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Community-Based Social Protection Programmes and Household Wellbeing in the Niger Delta Region

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ABSTRACT

Objective: *This study investigates the relationship between community-based social protection programmes and household well-being in the Niger Delta Region. Specifically, the study focused on key community-based social protection programmes such as the availability of community welfare programs, receipt of educational support, access to emergency relief funds, and micro-insurance schemes on household well-being.* ***Method:*** *The population of the study consists of 32,277,901 people across the nine Niger Delta states, namely Abia, Rivers, Akwa Ibom, Bayelsa, Delta, Cross River, Edo, Imo, and Ondo, as obtained from the National Population Commission. The sample size was determined using the Taro-Yamane method. Data were collected through a self-structured instrument titled "Community-Based Social Protection Programmes and Household Well-being Questionnaire (CBSPPHWBQ)". Percentage and frequency counts were used to address the research questions, while the chi-square statistical technique, with the aid of Statistical Package for the Social Sciences version 26, was used to test the hypotheses.* ***Results:*** *The results of the study revealed that the availability of community welfare programs, Receipt of educational support, Access to emergency relief funds, and Micro-insurance schemes have a positive and significant relationship with household well-being in the Niger Delta region. It was concluded that community-based social protection programmes had a substantial impact on household welfare in the Niger Delta region.* ***Novelty:*** *It was therefore recommended amongst others that the Niger Delta Development Commission, local government councils, and community-based organizations should strengthen the implementation of community welfare programmes by increasing investments in social infrastructure, healthcare facilities, potable water supply, and community support services.*

INTRODUCTION

Community-based social protection programmes have become increasingly important in addressing poverty, vulnerability, and social exclusion among households, particularly in developing countries where formal social welfare systems remain inadequate. These programmes are designed to provide social and economic support to vulnerable populations through community-driven initiatives that enhance resilience, improve access to essential services, and promote sustainable livelihoods. In regions characterized by poverty, environmental challenges, and economic instability such as the Niger Delta, community-based social protection programmes serve as critical mechanisms for improving household well-being and reducing vulnerability to socio-economic shocks. According to Adesina [1], community-based social protection programmes refer to locally organized social welfare interventions implemented through community institutions, government agencies, and non-governmental organizations to support vulnerable individuals and households against poverty and social risks. The author noted that such programmes are often tailored to the specific needs of local

communities and are aimed at improving social inclusion, income security, and access to basic services.

Similarly, Ovwasa and Adewuyi [2] defined community-based social protection programmes as organized support mechanisms designed and implemented at the community level to provide welfare assistance, educational support, emergency assistance, and risk protection for vulnerable households. According to the authors, these programmes strengthen social cohesion and enhance the capacity of households to cope with economic and social uncertainties. In another perspective, Devereux and Sabates-Wheeler [3] viewed community-based social protection programmes as social interventions that utilize local structures and institutions to deliver welfare services, social assistance, and risk management support to vulnerable populations. The experts argued that community-based approaches improve programme accessibility, targeting efficiency, and sustainability because they are rooted in local participation and community ownership. The International Labour Organization [4] further described community-based social protection programmes as decentralized social protection mechanisms that provide income support, social services, and risk mitigation measures to vulnerable groups within communities. According to the organization, such programmes contribute significantly to poverty reduction, social inclusion, and the enhancement of household welfare.

Community-based social protection programmes influence household well-being through several channels. First, they provide direct welfare support that helps households meet basic needs such as food, healthcare, education, and housing. Also, they enhance household resilience by providing emergency assistance and social support during periods of economic hardship, environmental disasters, or health-related crises. Additionally, they contribute to human capital development through educational support programmes that improve school enrolment, educational attainment, and future earning potential. Fourth, community-based insurance and welfare initiatives reduce household vulnerability by providing financial protection against unexpected losses and socio-economic shocks. Household well-being refers to the overall economic and social condition of a household as reflected in its ability to satisfy basic needs, maintain adequate living standards, access essential services, achieve income security, and withstand adverse shocks. Therefore, community-based social protection programmes are expected to improve household well-being by increasing access to social support systems, reducing vulnerability, strengthening resilience, and enhancing socio-economic opportunities.

According to the National Bureau of Statistics [5], approximately 63 percent of Nigerians, representing about 133 million people, were classified as multidimensionally poor, with poverty levels particularly high in rural and oil-producing communities. The report further indicated that many households experience deprivation in education, healthcare, sanitation, and living standards. Similarly, the Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development [6] reported that social protection programmes reached over 15 million vulnerable Nigerians through

various welfare and support interventions aimed at improving household welfare and resilience. In the Niger Delta region, the Niger Delta Development Commission [7] reported increased investments in community development projects, educational support schemes, youth empowerment programmes, and emergency assistance initiatives designed to improve the living conditions of households across the region.

Empirically, Adesina and Olaniyan [8] examined the impact of community-based social protection programmes on household welfare in rural Nigeria using survey data and multiple regression analysis. The study employed community welfare participation, educational support, emergency assistance, and cooperative membership as explanatory variables, while household welfare was measured using income, consumption expenditure, and access to social services. The findings revealed that community-based social protection programmes had a positive and statistically significant effect on household welfare. The study concluded that households participating in community welfare initiatives experienced improved living standards and greater resilience to economic shocks. Similarly, Eze and Nwachukwu [9] investigated the relationship between community-based social support programmes and household well-being in the South-South region of Nigeria using household survey data and logistic regression analysis. The study measured household well-being using indicators such as food security, educational access, healthcare utilization, and income stability. The findings showed that participation in community welfare programmes significantly improved household welfare outcomes and reduced vulnerability among beneficiary households. The authors concluded that community-based social protection interventions are essential instruments for promoting inclusive development and sustainable household well-being. Based on the foregoing it is imperative to note that community-based social protection programmes constitute an important component of social welfare policy and development practice. Through the provision of welfare support, educational assistance, emergency relief, and risk protection mechanisms, these programmes contribute significantly to improving household well-being, particularly in vulnerable regions such as the Niger Delta where socio-economic and environmental challenges continue to threaten household livelihoods.

1.1. Statement of Problem

Community-based social protection programmes are widely recognized as essential policy instruments for improving household well-being, reducing poverty, promoting social inclusion, and strengthening resilience against socio-economic shocks [10]. Ideally, effective community welfare programmes, educational support initiatives, emergency relief funds, and micro-insurance schemes should enhance households' access to social services, improve income security, reduce vulnerability, and promote sustainable livelihoods. In developing economies, particularly those characterized by high levels of poverty and inequality, community-based social protection programmes are expected to serve as safety nets that protect vulnerable households from economic hardship while contributing to improved living standards and overall well-being. Despite the recognized importance of community-based social protection programmes, many households in

Nigeria continue to experience significant socio-economic challenges. Poverty, unemployment, inadequate access to education and healthcare services, food insecurity, environmental degradation, and limited social support remain persistent concerns, especially in the Niger Delta region. Although the region accounts for the majority of Nigeria's crude oil production and contributes substantially to national revenue, a considerable proportion of its population continues to experience poor living conditions, limited access to basic social amenities, and heightened vulnerability to economic and environmental shocks. Frequent incidences of oil spills, gas flaring, flooding, youth unemployment, and infrastructural deficits have further undermined household welfare and increased socio-economic vulnerability across communities in the region.

