data Type and Sources

Based on the objectives, research issues and questions of the study, the following variables and data types listed in Table 3.1 were selected for the study.

Table 3.1: Study Variables, Data Type and Sources

Study Objectives	Variable	Data Type	Data Source
To examine the causes of poverty in Northern Ghana.	Household /Demographic Characteristics	Age/Sex Structure Population Size Educational Level Occupational Type	Household Questionnaire
	Incidence and Dimensions of Poverty	Poverty Levels, Income Levels of Households Level Household Expenditure, Causes of Poverty Dimensions of Poverty	Household Questionnaire
To assess how poverty impedes child development in the Northern Region.	Challenges of Child Development	Type of Challenge Enrolment Levels School Performance Health Status Housing Condition Child Labour Extent of Challenge Causes of Challenges Effects of Challenge	Institutional/Household Questionnaires
To examine the interventions available in addressing poverty and child Development in the Northern Region. To identify the challenges in the implementation of poverty and child development interventions in the Northern Region.	Interventions	Number of Institutions Involved Type of Interventions Outcome and Impact of Interventions, Challenges Of Implementing Interventions.	Institutional Questionnaires

Source: Author's Construct, 2010.

3.2.2 Sample Size Determination

The study is targeted at assessing poverty at the household level and its consequences on the development of children within the households. To this end, the study identified the household as the unit of analysis and the sample size has been estimated from the total number of household in the Northern Region. Three main assumptions have been

identified for the sample size determination and this has influenced the sample size to be chosen. They are:

i. That for every household there is a parent/guardian who is responsible for the up-keep of a child;
ii. That for every household there is a child below 18 years living with a parent/guardian;
iii. That one of the consequence of poverty is streetism.

The Slovin's Formula $n = \frac{N}{1 + N(\alpha)^2}$ was used in determining the sample size for the study; where n = sample size, N = total population of the study area, α is the error margin. For the study, a margin of error of 10 percent was tolerated mainly because of the exploratory and contemporary nature of the research which is accompanied by uncertainties and difficulty in pre-empting outcomes based on the little research in the area. The details of the calculations can be found in Appendix One. From the estimation, it is anticipated that a sample size of 100 households was targeted for the study. For these households, 100 parents/guardians and 100 children was interviewed. Again a total of 50 street children were interviewed in the two strata. This represents 50 percent of the children interviewed at the household level. This has been chosen to support the data on child development at the household level as streetism is purported to be a consequence of poverty. The figure has been chosen as a result of the absence of a sample frame. However, about 15 percent of children between 7-15 years are engaged in economic activities in Ghana; with about 20.6 percent being in most rural areas (GSS, 2005a). Since working children are manifestations of poverty, the statistics provides enough justification for the target 50 children on the street which is 50 percent of the sampled children at the household and above the national averages.

Again, the use of the Napierian Log was used to verify the reliability and also to validate the sample size obtained. The formula $(+n^{-1})^{n} = 2.7183$ where n = sample size was used. Based on the populations of the selected districts in the region, proportions were adopted to arrive at the number of questionnaires to be administered in each study area (Appendix 1).

Table 3.2: Target Population/Sample Frame

Area	2000			*2010		
	Pop.	No. of HHs	AV. HH Size	Pop.[1]	No. of HHs[2]	AV. HH Size[3]
Savelugu-Nanton	89,968	14,491	6.2	121440	19587	6.2
Tamale	293,881	43,958	6.7	417022	62242	6.7
Region	1,820,806	240953	7.4	2409093	325553	7.4

* The figures under this section were all estimated from the 2000 Population and Housing figures

[1]This the projected population figures for the target areas.

[2]This is the projected number of households for the target areas.

[3]Average Household size for the three areas have been held constant

Source: Ghana Statistical Service (2005) and Author's estimations, March (2011)

3.2.3 Sampling Technique

The multi-stage sampling technique was used for the study. This involved the stratified and simple random sampling methods. Stratified random sampling was used to group households into strata or categories which exhibit definite characteristics. For the purposes of this study, the decentralized administrative regions were identified as the various strata. Thus, the strata were classified into Metropolitan Areas and Districts.

There is only one metropolitan area and has been automatically adopted for the study which is the Tamale Metropolis. For the Districts, there are 19 Districts in the Region with varying levels of poverty. Using a simple random sampling Savelugu-Nanton District was selected to be the second area for the case study. Savelugu-Nanton District compared with the other districts in the Northern Region of Ghana has a moderate incidence of poverty. The other 18 Districts of the Northern Region have poverty levels which range from 85-92 percent of the households. Savelugu-Nanton District as at 2006 had a poverty level of 77 percent and thus provides a unique opportunity for the study to measure the effects of poverty on child development in Region. Savelugu-Nanton District also provides close proximity to Tamale Metropolis and added in effective mob-up exercise after the first stage of data collection which is all factors that determined whether the study would be completed on time.

Proportional stratification was then used to determine the number of questionnaires administered in the two administrative regions. From Table 3.2, the number of households in the Tamale Metropolis and the Savelugu-Nanton District are in the ratio of 77:23. This has therefore been used to estimate the number of questionnaires to be administered in the two administrative regions of Tamale Metropolis and the Savelugu-Nanton District as indicated in Table 3.3 below. Subsequently simple random was used to select from each strata that is from the Tamale and Savelugu-Nanton (Appendix 1).

Table 3.3: Number of Questionnaires to be administered in the Region

Type of Questionnaires	Tamale Metropolitan Area	Savelugu-Nanton District	Region/Total
Household Questionnaires	**154**	**46**	**200**
Parent/Guardian	*76*	*24*	*100*
Child Interview	*76*	*24*	*100*
Organisational Interviews	**10**	**7**	**17**
Metropolitan and District Assemblies	*1*	*1*	*2*
Social Welfare Department	*1*	*1*	*2*
Donor Partners	*1*	*0*	*1*
NGOs	*2*	*2*	*4*
Health Facilities	*2*	*1*	*3*
Schools			
Secondary	*1*	*1*	*2*
Primary/JSS	*2*	*1*	*3*
Street Children	**35**	**15**	**50**

Source: Author's Construct, March 2011.

3.2.4 Data Collection and Research Instrument

Data for the study was derived from two main categories; Primary and Secondary sources. The secondary data gathered were from books, journals, and the internet among others whereas primary data obtained comprised of data from the field through the use of questionnaires, field observations and interviews. These informed the issues discussed in the literature review and provided the theoretical and conceptual understanding of the subject of poverty and child development. Example of secondary data collected included the GPRS I and II, Annual Progress Report on the GPRS I and II, Ghana Shared Growth

and Development Agenda, Millennium Development Goal Reports, Human Development Reports, research papers and articles, among others.

Primary data included elements which constitute household demographic characteristics such as age, gender, size, educational level, occupational type, elements describing the incidence and dimensions of poverty such as poverty levels, income levels of households, household expenditure pattern, and causes of poverty, among others. Four main types of questionnaires were used for the study and these were influenced by the target respondents. They are:

i. *Household Parent/Guardian Interview Questionnaire:* This was targeted at parents and guardians to measure tendencies of the socio-economic dimensions of poverty existence (in terms of poverty) and the state of development of their children;
ii. *Household Child Interview Questionnaire:* This was used at eliciting responses from children whose parent have been interviewed to first triangulate parent responses and also to measure the state of their development;
iii. *Organisational Interview Guide/Questionnaire:* This instrument was used at collecting data on the roles of actors of poverty reduction and the interventions they have instituted to ameliorate poverty in the Northern Region and the challenges they are facing; and
iv. *Street Child Interview Questionnaire:* This was used to collect data from street children on the issues that have resulted in them being on the street and how these issues are affecting their development.

For these questionnaires, both open ended as well as closed ended questions helped the researcher to analyze the data. The closed ended questions facilitated data aggregations whiles the open ended questions provided explanatory data for the causes and reasons for the quantitative data to be collected. Overall, to gather the data for the study, a reconnaissance survey was carried out to observe critical features about the incidence of poverty and its effect on child development, establish contacts with stakeholders such as the Regional Coordinating Council, Tamale Metropolitan and Savelugu-Nanton District Assembly, Social Welfare Department of the Assemblies, UNICEF, and NGOs such as World Vision, and Northern Regional Poverty Reduction Programme. Interviews were conducted through the use of the organizational interview guides and questionnaires to the

identified stakeholders to obtain relevant data on interventions and implementation challenges of these interventions.

3.2.5 Data Analysis

To ensure effective analysis, data processing involved editing, coding and tabulation of the questionnaires. Editing was done with the aim of detecting and eliminating error to ensure clean and reliable data. Coding was also done by classifying questions into meaningful categories in order to bring out essential patterns like demographic characteristics, poverty dimensions, causes of poverty, among others to inform the research questions. Analysis of the data was done using the Statistical Package for Social Scientists (SPSS Version 16).

In terms of data analysis, both the qualitative and quantitative techniques were used. Data disaggregation, cross-tabulation and statistical application techniques was used in analyzing responses where necessary. The reason for the combination of techniques is to ensure that the generalization will be based on credible and reliable means of analyzing data. Data was then presented in the forms of tables, diagrams and charts such as the bar chart, pie charts among others to facilitate the analysis. Overall, an objective based analysis was adopted for the study. This allowed for the tracking of the progress in achieving the objectives of the study and identify whether research questions have been answered. For this reason, the analysis was influenced by broad categorisation of the thematic issues of the research objectives and was made topical issues to which variables were discussed under.

3.3 Profile of Study Area

All the discussions here are extracts from the 2000 Population and Housing Census report on the analysis of district data and implications for Planning in the Northern Region (GSS, 2005b).

3.3.1 Location and Size

The Northern Region, which occupies an area of about 70,383 square kilometres, is the largest region in Ghana in terms of land area. It shares boundaries with the Upper East and the Upper West Regions to the north, the Brong-Ahafo and the Volta Regions to the south,

and two neighbouring countries, the Republic of Togo to the east, and La Cote d'ivoire to the west.

3.3.2 Climate and Vegetation

The climate of the region is relatively dry, with a single rainy season that begins in May and ends in October. The amount of rainfall recorded annually varies between 750 mm and 1050 mm. The dry season starts in November and ends in March/April with maximum temperatures occurring towards the end of the dry season (March-April) and minimum temperatures in December and January.

The main vegetation is classified as vast areas of grassland, interspersed with the guinea savannah woodland, characterized by drought-resistant trees such as the acacia, baobab, shea nut, dawadawa, mango, nim tree.

3.3.3 Demographic Characteristics

The population of the region is 1,820,806, representing 9.6 percent of the country's population. This translates into a growth rate of 2.8 percent over the 1984 population of 1,162,645. This rate of growth is much lower than that of 3.4 percent recorded between 1970 and 1984. The most spectacular relative increase, 60.1 percent, occurred during the 1970-1984 period, which also translates into the highest growth rate of 3.4 percent per annum, during the 1970 -1984 period. This trend also reflects a negligible increase of 1.7 percentage points in the region's share of the national population over a 40 year-period, 1960-2000.

The sex composition of the regional population reflects differential mortality between males and females. At birth, the sex ratio is roughly about 105 boys to 100 girls. The age pattern for both males and females follows closely that of the region as a whole, with slight variations for the age group 0-4 years. Apart from Bole, the percentage of females in this age group is higher than that of males in all other districts. The pattern changes to higher proportions of males at each age group, up to age group 15-19 years. From age 20 years, the proportion of females becomes increasingly higher than that of males, in each

district, and at each successive age group, up to age group 35-39 years. The pattern changes again from age group 40-44 years, to increasingly higher proportions of males, at each successive age group, in all districts, till age 75 years and older, with a higher proportion of males 40 years and older (19.7%) than females (17.7%).

3.3.4 Socio-cultural Characteristics

Access to health care in the region is dire. In Tamale, 12.2 percent of the communities have a local hospital facility compared with all other districts, with only Savelugu-Nanton (3.4%) and Nanumba (3.0%), having around 3.0 percent of communities with a local hospital facility. In seven of the districts in region, over 60.0 percent of localities can access a hospital facility only beyond 25 kilometres. This situation is deplorable, in view of the policy of the Ministry of Health recommends the sitting of health facilities within eight kilometres of localities.

In education, There is however a local primary school facility within 40.0 percent and 50.0 percent of localities in four districts and within at least a fifth (23.6%) and a third (34.1%) of localities in the other eight of the 13 districts. There is a considerable drop in the accessibility and availability of Junior High Schools (JHS) in the region, compared with Primary Schools. In fact, in four districts, the proportion with a local JHS is lower than 5.0 percent compared with four districts with the lowest proportion of localities with a local primary school facility between 23.6 and 29.3 percent. Again, unlike the primary and the JHS which are expected to serve residents in the community, the Senior High School (SHS) serves a much broader population, given that most have boarding facilities. In most districts, less than one percent (1.0%) of localities has local SSS facilities, while in the Tamale municipality; the figure is 7.2 percent.

3.3.5 Economic Characteristics

The bulk (71.2%) of the economically active population in the region is employed in Agriculture. Only 5.7 percent of the workforce is made up of Professionals, Administrative or Clerical staff. The rest (23.1%) are in Sales, Services, and Transport and Production. Nearly 68 percent of the economically active population are classified as self-employed, while 22.9 percent are unpaid family workers; only about 6.1 percent are employees. This regional pattern is also reflected in all the districts. The high level of

unpaid family workers, recorded in some of the districts is probably a reflection of the high proportion of the population in the agricultural sector.

3.4 Conclusion

Research Methodology is the pivot on which search rests and provides a foundation upon which data collection and analysis is done .Reliability and validity is also dependent on the research approach and methodology. It is for these reasons that this methodology has been adopted. Chapter four will entail analysis and presentation of data and it will commence with the profile of the study area under study which is the Northern Region.

CHAPTER FOUR

EFFECTS OF POVERTY ON CHILD DEVELOPMENT IN THE NORTHERN REGION

4.1 Introduction

Chapter Four of this report presents the discussion of poverty and child development from an empirical basis. The chapter therefore explores how poverty levels in Tamale metropolitan and Savelugu-Nanton district affect the development of children in the Northern Region. This has been done by using analytical tools of histograms, cross-tabulations and box plots to understand the state of poverty in the region, its causes and effect on child development as well as the interventions in place to mitigate these effects in the Region.

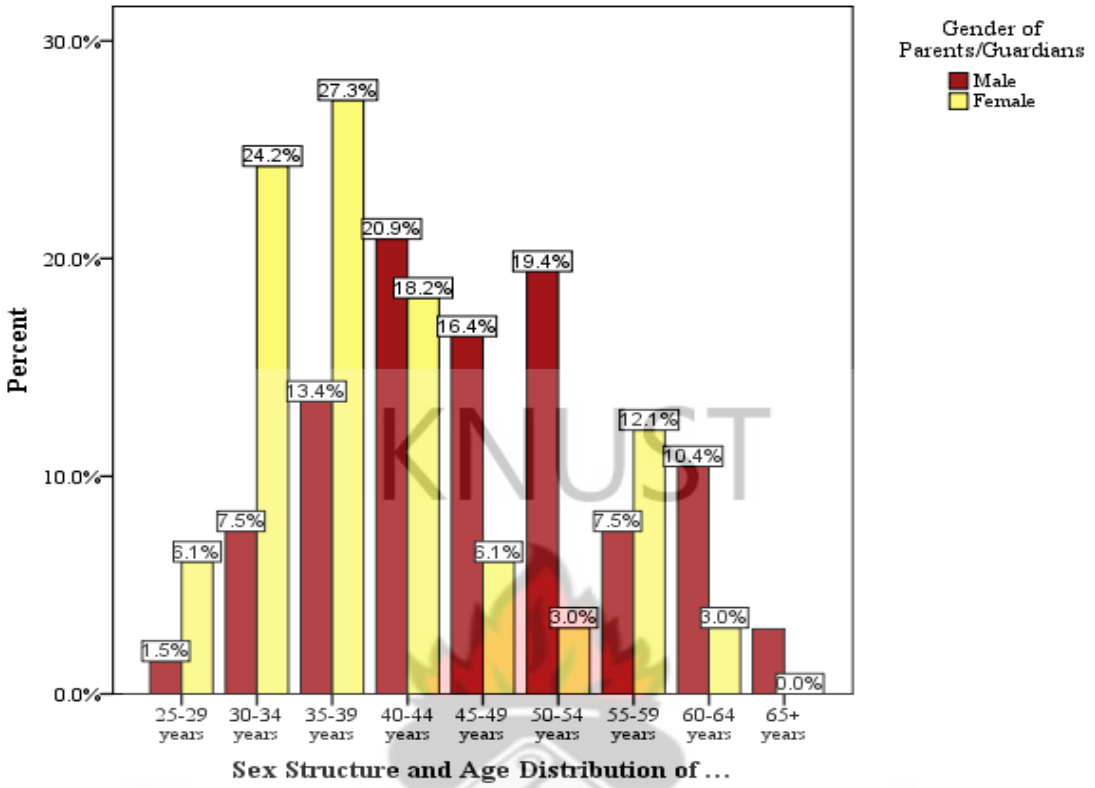
4.2 Background of Respondents

4.2.1 Sex Structure and Age-Distribution of Respondents

The unit of enquiry for this research was the household. As explained in Chapter Three, for each of these households one parent (Head of Household) and one child were the target respondents. In terms of the parents interviewed, it was observed that, 58.7 percent and 92 percent of parents from the Tamale Metropolis and Savelugu-Nanton District respectively were males compared with the41.3 percent and 8 percent females recorded for Tamale Metropolis and Savelugu-Nanton respectively.

Overall, 67 percent of respondents were males while 33 percent were females. In terms of the ages of these parents, the survey revealed the minimum age of parents interviewed to be 25 years with 78 percent of all parents being between the ages of 30-59 years.

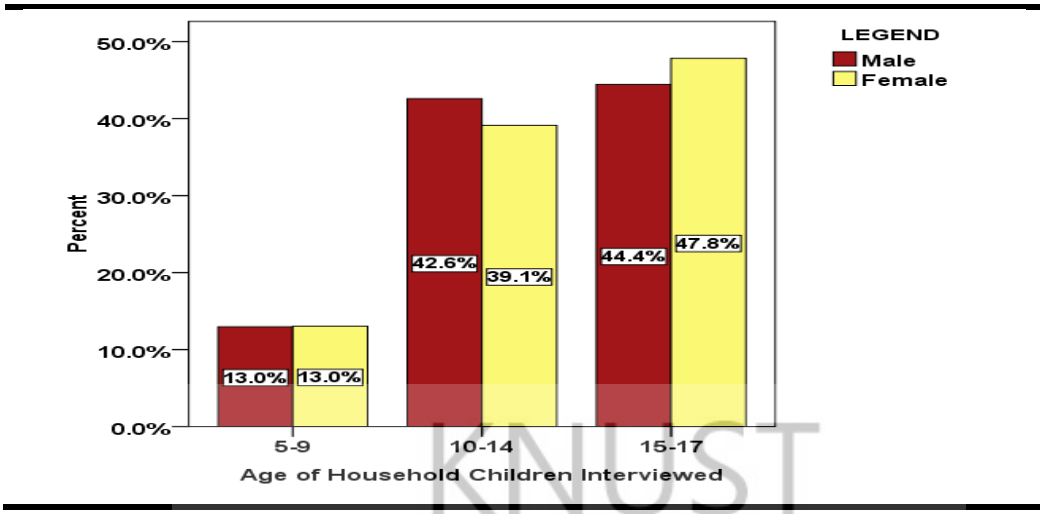
Figure 4.1: Sex Structure and Age Distribution of Parents



Source: Field Survey, March 2011

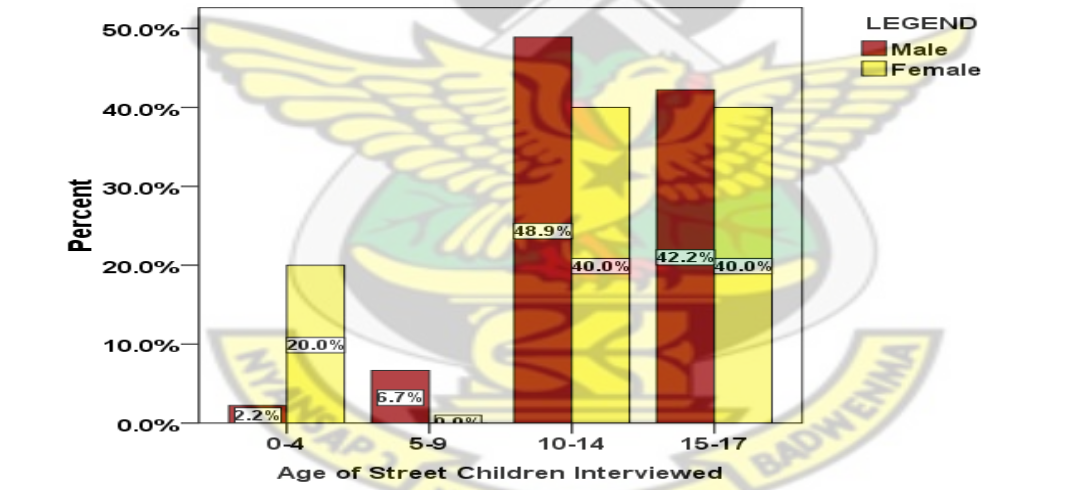
Using questionnaires, the children interviewed at the household level indicates that males accounted for 54.7 percent of in Tamale metropolis and that of Savelugu-Nanton District recorded 52 percent. Females were 54.3 percent and 48.0 percent respectively for Tamale and Savelugu-Nanton Districts. For the ages of household children interviewed, children between the ages of 5 and 9 were represented 13 percent and those between the ages of 10 to 14 years recorded a total of 42 percent. Majority of these children were however between the ages of 15 and 17. There was not much difference in the age distribution of street children from that of children interviewed at the household level when interviewed on the streets as indicated in Figure 4.2 and Figure 4.3.

Figure 4.2: Sex Structure and Age Distribution of Household Children



Source: Field Survey, March 2011

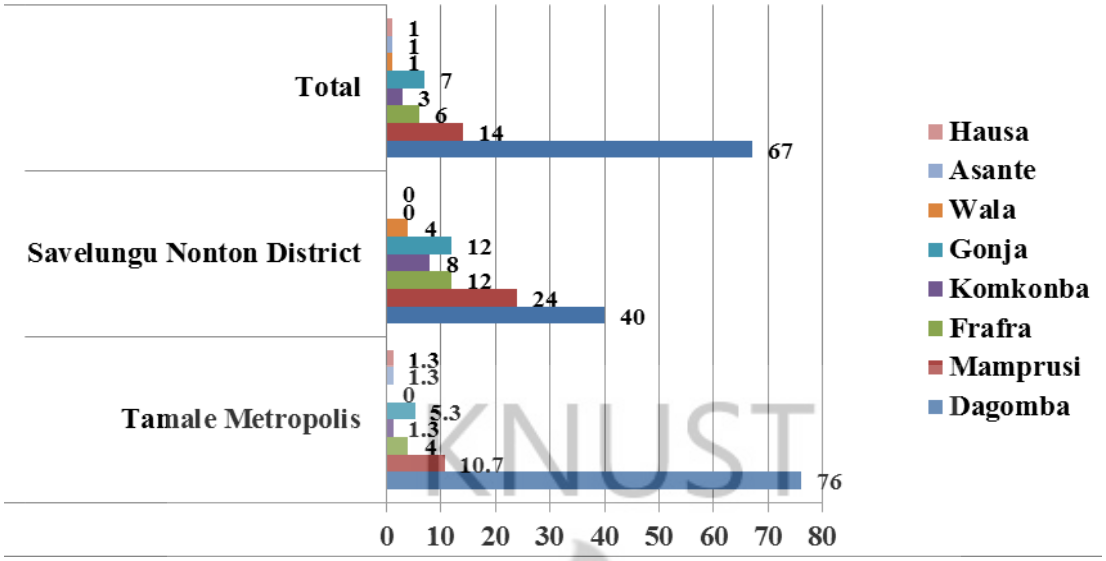
Figure 4.3: Sex Structure and Age Distribution of Street Children in Selected Households



Source: Field Survey, March 2011

Dagombas accounted for the highest percentage of ethnic groupings of 67 percent from the survey and this is mainly due to reason that the geographical area is predominantly occupied by the Dagbon traditional people with varying number of other ethnic groups as indicated in Figure 4.4. The manifestation of these ethnic groups in the study areas indicates the dynamism and pervasiveness of poverty as discussed earlier in the literature review. In this respect, poverty affects both indigenes and aliens in a given geographical area.

Figure 4.4: Ethnicity of Respondents by Study Areas



Source: Field Survey, March 2011

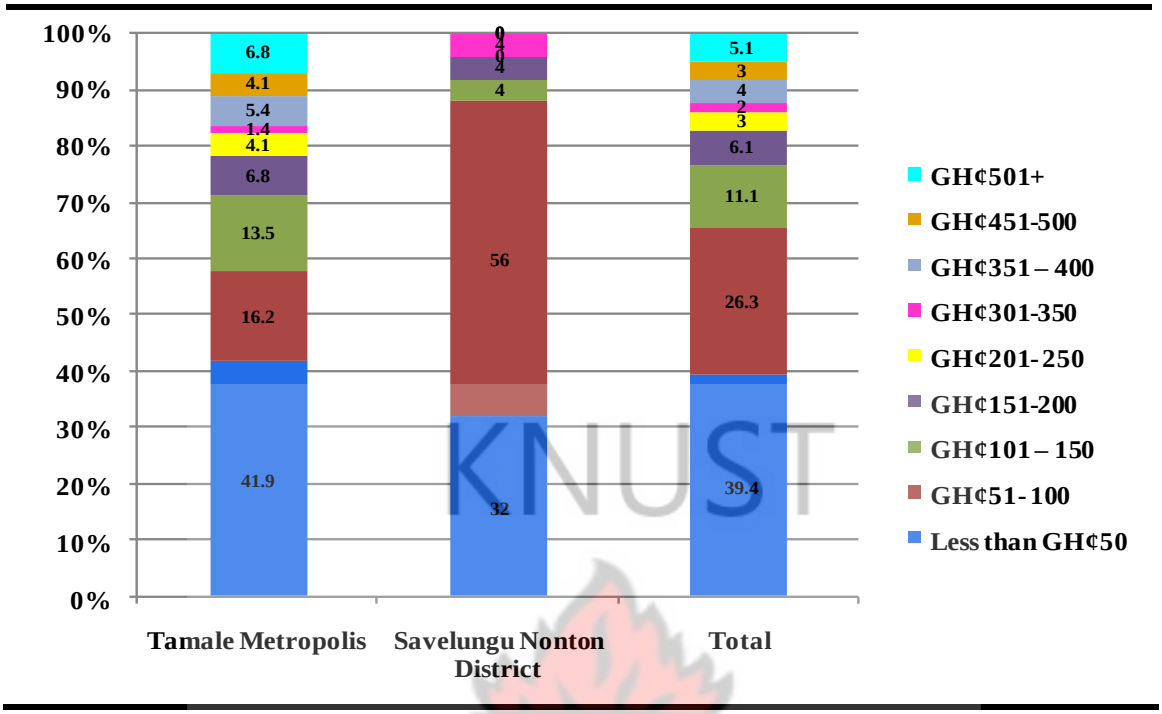
4.3 Poverty Levels, Dimensions and Manifestations

4.3.1 Economic Dimensions and Manifestation of Parents

The poverty line measured as US$1.25 a day by the UNDP (2010) translates into GH¢1.81 a day. In a month, the poverty line reflects income levels of parents or households lower than GH¢50.75 in month. This is far lower than the mean monthly income of parents in the Northern Region interviewed which is estimated to be GH¢141.54 per month. Despite this observation, and as indicated in Figure 4.5, about 39.40 percent of parents in the Northern Region are below the poverty line with 41.90 percent being in the Tamale Metropolis whiles 32 percent are in the Savelugu-Nanton District.

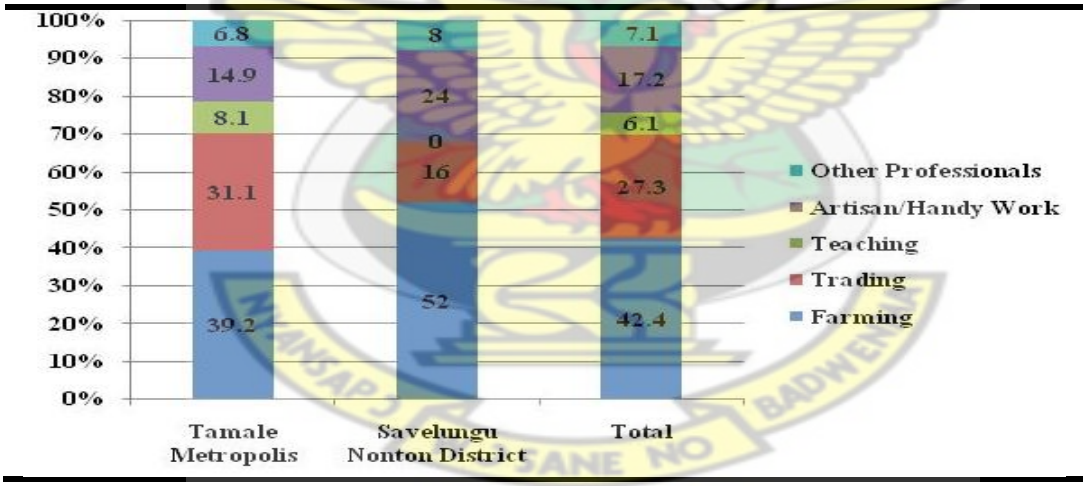
Occupation influenced the income levels of households in which farming registered a greater percentage of the occupation distribution. About 86.9 percent of parents in the Northern Region are in the informal sector. Farming accounts for 42.4 percent while parents who are traders and artisan's accounts for 44.5 percent as present in Figure 4.6 below.

Figure 4.5: Income Levels of Parents by Study Area



Source: Field Survey, March 2011

Figure 4.6: Occupation of Parents by Study Area



Source: Field Survey, March 2011

Apart from the occupations mentioned above, parents interviewed also revealed that they receive income from other sources as farming for non-farming parents, trading for non-trading parents while combining their work with evening security work males. In addition, remittances provide income to support these parents interviewed in the Northern Region. From Table 4.1, it was observed that 77.8 percent do not have any source of income. In addition, 87.9 percent of parents do not receive any remittance to support their major

income source. With high household size of 6.2 and average income of GH¢141.54 a month, access to both social and economic services is anticipated to be limited.

Table 4.1: Other Sources of Income for Parents by Study Area

Other Sources		Study Area		Total
		Tamale Metropolis	Savelugu-Nanton District	
No Other Source of Income	Count	58	20	77
	(%)	78.4	80.0	77.8
Farming	Count	7	2	9
	(%)	9.5	8.0	9.1
Trading	Count	8	3	11
	(%)	10.8	12.0	11.1
Security Personal	Count	1	0	1
	(%)	1.4	0.0	1.0
Total	Count	74	25	99
	(%)	100.0	100.0	100.0

Source: Field Survey, March 2011

On the average parents who receive remittances gain additional GH¢125 per month to support the household. This arises from the mean amount of the amount received by parents indicating that they receive remittances to support their incomes in a month. Table 4.2 illustrates that 66.7 percent receive less than 50 a month whiles those receiving GH¢51-100 is 8.3 percent, GH¢151-200 (8.3 percent), GH¢301-350 (8.3 percent), and GH¢351-400 (8.3 percent) a month.

Table 4.2 Remittances Received by Parents by Study Area

Incidence		Administrative Area		
		Tamale Metropolis	Savelugu-Nanton District	Total
Receives Remittances	Count	10	2	12
	(%)	13.5	8.0	12.1
Does not receive Remittances	Count	64	23	87
	(%)	86.5	92.0	87.9
Total	Count	74	25	99
	(%)	100.0	100.0	100.0

Source: Field Survey, March 2011

Friends accounted for just 8.3 percent of those households that benefited from such remittances. Remittances from children of parents interviewed registered 33.3 percent with other relations making up the substantive source of such remittances accounting for 58.3 percent with such remittances received monthly total of 50.0 percent (Table A3). However 41.7 percent received remittances yearly with only 8.3 percent benefiting from such

earnings weekly. This thus presents a huge avenue for understanding the social capital available to support parents who are poor. Specifically, it can be deduced that, relations (58.3 percent) who sent remittances to these parents involved in the study are the greatest potential of social capital for parents who are poor (Table A5).

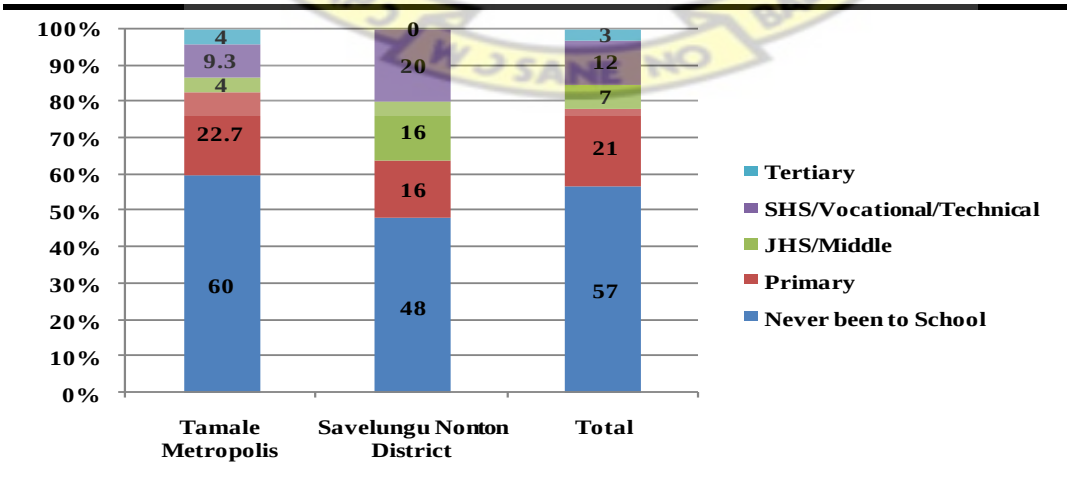
4.3.2 Social Dimensions and Manifestation of Poverty

Education

According to UNESCO (2010), educational poverty is a situation where as person has not experience four years of continuous education. Using this as a dimension of measure the poverty of parents interviewed in the Northern Region, about 57 percent of parents interviewed were observed to be poor with the highest incidence being in the Tamale Metropolis of 60 percent whereas Savelugu-Nanton District recorded 48 percent.

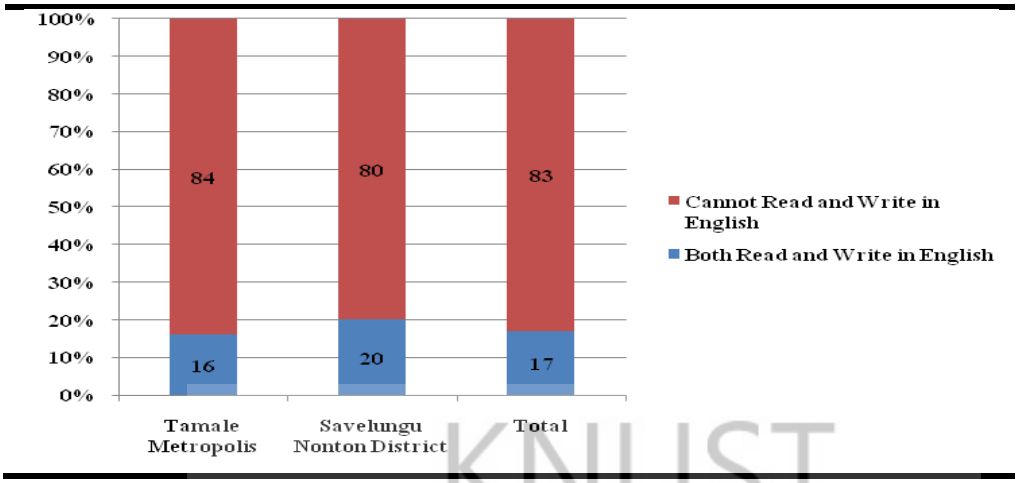
Using basic education as the benchmark, the figure increases by an extra 28 percent in the Region as indicated in Figure 4.7. Interestingly, only 3 percent of the sample parent have attained tertiary education and bore great significance on the occupation of parents and whether parents would be keen in promoting education a means to poverty alleviation for their children. As a result of the high proportion of parents who have never been to school or the high proportion parents attaining only basic school education, the literacy levels of parents was low. From Figure 4.8, it is observed that 83 percent of parents interviewed cannot read and write in English.

Figure 4.7: Highest Level of Education Attained by Parents



Source: Field Survey, March 2011

Figure 4.8: Literacy Levels of Parents



Source: Field Survey, March 2011

Health

Access to health by parents in the Region is by visiting hospitals, clinics, pharmaceutical shops and traditional health centres. About 77.7 percent of parents are able to access healthcare from orthodox health care sources despite the incidence of low income levels among parents. This has been possible because 70 percent of parents interviewed are registered under the National Health Insurance Scheme (NHIS) and has provided them with an avenue to access adequate health care without incurring huge out-of pocket expense (Appendix Table A7). Thus, children from both high and low income households may also have adequate access to health care as the scheme allows parents to register children under 18 years without paying any premium.

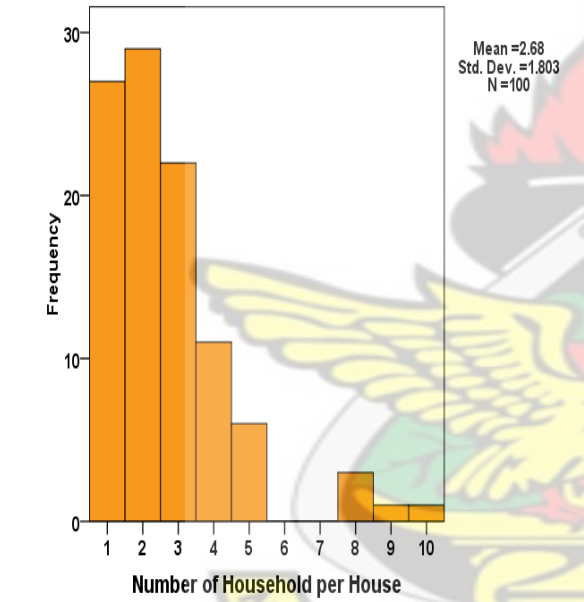
Water and Sanitation

Water for household activities in is mostly accessed from pipe borne water. Sixty six percent of parents indicated using pipe borne water but explained that most of these are public stand pipes. Tamale Metropolis being an urban area recorded 74.7 of household using the pipe systems for water accessibility while Savelugu-Nanton recorded only 40 percent (Appendix Table A8). Community sources of water are predominant in Savelugu-Nanton District and this also depicts the rural nature of the District. In this regard, children in rural areas are like to spend much of their time fetching water at the expense of schooling. Table 4 presents the sources of water for households in the Region.

Housing

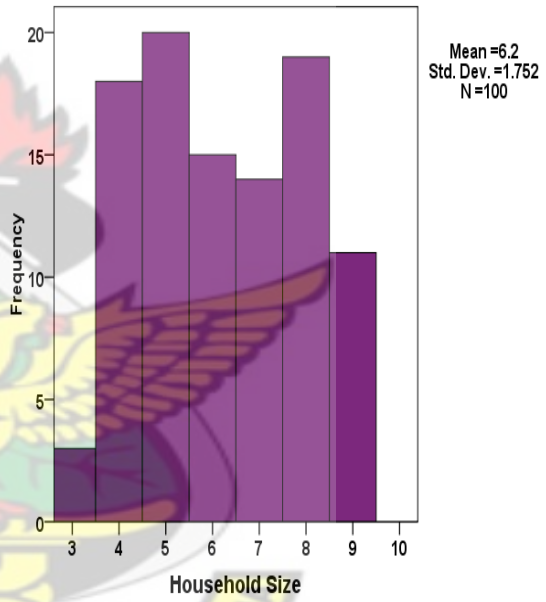
The survey recorded an average number of households in the house to be 2.7. This was not surprising as over 69 percent of the houses visited were compound houses with 7 percent and 24 percent of the houses being detached and semi-detached respectively. These houses were constructed with burnt bricks (11%), unburnt bricks or mud bricks (41%), sandcrete (44%) and grass/thatch/bamboo (4%). Houses with more than one household accounted for over 73 percent of the houses visited as indicated in Figure 4.9.