Available statistics provide evidence of the magnitude of the problem. According to the National Bureau of Statistics [5], about 133 million Nigerians, representing 63 percent of the population, are multidimensionally poor. The report further revealed that deprivation is particularly pronounced in areas such as education, health, sanitation, housing, and living standards. Similarly, the United Nations Development Programme [11] reported that poverty and vulnerability remain disproportionately high in many oil-producing communities despite the enormous economic resources generated from the region. Furthermore, the Niger Delta Development Commission [7] acknowledged that many communities in the Niger Delta continue to face developmental challenges associated with inadequate social infrastructure, unemployment, environmental degradation, and weak access to social welfare services. These realities suggest that a significant proportion of households in the region remain vulnerable despite the existence of various community-based social protection interventions.

Empirical studies examining the relationship between social protection programmes and household well-being have produced mixed findings. For instance, Adesina and Olaniyan [8] found that community-based social protection programmes significantly improved household welfare through enhanced access to social services and increased resilience to economic shocks. Similarly, Eze and Nwachukwu [9] reported that participation in community welfare programmes positively influenced household well-being by improving food security, educational access, and income stability. Conversely, Omoniyi and Adebayo [12] observed that the effectiveness of community-based social protection programmes in some Nigerian communities was constrained by inadequate funding, poor programme targeting, weak institutional capacity, and limited beneficiary coverage. Likewise, Akinwale [13] argued that although social welfare programmes exist in many regions, their impact on household welfare remains limited due to implementation challenges and insufficient community participation. These divergent findings create uncertainty regarding the actual effectiveness of community-based social protection programmes in improving household well-being.

Beyond the inconsistency in empirical findings, a review of existing literature reveals a significant research gap. Most previous studies have focused on broad social protection programmes such as cash transfers, food assistance, and national social investment initiatives, with limited attention given to community-based social protection

programmes as a distinct framework for enhancing household well-being. Furthermore, many studies have concentrated on national-level analyses or specific states, thereby overlooking the unique socio-economic and environmental realities of the Niger Delta region. There is also a paucity of studies that simultaneously examine community welfare programmes, educational support programmes, emergency relief funds, and micro-insurance schemes as integrated dimensions of community-based social protection and their collective influence on household well-being. It is against this background that this study seeks to examine the effect of community-based social protection programmes on household well-being in the Niger Delta region of Nigeria.

1.2. Objectives of the Study

The main objective of this study is to investigate the influence of community-based social protection programmes on household well-being in the Niger Delta region of Nigeria. The specific objectives are to:

a. Analyze the role of community welfare programs in enhancing household well-being in the Niger Delta region.
b. Assess the effect of educational support on household well-being in the Niger Delta region.
c. Explore the impact of access to emergency relief funds on household well-being in the Niger Delta region.
d. Examine the role of micro-insurance schemes in improving household well-being in the Niger Delta region.

1.3. Research Questions

The following research questions were formulated to guide the study:

a. To what extent does the availability of community welfare programs influence household well-being in the Niger Delta region?
b. How does receipt of educational support impact household well-being in the Niger Delta region?
c. What is the effect of access to emergency relief funds on household well-being in the Niger Delta region?
d. How does participation in micro-insurance schemes affect household well-being in the Niger Delta region?

1.4. Hypotheses

The following null hypotheses were formulated to guide the study:

H_{01}: Availability of community welfare programs has no significant relationship with household well-being in the Niger Delta region.

H_{02}: Receipt of educational support has no significant relationship with household well-being in the Niger Delta region.

H_{03}: Access to emergency relief funds has no significant relationship with household well-being in the Niger Delta region.

H_{04}: Micro-insurance schemes have no significant relationship with household well-being in the Niger Delta region.

1.5. Significance of the Study

This study is highly significant, particularly for policymakers, development agencies, and local institutions tasked with improving socio-economic conditions in the region. The study provides critical insights that can guide effective planning, implementation, and monitoring of social protection interventions.

For the Niger Delta Development Commission (NDDC), the study offers empirical evidence on the effectiveness of current social safety net programs in improving household welfare. Findings can inform the design of more targeted and context-specific interventions that address the unique socio-economic challenges of communities in the Niger Delta, including poverty, unemployment, and environmental degradation. This can help the NDDC optimize resource allocation to ensure that development projects and social programs reach the most vulnerable populations.

For state governments and local government councils in the Niger Delta, the study highlights areas where social safety net programs may be underperforming or inadequately reaching intended beneficiaries. The insights can help local authorities implement more efficient monitoring and evaluation mechanisms, enhance program outreach to marginalized communities, and ensure that interventions such as skill development, micro-insurance schemes, and educational support directly improve household well-being.

For federal agencies such as the Federal Ministry of Humanitarian Affairs, Disaster Management, and Social Development, the study provides evidence-based recommendations for scaling up social protection programs and improving their impact in the Niger Delta. The findings can support the Ministry in coordinating cash transfer programs, school feeding initiatives, and other social investment programs more effectively, ensuring that they are responsive to local needs and socio-economic realities.

For non-governmental organizations (NGOs) and development partners operating in the Niger Delta, the study offers a robust understanding of the gaps and opportunities in existing social safety net interventions. NGOs can use this evidence to design complementary programs, target support to the most vulnerable households, and develop strategies to improve household welfare sustainably.

For community leaders and local cooperatives, the study underscores the importance of community-based welfare programs, micro-insurance schemes, and emergency relief funds in improving household well-being. By leveraging these insights, community leaders can mobilize local resources, strengthen social networks, and advocate for programs that directly address household needs.

Finally, for academics, researchers, and students, the study provides empirical evidence linking social safety nets to household well-being in a region with unique socio-economic and environmental challenges. It contributes to the body of knowledge on social protection in resource-rich but economically disadvantaged areas, and it offers a foundation for further research, comparative studies, and policy evaluation in the Niger Delta and other similar regions.

Community-based Social Protection Programmes. Community-based social protection programmes have gained increasing attention in development studies due to its role in addressing poverty, vulnerability, social exclusion, and livelihood insecurity among households. The concept emphasizes the use of community structures, local institutions, and collective actions to provide welfare support and protection to vulnerable populations. Various scholars have defined community-based social protection programmes from different perspectives. According to Devereux and Sabates-Wheeler [14], community-based social protection programmes refer to locally organized interventions designed to prevent, reduce, and manage risks and vulnerabilities affecting poor and marginalized households. The authors emphasized that such programmes provide social assistance, social insurance, and livelihood support through community participation and local institutional arrangements. They argued that community-based approaches enhance programme effectiveness because they are responsive to local needs and socio-economic realities. Adesina [15] defined community-based social protection programmes as welfare-oriented initiatives implemented through community organizations, local associations, and grassroots institutions to improve the living conditions of vulnerable individuals and households. According to the author, these programmes facilitate access to social support, promote social inclusion, and strengthen community resilience against economic and social shocks.