Figure 4.9: Number of Households Per House



Source: Field Survey, March 2011

Figure 4.10: Number of Persons Per Household



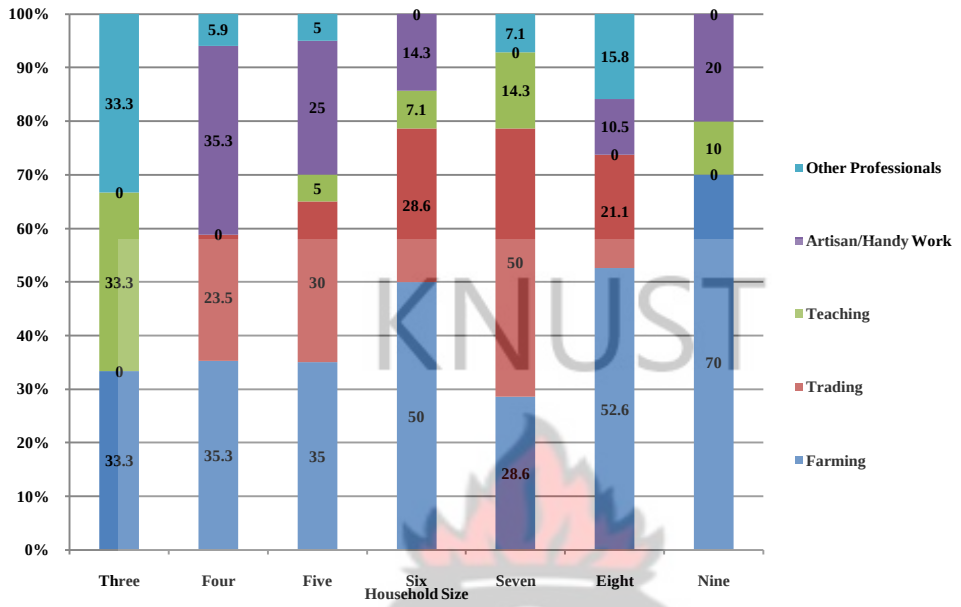
Source: Field Survey, March 2011

On the other hand, the household size recorded for the Northern Region was higher compared to the national average of 4 persons per household. An average of 6.2 persons per household was recorded and 79 percent of the households visited had more than four persons per household as presented in Figure 4.10.

From the survey and as indicated in Figures 4.11 and 4.12, higher household sizes associated with the informal sector where levels of education and income levels are low. This therefore increases the economic burden of parents in providing the basic needs of

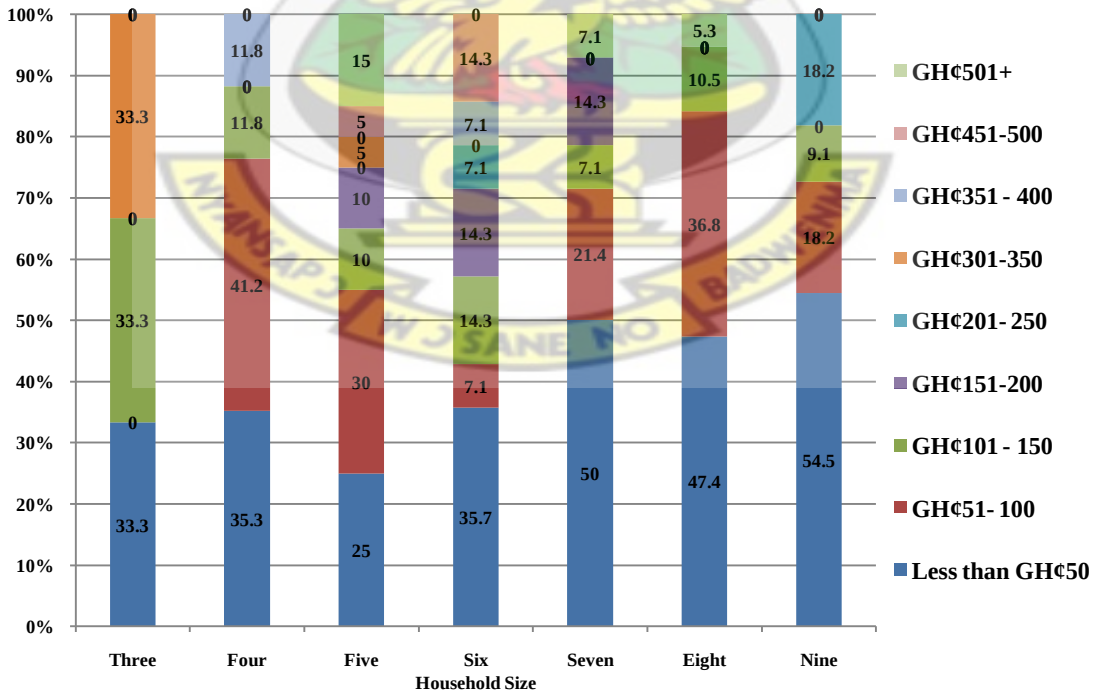
the households and thus the possibility of this affecting the child in terms of access to education, good health care, and food may be dire.

Figure 4.11: Household Size and Occupational Distribution of Parents



Source: Field Survey, March 2011

Figure 4.12: Household Size and Income Levels of Parents



Source: Field Survey, March 2011

In the two study areas, firewood was the major source of energy for cooking in most households in the Region registering 56.0 percent. This could be attributed to the fact that most of the heads of the households are engaged in farming and collecting firewood for cooking after the days farming activities are common since purchasing charcoal would increase their expenditure.

Only 2.7 percent of households in the Region interviewed indicated using of Liquefied Petroleum Gas (LPG). Income levels of most these households has influenced their decision to adopt firewood for cooking instead of LPG as it comes with little or no cost to parents.

In both the Tamale Metropolis and Savelugu-Nanton District where data was collected, electricity was the main source of energy for lighting. In the absence of electricity households interviewed use candles and kerosene for lighting. Other sources comprise the use of Touch lights and solar lamps for household lighting needs.

4.3 Causes of Poverty in Northern Region

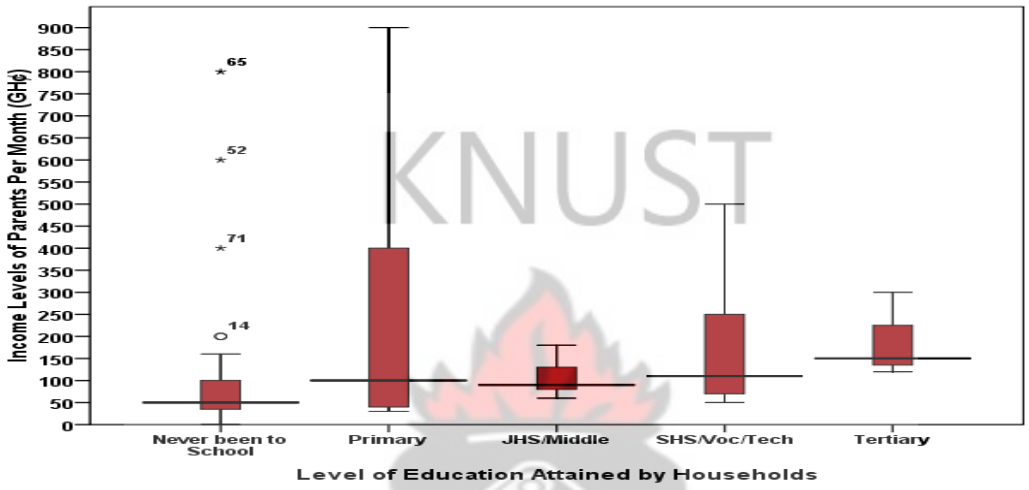
The causes of poverty are relative to geographic and socio-economic conditions of people. Therefore in exploring the causes of poverty in the Northern Region of Ghana, several factors have been mainstreamed in the analytical processes informed by previous researches on the subject matter. Using box plots, comparison have been made between indicators to ascertain how poverty is associated with different groups of people in the Northern Region and based on these, the causes of poverty have been concluded.

4.3.3 Education as a Cause of Poverty

From the analysis, it was realized that the average income per month of parents who have never been to school was GH¢100.39. All the average income levels of parents per month are greater than parents who have never been to school before except for the average income levels of parents who have attained primary level of education which recorded GH¢236.19 per month; higher than all the other figures recorded. This could be attributed to the asset levels of these parents as the average value of crop and livestock assets of these parents is higher than all the observations made. Nonetheless, the value of the 50

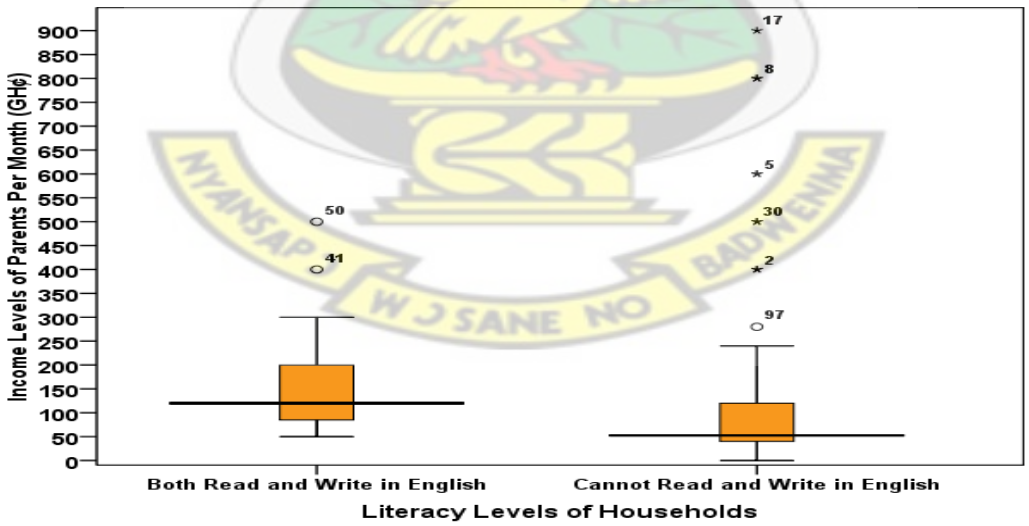
percentile for each of the levels of education increases with increase in the level of education indicating that 50 percent of those who have attained tertiary education are likely to have higher income levels than the other levels of education. The spread of this distribution is presented in Figure 4.13.

Figure 4. 13: Level of Education and Income



Source: Field Survey, March 2011

Figure 4.14: Literacy Level and Income



Source: Field Survey, March 2011

The median income value for parents who have never been to school is GH¢50, GH¢100 for primary school, GH¢90 for Junior High School (JHS), GH¢110 for SHS (or vocation and or technical), and GH¢150 for parents who have attained tertiary education. Consequently, 50 percent of parents who have never been to school fall below the poverty

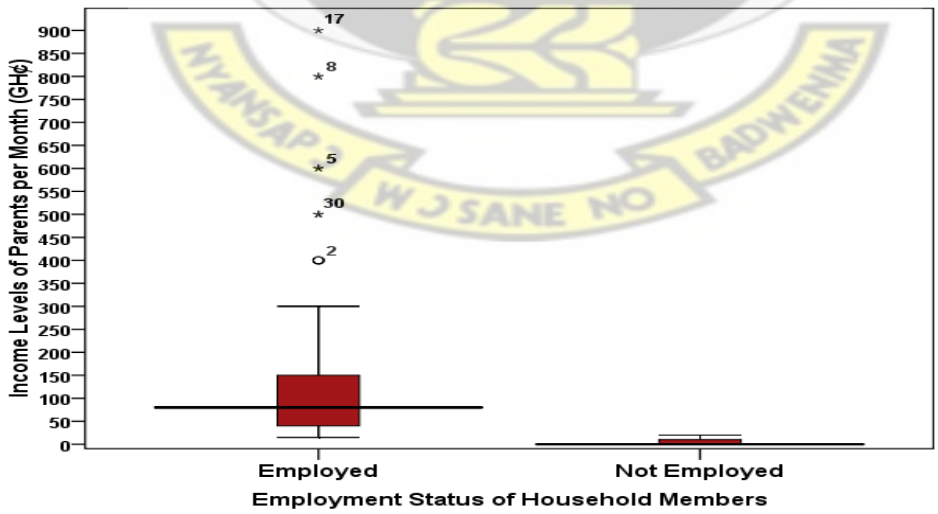
line while 25 percent of parent whose highest level of education attained is primary level falls below the poverty line of GH¢50.75 a month.

Literacy is also seen to be a determinant of poverty in the Northern Region. From the analysis, the average income levels of parents who are literate is GH¢170.67 compared to GH¢138.30 of parent who cannot read and write. The median value income value for parents who can read and write (GH¢120) is twice as much of parent who cannot read and write (GH¢60) as presented in Furthermore, Figure 4.14 above demonstrate that about 50 percent of parents who cannot read and write fall below the poverty line. Therefore, education measured in terms of level of educational attainment and literacy levels is seen as a cause of poverty in the Northern Region of Ghana.

4.3.4 Employment and Occupation as a Cause of Poverty

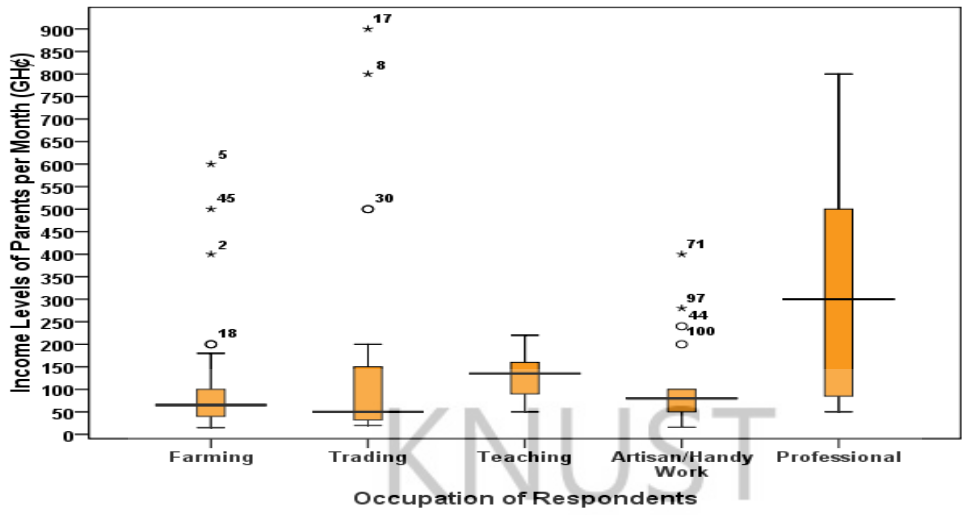
On the average, it was observed that parents who are employed in the Tamale Metropolis and Savelugu-Nanton District are more likely to overcome poverty than those who are unemployed. The mean monthly income of parents who are employed is estimated at GH¢140.12. In contrast, the mean monthly income of parents who are unemployed was GH¢6.67 which is equivalent to the value of the minimum wage for two working days in Ghana.

Figure 4.15: Employment Status and Poverty



Source: Author's Field Survey, March 2011

Figure 4.16: Occupation and Poverty



Source: Field Survey, March 2011

From Figure 4.15, whiles on the average 25 percent of parents fall below the poverty line of GH¢50.75 a month, all parents who are unemployed earn less than GH¢50.75 a month indicating the high association of unemployment to poverty. For all the occupations studied, the average monthly income was above GH¢50.75 a month which presupposes that these parents engaged in these economic activities are averagely not poor. The average monthly income for farmers which recorded the lowest was GH¢104.50 a month, GH¢164.28 for parents engaged in trading and GH¢116.82 of parents who are artisans. Teachers recorded GH¢131.67 whiles other professionals recorded GH¢331.43 which is the highest among all the occupations.

Despite the mean monthly income of these occupations being higher than the poverty line, the specifics per the percentile distribution is different. Between 30-50 percent of all parents in the informal sector earn less than GH¢50.75 percent in a month. Conversely, no parent in the formal sector falls below the poverty line as illustrated in Figure 4.16 above. To this end, since poverty manifest greatly among parents engaged in the informal sector of the economy of the Northern Region, occupation can thus be said to be a cause of poverty in the region.

4.4 State of the Child in the Northern Region

In the study undertaken in the Northern Region of Ghana, over 80 percent of households have more than three children while less than 51 percent of households have less than three children below 18 years. Majority (20%) of parents indicated that they have five children per household whiles 26 percent of parents indicated that they have two children below 18 years in their household. All this provides an indication as to the size of the household for which these parents live. In Ghana, the average household size is four but compared to a household with over 80 percent of children being more than three per the household, the household size of 6.2 which was observed indicates higher household sizes in the Region (Appendix Table A10).

These children from these households reside in average decent housing units including compound houses (69%), detached houses (7%) and Semi-detached houses (24%) constructed with Burnt-Bricks (11%), Mud Bricks (41%), Sandcrete/Concrete/Cement (44%) and grass/bamboo (4%). Unlike these household children, the street children interviewed sleep at lorry parks (80%), kiosk (12%) and in front of shops (8%). These street children are therefore at risk of being affected by the weather and sexual abuses making them more vulnerable.

From the children interviewed at the household level, 78.8 percent were currently in school whereas 21.2 percent were not. Table 4.6 reveals that 40 percent are in JHS whiles 36.2 percent in the primary school level. This corroborates with the data on the ages of these children as majority of them were found to be between 5-14 years. Children within this age group normally are found to be at either the primary or JHS level in Ghana.

Table 4.4: Level of Education of Household Children Interviewed

Level		Study Area		Total
		Tamale Metropolis	Savelugu-Nanton District	
Pre-School	Count	4	0	4
	Percent (%)	6.6	0	5
Primary	Count	20	9	29
	Percent (%)	32.8	47.4	36.2
JHS	Count	25	7	32
	Percent (%)	41	36.8	40
SHS/Vocational/Technical	Count	10	3	13
	Percent (%)	16.4	15.8	16.2
Tertiary	Count	2	0	2
	Percent (%)	3.3	0	2.5
Total	Count	61	19	80
	Percent (%)	100	100	100

Source: Field Survey, March 2011

Data on children who were currently in school and those who were not does not deviate significantly from the data on household children interviewed who have dropped-out from school before. From Table 4.7 and 4.8, whereas 78.8 percent of children were currently in school, 77.8 percent of household children interviewed have never dropped out before. Similarly, whiles 21.2 percent of children interviewed were not in school, 22.2 percent of children interviewed had dropped out from school before. To this end, children who were not currently in school seem to have dropped-out of school at the time of the survey in the Northern Region. From Table 4.9, at least 72 percent of these children have dropped out once in their life time of education whiles 27.2 percent have dropped out of school more than once.

The reasons given by these children from the households visited have been associated with teenage pregnancy (9.1%), financial constraint of parents (72.7%) and distance to school (18.2%). This confirmed by the street children interviewed in the Northern Region of Ghana. From these street children, 88 percent of children indicated that they are on the streets because of financial constraints of parents, eight percent were not interested in education and four percent due to sickness. Thus children in low income households are therefore likely to drop out of school than their counter parts in high income households.

For the children in school, child absenteeism was averagely high. About 43.4 percent of children were observed to normally absent themselves from school (Appendix Table A12). From this proportion, 52.3 percent are at least absent once a week while at least 47.5 percent are normally absent twice a week (Appendix Table A14). Sickness (25%), household activities (15.9%), engagement in economic activities (13.6%), distance (4.5%)

and financial challenges (40.9%) were the reason for child absenteeism. For all the observation made for school drop outs and child absenteeism, finance has been the major reason limiting children access to education.

According to the household children, they are served meals between one to four times daily. About 63 percent eat three times a day while only four percent eat once a day. Interestingly, similar observations were made from the responses of the street children interviewed. Whereas only four percent eat once a day, 54 percent eat three times in a day as indicated in Appendix Table A15.

In terms of the health of children in the Northern Region, there was a revelation that 62.6 percent of household children are taken to the hospital when they not well. In addition, 14.1 percent are taken to the clinic where as 22.2 percent of parents buy medicines from the drug store/pharmacy shop for their children an indication of high incidence of self-medication. Only one percent depends on non-orthodox medication for their children. On the average, children visit their choice of health facility at least once in a year. These observations are different from that of the street children where 80 percent depend on pharmacies/drug stores and 20 percent of clinics and hospitals for the health care services. This can be attributed to the fact that only eight percent of these street children are registered under the NHIS while 82 percent self-finance their health care as indicated in Table 4.5. Therefore could not afford the cost of health care services provided by hospitals and clinics. To this end, self-medication is high among street children than children at the household level.

Table 4.5: Frequency in the Utilisation of Health Facilities by Household Children Interviewed

Frequency in the Utilisation		Study Area		Total
		Tamale Metropolis	Savelugu-Nanton District	
Once a Year	Count	25	4	29
	Percent (%)	43.1	23.5	38.7
Twice a Year	Count	13	11	24
	Percent (%)	22.4	64.7	32.0
Thrice a Year	Count	11	1	12
	Percent (%)	19.0	5.9	16.0
Four and Above	Count	9	1	10
	Percent (%)	15.5	5.9	13.3
Total	Count	58	17	75
	Percent (%)	100.0	100.0	100.0

Source: Field Survey, March 2011

4.5 Effects of Poverty on Child Development

Household poverty is one of the strongest and most persistent factors contributing to marginalization among children. The transmission mechanisms are well known as poor households have fewer resources to invest in their children's schooling, health and other assets (UNESCO 2010). To understand how poverty affects the development of children therefore demands the appreciation of this complexity. From the study conducted in the Northern Region of Ghana using data from two administrative areas of Tamale Metropolis and Savelugu-Nanton District, the effects of poverty were observed to manifest in children's access to education, health care services and food, and the involvement of children in economic activities captured in the form of street children. Using cross-tabulation, these effects have been assessed in relation to conditions pertaining to the households involved in the study mainly using parents as the reference point.

4.5.1 Household Economic Situation and the effects on Children

Effects of Household Economic Situation on Child Education

In developing countries including Ghana, farmers are considered to be among the poorest. They have low income levels and limited access to opportunities to move out of poverty. In assessing the effects of economic situations of households (using parents), income

levels and the occupation of parents interviewed were cross-tabulated against three main educational indicators of children; presence of drop-outs, number of drop-outs within the household, children's response on the number of times they have dropped out from school and child absenteeism. In all the cross-tabulation involving income levels, it was revealed that 44 percent of all parents who indicated that at one or more children in the household was a school drop-out are associated with parents who earn less than GH¢50 per month with the proportion decreasing as income levels of parents interviewed increases.

Again, 45.5 percent of all parents who have one school drop in the household earn less than GH¢50 per month, 41.2 percent of all parents who have two school dropouts are found within this same income group and 57.1 percent of all parents with three children who are school dropouts earn less than GH¢50. The percentages of parents who have one, two or three children who are school drop-out declines as income of parents increases except for those earning above GH¢501 per month(Appendix Table A16). The later observation rests on the fact that in these homes the children there who are school drop-outs are house-helps.

Measuring this relationship from the perspective of the street children interviewed, it was found from the survey that 76 percent of children who are on the street have been to school before whereas 24 percent have never been to school. About 82.9 percent and 60 percent of the former were found in the Tamale Metropolis and Savelugu-Nanton District respectively.

For the latter, 17.1 percent were in the Tamale Metropolis whereas 40 percent were in the Savelugu-Nanton District. Financial constraints dominated the reasons why these children were on the streets with 88 percent while 8 percent are due to personal decision and 4 percent; sickness. These children explain that parents' inability to finance their education and their up-keep in terms of feeding and health care have been the underlining reason why they are on the streets. Majority (71.1%) of these children dropped out of school at the primary educational level whiles 28.9 percent of these children stopped schooling at the JHS level.

Similar observations were made when income was cross-tabulated with responses on the number of times children miss-out on school for children of households who were

currently in school at the time of the survey. The proportion of responses for the specific number of days that children miss-out on school also declines as income increases with few exceptional cases.

The proportion of responses from parents indicating that at least their child/children are normally absent once a week from school declined from 42.4 to 1.9 percent between parents earning less than GH¢50 to those earning between GH¢301 to 350 a month. This was also evident from children whose parents were interviewed. For the same income range, the proportion of children who responded being absent once a week declined from 54.5 to 9.1 percent. Even though there are variations in the specific proportions the trend is similar for both parents and children's responses (Appendix Table A17).

It can be realized from the analysis so far that access to education by children in low income households are most likely to be truncated limiting their potential to self-actualize. According Riveros (2005) literacy and schooling have been shown to significantly affect individual incomes. In Latin America Martinez and Fernandez (2010) reveal that income and schooling are strongly correlated. Thus young people who do not complete primary schooling are less likely to obtain jobs good enough to avoid poverty (Goicovic, 2002). If this happens there would be a continual spiral effect of poverty as children in low income households would continue to experience the effects of poverty that limits their access to education; a potential "investment which not only has a positive impact on individuals (in terms of income), but also on society as a whole, increasing employment, economic growth and social equity" (Martinez and Fernandez, 2010)

To validate these results, the occupation of the parents was also cross-tabulated with the educational indicators identified earlier. This is owing to the fact that income levels are most often dependent on the kind of occupation an individual does. Five main occupations categories were observed from the survey and included in this analysis namely farming, trading, artisan/handing works, teachers and other professionals. Teachers were separated from the professional category because of its reoccurrence in the data collected. Other professional comprise occupations such as doctors, nurses, administrators and others which are accompanied with higher educational attainment.

From Table 4.6, parents engaged in farming recorded 51.4 percent; the highest proportion; of parents indicating that there are school drop-outs in the household. Similarly, the proportion of parents responding to a specific number of children who are school drop-outs in the household was highest for farmers. Occupations such as teaching and other professionals who are characterized by higher income levels recorded 5.7 and 8.6 percent for the presence of school drop-outs in the households and lower proportions for number of school drop-outs in the households consolidating earlier observation of the effects of parents' income levels on children's education.

Table 4.6: Effects of Occupation of Parents on the Incidence of School Drop-outs

Occupation of Respondents		Presence of School Drop-outs			Number of Children who are School Drop-out					Number of Times (Household Children)			
		Yes	No	Total	One	Two	Three	Six	Total	One	Two	Three	Total
Farming	Count	18	24	42	3	9	5	1	18	8	3	1	12
	(%)	51.4	39.3	43.8	30.0	52.9	71.4	100.0	51.4	50.0	60.0	100.0	54.5
Trading	Count	8	17	25	1	5	2	0	8	2	0	0	2
	(%)	22.9	27.9	26.0	10.0	29.4	28.6	0.0	22.9	12.5	0.0	0.0	9.1
Artisan/Handy Work	Count	4	12	16	3	1	0	0	4	3	2	0	5
	(%)	11.4	19.7	16.7	30.0	5.9	0.0	0.0	11.4	18.8	40.0	0.0	22.7
Teaching	Count	2	4	6	1	1	0	0	2	1	0	0	1
	(%)	5.7	6.6	6.2	10.0	5.9	0.0	0.0	5.7	6.2	0.0	0.0	4.5
Other Professionals	Count	3	4	7	2	1	0	0	3	2	0	0	2
	(%)	8.6	6.6	7.3	20.0	5.9	0.0	0.0	8.6	12.5	0.0	0.0	9.1
Total	Count	35	61	96	10	17	7	1	35	16	5	1	22
	(%)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Field Survey, March 2011

For the street children interviewed the occupation of their parent's present critical concerns for policy makers. Aside 16 percent of children who identified that their parents were unemployed and 12 percent who identified that their parents were teachers, 72 percent of all children identified their parents to be working in the informal sector. Akin to the observation made at the household level, it seems that lack of education caused by dropping-out of school manifesting in the form of streetism is more associated with households where parents work in the informal sector and place more emphasis on economic activity rather than child education because of their low level of education. Research has shown that in developing countries in Africa, half of informal sector workers had only primary education, if any (Haan, 2006; Liimatainen, 2002). This is critical as

other researchers have also indicated that illiteracy which results from 'educational poverty' "among adults increases present and future socioeconomic vulnerability, and is a significant factor in the reproduction of such vulnerability through children" (Martinez and Fernandez 2010). From Table 4.7, 30 percent of street children have parents who are farmers equivalent to the 43.8 percent observed at the household level. Consequently this would increase vulnerability among children as has been observed by the interview with street children in the Northern Region of Ghana.

Table 4.7: Occupation of Parents/Guardians of Street Children Interviewed

Occupation of Parents/Guardians of Street Children Interviewed		Study Area		Total
		Tamale Metropolis	Savelugu-Nanton District	
Farming	Count	9	6	15
	Percent (%)	25.7	40.0	30.0
Trading	Count	7	2	9
	Percent (%)	20.0	13.3	18.0
Teaching	Count	4	2	6
	Percent (%)	11.4	13.3	12.0
Artisan/Handy Work	Count	4	0	4
	Percent (%)	11.4	0.0	8.0
Security	Count	3	0	3
	Percent (%)	8.6	0.0	6.0
Cleaning	Count	2	1	3
	Percent (%)	5.7	6.7	6.0
Driver	Count	1	1	2
	Percent (%)	2.9	6.7	4.0
Unemployed	Count	5	3	8
	Percent (%)	14.3	20.0	16.0
Total	Count		15	50
	Percent (%)		100.0	100.0

Source: Field Survey, March 2011

Additionally, similar trends in the income effects on child absenteeism manifested in the child absenteeism appraisal from the occupational standpoint. Absenteeism was higher among informal occupations than formal ones. This was true for responses from both parents and children alike. For instance, in Table 4.7, parents engaged in farming, trading and artisanry recorded an average of 87.5 percent compared to 12.5 percent of parents engaged in teaching and other professionals who indicated their children normally absent themselves from school once in a week. Interestingly, while the proportion decreases as the number of days of absenteeism increases for trading, artisans, and professionals but that of farmers increases. This is attributed to the fact that most farmers use their children as labour on their farms.

Traditionally, working on family farms and with family enterprises in Ghana is seen as part of the process by which children are trained towards adulthood (MMYE, 2007). However, to the extent that it is a hindrance to children's educations can be considered to be child labour which encompasses activities that "interfere with their schooling by depriving them of the opportunity to attend school, by obliging them to leave school prematurely, or by requiring them to attempt to combine school attendance with excessively long and heavy work" (ILO, 2002).

Table 4.8: Effects of the Occupation of Parents on Child Absenteeism

Occupation of Respondents		Responses from Parents/Guardian						Responses from HH Children				
		Always	Once	Twice	Thrice	Fourth	Total	Once	Twice	Thrice	Fourth	Total
Farming	Count	20	13	4	3	0	40	8	7	2	1	18
	(%)	37.7	40.6	100.0	100.0	0.0	43.0	36.4	53.8	33.3	50.0	41.9
Trading	Count	14	9	0	0	1	24	7	4	1	1	13
	(%)	26.4	28.1	0.0	0.0	100.0	25.8	31.8	30.8	16.7	50.0	30.2
Artisan/Handy Work	Count	11	6	00	0	0	17	5	1	1	0	7
	(%)	20.8	18.8	0.0	0.0	0.0	18.3	22.7	7.7	16.7	0.0	16.3
Teaching	Count	5	0	0	0	0	5	0	0	1	0	1
	(%)	9.4	0.0	0.0	0.0	0.0	5.4	0.0	0.0	16.7	0.0	2.3
Other Professionals	Count	3	6	0	0	0	9	2	1	1	0	4
	(%)	5.7	12.5	0.0	0.0	0.0	7.5	9.1	7.7	16.7	0.0	9.3
Total	Count	53	32	4	3	1	93	22	13	6	2	43
	(%)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Field Survey, March 2011

Effects of Household Economic Situation on Child Health

Using the same household economic indicators, the effects on child education manifested in the health situation of children where majority of parents with income levels less than GH¢100.00 a month have not registered their children under NHIS because they were not registered themselves. From the study, as income increases the proportion of children registered under NHIS increases compared to the number who have not registered. About 50 percent of all parents who have not registered their children under NHIS earn less than GH¢50 per month compared to 37.2 percent of all parents who have in that same income range. Yet parents who earn above GH¢101-150 a month have higher proportions of responses on children being registered under NHIS compared to those who have not (Appendix Table A17). To this end, it is anticipated that children within low income households would have limited access to health care as NHIS is a social safety net that has

proven to increase access to health care in Ghana. Compared with household children interviewed who confirmed that they have been registered under NHIS, utilization of health facilities was higher for low income earners which corroborates NDPC'S (2009) observation "that the growth in membership (registration) of NHIS suggests that NHIS has increased the utilization of health services". Thus social safety nets such as NHIS are mechanisms for enhancing children's access to health despite the incidence of low income challenges.

However, for most of the street children interviewed, access to health means out-of-pocket expenses on health care. Whereas 80 percent of street children self-finance their health care, only eight percent are registered under NHIS with employers paying for 10 percent of these street children. To this end, street children because of cost of treatment and the lack of health insurance use the drug store/pharmacy as the point to access health care. As 80 percent of street children patronize the drug store/pharmacy, only 20 percent access health care from a hospital or a clinic. Unfortunately, the responsibility of parents in caring for their children's health has been transferred to these children compounding their state of vulnerability. Most importantly, NHIS which offers low income households with an alternative source of funding and a safety net has eluded most of these street children just like children of low income households confirming that access to adequate health care by children is lower for children in low income households.

Concurrent with the observation made on incomes, it was realized that occupations of parents also affect the health of children in terms of their access and utilization of health care facilities. Evidently, 95 percent of parents who have not registered their children under the NHIS are engaged in informal occupations compared to 81.5 percent who have indicating lower access to health care for children in these households.

Surprisingly, the income levels of parents do not affect the number of times children are fed in a day by their parents. On average and for all the income groups, children are fed at least twice a day eating foods such porridge, 'Tuo Zaafi' or rice, for breakfast and lunch and supper respectively. This could be attributed to the fact that almost all the households visited have farming as a minor or major economic activity and the outputs of these provides parents with a wealth of crop and livestock asset to rely on in the absence of finance. In addition, 70 percent of children interviewed attended schools benefiting from the School Feeding Programme and this could be attributed to the reason why despite low

income of parents meals served to these children are averagely adequate. The World Food Programme estimates that 59 million primary students attend school in a state of malnutrition, with 23 million of them in sub-Saharan Africa alone (World Food Programme, 2009). For this reason, a well-designed school feeding programmes does not only provide children in low income households with significant nutritional benefits but also a social safety net to ameliorate the negativity of poverty.

For the street children, the survey indicated that on average street children; who the consequence of poor households are; eat at least twice a day. More than 80 percent of street children eat at least twice a day with only 4 percent eating once a day. This is not different from the observation made at the household level. However a critical concern about the nutritional value of the food consumed is eminent. This is because 86 percent of these street children buy the food they consumed (Appendix Table A20 and A21). Constrained by inadequate finance, their ability to purchase foods which are of high nutritional value is questionable as quality is most often sacrificed for quantity.

In all these it can thus be concluded that negative economic situations of parents' affects children education and their health negatively. This understanding offers an avenue to enhancing education and health care for children in the Northern Region of Ghana. Firstly, poverty and child education are "not just transition problems or a crisis of adjustment in a process of modernization but they are structural development challenges (UNESCO 2003). Therefore education is a powerful tool for poverty reduction and to break the vicious cycle of poverty demands that children most of whom are poor (living in low income households or with parents with low income levels) have access to opportunities that would enhance a viable basic education that would help them break out of the poverty cycle. Secondly, inadequate child health care is holding back advances in education. Cost, distance and the poor are the underlying causes of health disadvantage, the consequences include educational disadvantage later in life (UNESCO 2010). Evidently the availability of a social safety mechanism provides an avenue for moving round this challenge as the NHIS has shown. Overall, good nutrition, effective health care and access to good pre-school facilities can mitigate social impoverishment and lead to improved learning achievement.

4.5.2 Household Social Situation and the Effects on Child Development

Effects of the Number of Children per house on Child Development

The number of children per household affects household expenditure by increasing the amount of money the household spends in accessing any services. This reduces the disposable income of households and with lower income levels the effects becomes dire in the provision of basic needs to members of the household. In Ghana, the average children per household are estimated to be two (where average household size is four). Those household with children more than three can be concluded to have higher household size. The effects of this on child education however manifested in households with the number of children per household being above five even though the incidence of child drop-outs were found in household with less children.

The difference is mainly in the proportion of parents indicating the presence of school drop-outs in their household. Households with less than four children recorded higher percentages for parents who have no school drop-out in their household. But this changes slightly as the number of children moves beyond four to nine. Even though the observation is no so strong it gives an indication of the possible effects of larger household sizes on the education of children. However, the proportions of children dropping out from school two and three times increased for households with more than four children. Same observations were made when the number of children was cross-tabulated against child absenteeism, registration under NHIS, utilization of health facility and meals served to children in a day (Appendix Table A1-3).

Effects of the Level of Educational Attainment on Child Development

According to Martinez and Fernandez (2010), illiterate parents tend to have lower educational expectations and aspirations for themselves and for their children. Poor families often place work before education, due to the opportunity cost of the latter. Thus, children of parents who have failed to complete primary education tend to do the same". For this reason it is anticipated that children who have lower levels of educational attainment would have higher incidence of school drop-outs and absenteeism.

The data gathered from the Northern Region of Ghana corroborates the observation made

by Martinez and Fernandez (2010). From the study (as indicated in Appendix Table A24), the proportion of parents indicating the presence of school drop outs were higher for lower levels of education attained. About 69.4 percent of all responses are associated with parents who have never been to school, 16.7 percent for parents who have completed primary education and 11.2 percent for parents who have completed Senior High School/Vocational/Technical education. No incidence is associated with parents who have completed tertiary education confirming the earlier anticipation.

In addition, the numbers of children who are drop-outs were higher in households with lower educational attainment. About 45.5 percent, 82.4 percent, 71.4 percent of parents who indicated having one, two and three children who are school drop outs are associated with parents who have never been to school. Again, the number of times of drop-out for children interviewed at the household level decreased with higher levels of educational attainments but was more pronounced among children whose parents have never been to school. Thus "the educational capital of the household is essential to a child's physical and social development. Such development is unquestionably limited among children whose parents have not acquired basic reading and writing skills or some through disuse" (Martinez and Fernandez 2010).

In terms of absenteeism, most research concludes that periodic absenteeism by children occurs in developing countries where parents sometimes pull their children out of school for works at home or on the farm. Responses from parents and children alike indicated high incidence of absenteeism among parents with lower educational attainment. About 45.5 and 50 percent of all parents who indicated that their children absent themselves from school once and twice in a week were associated with parents who have never been to school. About 60 and 69.2 percent of children interviewed at the household level who normally absent themselves from school once and twice a week accordingly are associated with parents who have never been to school (Appendix Table A25). From this, it is thus obvious that the level of parents' education does not only affect child drop-out but also facilitates child absenteeism. In this regard, student absenteeism further reduces learning time (UNESCO 2010) and as a result deprives children from accessing the full potential of education at the early stages of their lives and the potential to break the vicious cycle of poverty they find themselves in.

From this observation, "education can help lift people out of poverty by boosting productivity and opening doors to jobs and credit. Conversely, lower educational attainment is strongly associated with higher poverty levels. The evidence thus points to a negative cycle in which poverty begets education disadvantage, which in turn perpetuates poverty" (UNESCO 2010).