Similarly, Oduro [16] conceptualized community-based social protection programmes as decentralized mechanisms through which communities collectively provide assistance and protection to members facing socio-economic challenges. The author noted that such programmes often include community welfare services, educational support, emergency assistance, cooperative support systems, and risk-sharing arrangements that contribute to household welfare improvement. The International Labour Organization [17] described community-based social protection programmes as locally driven social protection interventions that provide income support, access to essential services, and protection against social and economic risks. According to the organization, community-based approaches complement formal social protection systems by extending coverage to vulnerable populations that may not be adequately reached through government programmes. Midgley and Tang [18] defined community-based social protection programmes as organized efforts by community institutions, civil society organizations, and local development agencies to provide social assistance, social care, and welfare services to disadvantaged groups. Obi and Nwosu [19] viewed community-based social protection programmes as community-centered welfare interventions aimed at reducing poverty, enhancing social inclusion, and improving household welfare through locally coordinated support systems. According to the authors, these programmes are particularly important in developing countries where formal welfare systems are weak or inadequate.

Household Well-being. The concept of household well-being has gained considerable attention in recent development and social policy literature, reflecting the need to understand how economic, social, and environmental factors collectively

influence the quality of life of families. According to Kumar and Zhang [20], household well-being refers to "the capacity of households to meet their basic needs, maintain sustainable livelihoods, and achieve an acceptable standard of living while adapting to social and economic changes." This definition emphasizes both material and non-material aspects of well-being, recognizing the importance of stability, resilience, and adaptability in sustaining household welfare. Similarly, Adepoju et al. [21] conceptualize household well-being as "the overall quality of life experienced by a household, determined by factors such as income security, food availability, health status, educational attainment, and social inclusion." They argue that well-being is not merely the presence of financial resources but also the household's ability to convert resources into desired outcomes that enhance welfare and human development. This perspective aligns with contemporary thinking that well-being must be assessed holistically rather than solely in economic terms.

From a policy-oriented perspective, World Bank [22] describes household well-being as "a state in which households have sufficient income and access to essential services to support a decent standard of living, ensure health and education for members, and participate meaningfully in economic and social life." The World Bank emphasizes the role of institutional support and social protection programs in maintaining and improving household well-being, especially in low- and middle-income countries where economic shocks and social vulnerabilities are prevalent. In addition, Peterman et al. [23] extend the concept by highlighting household agency, defining well-being as "the extent to which households have the resources, capacities, and autonomy to make choices that enhance their quality of life, resilience, and future opportunities." This definition underscores the link between household well-being and empowerment, recognizing that access to resources alone does not guarantee welfare unless households are able to utilize these resources effectively to achieve desired outcomes.

Synthesizing these perspectives, household well-being can be understood as a multidimensional construct that reflects the ability of households to secure material resources, access essential services, maintain health and education, and exercise agency to improve their quality of life. While some definitions emphasize material and economic dimensions [20], [22], others incorporate non-material factors such as social inclusion, empowerment, and resilience [21], [23]. This integrated understanding highlights that household well-being is not only about meeting basic needs but also about enhancing life satisfaction, human development, and adaptive capacity in the face of economic, social, and environmental challenges. Therefore, assessing household well-being requires a holistic approach that captures both tangible and intangible factors contributing to the welfare of household members.

Capability Approach. The Capability Approach was propounded by Sen [24]. The central assumption of the theory is that true well-being is determined by the capabilities of individuals their real opportunities to pursue and achieve valuable functionings such as health, education, social participation, and economic security rather than merely the possession of income or material wealth. According to Sen, a household may have

resources but still experience deprivation if members are unable to convert these resources into meaningful life achievements [25]. Proponents of the Capability Approach argue that it provides a more comprehensive measure of well-being compared to purely economic indicators [26]. For example, Robeyns [27] asserts that focusing on capabilities enables researchers and policymakers to capture the multidimensional aspects of welfare, including health, education, agency, and social inclusion. Similarly, Adepoju, Nwankwo, and Chukwu [21] emphasize that households with greater capabilities can make choices that enhance long-term well-being, demonstrating that interventions like social safety nets are most effective when they expand both resources and freedoms. This perspective is particularly relevant in contexts like the Niger Delta, where households face multiple socio-economic challenges that limit their ability to transform resources into meaningful improvements in quality of life.

Critics of the Capability Approach, however, note that operationalizing the theory for empirical research can be complex, as it requires measurement of intangible concepts such as agency, choice, and freedom. Some scholars argue that it may be difficult to disentangle capabilities from outcomes, and that the approach does not always provide clear guidance for policy prioritization in resource-constrained environments [28]. Despite these critiques, the Capability Approach remains influential because it captures the multidimensional nature of well-being and emphasizes human development beyond material wealth. The relevance of the theory to this study lies in its ability to complement the Social Protection Theory by providing a lens for assessing the broader impact of social safety nets on household well-being in the Niger Delta region. While Social Protection Theory explains the protective and promotive functions of social safety nets, the Capability Approach highlights how these interventions enhance households' freedoms and capacities to achieve valued life outcomes. By focusing on capabilities, the study can explore not only whether social safety nets provide material support, but also whether they improve household agency, decision-making power, and access to essential services. The theory is particularly suitable for evaluating multidimensional outcomes such as health, education, nutrition, and overall quality of life, which are critical for assessing household well-being.

Matata et al. [29] investigated the impact of cash transfer programs on household resilience and welfare in Kenya using a panel fixed effects model. The independent variables included cash transfer participation, livestock ownership, household size, and access to credit facilities, while household welfare was measured using resilience to climate shocks, income stability, and food security indicators. The findings indicated that cash transfer programs had a positive and statistically significant effect on household resilience and income stability. The study further revealed that households receiving transfers were better able to cope with climate shocks compared with non-beneficiary households.

Gentilini et al. [30] examined the expansion of social safety net programs during economic shocks using global administrative data from multiple countries. The model included variables such as emergency cash transfers, unemployment benefits, public

works programs, and food assistance schemes, while welfare outcomes were measured using household income stability, food security, and poverty reduction indicators. Using descriptive and regression analysis, the study found that emergency social protection measures significantly helped households maintain minimum consumption levels during economic crises. The study concluded that social safety nets serve as critical policy tools for protecting vulnerable households from income shocks.

Handa et al. [31] examined the impact of social cash transfer programs on household welfare in Malawi and Zambia using experimental survey data and econometric regression analysis. The model included variables such as cash transfers, household size, education of household head, dependency ratio, and access to social services. Household well-being was proxied by consumption expenditure, food security, and child nutrition indicators. The findings showed that social cash transfers significantly increased household consumption and reduced food insecurity among beneficiary households. The results also indicated improvements in children's nutritional status and educational enrollment, demonstrating that social safety nets improve both immediate welfare and long-term human capital outcomes.

Mano et al. [32] investigated the relationship between cash transfer programs and household welfare in Zimbabwe using multiple regression analysis. The study used variables such as cash transfers, employment status, education level, household size, and agricultural income as independent variables, while household welfare was measured using household consumption expenditure and access to social services. The empirical results revealed that cash transfers had a positive and statistically significant effect on household consumption and access to essential services such as healthcare and education. The study concluded that social safety net programs serve as effective poverty reduction mechanisms that enhance household living standards.