Level of education does not only influence the education of children but also the health of children. Comparing responses from parents who have registered their children and those who have not, the proportion of parents who have not registered their children was only greater for parents who have never been to school. About 80 percent of parents who have not registered their children are associated with parents who have never been to school compared to the 51.2 percent of all parents who have registered their children being those who have never been to school. Additionally, the proportion of parents who have not registered their children under the NHIS decreases with increase in the level of education attained (Appendix Table A26).

Notwithstanding, the frequency of utilization of health facilities by household children was high among low income households. To this end it is anticipated that low income households who are not registered under the NHIS would have heavier burden to deal with in accessing healthcare for their children. It however not surprising that most of low income households visited relies on the services of drug stores and traditional health services; which is an indication of access to inadequate health care for children in the Northern Region. Thus the level of education attain by parents which most influences "illiteracy significantly limits an individual's ability to understand messages and absorb knowledge necessary for self-care; particularly among women; this has a negative impact on household health, hygiene and nutrition" of both parent and children (UNESCO, 2006).

The cogent relationship between level of education of parents and child registration under NHIS was also present when the parents' educational attainment was compared with the number of times meals are served to children in a day. Children who eat once a day were associated with parents who have never been to school before and those who have attained primary education. Again for each of the levels of educational attainment, the proportion of children eating more than once a day increases except for children found in households in the Region where parents have never been to school and attained primary education.

From the field study in the Northern Region (as indicated in Appendix Table A27), the proportion of children who are served more meals in a day were associated with parents who have attained JHS/Middle level education with the proportion increasing from zero percent for children eating once a day to 4.8 percent and 9.5 percent for children eating twice and thrice a day respectively. Beyond this point the observation is similar for all the levels of education and provides evidence to suggest that children living in households were parents have attained lower educational levels are likely to be malnourished than their counterpart in households with parents attaining higher educational levels.

From the forgoing appraisal, the incidence of poverty among the households interviewed in the Northern Region of Ghana means that the challenge of meeting basic human needs is a daily struggle for both parents and children alike. Poverty which has been measured in terms of low income levels, low level of educational attainment and access to health care (measured in terms of NHIS registration and Health Facility Utilisation) has presented the evidence that children with poor parents or living in poor households are negatively affected. Increase in child drop out situations, streetism and low access to health care are manifestations of these poverty effects. Consequently, being born into poverty is one of the strongest factors leading to marginalization in education and health.

Lack of education and health are therefore major obstacles to child development by limiting children's access to tools and opportunities that could improve their lives now and in the future. Obviously, poverty and unequal access to adequate health care and schooling will perpetuate high adolescent birth rates, jeopardizing the health of girls and diminishing their opportunities for social and economic advancement (United Nations 2010). Overall, parent poverty manifesting in the form of low income levels, the type of occupation, level of health care, and level of parents' education extensively combine with child labour leads to the creation of a formidable barrier to education, health and nutrition and the overall effort to help children experience their full potential.

4.6 Interventions for Poverty Reduction and Child Development in the Northern Region

In the Northern Region, both public and private actors are involved in the amelioration of poverty as well as promoting the development of children. Local Authorities and their decentralized departments, international aid agencies, Non-governmental Agencies and health and educational institutions whose aim is to provide services of health and education for both parents and children alike.

For all the institutions and organizations visited, poverty was identified to have a dire effect on child development. For most of these actors, poverty mainly affects children by limiting their access to education and health. Interventions on poverty aimed at enhancing parents economic livelihoods while interventions to promote child development are aim directly at enhancing children's access to education and adequate health. (See Appendix Three).

Ignorance of rules and regulation governing local governance, High incidence of parent illiteracy, inadequate funding, staffing and logistics affects the abilities of both private and public actors to institute interventions to reduce poverty and promote development in the Northern (Box 1 and 2).

Box 1: Poverty and Child Development Interventions by Public Actors

Tamale Metropolis Department of Social Welfare

The Department of Social Welfare has the aim to promote equal access of productive resources for the vulnerable, disadvantaged and marginalized through vocational training, education on rights, liaising with NGOs for support and facilitating sustainable livelihoods in the Tamale Metropolis. This Department specifically implements the Livelihood Empowerment Against Poverty (LEAP) in addition to empowering the disadvantaged and marginalized through vocational training, and education of people on their basic rights. We normally do this by liaising with other government agencies such as the Metropolitan Directorate of Education, Metropolitan Directorate of Health, and local NGOs working in the Metropolis to support the welfare of parents and children alike.

Specifically we target women and children, orphans, the aged, abandoned children, trafficked children, and abused children as well as the disabled, HIV and AIDS patients, and others marginalized in society. We make sure they have access to the needs of life by sustaining their human rights. Even though adequate records on the incidence of these challenges are not readily available, lack of education and high incidence of child abuse are the issues we most often come across especially for female children between the ages of 6-10 years. Children above this age rather end up becoming street children as they are somewhat able to struggle their way through economic activities in the Metropolis to earn something for their feeding. However, most of them sleep on the streets.

To help improve the situation, we have been running rehabilitation Centres to give vocational training for people with disability as well as some street selected street children by liaising with NGOs to provide support for the vulnerable. In addition, we also organize women empowerment through community based projects.

Possibility of Many families to found in extreme poverty situations can now feed their families through the LEAP in 19 Districts with the exception of Tamale Metropolitan Assembly.
Faced with Lack of Professional Staff, Lack of Logistics and Inadequate funds to help the client.

Source: Stephen Mensah, Social Development Officer

Box 2: Poverty and Child Development Interventions by Private Actors

World Vision- Ghana – Savelugu-Nanton District

We are a Christian NGO with the mission to follow our lord and saviour Jesus Christ in working with the poor and oppressed to promote human transformation, seek justice and bear witness to the good news of the Kingdom of God. For our intervention, we adopt a comprehensive approach and target men, women and children through public awareness that leads to informal understanding, given, involvement, and prayer. Our organization also promotes transformational development that is community based and sustainable, focused especially on the needs of children. Furthermore, we promote justice that seeks to change unjust structures affecting the poor among whom we work in the Savelugu-Nanton District under Area Development Programme where children are of a high priority.

We believe that poverty levels of parents hamper or distract school performance of children and also parents are unable to afford the health needs of their children. Mostly, female children are predisposed to becoming head porters and given out in early marriage and the most affected by the poverty levels of parents aside children between the ages 11-17 years.

Owing to this, our organization has introduced Micro-credit schemes and registered children under the NHIS. To promote child development, we provide support for the needy but brilliant boys and girls in education, and donate books, clothing, etc. to children in need. Out of school girls are also enrolled in institutions to acquire skills such as hair dressing, seam stressing. Generally we have realized that there has been increase in school enrolment levels in our operation area but cannot hold sole responsibility for this. World Vision has assisted needy but brilliant children to further their SHS, Colleges and the University education. We also support the Ghana Health Service to conduct immunization services as well as provision of medical equipment to sub district health facilities.

Source: Michael K. Dolizie, Programme Manager

4.7 Conclusion

Making an inference from the above analysis, it is evident that the literacy and educational levels attained by parents has a more than significant effect on the living standards of individual households and particularly transcend and affect the education of their children under the care of such household heads.

CHAPTER FIVE

SUMMARY OF FINDINGS, RECOMMENDATIONS AND CONCLUSION

5.1 Introduction

The thrust of this thesis has been to examine the effects of poverty on child development in the Northern Region of Ghana to contribute both to development interventionism and knowledge on child development. The chapter therefore focuses on the issues that emerged from the research on poverty and child development and how development practitioners and researchers can enhance their capabilities to understanding the relationships between these two phenomena.

5.2 Summary of Findings

5.2.1 Causes of Poverty in the Northern Region of Ghana

Poverty levels of Parents

The study revealed that low educational attainment, illiteracy, employment and the type of occupation of parents are the major causes of poverty in the Region. For starters, poverty was seen to be endemic among the households visited in the Tamale Metropolis and Savelugu-Nanton District of the Northern Region of Ghana. Despite the average mean income levels of parents interviewed of GH¢141.54 per month which is higher than the poverty line of GH¢50.75 per month (i.e. $1.25 per day for 28 days), 39.4 percent of parents were below the poverty line higher the national average of 28.5 percent. Most affected are parents working in the informal sector of the region mainly farmers, traders and artisans. In addition, some of these parents do not have access to any economic safety nets such as remittances and a second occupation making their household more incapable of breaking out of the vicious cycle of poverty.

Education presented cogent issues on the poverty levels of parents, 57 percent of parents interviewed were found to be poor although they had attained basic education giving an indication of their educational attainment having an influence on their income levels, and whiles 85 percent had not attained basic school education. Poverty manifestations in the

health sector were not evident as parents had access to health care. Most have registered under the NHIS and visit the hospital more than 3 times a year. Additionally, access to potable water was high and housing conditions were averagely good.

Education and Poverty

In terms of low educational attainment, 50 percent of parents who have never been to school fall below the poverty line while 25 percent of parent whose highest level of education attained is primary level fall below the poverty line of GH¢50.75 a month while all parents with SHS and tertiary education fall above the poverty line. Again while 50 percent of illiterate parents fall below the poverty line, less than one percent of literate parents fall below the poverty line. To this end, illiterate parents and those with lower levels of education presents evidence that associate illiteracy and low level of education as a cause of poverty in the Region.

Employment and Poverty

In the Tamale Metropolis and Savelugu-Nanton District of the Northern Region, the study revealed that parents are poor because they are engaged in low income activities or unemployed. While the average income levels of employed parents was GH¢140.12, that of the unemployed was GH¢6.67. Furthermore while 25 percent of all employed persons fall under the poverty, all parents interviewed who are unemployed were below the poverty line. Thus unemployment is associated as a cause of poverty in the Region.

In addition, whereas parents who are teachers and those who engaged in other professional occupations such as doctors, bankers, etc., did not record anyone below the poverty line, about 30-50 percent of parents engaged in farming, trading and artisan works were recorded to earn less than GH¢50.75 a month. Thus the likelihood that a person working in the informal sector is poor is higher than parents working in the formal sector. For this reason, occupation can be seen to be a contributing cause of poverty of parents.

5.2.2 State of Children in Northern Region

On the other, children in Tamale Metropolis and Savelugu-Nanton District live in averagely high household sizes with at least 6.2 persons per house and over 80 percent of these households have more than three children below the age of 18 years. These

households had parents engaged in occupation in the informal sector which are characterised by low income levels and high incidence of poverty. Most of the children interviewed were currently in school and have never dropped out of school. While all the street children had dropped-out of school, 22.2 percent of household children interviewed had dropped out from school before. About 27.2 percent of the household children have dropped-out of school more than once in their academic life. The major reason associated with this observation has been finance and parents, household children and street children all alluded to this.

Similar causes were observed under child absenteeism with 40 percent of children and parents attributing it to finance. Sicknesses, engagement with household activities and economic activities, as well as distance are the other reasons for child absenteeism in the Region. Financial constraints have therefore been the major reason limiting children's access to education to develop their full potential. In terms of access to other social services by children such as housing, water and sanitation, and health and nutrition, trends were similar to observation under parents. Unfortunately, street children do not have access to most of these privileges even though they eat averagely twice a day.

5.2.3 Effects of Poverty on Child Development

Effects of Household Economic Situation on Child Development

Both the economic and social situation at the household level affects children negatively or positively. Evidently, streetism was seen to be a consequence of poverty as 88 percent of street children asserted that financial constraints are the underpinning reasons for them being on the streets.

From the household data collected the effects of negative economic situations of parents; i.e. with low income levels and engaged in informal occupation; had the highest proportion of children being drop-outs, increased number of times children drop out of school and increase child absenteeism. For instance, it was revealed that 44 percent of all parents who indicated that one or more children in the household was a school drop-out are associated with parents who earn less than GH¢50 per month and parents engaged in farming recorded 51.4 percent; the highest proportion; of parents indicating that there are

school drop-outs in the household. The effects of occupation on the incidence of school drop-outs were similar to observations made under income levels of parents.

Concurrent with the above discussion, the survey reveals that as income of parent increases the proportion of children registered under NHIS increases compared to the number who have not registered. About 50 percent of all parents who have not registered their children under NHIS earn less than GH¢50 per month compared to 37.2 percent of all parents who have in that same income range.

Nonetheless, the negative effects of household economic situation affected the education of children far more than that of the health of the children and this could attributed to the availability of social safety nets that prevents increase out-of-pocket expenses for parents. Despite the existence of such interventions in education such as the School Feeding Programme (SFP) and Free Compulsory Universal Basic Education (FCUBE), the effects of poverty on education presents concerns for understanding reasons why such trends are still being observed. Contrary, NHIS had enhanced access to health care despite low incomes while livestock and crop wealth have made it possible for children to eat at least two times a day for all children interviewed.

Effects of Household Social Situation on Child Development

The study revealed that parents with higher educational attainment are most like to ensure that education is a priority for their children than parents with low educational attainment. Evidently, no cases of school drop-outs were recorded for parents who have completed tertiary education. Contrary, the proportion of parents indicating the presence of school drop outs were higher for lower levels of education attained with about 69.4 percent of all responses recorded for parents who have never been to school. Again, the low the level of education of parents, the higher the number of times children had dropped-out school. This was also no different from cases recorded for child absenteeism.

In terms of access to health, a comparative analysis revealed that the proportion of parents who have not registered their children was only greater for parents who have never been to school and the proportion of parents who have not registered their children under the

NHIS decreases with increase in the level of education attained. Concurrently, children who eat once a day were associated with parents who have never been to school before and those who have attained primary education. Thus children whose parents have attained lower levels of education are likely to be affected negatively in terms of their access to adequate health care.

5.2.4 Interventions for Poverty and Child Development

The study has revealed that both private and public sector actors are involved in the implementation of projects and programmes to reduce poverty and enhance child development in the Region. Local Authorities; Tamale Metropolitan and Savelugu-Nanton District Assembly; together with their decentralized social welfare and community development departments were involved in projects that sort to improve the welfare of the parents and children alike.

From the survey, the public actors are involve in the implementation of integrated community-based development projects, child rights protection programmes and home science extension programme for women and girls. Similarly these public sector agencies are also involved in the implementation of the capitation grant, school feeding programme, LEAP Programme, NHIS and NYEP which are all social interventions to help parents move out of poverty.

These public sector interventions are observed to have longer time span and are more comprehensive than the interventions by the private sector actors such as the NGOs working in the region. The interventions of these NGOs are ad hoc in nature and mostly do not provide long term mechanisms for poverty alleviation and child development. The survey thus reveals that these private actors engage in micro-credit schemes, provide supports needy but brilliant boys and girls in education in the form of scholarships, books, clothing, etc. to children in need and registration of children under the NHIS. Nevertheless, the indicators to measure the impacts of these interventions were not available and present issues of poor monitoring and surveillance by development actors. This was evident from the inability of educational and health institutions to provide adequate data on school drop-out rates and causes of child morbidity and mortality in the

Region. Additionally, for most of these actors, inadequate funding, logistics and poor collaboration between them have been the challenges affecting their efforts to reduce poverty and child development in the Region.

5.3 Recommendations

5.3.1 Fostering Understanding of Child Development Issues in Local and National Poverty Reduction Interventions

Despite the awareness that poverty is endemic and its effect pervasive, this awareness is only prominent among actors but is not enshrined comprehensively in policy documents and local development plans. Poverty creates vulnerable situations for children and hampers their efforts at self-actualization.

For this reason, as part of poverty reduction strategy at the national and local level, government must foster an understanding of child development as a priority and facilitate the disseminations of the necessary frameworks for mainstreaming child development issues and interventions in poverty reduction at national, sectoral and local levels. This could be done through workshops, conferences and seminars to raise awareness and understanding of MMDA and MDA on child development issues. Awareness through the media can also enhance awareness and understanding among the populace to demand for interventions from government.

More so, government's effort at reducing poverty must be equal to efforts at promoting child development as poverty reduction interventions for parents may not directly induce them to provide adequate support for their children. In addition to all these is the need to increase advocacy on the subject matter of child development for parents and society to appreciate the need to develop adequately abilities of children as they are the future of every nation.

5.3.2 Integrated and Comprehensive Programmes and Projects

Poverty is not the only reason underpinning the poor state of child development in any country. Even though poverty limits directly and explicitly undermine the development of

the child, the lack therefore of institutions responsible for imparting knowledge to children such as schools and those providing care services needs to be included in the efforts for promoting child development in the Northern Region of Ghana. As the study indicated, the availability of social safety net provided access to health care of children despite the low income levels and educational attainment of parents. This suggests that integrated programmes and projects that are comprehensive and includes overt and covert issues of poverty is an effective way of promoting child development in the Region. In this regard, programmes and projects must consider ameliorating the factors creating poverty of parents as well as promote social and economic safety nets that would promote access to social and economic opportunities without parents necessarily incurring out-of-pocket cost expenses.

5.3.3 Participatory Design and Planning

The promotion of participatory designs and planning for poverty reduction and child development strategies would enhance efforts to ensure the identification and implementation of integrated and comprehensive programmes and projects in the Tamale Metropolis and Savelugu-Nanton District. However, this would be dependent on how effective all actors in these area both private and public collaborate to understand the extent of the child impoverishment and the needed interventions to respond to them. This is especially important to help pool finance, human resources and knowledge to respond adequately to child development interventions in the Tamale Metropolis and Savelugu-Nanton District.

It is being suggested that an integrated child development plan be prepared for the Tamale Metropolis and Savelugu-Nanton District by the Metropolitan and District Assemblies respectively to integrate and harmonise all child development interventions so as to reduce duplication and fragmentation of development interventions. Again, then should be linked to the medium-term plans of these assemblies to ensure that funding from government can easily be sourced.

5.3.4 Programme and Project Performance Monitoring

Notably from the research, institutions visited were not able to provide adequate data to substantiate their efforts in promoting poverty reduction and child development in the

region. Thus even though they articulated that their interventions have had positive impacts on parents and children, there were no evidences to validate these responses and whether the interventions they adopted were actually promoting these positive consequences. To solve these issues demands an effective and efficient performance monitoring system that would provide up to date information for tracking potentials, opportunities, constraints, and challenges in the implementation of child development interventions in the Region. This would thus provide a wealth of knowledge to inform the design and planning of poverty and child development interventions in the Northern Region of Ghana.

Table 5.1: Strategic Framework for Child Development in the Northern Region

Issue	Strategic Interventions	Source of Funding	Implementation	
			Lead Actors	Collob. Actors
Fostering Understanding of Child Development Issues in Local and National Poverty Reduction Interventions	- Fostering child development issues as a priority in poverty reduction in Ghana;	GoG UNESCO, UNICEF	NDPC, CSO, NGOs	RCC, MMDA MDA
	- Mainstreaming of child development interventions at national, sect oral and local development plans; and	GoG	NDPC RCC	MMDA MDA
	- Design of a guideline for mainstreaming child development issues into national, sect oral and local plans.	GoG	NDPC	RCC, MMDA MDA, CSO, NGOs
Integrated Programmes and Projects	- Promoting diversification through sustainable and alternative livelihood opportunities; and	GoG, GTZ, DANIDA, UNDP	MoFA	MMDA, CSOs, NGOs.
	- Increase provision of social and economic safety nets for parents and children alike.	GoG, UNESCO, UNICEF	MoESW, MoESS	CSOs, NGOs.
Participatory Design and Planning	- Increasing research in the poverty and child development issues in the Region;	GoG, UNESCO UNICEF	NDPC, MoESS, MoESW	NDPC MMDA
	- Increase collaboration between public and private actors in poverty reduction and child development;	GoG, UNESCO, UNICEF	NDPC, MoFA, MoESW	MDA, MMDA, CSOs, NGOs.
	- Increasing the direct involvement of the poor and children in project design and planning;	DACF	MMDA	CSO, NGOs and TA
	- Preparation of Child Development Plans.	GoG , UNESCO UNICEF	NDPC	RCC, MMDA MDA, CSO, NGOs
Programme and Project Performance Monitoring	- Establishing a baseline of the state of the child in the Northern Region;	GoG UNESCO UNICEF	NDPC, RCC	MDA, MMDA, CSO, NGOs.
	- Increase monitoring and surveillance of interventions for child development;	GoG, UNESCO UNICEF	NDPC,	MDA, RCC, MDA, CSO, NGOs.
	- Build capacity to promote Community Based Monitoring Systems	GoG	NDPC, RCC	CSO, NGOs.