Haushofer and Shapiro [33] conducted an empirical study on the impact of unconditional cash transfers on household welfare in rural Kenya using a randomized control trial approach. The study employed household consumption expenditure, asset ownership, psychological well-being, and food security as indicators of household well-being, while the key explanatory variable was unconditional cash transfer. Control variables such as household size, education level, age of household head, and gender were included in the regression model. The results revealed that cash transfer programs significantly increased household consumption expenditure, improved asset accumulation, and enhanced psychological well-being. The findings further showed that households receiving transfers recorded higher food security levels compared with non-beneficiary households, indicating that social safety net programs contribute positively to household welfare.

Escobal and Ponce [34] evaluated the welfare impact of social protection programs such as Juntos in Peru using quasi-experimental impact evaluation techniques. The model included variables such as conditional cash transfers, household income, education level, agricultural productivity, and employment status. Household welfare was measured using indicators such as income, consumption expenditure, and food

security. The results showed that social safety net programs significantly improved household income levels and reduced poverty rates among beneficiary households. Additionally, the study found that beneficiaries invested more in productive activities, thereby improving their long-term economic well-being.

Davis et al. [35] investigated the impact of social cash transfer programs on rural household livelihoods across several African countries using household panel data and econometric impact analysis. The model included variables such as cash transfer participation, agricultural production, household labor supply, and asset ownership, while household welfare was measured using income, consumption expenditure, and food security indicators. The empirical findings revealed that social cash transfers significantly increased household agricultural investment and productive asset ownership. The results also showed improvements in food consumption and overall household welfare among program beneficiaries.

Kabeer and Waddington [36] examined the impact of social protection programs on poverty and household welfare using systematic review and meta-analysis techniques. The study included variables such as cash transfers, food subsidies, employment programs, and social insurance schemes, while welfare outcomes were measured through consumption expenditure, food security, and health indicators. The results indicated that social safety net interventions had a positive effect on household consumption and significantly reduced extreme poverty among vulnerable populations.

Baird et al. [37] analyzed the effects of conditional and unconditional cash transfers on household welfare and human capital development in Malawi using randomized experimental data. The study incorporated variables such as cash transfers, school attendance, household income, education level of parents, and household demographic characteristics. Household well-being indicators included school enrollment, health service utilization, and consumption expenditure. The findings revealed that households receiving transfers experienced higher school enrollment rates and improved access to healthcare services. The results also indicated increased household consumption and investment in human capital development among beneficiary households.

Alderman and Yemtsov [38] examined the contribution of social safety nets to poverty reduction and household welfare across several developing countries using cross-country panel data. The model incorporated social safety net expenditure, household income, education level, employment status, and demographic characteristics as explanatory variables, while household well-being was measured through poverty headcount ratio, consumption expenditure, and access to basic services. Employing panel regression techniques, the findings revealed that increased government spending on social safety net programs significantly reduced poverty levels and improved household consumption patterns. The results further demonstrated that households benefiting from these programs experienced improved access to health services and education, suggesting that social protection interventions play a crucial role in enhancing household welfare.

Ravallion [39] examined the relationship between social protection policies and household welfare using cross-country econometric analysis. The study included variables such as government social spending, unemployment benefits, cash transfer programs, and public employment schemes. Household well-being was measured using poverty incidence, income inequality, and consumption levels. The findings demonstrated that countries with stronger social safety net systems recorded lower poverty rates and more stable household consumption patterns during economic downturns. The study emphasized the importance of well-targeted social protection programs in improving household welfare.

Sabates-Wheeler and Devereux [40] analyzed the role of social protection programs in reducing vulnerability and enhancing household well-being in developing countries using mixed-method empirical approaches. The study included variables such as food aid programs, employment guarantee schemes, social pensions, and agricultural support programs. Household welfare indicators included food security, income diversification, and asset ownership. The empirical results indicated that households participating in social protection programs experienced improved income stability and increased asset accumulation. The study concluded that social safety nets are essential instruments for building household resilience and improving long-term welfare outcomes.

Barrientos and Hulme [41] investigated the effectiveness of social assistance programs in improving household welfare in Latin America using comparative case studies and econometric analysis. The empirical model included variables such as conditional cash transfers, household income, parental education, labor participation, and household size, while welfare outcomes were proxied by school enrollment, food consumption, and healthcare utilization. The study reported that conditional cash transfer programs significantly increased school attendance and reduced child labor among low-income households. In addition, the results indicated that beneficiary households experienced improved nutritional outcomes and better health service utilization, demonstrating the capacity of social safety nets to enhance household well-being.

Fiszbein and Schady [42] conducted a comprehensive empirical analysis of conditional cash transfer programs across several developing countries using household survey data and impact evaluation techniques. The study incorporated variables such as cash transfers, parental education, household income, demographic factors, and public service accessibility. Household welfare indicators included educational attainment, healthcare utilization, and consumption expenditure. The findings showed that conditional cash transfer programs had a positive and statistically significant effect on school enrollment and preventive healthcare visits. Moreover, beneficiary households recorded improved consumption levels and reduced vulnerability to poverty.

Hoddinott et al. [43] examined the impact of the Productive Safety Net Programme on household food security and welfare in Ethiopia using panel data econometric techniques. The study incorporated variables such as food transfers, public works participation, household assets, agricultural productivity, and demographic

characteristics. Household welfare indicators included food consumption, calorie intake, and nutritional status. The empirical results showed that households participating in the safety net program experienced improved food consumption and reduced vulnerability to food insecurity. The study concluded that social safety net programs play a significant role in improving household resilience and food security.

Skoufias and Di Maro [44] evaluated the welfare impact of the Oportunidades conditional cash transfer program in Mexico using household panel data and econometric impact evaluation methods. The empirical model included program participation, household income, parental education, household demographics, and labor supply decisions. Household well-being was measured through consumption expenditure, food security, and human capital investments. The findings revealed that participation in the program significantly increased household consumption and improved children's educational outcomes. The results also suggested that social safety nets encourage investments in human capital development among poor households.

Duflo [45] assessed the impact of social pension programs on household welfare in South Africa using quasi-experimental econometric techniques. The model incorporated pension transfers, household size, gender of household head, employment status, and educational attainment as explanatory variables, while household welfare was proxied by food consumption, child nutrition, and school attendance. The results indicated that pension transfers significantly improved food consumption and nutritional outcomes among children living in beneficiary households. Additionally, households receiving pension income were more likely to invest in education and healthcare, highlighting the broader welfare effects of social safety net programs.

A careful evaluation of the empirical literature reveals that several studies have examined the relationship between social safety nets and household welfare across different countries and contexts. The reviewed studies generally demonstrate that social protection interventions such as cash transfers, food assistance, and other welfare programs significantly improve household living standards by enhancing income stability, consumption levels, and resilience to economic shocks. For instance, the studies by Matata, Ngigi and Bett [29] as well as Gentilini, Almenfi and Dale [30] emphasize that cash transfers and emergency social protection programs enhance household resilience and help maintain minimum consumption levels during economic shocks. Similarly, studies such as Handa et al. [31], Haushofer and Shapiro [33], and Mano et al. [32] show that cash transfer programs significantly increase household consumption expenditure and reduce food insecurity among beneficiary households.

Further empirical evidence from scholars such as Escobal and Ponce [34], Davis et al. [35], and Kabeer and Waddington [36] also confirm that social protection programs improve household welfare by reducing poverty, strengthening food security, and encouraging investment in productive activities. Earlier contributions by scholars such as Alderman and Yemtsov [38], Ravallion [39], and Barrientos and Hulme [41] further support the argument that well-designed social safety net programs contribute significantly to poverty reduction and improved household welfare outcomes. These

studies collectively show that social protection programs enhance food consumption, educational outcomes, healthcare utilization, and overall welfare of vulnerable households.

Despite these important contributions, several gaps remain in the literature when considered in relation to the present study. First, most of the reviewed studies were conducted outside the Niger Delta in countries such as Kenya, Malawi, Zambia, Zimbabwe, Peru, Mexico, Ethiopia, and South Africa. This geographical limitation implies that the findings may not fully reflect the socio-economic realities and welfare challenges of households in the Niger Delta region, which is characterized by environmental degradation, oil exploration activities, and persistent poverty. Additionally, majority of the reviewed studies focused primarily on cash transfer programs as the dominant social protection instrument. While this provides important insights, it creates a variable gap, since other critical dimensions of social safety nets such as food assistance, skill development programs, access to insurance schemes, availability of community welfare programs, receipt of educational support, access to emergency relief funds, and micro-insurance schemes have received limited empirical attention in a single comprehensive framework. The present study therefore expands the scope of analysis by incorporating these multiple dimensions of social protection in order to provide a more holistic understanding of how social safety nets influence household welfare.

Also, many previous studies used diverse welfare indicators such as poverty reduction, food security, asset ownership, and human capital development. Although these indicators are useful, relatively fewer studies specifically focus on household consumption expenditure as the central measure of household well-being within the context of social safety nets. By using household consumption expenditure as the primary proxy for household well-being, the present study provides a clearer assessment of how social protection programs directly influence the consumption capacity of households. Finally, most of the existing studies applied methodologies such as randomized control trials, panel regressions, descriptive analysis, and cross-country evaluations, but did not focus specifically on the socio-economic context and welfare dynamics of households in the Niger Delta region of Nigeria. Consequently, there remains a contextual and empirical gap in understanding how different forms of social safety net interventions jointly influence household well-being within this region. Therefore, the present study addresses these identified gaps by empirically examining the effects of cash transfers, food assistance, skill development programs, access to insurance schemes, availability of community welfare programs, receipt of educational support, access to emergency relief funds, and micro-insurance schemes on household well-being (measured by household consumption expenditure) in the Niger Delta region of Nigeria. By focusing on multiple dimensions of social safety nets within a specific regional context, the study contributes to the existing body of knowledge and provides policy-relevant insights for improving social protection strategies aimed at enhancing household welfare in the Niger Delta region.

RESEARCH METHOD

2.1. Study Area

The study area for this research is the Niger Delta located in the southern part of Nigeria. The region is widely recognized as one of the most resource-rich areas in the country due to its vast reserves of crude oil and natural gas. The Niger Delta covers nine states, namely Abia, Akwa Ibom, Bayelsa, Cross River, Delta, Edo, Imo, Ondo, and Rivers. These states are officially recognized as part of the Niger Delta by the Niger Delta Development Commission (NDDC) due to their ecological and socio-economic connections to the oil-producing region. Geographically, the Niger Delta is characterized by extensive wetlands, mangrove forests, creeks, and river networks formed by the delta of the Niger River as it empties into the Atlantic Ocean. The region has a tropical climate with high rainfall, humid conditions, and fertile land that supports agricultural activities such as fishing, farming, and palm produce cultivation. Fishing and small-scale farming traditionally constitute the main livelihood activities for many rural households in the region. Despite its enormous natural resource endowment, the Niger Delta faces significant developmental challenges. The region has experienced environmental degradation largely associated with oil exploration and production activities carried out by multinational oil companies.

Issues such as oil spills, gas flaring, water pollution, and loss of arable land have adversely affected agricultural productivity and the traditional livelihoods of many households. As a result, many communities in the region face persistent poverty, unemployment, and low living standards despite the region's contribution to national revenue. Socio-economically, the Niger Delta is characterized by a high population of rural and vulnerable households whose livelihoods are often unstable due to environmental challenges, inadequate infrastructure, and limited access to social protection programs. These challenges have made social safety net interventions such as cash transfers, food assistance, community welfare programs, and emergency relief schemes increasingly important for improving household welfare and supporting vulnerable populations. Given these realities, the Niger Delta region provides an important context for examining how social safety net programs influence household well-being. The region's socio-economic vulnerabilities, coupled with its strategic importance to Nigeria's economy, make it a suitable area for assessing the effectiveness of welfare interventions aimed at improving household consumption and overall living standards. Therefore, focusing on the Niger Delta region provides valuable insights into the role of social protection policies in enhancing household welfare in resource-rich but economically vulnerable communities.

2.2. Population of the Study

The population of the study is 32,277,901 consisting of the residents of the Niger Delta in Nigeria. The Niger Delta region is made up of nine states which include Abia, Rivers, Akwa Ibom, Bayelsa, Delta, Cross River, Edo, Imo, and Ondo. These states are officially recognized as part of the Niger Delta due to their geographical location and socio-economic linkages with oil exploration activities in the region. For the purpose of

this study, the population comprises households residing across the nine Niger Delta states. These households constitute the target population from which respondents will be selected to examine the relationship between social safety net programs and household well-being in the Niger Delta region. The focus on households within these states is important because they represent the primary beneficiaries of social welfare interventions such as cash transfers, food assistance, skill development programs, insurance schemes, and other community welfare initiatives aimed at improving living standards in the region.

2.3. Sample and Sampling Technique

This study adopted a multi-stage sampling technique to select respondents from the nine states that constitute the Niger Delta region of Nigeria, namely Abia, Akwa Ibom, Bayelsa, Cross River, Delta, Edo, Imo, Ondo, and Rivers States. The multi-stage sampling technique was considered appropriate because of the wide geographical coverage of the study area and the need to ensure adequate representation of respondents across the region. At the first stage, the nine Niger Delta states were purposively selected since they constitute the geographical scope of the study.

At the second stage, one senatorial district was selected from each state using simple random sampling, resulting in a total of nine senatorial districts. At the third stage, two Local Government Areas (LGAs) were randomly selected from each senatorial district, giving a total of eighteen LGAs. At the fourth stage, two communities were selected from each LGA through simple random sampling, resulting in thirty-six communities across the Niger Delta region. At the fifth stage, respondents were selected from the sampled communities using systematic random sampling. A sampling frame comprising eligible respondents in each community was developed, and every kth respondent was selected until the required number of respondents was obtained.

A total sample size of 400 respondents was used for the study. The sample was proportionately allocated among the selected communities based on their population sizes to ensure fair representation. On average, approximately eleven respondents were selected from each of the thirty-six communities, while adjustments were made where necessary to accommodate differences in population sizes. The adoption of the multi-stage sampling technique enhanced the representativeness of the sample by ensuring that respondents from different states, senatorial districts, local government areas, and communities had an equal opportunity of being selected.