Source: Author's Construct, March 2011.

5.4 Areas for Further Studies

The study considered the general effects of poverty on children without assessing the gender dimensions of these effects. Interactions with development actors in the region promoting child development identified that females and younger children are the most affected by the poverty levels of children. However, these key issues have not been discussed and the effects of poverty of the categories of children have not been presented in the analysis. For this reason, assessing how poverty affects boys and girls differently and the different age groups of children would provide additional knowledge to inform policy on children and knowledge in general.

In terms of the interventions to promote child development in the region, the study was only able to identify some of the activities being implemented by some selected agencies in the region. Nonetheless, a comprehensive study that seeks to appraise the interventions and their effects in promoting child development would be required to understand the factors that influence the design, implementation and sustainability of these interventions as well as the capacity of these institutions in implementing the interventions to promote child development in the Northern Region of Ghana.

5.5 Conclusion

Poverty is a negative phenomenon that changes with respect to time and environment. Additionally, it affects both adults and children. In breaking the vicious cycle of poverty therefore demands that increase attention is given to child development in developing countries. Promoting interventions for parents and hoping this would have a trickle down effects on children should be re-looked at and rather a more comprehensive mechanism of social safety net that enhances children's access to opportunities for self-actualization are promoted. Consequently, development practitioners and researchers must appreciate and advocate for the implementation of the suggested recommendations as well as increase research on how poverty affects children to inform decision making and development interventionism.

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APPENDIX ONE

SAMPLE SIZE DETERMINATION

Table A1: Target Population/Sample Frame

Area	2000			*2010		
	Pop.	No. of HHs	AV. HH Size	Pop.[1]	No. of HHs[2]	AV. HH Size[3]
Savelugu-Nanton	89,968	14,491	6.2	121440	19587	6.2
Tamale	293,881	43,958	6.7	417022	62242	6.7
Region	1,820,806	240953	7.4	2409093	325553	7.4

* The figures under this section were all estimated from the 2000 Population and Housing figures
[1]This the projected population figure for the target areas.
[2]This is the projected number of households for the target areas.
[3]Average Household size for the three areas have been held constant

Sample Size Determination

$$n = \frac{N}{1 + N(\alpha^2)}$$

Where n = Sample Size,

N = Total Households of the study area,

α = Error Margin (10 percent)

n = 325553

1 + 325553 ($0.10^{\wedge 2}$)

= 325553

3256.53

= 99.97

= 100 Households (nearest whole number)

Proportional Stratification Sampling

Savelugu-Nanton = 19587

Tamale = 62242

Total households per the two target areas = 81829

Proportion of Questionnaires to be administered in SN = 19587 * 100

81829

= 23.93

⇨ 24 questionnaires

Proportion of Questionnaires to be administered in SN = $\frac{62242}{81829} * 100$

= 76.06

⇨ 76 questionnaires

Based on the assumption of targeting two respondents per household, the total number of household questionnaires to be administered would amount to 200 translating into:

i. 100 questionnaires for Parents/ Guardians
   a. Tamale = 76 questionnaires
   b. Savelugu-Nanton = 24 questionnaires

ii. 100 questionnaires for children
   a. Tamale = 76 questionnaires
   b. Savelugu-Nanton = 24 questionnaires

Reliability of Sample Size

The Napierian Log formula $(+n^{-1})^{n} = 2.7183$

Where n = sample size = 100 households

. : Napierian Log = $(1+100^{-1})^{100}$

= 2.7048

APPENDIX TWO

TABLES ON THE ANALYSIS OF CHILD DEVELOPMENT AND POVERTY IN THE NORTHERN REGION OF GHANA

Table A2: Number of Children below 18 years by Number of Times Children Miss out on School in a week Cross-tabulation

Number of Children below 18 years		Response from Parents and Guardians						Response From HH Children Interviewed				
		Always in School	Once	Twice	Thrice	Four times	Total	Once	Twice	Thrice	Four times	Total
One	Count	1	0	0	0	0	1	0	0	0	0	0
	Percent (%)	1.8	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0
Two	Count	14	10	0	0	0	24	12	2	0	1	15
	Percent (%)	25.5	30.3	0.0	0.0	0.0	25.0	52.2	15.4	0.0	50.0	34.1
Three	Count	14	8	2	1	0	25	1	4	1	0	6
	Percent (%)	25.5	24.2	50.0	33.3	0.0	26.0	4.3	30.8	16.7	0.0	13.6
Four	Count	8	7	1	1	1	18	7	3	1	0	11
	Percent (%)	14.5	21.2	25.0	33.3	100.0	18.8	30.4	23.1	16.7	0.0	25.0
Five	Count	11	4	0	1	0	16	3	2	3	0	8
	Percent (%)	20.0	12.1	0.0	33.3	0.0	16.7	13.0	15.4	50.0	0.0	18.2
Six	Count	5	2	0	0	0	7	0	1	0	1	2
	Percent (%)	9.1	6.1	0.0	0.0	0.0	7.3	0.0	7.7	0.0	50.0	4.5
Seven	Count	0	1	1	0	0	2	0	1	0	0	1
	Percent (%)	0.0	3.0	25.0	0.0	0.0	2.1	0.0	7.7	0.0	0.0	2.3
Eight	Count	1	0	0	0	0	1	0	0	0	0	0
	Percent (%)	1.8	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0
Nine	Count	1	1	0	0	0	2	0	0	1	0	1
	Percent (%)	1.8	3.0	0.0	0.0	0.0	2.1	0.0	0.0	16.7	0.0	2.3
Total	Count	55	33	4	3	1	96	23	13	6	2	44
	Percent (%)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table A3: Number of Children below 18 years by Number Times Meals are Served to Children in Day Cross-tabulation

Number of Children below 18 years		Number Times Meals are Served to Children in Day			Total
		Twice	Thrice	Four and Above	
One	Count	0	1	0	1
	Percent (%)	0.0	1.4	0.0	1.0
Two	Count	5	18	2	25
	Percent (%)	26.3	24.7	25.0	25.0
Three	Count	7	17	2	26
	Percent (%)	36.8	23.3	25.0	26.0
Four	Count	3	16	0	19
	Percent (%)	15.8	21.9	0.0	19.0
Five	Count	3	11	2	16
	Percent (%)	15.8	15.1	25.0	16.0
Six	Count	1	5	1	7
	Percent (%)	5.3	6.8	12.5	7.0
Seven	Count	0	2	1	3
	Percent (%)	0.0	2.7	12.5	3.0
Eight	Count	0	1	0	1
	Percent (%)	0.0	1.4	0.0	1.0
Nine	Count	0	2	0	2
	Percent (%)	0.0	2.7	0.0	2.0
Total	Count	19	73	8	100
	Percent (%)	100.0	100.0	100.0	100.0

Table A4: Number of Children below 18 years by Child Registration under NHIS Cross-tabulation

Number of Children below 18 years		Child Registration under NHIS		Total	Frequency in the Utilisation of Health Facilities by Household Children Interviewed				
		Registered	Not Registered		Once a Year	Twice a Year	Thrice a Year	Four and Above	Total
One	Count	1	0	1	0	0	0	0	0
	Percent (%)	1.2	0.0	1.0	0.0	0.0	0.0	0.0	0.0
Two	Count	22	3	25	10	2	6	1	19
	Percent (%)	27.5	15.0	25.0	34.5	8.3	50.0	10.0	25.3
Three	Count	21	5	26	9	8	3	2	22
	Percent (%)	26.2	25.0	26.0	31.0	33.3	25.0	20.0	29.3
Four	Count	13	6	19	6	8	2	0	16
	Percent (%)	16.2	30.0	19.0	20.7	33.3	16.7	0.0	21.3
Five	Count	13	3	16	4	4	0	5	13
	Percent (%)	16.2	15.0	16.0	13.8	16.7	0.0	50.0	17.3
Six	Count	5	2	7	0	2	0	0	2
	Percent (%)	6.2	10.0	7.0	0.0	8.3	0.0	0.0	2.7
Seven	Count	2	1	3	0	0	0	1	1
	Percent (%)	2.5	5.0	3.0	0.0	0.0	0.0	10.0	1.3
Eight	Count	1	0	1	0	0	1	0	1
	Percent (%)	1.2	0.0	1.0	0.0	0.0	8.3	0.0	1.3
Nine	Count	2	0	2	0	0	0	1	1
	Percent (%)	2.5	0.0	2.0	0.0	0.0	0.0	10.0	1.3
Total	Count	80	20	100	29	24	12	10	75
	Percent (%)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table A5: Sources of Remittance by Administrative Area

Sources of Remittance		Administrative Area		Total
		Tamale Metropolis	Savelugu-Nanton District	
Relations	Count	5	2	7
	% within Administrative Area	50.00	100.00	58.30
Friends	Count	1	0	1
	% within Administrative Area	10.00	0.00	8.30
Children	Count	4	0	4
	% within Administrative Area	40.00	0.00	33.30
Total	Count	10	2	12
	% within Administrative Area	100.00	100.00	100.00

Table A6: Frequency of Receiving Remittances by Administrative Area

Frequency of Receiving Remittances		Administrative Area		Total
		Tamale Metropolis	Savelugu-Nanton District	
Weekly	Count	0	1	1
	% within Administrative Area	0.00	50.00	8.30
Monthly	Count	6	0	6
	% within Administrative Area	60.00	0.00	50.00
Yearly	Count	4	1	5
	% within Administrative Area	40.00	50.00	41.70
Total	Count	10	2	12
	% within Administrative Area	100.00	100.00	100.00

Table A7: Health Accessibility and Utilisation

Types of Health Facility Accessed		**Total**
Hospital	Count	64
	Percent (%)	64.6
Clinic	Count	13
	Percent (%)	13.1
Drug stores/Pharmacy	Count	14
	Percent (%)	14.1
Traditional health Center	Count	8
	Percent (%)	8.1
Total	Count	99
	Percent (%)	100.0
Frequency in the Utilisation of Health Facilities by Parents		**Total**
Once a Year	Count	23
	Percent (%)	32.4
Twice a Year	Count	17
	Percent (%)	23.9
Thrice a Year	Count	15
	Percent (%)	21.1
Others	Count	16
	Percent (%)	22.5
Total	Count	71
	Percent (%)	100.0
Registration of Parents under the NHIS by Parents		**Total**
Registered	Count	70
	Percent (%)	70.0
Not Registered	Count	30
	Percent (%)	30.0
Total	Count	100
	Percent (%)	100

Table A8: Households Source of Water (Domestic Use)

Source of Water		Study Area		Total
		Tamale Metropolis	Savelugu-Nanton District	
Private Well	Count	1	0	1
	Percent (%)	1.3	0.0	1.0
Private Bore-hole	Count	1	1	2
	Percent (%)	1.3	4.0	2.0
Community Well	Count	11	2	13
	Percent (%)	14.7	8.0	13.0
Community Bore-hole	Count	6	11	17
	Percent (%)	8.0	44.0	17.0
Tap (Pipe borne Water)	Count	56	10	66
	Percent (%)	74.7	40.0	66.0
Surface water (Rivers, Streams, etc.)	Count	0	1	1
	Percent (%)	0.0	4.0	1.0
Total	Count	75	25	100
	Percent (%)	100.0	100.0	100.0

Table A9: Source of Household Energy for Cooking

Energy for Cooking

Energy for Cooking		Study Area		Total
		Tamale Metropolis	Savelugu-Nanton	
Electricity	Count	3	1	4
	(%)	4.0	4.0	4.0
Kerosene	Count	1	0	1
	(%)	1.3	0.0	1.0
LPG	Count	2	0	2
	(%)	2.7	0.0	2.0
Firewood	Count	42	14	56
	(%)	56.0	56.0	56.0
Charcoal	Count	27	10	37
	(%)	36.0	40.0	37.0
Total	Count	75	25	100
	(%)	100.0	100.0	100.0

Energy Source for Lighting

Energy for Lighting		Study Area		Total
		Tamale Metropolis	Savelugu-Nanton	
Electricity	Count	54	17	71
	(%)	72.0	68.0	71.0
Kerosene	Count	14	8	22
	(%)	18.7	32.0	22.0
Candle	Count	2	0	2
	(%)	2.7	0.0	2.0
Others	Count	5	0	5
	(%)	6.7	0.0	5.0
Total	Count	75	25	100

Table A10: Number of Children and Children below 18 years Per Household

Number of Children		No. Per Household			No. Below 18 years		
		Tamale Metropolis	Savelugu-Nanton District	Total	Tamale Metropolis	Savelugu-Nanton District	Total
Zero	Count	0	0	0	1	0	1
	Percent (%)	0.0	0.0	0.0	1.3	0.0	1.0
One	Count	5	1	6	22	3	25
	Percent (%)	6.7	4.0	6.0	29.3	12.0	25.0
Two	Count	13	3	16	21	5	26
	Percent (%)	17.3	12.0	16.0	28.0	20.0	26.0
Three	Count	13	11	24	9	10	19
	Percent (%)	17.3	44.0	24.0	12.0	40.0	19.0
Four	Count	18	2	20	12	4	16
	Percent (%)	24.0	8.0	20.0	16.0	16.0	16.0
Five	Count	10	5	15	5	2	7
	Percent (%)	13.3	20.0	15.0	6.7	8.0	7.0
Six	Count	6	1	7	2	1	3
	Percent (%)	8.0	4.0	7.0	2.7	4.0	3.0
Seven	Count	4	2	6	1	0	1
	Percent (%)	5.3	8.0	6.0	1.3	0.0	1.0
Eight	Count	1	0	1	2	0	2
	Percent (%)	1.3	0.0	1.0	2.7	0.0	2.0
Ten	Count	1	0	1	0	0	0
	Percent (%)	1.3	0.0	1.0	0.0	0.0	0.0
Eleven +	Count	4	0	4	0	0	0
	Percent (%)	5.3	0.0	4.0	0.0	0.0	0.0
Total	Count	75	25	100	75	25	100
	Percent (%)	100.0	100.0	100.0	100.0	100.0	100.0

Table A11: Incidence of Household Children Interviewed Dropping Out of School

Incidence		Study Area		Total
		Tamale Metropolis	Savelugu-Nanton District	
Dropped out Before	Count	15	7	22
	Percent (%)	20.3	28.0	22.2
Have not Dropped out Before	Count	59	18	77
	Percent (%)	79.7	72.0	77.8
Total	Count	74	25	99
	Percent (%)	100.0	100.0	100.0

Table A12: Number of Times Household Children Interviewed Drops Out of School

Number of Times		Study Area		Total
		Tamale Metropolis	Savelugu-Nanton District	
One	Count	13	3	16
	Percent (%)	86.7	42.9	72.7
Two	Count	2	3	5
	Percent (%)	13.3	42.9	22.7
Three	Count	0	1	1
	Percent (%)	0.0	14.3	4.5
Total	Count	15	7	22
	Percent (%)	100.0	100.0	100.0

Table A13: Household Children Interviewed Absenteeism

Incidence		Household Children Interviewed Absenteeism		Total
		Tamale Metropolis	Savelugu-Nanton District	
Yes	Count	27	16	43
	Percent (%)	36.50	64.00	43.40
No	Count	47	9	56
	Percent (%)	63.50	36.00	56.60
Total	Count	74	25	99
	Percent (%)	100.00	100.00	100.00

Table A14: Number of Days Household Children are Absent from School in a Week

Number		No. of Days of Absenteeism		Total
		Tamale Metropolis	Savelugu-Nanton District	
Once	Count	16	7	23
	Percent (%)	59.30	41.20	52.30
Twice	Count	5	8	13
	Percent (%)	18.50	47.10	29.50
Thrice	Count	5	1	6
	Percent (%)	18.50	5.90	13.60
Four times	Count	1	1	2
	Percent (%)	3.70	5.90	4.50
Total	Count	27	17	44
	Percent (%)	100.00	100.00	100.00

Table A15: Number of Times Household Children and Street Children eat in a Day

Number of Times		Response from HH Children			Response from Street Children		
		Tamale Metropolis	Savelugu-Nanton District	Total	Tamale Metropolis	Savelugu-Nanton District	Total
Once	Count	4	0	4	1	1	2
	Percent (%)	5.4	0.0	4.0	2.9	6.7	4.0
Twice	Count	17	4	21	7	7	14
	Percent (%)	23.0	16.0	21.2	20.0	46.7	28.0
Thrice	Count	49	14	63	21	6	27
	Percent (%)	66.2	56.0	63.6	60.0	40.0	54.0
Four and Above	Count	4	7	11	6	1	7
	Percent (%)	5.4	28.0	11.1	17.1	6.7	14.0
Total	Count	74	25	99	35	15	50
	Percent (%)	100.0	100.0	100.0	100.0	100.0	100.0

Table A16: Effects of Monthly Income of Households on the Incidence of School Drop-outs

Monthly Income of Households in Ghana Cedis (GH¢)		Presence of School Drop-outs			Number of Children who are School Drop-out					No. of Times (HH Children Interviewed)			
		Yes	No	Total	One	Two	Three	Six	Total	One	Two	Three	Total
Less than 50	Count	16	23	39	5	7	4	0	16	6	3	1	10
	Percent (%)	44.4	37.7	40.2	45.5	41.2	57.1	0.0	44.4	37.5	60.0	100.0	45.5
51- 100	Count	9	17	26	3	4	2	0	9	3	2	0	5
	Percent (%)	25.0	27.9	26.8	27.3	23.5	28.6	0.0	25.0	18.8	40.0	0.0	22.7
101 – 150	Count	4	7	11	1	3	0	0	4	0	0	0	0
	Percent (%)	11.1	11.5	11.3	9.1	17.6	0 .0	0.0	11.1	0.0	0.0	0.0	0.0
151-200	Count	1	5	6	0	1	0	0	1	3	0	0	3
	Percent (%)	2.8	8.2	6.2	0.0	5.9	0.0	0.0	2.8	18.8	0.0	0.0	13.6
201- 250	Count	2	1	3	1	0	0	1	2	0	0	0	0
	Percent (%)	5.6	1.6	3.1	9.1	0.0	0.0	100.0	5.6	0.0	0.0	0.0	0.0
301-350	Count	0	2	2	0	0	0	0	0	1	0	0	1
	Percent (%)	0.0	3.3	2.1	0.0	0.0	0.0	0.0	0.0	6.2	0.0	0.0	4.5
351 – 400	Count	0	2	2	0	0	0	0	0	0	0	0	0
	Percent (%)	0.0	3.3	2.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
451-500	Count	1	2	3	0	0	1	0	1	0	0	0	0
	Percent (%)	2.8	3.3	3.1	0.0	0.0	14.3	0.0	2.8	0.0	0.0	0.0	0.0
501+	Count	3	2	5	1	2	0	0	3	3	0	0	3
	Percent (%)	8.3	3.3	5.2	9.1	11.8	0.0	0.0	8.3	18.8	0.0	0.0	13.6
Total	Count	36	61	97	11	17	7	1	36	16	5	1	22
	Percent (%)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table A17: Effects of Monthly Income of Households on Children Absenteeism