Thereafter, the Taro Yamane's formula was used to determine the sample size of four hundred. The 400 obtained from Taro-Yamane's method is the bench-mark. Therefore, the sample size of this study is increased to 690 respondents to have a better reflection of the population [46].

This can be illustrated below:

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

Where: n = sample size; N = population = 32,277,901; e = tolerable error = 5% or 0.05

n = 32277901 / 1 + 32277901 $(0.05)^2$

n = 32277901 / 1 + 32277901 (0.0025)
n = 32277901 / 1 + 80694.7525
n = 32277901 / 80695.7525
n = 399.9 or n = 400

2.4. Instrument for Data Collection

The primary instrument used for data collection in this study was a structured questionnaire entitled "Community-Based Social Protection Programmes and Household Well-being Questionnaire (CBSPPHWBQ)". The questionnaire was considered appropriate because it enabled the collection of standardized information from a large number of respondents within a relatively short period. The questionnaire was divided into two sections. Section A elicited information on the demographic characteristics of the respondents, such as gender, age, educational qualification, marital status, occupation, and state of residence. Section B contained items designed to measure the study variables. The items were structured using a five-point Likert scale ranging from Strongly Agree (5), Agree (4), Undecided (3), Disagree (2), and Strongly Disagree (1).

2.5. Validity of the Instrument

In order to validate the instrument "Social Safety Nets and Household Wellbeing Questionnaire" (SSNHWQ), the researcher presented it to two lecturers in the Department of Economics, in the Isaac Jasper Boro College of Education Bayelsa State. The observations and comments made by these experts were imbued in the final draft of this study.

2.6. Reliability of the Instrument

To determine the reliability of the study, the instruments was administered to 20 respondents who are not part of the sample to ascertain the internal consistency of the test items. Therefore, the Cronbach alpha statistical method was adopted and a coefficient of 0.77 was achieved. The Cronbach alpha statistics is suitable for the study because it measures internal consistency between items in sections.

2.7. Data Administration and Collection

The formulated research questions were administered directly to the selected respondents in the sampled communities across the nine Niger Delta states. The administration process was carried out with the assistance of trained research assistants who helped explain the purpose of the study and guided respondents where necessary. This approach enhanced the response rate and ensured that the completed questionnaires were properly retrieved for analysis.

2.8. Method of Data Analysis

Descriptive statistics such as tables, frequencies, percentages and pie chart were used to analyze how social safety nets affect household well-being across the nine Niger Delta states. The study adopted chi-square statistical tools to analyze the hypothesis with the aid of Statistical Package for Social Sciences (SPSS) version 26 at 0.05 level of significance.

RESULTS AND DISCUSSION

This section presents the analysis of data collected from respondents concerning social safety nets and household well-being in Nigeria, with a special focus on the Niger Delta Region.

3.1. Response Rate

Table 1. Response Rate of Respondents.

Categories	Number	Percentage (%)
Administered	400	100.00
Returned	392	98
Not Returned	8	2

Source: Field survey, 2026.

A total of four hundred (400) questionnaires were distributed, and three hundred and ninety-two (392) were successfully retrieved, representing 98%, which was used for the analysis.

Answer to Research Questions: The research questions were answered using percentages (%) and frequency.

3.2. Research Question One: To what extent does the availability of community welfare programmes influence household well-being in the Niger Delta region?

Table 2. Frequency and Percentage count of respondents on the extent availability of community welfare programmes influence household well-being in the Niger Delta region (Abia, Akwa Ibom, Bayelsa, Cross River, Delta, Edo, Imo, Ondo, and Rivers States, N=392).

S/n	Statement	SA (Freq)	%	A (Freq)	%	D (Freq)	%	SD (Freq)	%	Total
1	Community welfare programmes have improved access to social support	157	40.1	126	32.1	74	18.9	35	8.9	392
2	Community welfare programmes have enhanced living conditions in my community.	165	42.1	118	30.1	69	17.6	40	10.2	392

3	Community welfare initiatives have improved household welfare	144	36.7	137	34.9	74	18.9	37	9.4	392

Source: Authors' computation from SPSS, 26.

Table 2 presents the frequency and percentage distribution of respondents' opinions regarding the extent to which community welfare programmes influence household well-being in the Niger Delta region. The analysis examines the role of these programmes in improving access to social support, enhancing community living conditions, and promoting overall household welfare. The findings indicate that community welfare programmes have significantly improved access to social support among households. The data show that 157 respondents, representing 40.1% of the sample, strongly agreed that community welfare programmes have improved access to social support, while 126 respondents (32.1%) agreed with the statement. In contrast, 74 respondents (18.9%) disagreed and 35 respondents (8.9%) strongly disagreed. Overall, 72.2% of the respondents expressed agreement that community welfare programmes have strengthened access to social support systems. This suggests that such programmes have enhanced social inclusion and provided households with greater access to welfare services, community resources, and support networks that help mitigate socio-economic challenges.

The results further reveal that community welfare programmes have enhanced living conditions within beneficiary communities. Specifically, 165 respondents (42.1%) strongly agreed and 118 respondents (30.1%) agreed that these programmes have improved living conditions in their communities. Conversely, 69 respondents (17.6%) disagreed, while 40 respondents (10.2%) strongly disagreed. Collectively, 72.2% of respondents acknowledged that community welfare interventions have contributed positively to the quality of life within their communities. Furthermore, the findings demonstrate that community welfare initiatives have improved household welfare. The data indicate that 144 respondents (36.7%) strongly agreed and 137 respondents (34.9%) agreed that these initiatives have enhanced household welfare. On the other hand, 74 respondents (18.9%) disagreed and 37 respondents (9.4%) strongly disagreed. In total, 71.6% of respondents expressed positive perceptions regarding the welfare-enhancing effects of community welfare programmes. This result suggests that the programmes have contributed to improved socio-economic outcomes by increasing access to support services, strengthening community cohesion, and reducing household vulnerability to economic hardship.

3.3. Research Question Two: How does receipt of educational support impact household well-being in the Niger Delta region?

Table 3. Frequency and Percentage count of respondents on receipt of educational support and Household Well-being in the Niger Delta region (Abia, Akwa Ibom, Bayelsa, Cross River, Delta, Edo, Imo, Ondo, and Rivers States, N=392).

S/n	Statement	SA (Freq)	%	A (Freq)	%	D (Freq)	%	SD (Freq)	%	Total
4	Educational support programmes have reduced educational expenses	150	38.3	143	36.5	59	15.1	40	10.2	392
5	Educational support has improved educational opportunities for household members.	148	37.8	129	32.9	79	20.2	36	9.2	392
6	Educational support contributes to improved household welfare	174	44.4	120	30.6	63	16.1	35	8.9	392

Source: Authors' computation from SPSS, 26.

Table 3 presents the frequency and percentage distribution of respondents' opinions on the influence of educational support programmes on household well-being in the Niger Delta region. The analysis focuses on three major dimensions: reduction in educational expenses, improvement in educational opportunities, and the overall contribution of educational support to household welfare. The findings indicate that educational support programmes have significantly reduced the educational expenses borne by households. The data reveal that 150 respondents, representing 38.3% of the sample, strongly agreed that educational support programmes have reduced educational expenses, while 143 respondents (36.5%) agreed with the statement. Conversely, 59 respondents (15.1%) disagreed and 40 respondents (10.2%) strongly disagreed. Overall, 74.8% of the respondents expressed agreement that educational support interventions have eased the financial burden associated with education. From an economic perspective, this suggests that the programmes have lowered the direct costs of schooling, thereby increasing household disposable income and enabling families to allocate resources to other essential needs.

The results further show that educational support programmes have improved educational opportunities for household members. Specifically, 148 respondents (37.8%) strongly agreed and 129 respondents (32.9%) agreed that educational support has enhanced access to educational opportunities. In contrast, 79 respondents (20.2%) disagreed, while 36 respondents (9.2%) strongly disagreed. Collectively, 70.7% of respondents acknowledged that educational support programmes have facilitated greater access to education. This finding implies that such programmes have reduced barriers to educational attainment by promoting school enrolment, retention, and participation among household members. In economic terms, increased access to education contributes to the accumulation of human capital, which is a critical determinant of future productivity, employability, and income generation.

Furthermore, the findings demonstrate that educational support programmes contribute positively to household welfare. The data indicate that 174 respondents, accounting for 44.4% of the sample, strongly agreed that educational support contributes to improved household welfare, while 120 respondents (30.6%) agreed with the statement. On the other hand, 63 respondents (16.1%) disagreed and 35 respondents (8.9%) strongly disagreed. Overall, 75.0% of respondents expressed agreement that educational support programmes have enhanced household welfare. This result suggests that investments in education generate both immediate and long-term welfare benefits by reducing educational costs, improving access to learning opportunities, and strengthening the future earning potential of household members.

3.4. Research Question Three: What is the effect of access to emergency relief funds on household well-being in the Niger Delta region?

Table 4. Frequency and Percentage count of respondents on the effect of access to emergency relief funds on household well-being in the Niger Delta region (Abia, Akwa Ibom, Bayelsa, Cross River, Delta, Edo, Imo, Ondo, and Rivers States, N=392).

S/n	Statement	SA (Freq)	%	A (Freq)	%	D (Freq)	%	SD (Freq)	%	Total
7	Emergency relief funds have reduced the impact of unexpected crises on my household.	154	39.3	126	32.1	71	18.1	41	10.5	392
8	Emergency relief funds have improved household recovery	151	38.5	130	33.2	75	19.1	36	9.2	392

	after emergencies.									
9	Access to relief funds has enhanced household stability	156	39.8	124	31.6	78	19.9	34	8.7	392

Source: Authors' computation from SPSS, 26.

Table 4 presents the frequency and percentage distribution of respondents' opinions regarding the effect of access to emergency relief funds on household well-being in the Niger Delta region. The analysis focuses on three critical dimensions of household welfare: mitigation of the effects of unexpected crises, improvement in post-emergency recovery, and enhancement of household stability. The findings reveal that emergency relief funds have significantly reduced the impact of unexpected crises on beneficiary households. The data indicate that 154 respondents, representing 39.3% of the sample, strongly agreed that emergency relief funds have reduced the adverse effects of unforeseen crises on their households, while 126 respondents (32.1%) agreed with the statement. Conversely, 71 respondents (18.1%) disagreed and 41 respondents (10.5%) strongly disagreed. Overall, 71.4% of respondents expressed agreement that emergency relief funds have helped cushion the economic and social consequences of unexpected shocks. This finding suggests that relief funds serve as an important safety net by providing immediate financial assistance during periods of distress, thereby reducing household vulnerability and preventing further deterioration in living standards.

Similarly, the results show that emergency relief funds have improved household recovery following emergencies. Specifically, 151 respondents (38.5%) strongly agreed and 130 respondents (33.2%) agreed that access to emergency relief funds has facilitated recovery after adverse events. In contrast, 75 respondents (19.1%) disagreed, while 36 respondents (9.2%) strongly disagreed. Collectively, 71.7% of respondents acknowledged that relief funds have accelerated the recovery process for affected households. From an economic perspective, this outcome implies that emergency assistance enhances households' capacity to restore livelihoods, replace lost assets, and resume normal economic activities following crises, thereby reducing the long-term welfare effects of shocks. Furthermore, the findings indicate that access to emergency relief funds has enhanced household stability. The data reveal that 156 respondents (39.8%) strongly agreed and 124 respondents (31.6%) agreed that relief funds have strengthened household stability. On the other hand, 78 respondents (19.9%) disagreed and 34 respondents (8.7%) strongly disagreed. In total, 71.4% of respondents expressed positive perceptions regarding the stabilizing effect of emergency relief funds on household welfare. This suggests that access to financial support during emergencies helps

households maintain consumption levels, avoid severe economic disruptions, and improve their ability to withstand future shocks.

3.5. Research Question Four: How does participation in micro-insurance schemes affect household well-being in the Niger Delta region?

Table 5. Frequency and Percentage count of respondents on how participation in micro-insurance schemes affects household well-being in the Niger Delta region (Abia, Akwa Ibom, Bayelsa, Cross River, Delta, Edo, Imo, Ondo, and Rivers States, N=392).

S/n	Statement	SA (Freq)	%	A (Freq)	%	D (Freq)	%	SD (Freq)	%	Total
10	Micro-insurance schemes provide financial protection for my household	157	40.1	135	34.4	60	15.3	40	10.2	392
11	Micro-insurance schemes reduce the burden of unexpected losses	150	38.3	134	34.2	59	15.1	49	12.5	392
12	Participation in micro-insurance schemes improves household welfare	168	42.9	115	29.3	79	20.2	30	7.7	392

Source: Authors' computation from SPSS, 26.

Table 5 presents the frequency and percentage distribution of respondents' opinions regarding the effect of participation in micro-insurance schemes on household well-being in the Niger Delta region. The analysis examines the extent to which micro-insurance schemes provide financial protection, reduce the burden of unexpected losses, and improve overall household welfare among participating households. The findings indicate that micro-insurance schemes provide substantial financial protection for beneficiary households. The data show that 157 respondents, representing 40.1% of the sample, strongly agreed that micro-insurance schemes provide financial protection for their households, while 135 respondents (34.4%) agreed with the statement. Conversely,

60 respondents (15.3%) disagreed and 40 respondents (10.2%) strongly disagreed. Overall, 74.5% of respondents expressed agreement that participation in micro-insurance schemes offers a reliable form of financial protection. This finding suggests that micro-insurance serves as an effective risk-sharing mechanism by safeguarding households against financial uncertainties and reducing exposure to economic shocks that could undermine household welfare.

Similarly, the results reveal that micro-insurance schemes have reduced the burden associated with unexpected losses. Specifically, 150 respondents (38.3%) strongly agreed and 134 respondents (34.2%) agreed that participation in micro-insurance schemes has lessened the financial consequences of unforeseen losses. In contrast, 59 respondents (15.1%) disagreed, while 49 respondents (12.5%) strongly disagreed. Collectively, 72.5% of respondents acknowledged that micro-insurance schemes have helped mitigate the adverse effects of unexpected events. From an economic perspective, this outcome implies that micro-insurance enhances households' ability to manage risks by providing compensation or financial support when losses occur, thereby reducing the need for distress financing, asset depletion, or consumption reduction.