Monthly Income (GH¢)		Responses from Parents/Guardians Interviewed						Responses from Household Children				
		Always in School	Once	Twice	Thrice	Four times	Total	Once	Twice	Thrice	Four times	Total
Less than 50	Count	22	14	1	0	1	38	12	4	1	2	19
	Percent (%)	41.5	42.4	25.0	0.0	100.0	40.4	54.5	30.8	16.7	100.0	44.2
51- 100	Count	13	8	2	2	0	25	2	7	3	0	12
	Percent (%)	24.5	24.2	50.0	66.7	.0	26.6	9.1	53.8	50.0	.0	27.9
101 – 150	Count	8	3	0	0	0	11	2	2	0	0	4
	Percent (%)	15.1	9.1	0.0	0.0	0.0	11.7	9.1	15.4	0.0	0.0	9.3
151-200	Count	3	2	0	1	0	6	3	0	0	0	3
	Percent (%)	5.7	6.1	0.0	33.3	0.0	6.4	13.6	0.0	0.0	0.0	7.0
201- 250	Count	2	0	0	0	0	2	0	0	0	0	0
	Percent (%)	3.8	0.0	0.0	0.0	0.0	2.1	0.0	0.0	0.0	0.0	0.0
301-350	Count	1	1	0	0	0	2	2	0	0	0	2
	Percent (%)	1.9	3.0	0.0	0.0	0.0	2.1	9.1	0.0	0.0	0.0	4.7
351 – 400	Count	0	2	1	0	0	3	0	0	0	0	0
	Percent (%)	0.0	6.1	25.0	0.0	0.0	3.2	0.0	0.0	0.0	0.0	0.0
451-500	Count	1	2	0	0	0	3	1	0	0	0	1
	Percent (%)	1.9	6.1	0.0	0.0	0.0	3.2	4.5	0.0	0.0	0.0	2.3
501+	Count	3	1	0	0	0	4	0	0	2	0	2
	Percent (%)	5.7	3.0	0.0	0.0	0.0	4.3	0.0	0.0	33.3	0.0	4.7
Total	Count	53	33	4	3	1	94	22	13	6	2	43
	Percent (%)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table A18: The Effects of Monthly Income of Parents on Child Registration under NHIS

Monthly Income of Households		Child Registration under NHIS		Total	Frequency in the Utilisation of Health Facilities by Household Children				Total
		Registered	Not Registered		Once a Year	Twice a Year	Thrice a Year	Four and Above	
Less than 50	Count	29	10	39	13	5	5	5	28
	Percent (%)	37.2	50.0	39.8	46.4	20.8	41.7	55.6	38.4
51- 100	Count	19	7	26	7	11	1	0	19
	Percent (%)	24.4	35.0	26.5	25.0	45.8	8.3	0.0	26.0
101 – 150	Count	10	1	11	4	1	2	1	8
	Percent (%)	12.8	5.0	11.2	14.3	4.2	16.7	11.1	11.0
151-200	Count	5	1	6	0	2	1	1	4
	Percent (%)	6.4	5.0	6.1	0.0	8.3	8.3	11.1	5.5
201- 250	Count	3	0	3	0	1	0	1	2
	Percent (%)	3.8	0.0	3.1	0.0	4.2	0.0	11.1	2.7
301-350	Count	2	0	2	0	1	0	0	1
	Percent (%)	2.6	0.0	2.0	0.0	4.2	0.0	0.0	1.4
351 – 400	Count	3	0	3	0	1	1	1	3
	Percent (%)	3.8	0.0	3.1	0.0	4.2	8.3	11.1	4.1
451-500	Count	3	0	3	2	0	1	0	3
	Percent (%)	3.8	0.0	3.1	7.1	0.0	8.3	0.0	4.1
501+	Count	4	1	5	2	2	1	0	5
	Percent (%)	5.1	5.0	5.1	7.1	8.3	8.3	0.0	6.8
Total	Count	78	20	98	28	24	12	9	73
	Percent (%)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table A19: The Effects of Occupation of Parents on Child Registration under NHIS

Occupation of Respondents		Child Registration under NHIS			Frequency in the Utilisation by Household Children Interviewed				
		Registered	Not Registered	Total	Once a Year	Twice a Year	Thrice a Year	Four and Above	Total
Farming	Count	31	11	42	7	7	3	4	21
	Percent (%)	40.3	55	43.3	25	29.2	25	44.4	28.8
Trading	Count	20	5	25	9	7	6	2	24
	Percent (%)	26	25	25.8	32.1	29.2	50	22.2	32.9
Teaching	Count	6	0	6	3	2	0	1	6
	Percent (%)	7.8	0	6.2	10.7	8.3	0	11.1	8.2
Artisan/Handy Work	Count	14	3	17	6	6	2	2	16
	Percent (%)	18.2	15	17.5	21.4	25	16.7	22.2	21.9
Professional	Count	6	1	7	3	2	1	0	6
	Percent (%)	7.8	5	7.2	10.7	8.3	8.3	0	8.2
Total	Count	77	20	97	28	24	12	9	73
	Percent (%)	100	100	100	100	100	100	100	100

Table A20: The Effects of Income of Parents on the Number of Times Household Children are Served Meals in a Day

Monthly Income of Households		No. of Times Household Children are Served Meals in a Day				
		Once	Twice	Thrice	Four and Above	Total
Less than 50	Count	1	11	23	4	39
	Percent (%)	33.3	52.4	37.1	36.4	40.2
51- 100	Count	0	4	17	4	25
	Percent (%)	0	19	27.4	36.4	25.8
101 – 150	Count	0	3	6	2	11
	Percent (%)	0	14.3	9.7	18.2	11.3
151-200	Count	0	1	4	1	6
	Percent (%)	0	4.8	6.5	9.1	6.2
201- 250	Count	0	1	2	0	3
	Percent (%)	0	4.8	3.2	0	3.1
301-350	Count	1	0	1	0	2
	Percent (%)	33.3	0	1.6	0	2.1
351 – 400	Count	0	1	2	0	3
	Percent (%)	0	4.8	3.2	0	3.1
451-500	Count	0	0	3	0	3
	Percent (%)	0	0	4.8	0	3.1
501+	Count	1	0	4	0	5
	Percent (%)	33.3	0	6.5	0	5.2
Total	Count	3	21	62	11	97
	Percent (%)	100	100	100	100	100

Table A21: Number of Meals Consumed by Street Children Interviewed in a Day

Number of Meals in a Day		Study Area		Total
		Tamale Metropolis	Savelugu-Nanton	
Once	Count	1	1	2
	Percent (%)	2.9	6.7	4.0
Twice	Count	7	7	14
	Percent (%)	20.0	46.7	28.0
Thrice	Count	21	6	27
	Percent (%)	60.0	40.0	54.0
Four and Above	Count	6	1	7
	Percent (%)	17.1	6.7	14.0
Total	Count	35	15	50
	Percent (%)	100.0	100.0	100.0

Table A22: Means by which Street Children eat in a Day

Means by which Street Children eat in a Day		Study Area		Total
		Tamale Metropolis	Savelugu-Nanton	
Buys own Food	Count	28	15	43
	Percent (%)	80.0	100.0	86.0
Fed by Employer	Count	5	0	5
	Percent (%)	14.3	0.0	10.0
Eats from Friends	Count	2	0	2
	Percent (%)	5.7	0.0	4.0
Total	Count	35	15	50
	Percent (%)	100.0	100.0	100.0

Table A23: The Effects of the Number of Children below 18 years per Household on the Presence of School Drop-outs

Number of Children below 18 years		Presence of School Drop-outs			Number of Children who are School Drop-out					No. of Times (HH Children Interviewed)			
		Yes	No	Total	One	Two	Three	Six	Total	One	Two	Three	Total
One	Count	1	0	1	0	1	0	0	1	0	0	0	0
	Percent (%)	2.8	0.0	1.0	0.0	5.9	0.0	0.0	2.8	0.0	0.0	0.0	.0
Two	Count	9	16	25	3	3	3	0	9	5	0	0	5
	Percent (%)	25.0	25.4	25.3	27.3	17.6	42.9	0.0	25.0	31.2	0.0	0.0	22.7
Three	Count	7	19	26	2	4	1	0	7	3	0	0	3
	Percent (%)	19.4	30.2	26.3	18.2	23.5	14.3	0.0	19.4	18.8	0.0	0.0	13.6
Four	Count	5	14	19	2	2	1	0	5	5	1	0	6
	Percent (%)	13.9	22.2	19.2	18.2	11.8	14.3	0.0	13.9	31.2	20.0	0.0	27.3
Five	Count	8	7	15	4	3	1	0	8	1	3	1	5
	Percent (%)	22.2	11.1	15.2	36.4	17.6	14.3	0.0	22.2	6.2	60.0	100.0	22.7
Six	Count	4	3	7	0	2	1	1	4	2	0	0	2
	Percent (%)	11.1	4.8	7.1	0.0	11.8	14.3	100.0	11.1	12.5	0.0	0.0	9.1
Seven	Count	1	2	3	0	1	0	0	1	0	0	0	0
	Percent (%)	2.8	3.2	3.0	0.0	5.9	0.0	0.0	2.8	0.0	0.0	0.0	0.0
Eight	Count	1	0	1	0	1	0	0	1	0	0	0	0
	Percent (%)	2.8	0.0	1.0	0.0	5.9	0.0	0.0	2.8	0.0	0.0	0.0	0.0
Nine	Count	0	2	2	0	0	0	0	0	0	1	0	1
	Percent (%)	0.0	3.2	2.0	0.0	0.0	0.0	0.0	0.0	0.0	20.0	0.0	4.5
Total	Count	36	63	99	11	17	7	1	36	16	5	1	22
	Percent (%)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table A24: The Effects of the Level of Education Attained by Parents on the Presence of School Drop-outs

Level of Education Attained by Parents		Presence of School Drop-outs			Number of Children who are School Drop-out					Number of Times (HH Children)			
		Yes	No	Total	One	Two	Three	Six	Total	One	Two	Three	Total
Never been to School	Count	25	31	56	5	14	5	1	25	9	3	1	13
	Percent (%)	69.4	49.2	56.6	45.5	82.4	71.4	100.0	69.4	56.2	60.0	100.0	59.1
Primary	Count	6	15	21	2	2	2	0	6	3	1	0	4
	Percent (%)	16.7	23.8	21.2	18.2	11.8	28.6	0.0	16.7	18.8	20.0	0.0	18.2
JHS/Middle	Count	1	6	7	1	0	0	0	1	2	0	0	2
	Percent (%)	2.8	9.5	7.1	9.1	0.0	0.0	0.0	2.8	12.5	0.0	0.0	9.1
SHS/Vocational/Technical	Count	4	8	12	3	1	0	0	4	2	1	0	3
	Percent (%)	11.1	12.7	12.1	27.3	5.9	0.0	0.0	11.1	12.5	20.0	0.0	13.6
Tertiary	Count	0	3	3	0	0	0	0	0	0	0	0	0
	Percent (%)	0.0	4.8	3.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	Count	36	63	99	11	17	7	1	36	16	5	1	22
	Percent (%)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table A25: The Effects of the Level of Education Attained by Parents on Child Absenteeism

Level of Education Attained by Households		Response from Parents/Guardians						Response from Household Children Interviewed				
		Always in School	Once	Twice	Thrice	Four times	Total	Once	Twice	Thrice	Four times	Total
Never been to School	Count	36	15	2	1	1	55	14	9	3	1	27
	Percent (%)	65.5	45.5	50.0	33.3	100.0	57.3	60.9	69.2	50.0	50.0	61.4
Primary	Count	7	11	1	1	0	20	4	1	2	1	8
	Percent (%)	12.7	33.3	25.0	33.3	0.0	20.8	17.4	7.7	33.3	50.0	18.2
JHS/Middle	Count	3	3	1	0	0	7	2	1	0	0	3
	Percent (%)	5.5	9.1	25.0	.0	0.0	7.3	8.7	7.7	0.0	0.0	6.8
SHS/Vocational/Technical	Count	6	4	0	1	0	11	2	2	1	0	5
	Percent (%)	10.9	12.1	0.0	33.3	0.0	11.5	8.7	15.4	16.7	0.0	11.4
Tertiary	Count	3	0	0	0	0	3	1	0	0	0	1
	Percent (%)	5.5	0.0	0.0	0.0	0.0	3.1	4.3	0.0	0.0	0.0	2.3
Total	Count	55	33	4	3	1	96	23	13	6	2	44
	Percent (%)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table A26: The Effects of Level of Education Attained by Parents on Child Registration under NHIS

Level of Education Attained by Households		Child Registration under NHIS		Total	Frequency in the Utilisation of Health Facilities by Household Children				Total
		Registered	Not Registered		Once a Year	Twice a Year	Thrice a Year	Four and Above	
Never been to School	Count	41	16	57	13	10	6	7	36
	Percent (%)	51.2	80.0	57.0	44.8	41.7	50.0	70.0	48.0
Primary	Count	18	3	21	8	7	4	1	20
	Percent (%)	22.5	15.0	21.0	27.6	29.2	33.3	10.0	26.7
JHS/Middle	Count	7	0	7	4	2	0	0	6
	Percent (%)	8.8	0.0	7.0	13.8	8.3	0.0	0.0	8.0
SHS/Vocational/Technical	Count	11	1	12	2	5	2	2	11
	Percent (%)	13.8	5.0	12.0	6.9	20.8	16.7	20.0	14.7
Tertiary	Count	3	0	3	2	0	0	0	2
	Count	3.8	0.0	3.0	6.9	0.0	0.0	0.0	2.7
Total	Percent (%)	80	20	100	29	24	12	10	75
	Count	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table A27: The Effects of the Level of Education Attained by Parents on the Number of Times Household Children are Served Meals in a Day

Level of Education Attained by Households		No. of Times Household Children are Served Meals in a Day				
		Once	Twice	Thrice	Four and Above	Total
Never been to School	Count	3	16	31	7	56
	Percent (%)	75.0	76.2	49.2	63.6	56.6
Primary	Count	1	3	17	0	21
	Percent (%)	25.0	14.3	27.0	0.0	21.2
JHS/Middle	Count	0	1	6	0	7
	Percent (%)	0.0	4.8	9.5	0.0	7.1
SHS/Vocational/Technical	Count	0	1	8	3	12
	Percent (%)	0.0	4.8	12.7	27.3	12.1
Tertiary	Count	0	0	1	1	3
	Percent (%)	0.0	0.0	1.6	9.1	3.0
Total	Count	4	21	63	11	99
	Percent (%)	100.0	100.0	100.0	100.0	100.0

APPENDIX THREE

ACTORS ON POVERTY AND CHILD DEVELOPMENT IN THE NORTHERN REGION

Table A28: Perception of Actors on Poverty and Child Development in the Northern Region

ORGANI-ZATION	MISSION	ROLES IN POVERTY REDUCTION	OPERA-TIONAL AREA	TARGET GROUPS	POVERTY EFFECTS ON CHILDREN	AFFECTED GROUP		PROGRAMME INTERVENTION	IMPACT	MAJOR CHALLEN-GES
						GENDER	AGE			
Youth Alive	To give vulnerable children/ youth an opportunity to build their capacities through vocational skills and formal education	The provision of formal education to vulnerable children and youth through the provision of skills training to the youth	Northern Region	Children Youth	Because Children depend solely on their parents, when parents are poor, their children lack access to formal education, there is the problem of malnutrition and late development of the child	Female	1-17	Increase access to formal education, skills training, micro-credit facilities to parents of beneficiaries	Some beneficiaries have successfully graduated from professional institutions. Teachers have been made out of these children and are contributing to the development of children in the society. In addition, many supported youth have graduated from skills placements and are currently self-employed	Inadequate Funding
World Vision-Ghana	To follow our lord and saviour Jesus Christ in	Public awareness that leads to informal understanding, given,	Save lugu-Nanton (ADP)	Children (high priority) Women	Poverty levels of parents hamper or distracts school	Female	11-17	Introduced Micro-credit schemes Supports the needy but	Out of school girls enrolled in institutions to acquire Skills such as hair dressing,	Late submissions of proposals for funding

	working with the poor and oppressed to promote human transformation, seek justice and bear witness to the good news of the Kingdom of God	involvement, and prayer Transformational development that is community based and sustainable, focused especially on the needs of children Emergency relief that assists people affected by conflict or disaster Promotion of justice that seeks to change unjust structures affecting the poor among whom we work		Men Communities	performance of children and also parents are unable to afford the health needs of their children Female children predisposed to becoming head porters and given out to early marriage.			brilliant boys and girls in education Register children under the NHIS Donation of books, clothing, etc. to children in need	seam stressing. General increase in school enrolment levels Assistance to needy but brilliant children to further their education ,SHS ,Colleges and the University Support to Ghana Health Service to conduct immunization services Provision of medical equipment to sub district health facilities.	activity implementation and activity report. Inimical Cultural practices
School for Life	To improve and sustain access to quality basic education through functional literacy and advocacy as means to address poverty, underdevelopment	The provision of functional literacy to reduce poverty in Northern Region, Upper West and Upper East Regions	Upper East, Upper West and Northern Regions	Children, communities	Because of the poverty levels of parents, children would have to work instead of schooling before or after school and sometimes without going to school at all. This limits children's access to	Female	6-17	Capacity building workshops and advocacy on functional literacy	98 percent of children targeted have been given functional literacy through the integration of affected children in formal schools at both the primary, JHS and SHS	Funding and Logistics

	and gender inequality				education and as they would grow to be ignorant and illiterate adults in the society with low productivity					
Regional Advisory Information and Network System	To work with all members of local communities and development partners to improve the quality of life for rural people	Provision of school learning materials, infrastructure, micro credit to women in the bid to reduce poverty in the Northern Region	Northern Region	Women and Children	Children are not able to feed well, access education and health care. This leads most of them into child labour	Female	11-17	Provision of 6000 children with access to education, provision of learning and teaching materials, school infrastructure and provision of micro-credit for rural women	Construction of a first all-girl school in the Northern Region Established child right campaign in 20 communities	
Northern Network for Education Development	To harmonize and harness the collective efforts of all people with interest in Northern Ghana to mobilize their energy and resources to address the challenges to education	Advocacy for all children to have access to and enjoy the benefits of education. In that way illiteracy is eliminated thereby reducing poverty	Upper East, Upper West and Northern Regions	Children, Parents	An economically disadvantage parent will find it difficult to cater for their children and make sure children complete school. This mostly becomes serious after the basic school level and affects the child's development in terms of	Female	1-17	Tracking and monitoring of capital grant to reach the final beneficial Monitoring of the School feeding programme to make sure that the objectives of the programme at making sure children stay in school are achieved	Capitation grants are now managed well in the operational districts School feeding programme has now been scaled up Most women now know and manage their small business and resources well	

	developm ent				their nutritional levels and their educational developmen t			Work with other partners who provides financial and micro schemes that empower women economicall y		
Depar tment of Com munit y Devel opme nt	To facilitate the mobilizat ion of human and material resources for effective developm ent	In-charge of mobilizing rural communities to participate actively in community programme	Save lugu-Nant on Distr ict	Commu nity Member s	Children are deprived of getting the children adequate food, good nourishment , access to education and good health	Fema le	1-5	Integrated Community-Based Developmen t Projects Integrated water, sanitation and hygiene Child rights protection programmes Home science extension programme for women and girls	Communities have their own development action plans Guinea worm is almost eradicated and most people are conscious of their health Child protection teams are in place to see that child rights are respected Women are now aware of what to be self sufficient	Untimel y release of funds from donors and partners Inadequ ate staffing and logistic s

Savelugu-Nanton District Assembly	To promote grassroot participation and democracy and development and provide administrative and technical services to the populace and create a conducive atmosphere for socio-economic development	Provision of social, economic, political and technical in infrastructure for the development of the people; promotion of peace and security; provision of specialized services to support poverty reduction efforts.	Savelugu-Nanton District	All actors in the District; including children, women and men who are vulnerable and underprivileged	Poor parents cannot adequately give their children the best of education, health and nutrition	Female	11-17	Implementation of the capitation grant, school feeding programme, LEAP Programme, NHIS and NYEP Identification of specific development challenges and designing programmes to addressing them Collaboration of development partners to addressing specific needs of the people	Increase in child enrolments Improved teaching and learning Increase access to health Initiation of projects to support children with disabilities	Untimely release of funds from donors and partners Inadequate staffing and logistics
Department of Social Welfare	To promote equal access of productive resources for the Vulnerable ,disadvantaged and Marginalized through Vocational training ,educatio	Empowering the disadvantage and marginalized through vocational training Education of people on their basic Liaising with NGOs for support Facilitation of Livelihood Empowerment Against Poverty	Savelugu-Nanton District	The Vulnerable: Women and children, Orphans aged, abandoned children, trafficked children, and abused children. The disadvan	Incidence of high mortality rates, Lack of education and high incidence of child abuse	Female	6-10	Running rehabilitation Centres to give vocational training for people with disability. Women empowerment through community based projects. Liaising with NGOs for support for the Vulnerable.	In 2010, 17 Disabled people were assisted and passed out of the Tamale Rehabilitation Centre with seed money and start up working tools. Possibility of Many families to found in extreme poverty situations can now feed their	Faced with Lack of Professional Staff, Lack of Logistics and Inadequate funds to help the client.

	n on rights ,liaising with NGOs for support and facilitating livelihood Empowerment Against Poverty (LEAP)	(LEAP) Programme		taged: Disabled, HIV and AIDS patients, Alleged witches and wizards and other marginalized in society.				Facilitating financial support through LEAP in respective communities	families through the LEAP in 19 Districts with the exception of Tamale Metropolitan Assembly.	
Tamale Metropolitan Assembly		Project Planning, implementation, monitoring and evaluation of programmes and projects to promote the wellbeing of communities	Tamale Metropolis	All actors in the District; including children, women and men who are vulnerable and underprivileged	Affect parents' ability to provide the basic needs of food, shelter, clothing and education for their children	Female	1-17	Support for the NYEP Financing of deprived individuals to pursue higher education in teaching Provision of socio-economic infrastructure	Increase in child literacy Increase in child enrolments Increase access to good health care Increased awareness of parents and communities in becoming aware of their rights and responsibilities	Ignorance of rules and regulation governing local governance High incidence of parents' illiteracy Untimely release of funds from donors and partners Inadequate staffing and logistics

APPENDIX FOUR

RESEARCH INSTUMENTS

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

COLLEGE OF ARCHITECTURE AND PLANNING

DEPARTMENT OF PLANNING

AN ASSESSMENT OF POVERTY AND ITS EFFECTS ON CHILD DEVELOPMENT IN THE NORTHERN REGION OF GHANA

This Questionnaire has been designed to conduct a survey on the above mentioned topic for the award of MSc degree in Development Policy and Planning, KNUST. Your support and cooperation is highly anticipated and information given will be confidential.

GUIDE TO ANSWERING QUESTIONS

Where possible, answers have been provided. Please tick in the box [ ] the correct answer.

Where possible answers have not been provided, kindly supply the necessary information.

HOUSEHOLD QUESTIONNAIRE – PARENT/GUADIAN INTERVIEW

a. Name of the Respondent (Head of Household)……
b. Village/Community.....
c. District……..
d. Date……

A. Information on the Socioeconomic Characteristics of the Respondents

Demographic Characteristics

1. Household size of the Respondent (Number)……

2. Kindly complete the table below for the other members of your household.

Household Members	*Sex*		*Age*	*Relation-Ship to Head of Household*	*Marital status*						
	Male	*Female*			*Never Married*	*Single*	*Consensual Union*	*Married*	*Separated*	*Divorced*	*Widowed*

Housing Characteristics

3. House Type A. Compound [ ] B. Detached [ ] C. Semi.-detached [ ]
4. What is the total number of rooms in the house?
   ……..
5. How many rooms does your household occupy?
   .....
6. Kindly observe the Building material for the house and tick appropriately. A. Bricks (Burnt) [ ]
   B. Unburnt bricks (Mud bricks) [ ] C. Bamboo/Planks [ ] D. Grass thatch [ ]
   E. Sancrete\Concrete Cement [ ]

Education and Ethnicity

7. Can you read and/or write in English? Read only A. Yes [ ] B. No [ ]
   Write only A. Yes [ ] B. No [ ]
   Both read and write A. Yes [ ] B. No [ ]

8. What is your level of Education attained? A. Primary [ ] B. JHS/Middle [ ]
   C. SHS/O Level/A Level/Voc./Tech [ ] D. Tertiary [ ] E. Others please specify.....
9. What is your ethnicity? A. Dagomba [ ] B. Mamprusi [ ] C. Frafra [ ] D. Konkomba [ ] E. Gonja [ ] F. Others Please specify: .....

Health Characteristics

10. What are the common diseases that affect you and the children of this household?
    .....
    .....
    .....
11. Are you registered under the NHIS scheme? A. Yes [ ] B. No [ ]
    i. If yes, how often do you visit a health facility in a year? A. Once [ ] B. Twice [ ] C. Thrice [ ] D. Others please specify:
       .....
    ii. If No, how do you pay for health expenses?
       .....
12. Where do you access health care? A. Hospital [ ] B. Clinic [ ] C. Drugs store/pharmacy [ ] D. Traditional Health Center [ ] E. Others specify:
    .....
13. How far is the facility from where you stay? (Kindly give in terms of time/distance/Cost)?
    Distance: A. Less than 1km [ ] B.1-2km [ ] C.3-4km [ ] D. 5km and above [ ]
    Time: A. Less than 30min [ ] B.30 min – 1 hour [ ] C. 1-2 hour [ ] D. 2 hours and above [ ]
    Cost: GH□ .....

Economic Characteristics

14. Are you employed? A. Yes [ ] B. No [ ]

i. If yes, kindly state your major occupation
A. Farming [ ] B. Trading [ ] C. Teaching [ ] D. Artisan/Handiwork [ ]
E. Professional [ ]

ii. What is your monthly income weekly/monthly/yearly (in GH¢)?
.....

iii. What are your other sources of income? Please specify.....

iv. How much money do you spend weekly/monthly/yearly? (in GH¢).....

v. What items do you spend your income on weekly/monthly/yearly?

Expenditure	Amount (in GH¢)
Food	
Toiletries	
Education	
Health	
Clothing	
Utilities	
Funeral	
Others (Specify).....	

15. Do you receive remittances? A. Yes [ ] B. No [ ]

i. If yes how much do you receive weekly/monthly/yearly (in GH¢)?
.....

ii. From whom do you receive remittances? A. Spouse [ ] B. Relations [ ]
C. Friends
D. Child [ ] E. Others please specify
.....

iii. How often do you receive remittance? A. Weekly [ ] B. Monthly [ ]
C. Yearly [ ]

B. Information on Household Assets/Resources (Wealth Indicators)

16. Kindly complete the table below on Livestock Wealth

Animal/Livestock	Quantity (Numbers)	Unit Price (in GH¢)
Cattle		
Sheep		
Goats		
Pigs		
Fowls (Chicken)		
Guinea Fowls		
Others (Specify)……..		

17. Crop Wealth

Food Crops	Quantity in Acreages	Unit Price (in GH¢)
Maize		
Millet		
Sorghum		
Groundnut		
Rice		
Soybeans		
Cowpea		
Potatoes		
Vegetables		
Others (Specify)…….		

18. Household physical Assets

Physical Assets	Quantity (Numbers)	Value (in GH¢)
Building/House		
Television		
Radio Set		
Bicycle		
Motor Bike		
Mobile Phone		
Car		
Others (Specify)……		

19. What is your household's source of energy for lighting? A. Electricity [ ] B. Kerosene [ ] C. Candle [ ] D. Others please specify …….....

20. What is your household source of energy for cooking? A. Electricity [ ] B. Kerosene [ ] C. LPG D. Fire Wood [ ] E. Charcoal [ ] F. Others please specify …….....

21. Household source of water (Domestic use/Drinking): A. Private well [ ] B. Private borehole [ ]
C. Community well [ ] D. Community borehole E. Tap (Piped water) [ ] F. Surface water (River, Streams, etc.) [ ]

22. What in your view causes poverty? .....
.....
.....

C. Information on How Poverty Impedes Child Development in the Northern Region

23. How many children do you have? .....
24. How many children are above 18 years? .....
25. How many children are under 18 years? .....
26. Are there any school dropouts in your household? A. Yes [ ] B. No [ ]

i. If yes, how many children in your household are school drop-outs? .....
ii. What are the reasons for their being out of school? A. Teenage Pregnancy [ ] B. Financial constraints [ ] C. Distance to school [ ] D. Others please specify…….....
iii. If No, how many days do your child/children miss out on school? A. Once a week [ ] B. Twice a week [ ] C. Thrice a week [ ] D. Four times a week [ ]

27. How many times do you serve meals to your children in a day? A. Once [ ] B. Twice [ ]
C. Thrice [ ] D. Others please specify .....
28. What kind of food do you usually serve to your children daily?
i. ……..
ii. ……
iii. ……..
29. In your absence who takes care of your children? A. Other family members [ ]

A. Other Household members [ ] C. Neighbours [ ] D. Others please specify: .....

30. In time of death, who would take of your children? A. Other family members [ ]

B. Other Household members [ ] C. Neighbours [ ] D. Others please specify: .....

31. Is your child registered under the NHIS scheme? A. Yes [ ] B. No [ ]

i. If yes, how often do you visit the hospital in a year? A. Once [ ] B. Twice [ ] C. Thrice [ ] D. Others please specify: .....

ii. If No, how do you pay for health expenses? .....

iii. If your child/children are sick, how do they access health care? A. Hospital [ ] B. Clinic [ ] C. Drugs store/pharmacy [ ] D. Traditional Health Centres [ ]
E. Others please specify: .....

27. Does poverty affect the education of your child/children? A .Yes [ ] B. No [ ]

i. If yes state how……....
.....
ii. Does poverty affect the growth of a child? A. Yes [ ] B. No [ ]
iii. If yes, give reason(s)
…….....
.....……....
.....
iv. How do you think poverty can be reduced? .....

.....

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

COLLEGE OF ARCHITECTURE AND PLANNING

DEPARTMENT OF PLANNING

AN ASSESSMENT OF POVERTY AND ITS EFFECTS ON CHILD DEVELOPMENT IN THE NORTHERN REGION OF GHANA

This Questionnaire has been designed to conduct a survey on the above mentioned topic for the award of MSc degree in Development Policy and Planning, KNUST. Your support and cooperation is highly anticipated and information given will be confidential.

GUIDE TO ANSWERING QUESTIONS

Where possible, answers have been provided. Please tick in the box [ ] the correct answer.

Where possible answers have not been provided, kindly supply the necessary information.

HOUSEHOLD QUESTIONNAIRE – CHILD INTERVIEW

1. Name of Respondent? .....
2. Age of child? .....
3. Are you currently in school? A. Yes [ ] B. No [ ]
   i. If yes, what level are you? A. Pre-school [ ] B. Primary [ ] C. JHS [ ] D.SHS [ ]
   E. Tertiary [ ] F. Others please specify .....
4. Have you ever dropped out of school? A. Yes [ ] B. No [ ]
   i. If yes, how many times? .....
   ii. What are the reasons for your being out of school?A. Teenage Pregnancy [ ] B. Financial constraint [ ] C. Distance to school [ ] D. Others please specify…….....
5. Do you normally miss out on school? A. Yes [ ] B. No [ ]
   i. If yes, how many days do you normally miss out on school in a week? A. Once a week [ ]
   B. Twice a week [ ] C. Thrice a week [ ] D. Four times a week [ ]
6. Why do you normally miss out on school?
   .....
   .....

7. How many times are you served meals in a day?
   A .Once [ ] B. Twice [ ] C. Trice D. Other specify.....
8. What food are you usually served with daily?
   …….....
   …….....
9. In the absence of your parents/guardian who normally takes care of you? A. Other family members [ ] B. Other Household Members [ ] C. Neighbours [ ] D. Others please specify: .....

10. Have you been registered under the NHIS scheme? A. Yes [ ] B. No [ ]
    i. If yes, how often do you visit the hospital in a year? A. Once [ ] B. Twice [ ] C. Thrice [ ] D. Others please specify: .....
    ii. If No, how do you pay for the health expenses? .....
11. Where do you access health care? A. Hospital [ ] B. Clinic [ ] C. Drugs store/pharmacy [ ] D. Traditional Health Centres [ ] E. Others specify: .....
12. Does poverty affect your education? A. Yes [ ] B. No
    i. If yes, state how?
    .....
    .....
    .....
13. How does poverty affect your growth?
    .....
    .....
    .....
14. How do you think poverty can be reduced?
    .....
    .....
    .....
    .....

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QUESTIONNAIRE FOR STREET CHILDREN

1. Name of respondant ……
2. Age……
3. Origin……
4. Where do your parents stay?.....
5. What do your parents do for a living?.....
   .....
6. Why are you not in school? .....
   .....
7. Have you ever been in school? .....
   i. If yes at what level did you drop out of school? A.Primary [ ] B. JHS [ ] C. SHS [ ]
      D.Others please specify .....
8. If no would you like to be in school? A. Yes [ ] B. No [ ]
9. How long have you been on the street? A.less than 1Year [ ] B. 1-2 years [ ] C.2-3 years [ ]
   D. Above 3 years [ ]
10. What activity are you engaged in to take care of yourself? A. Hawking [ ] B. Head Portery [ ]
    C. Shop keeping [ ] D. Truck pushing [ ] E. Others please specify: .....
11. Where do you sleep? A. Lorrry Park [ ] B. Kiosk [ ] C. In front of shops [ ]
    D. School [ ]
    E. Other please specify .....
12. How many times do you eat in a day? A. Once [ ] B. Twice [ ] C. Thrice [ ]
    D.Other please specify.....
13. How do you eat daily? A. Buys own food [ ] B. Fed by Employer [ ] C. Eats from friends [ ] D. Others please specify: .....
14. When you fall sick where do you seek for tretment ? A. Hospital [ ] B. Clinic [ ] C. Drugs store/pharmacy [ ] D. Traditional Health center [ ] E. Others please specify:.....
15. How do you pay for your health bills? A. Self finance [ ] B. NHIS [ ] C. Employer Pays my bills [ ] D. Others please specify: .....

16. What are the difficulties you face being on the street?.....
.....
.....
.....
17. How long do you want to be on the street? .....
18. What do you want to be in future? .....
19. Can you take care of your family when you grow up on the street?
.....
20. Do you like the situation in which you find yourself? A. Yes [ ] B. No [ ]
    i. If No what do you intend to do about it?.....
    .....
    .....
21. What do you think your parents should do about your situation? .....
.....
.....
22. What do you think Government should do about your situation?.....
.....
.....
.....

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ORGANISATIONAL QUESTIONNAIRE

1. Name of organization……..…

2. Name and Position of respondent……

3. What is the mission of your organization in the Northern Region?

…..
.....

4. What is your organisation's role in reducing poverty in the Northern Region?

.....
.....

5. What has been the coverage of your projects? .....
.....

6. Who are your clients?

.....
.....
.....
..... 7.

In your views who are the vulnerable people you work with? A. Women [ ] B. Men [ ]

8. If (A) or (B) Give reasons? .....
.....
.....
.....
.....

9. Does the poverty level of parents affect the development of their children? .....
.....
.....

10. If yes how?

.....

11. Which category of children is most affected?

i. Gender A. Male [ ] B. Female [ ]

ii. Age: A. Under 1 year [ ] B. 1-5 Years [ ] C. 6-10 [] D. 11-17 [ ]

12. What is the nature of the effect of poverty on the children? .....
.....
13. Why is this category of children most affected?
……..
.....
.....
.....
14. What programmes and projects has your organization implemented to reduce poverty in the region? ....
.....
.....
.....
.....
.....

15. Have your projects yielded any positive results? A. Yes [ ] B. No [ ]

i. If yes what are they? .....
.....
.....

ii. If No, why? .....
.....
.....

16. What are your major challenges regarding project implementation? .....
.....
.....

17. Does your organization have a child development unit? A. Yes [ ] B. No [ ]

18. If yes what is its role in promoting child development? .....
.....
.....
.....

19. What recommendations do you have for government and other development agencies in their bid to reduce poverty and ensure effective child development?

Government	Other development Agencies

Your time and cooperation is appreciated.

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SCHOOL QUESTIONNAIRE

A. Name of respondent.....

B. Name of school.....

C. Location.....

1. What are the general enrolment levels of students in your school? (Complete where application)

Year	Primary	JSS	SSS
2005			
2006			
2007			
2008			
2009			
2010			

2. In your estimate how would assess the general enrolment levels of students in your school? A. Very high [ ] B. High [ ] C. Low [ ] D. Poor [ ]

NB: Kindly ask for the criteria for assessment

3. What is the total number of teaching staff? .....

4. What is the number of trained teachers in your school? .....

5. How many untrained teachers are on your staff? .....

6. What is the general attendance level by teachers to school? A. Very high [ ] B. High [ ] C. Low [ ] D. Poor [ ]

7. What is the general attendance level by students to school? A. Very high [ ] B. High [ ] C. Low [ ] D. Poor [ ]

8. What is the mandated class size? .....

9. What is the current average class size? .....

NB: If possible request for enrolment each class

10. What time do students report to school? .....

What is the general performance level of students in school? A. Excellent [ ] B. Very Good [ ] C. Good [ ] D. Poor [ ]

11. What is the level of individual class performance in school? A. Excellent [ ] B. Very Good [ ] C. Good [ ] D. Poor [ ]

12. What was your schools performance in the last BECE/WASSCE in the district? .....

NB: If possible request for data or information for the period 2005-2010

13. What is the level of participation by students in Class? A. Very high [ ] B. High [ ] C. Low [ ] D. Poor [ ]

14. Would you consider the school environment conducive for academic work/studies?

A. Yes [ ] B. No

i. If no what are the inhibiting factors .....

.....

.....

15. Is your school a beneficiary of the School Feeding Programme? A. Yes [ ] B. No [ ]

i. If yes, what impact has the school feeding programme had on enrolment levels? A. Very high [ ] B. High [ ] C. Low [ ] D. Poor [ ]

ii. What has been the effect of the programme on reducing school drop-out rate?

iii. Kindly provide the school drop-out rates for the period 2005-2010?2005.....
2006..... 2007.....

2008..... 2009..... 2010.....

16. 16. How often do officers from the district education office visit your school? A. Once a week [ ] B. Every two weeks [ ] C. Monthly [ ] D. Other Please specify.

17. Do you have any infrastructural challenges? A. Yes [ ] B. No [ ]

i. If Yes please state them.....

18. Do you have any problems with teaching and learning materials in your school?

A. Yes [ ] B. No [ ]

i. If yes, what is the nature of the problem?.....

19. If yes what do you think can be done to overcome these challenges? .....
.....

20. Does poverty affect the attendance level of students? A. Yes [ ] B. No [ ]
    i. If Yes please explain: .....

21. Does poverty affect the concentration level of students in class?
    A. Yes [ ] B. No [ ]
i. If yes please explain: .....

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QUESTIONNAIRE FOR HEALTH FACILITY

1. Name of respondent.....
2. Position of respondent .....
3. Name of Health facility.....
4. Type of Facility.....
5. Date .....
6. What are the common diseases you register in your health facility? A. Malaria [ ] B. Diarrhoea C. Measles [ ] D. Cholera [ ] E. Others please specify.....
   NB: Kindly request for data and documents on the common diseases registered at the facility for the past 5-10 years

7. What are the common child diseases you register in your health facility? A. Malaria [ ] B. Measles [ ] C. Diarrhoea [ ] D. Polio Myelitis E. Others please specify.....
   NB: Kindly request for data and documents on the common child diseases registered at the facility for the past 5-10 years.

8. What is the likely effect of malnutrition on school performance of children?.....
   .....
   .....
   .....
9. What is the likely impact of malnutrition on the general development of children?
   .....
   .....
10. What is the level of attendance to the health facility? A. Very high [ ] B. High [ ] C. low [ ] D. Very low [ ]
    NB: Kindly ask for the criteria for assessment

11. What is the child mortality rate recorded in your health facility for the past five years? 2006.....2009.....
    2007.....2010.....
    2008.....

12. What accounts for the child mortality rates?
    .....
    .....

13. What is the maternal mortality rate? .....

    2006..... 2007..... 2008.....

    2009..... 2010.....

14. How many children die as a result of malnutrition? .....
    2006..... 2007..... 2008.....
    2009..... 2010.....
15. What accounts for the maternal mortality rate? .....
    .....
    .....
16. What preventive health care measures have been adopted by your facility for children?
    .....
    .....
    .....
17. Are there enough facilities in your health centre to cater for children? A. Yes B. No
    i. If yes how would you grade them? A. Excellent [ ] B. Very Good [ ] C. Good [ ] D. Poor [ ]
18. What is the Doctor patient ratio? .....
19. What is the nurse patient ratio? .....

Your time and cooperation is appreciated