Furthermore, the findings demonstrate that participation in micro-insurance schemes has contributed positively to household welfare. The data indicate that 168 respondents, accounting for 42.9% of the sample, strongly agreed that participation in micro-insurance schemes improves household welfare, while 115 respondents (29.3%) agreed with the statement. On the other hand, 79 respondents (20.2%) disagreed and 30 respondents (7.7%) strongly disagreed. Overall, 72.2% of respondents expressed agreement that micro-insurance participation has enhanced household welfare. This result suggests that access to micro-insurance promotes economic stability by protecting household assets, sustaining consumption levels, and strengthening the capacity of households to cope with financial shocks.

3.6. Hypothesis Testing

Hypothesis One: The availability of community welfare programs has no significant relationship with household well-being in the Niger Delta region.

Table 6. Chi-Square Analysis of Availability of community welfare programs and household well-being in the Niger Delta region.

Category	Value	df	Sig
Pearson Chi-Square	513.012[a]	81	.000
Likelihood Ratio	473.713	81	.000
Linear-by-Linear Association	274.239	1	.000
N of Valid Cases	392		

Source: Authors' computation from SPSS, 26.

Table 6 presents the results of the Chi-Square analysis conducted to examine the relationship between the availability of community welfare programmes and household

well-being in the Niger Delta region. The Pearson Chi-Square test was employed to determine whether a statistically significant association exists between access to community welfare interventions and the welfare outcomes of households. The results show a Pearson Chi-Square value of 513.012 with 81 degrees of freedom (df) and a corresponding p-value of 0.000. Since the significance value is less than the accepted level of 0.05 ($p < 0.05$), the null hypothesis is rejected. This finding indicates that there is a statistically significant relationship between the availability of community welfare programmes and household well-being in the Niger Delta region.

The result suggests that community welfare programmes contribute meaningfully to improving household welfare by enhancing access to social support services, strengthening community-based assistance mechanisms, and promoting socio-economic inclusion. These programmes provide households with opportunities to access essential services, community resources, and support networks that help mitigate the effects of poverty and socio-economic vulnerability. As a result, households residing in communities with active welfare programmes are more likely to experience improved welfare outcomes than those with limited access to such interventions.

Hypothesis Two: Receipt of educational support have no significant relationship with household well-being in the Niger Delta region.

Table 7. Chi-Square Analysis of Receipt of educational support and household well-being in the Niger Delta region.

Category	Value	df	Sig
Pearson Chi-Square	590.877[a]	81	.000
Likelihood Ratio	507.467	81	.000
Linear-by-Linear Association	277.584	1	.000
N of Valid Cases	392		

Source: Authors' computation from SPSS, 26.

Table 7 presents the results of the Chi-Square analysis conducted to examine the relationship between the receipt of educational support and household well-being in the Niger Delta region. The Pearson Chi-Square test was employed to determine whether a statistically significant association exists between educational support programmes and household welfare outcomes. The results reveal a Pearson Chi-Square value of 590.877 with 81 degrees of freedom (df) and a corresponding p-value of 0.000. Since the significance value is less than the conventional significance level of 0.05 ($p < 0.05$), the null hypothesis is rejected. This indicates that there is a statistically significant relationship between the receipt of educational support and household well-being in the Niger Delta region. The finding suggests that educational support programmes play a crucial role in enhancing household welfare. Educational support reduces the direct and indirect costs associated with schooling, thereby easing financial pressures on households and increasing disposable income available for other essential expenditures.

By reducing educational expenses, households are better able to allocate resources efficiently, resulting in improved consumption patterns and overall welfare.

Hypothesis Three: Access to emergency relief funds have no significant relationship with household well-being in the Niger Delta region.

Table 8. Chi-Square Analysis of Access to emergency relief funds and household well-being in the Niger Delta region.

Category	Value	df	Sig
Pearson Chi-Square	593.979[a]	81	.000
Likelihood Ratio	534.086	81	.000
Linear-by-Linear Association	288.535	1	.000
N of Valid Cases	392		

Source: Authors' computation from SPSS, 26.

Table 8 presents the results of the Chi-Square analysis conducted to examine the relationship between access to emergency relief funds and household well-being in the Niger Delta region. The Chi-Square test was employed to determine whether a statistically significant association exists between access to emergency relief funds and household welfare outcomes. The results indicate a Pearson Chi-Square value of 593.979 with 81 degrees of freedom (df) and a corresponding p-value of 0.000. Since the significance value is less than the conventional threshold of 0.05 ($p < 0.05$), the null hypothesis is rejected. This implies that there is a statistically significant relationship between access to emergency relief funds and household well-being in the Niger Delta region. The finding suggests that emergency relief funds constitute an important social protection mechanism that enhances household welfare by providing immediate financial assistance during periods of crisis. Access to relief funds helps households mitigate the adverse effects of unforeseen events such as natural disasters, health emergencies, economic disruptions, and other shocks that threaten household livelihoods. By providing timely support, emergency relief funds help households maintain consumption levels, protect productive assets, and avoid falling deeper into poverty during periods of distress.

Hypothesis Four: Micro-insurance schemes have no significant relationship with household well-being in the Niger Delta region.

Table 9. Chi-Square Analysis of Micro-insurance schemes and household well-being in the Niger Delta region.

Category	Value	df	Sig
Pearson Chi-Square	593.979[a]	81	.000
Likelihood Ratio	534.086	81	.000
Linear-by-Linear Association	288.535	1	.000

N of Valid Cases	392

Source: Authors' computation from SPSS, 26.

Table 9 presents the results of the Chi-Square analysis conducted to examine the relationship between participation in micro-insurance schemes and household well-being in the Niger Delta region. The Pearson Chi-Square test was employed to determine whether a statistically significant association exists between participation in micro-insurance schemes and household welfare outcomes. The results reveal a Pearson Chi-Square value of 593.979 with 81 degrees of freedom (df) and a corresponding p-value of 0.000. Since the significance value is less than the conventional level of 0.05 ($p < 0.05$), the null hypothesis is rejected. This indicates that there is a statistically significant relationship between participation in micro-insurance schemes and household well-being in the Niger Delta region.

The finding suggests that micro-insurance schemes play a vital role in enhancing household welfare by providing affordable risk protection against unforeseen events and financial shocks. Micro-insurance serves as a financial inclusion mechanism that enables low-income households to manage risks more effectively, thereby reducing their vulnerability to poverty and economic instability. Through access to insurance coverage, households are better able to protect their assets, maintain consumption levels, and avoid severe financial distress when adverse events occur.

The findings of the study revealed that the availability of community welfare programmes has a statistically significant relationship with household well-being in the Niger Delta region. This is supported by the Pearson Chi-Square coefficient of 513.012 and a probability value of 0.000, which is statistically significant at the 5 percent level. Additionally, the Linear-by-Linear Association coefficient of 274.239 ($p = 0.000$) indicates a positive relationship between the availability of community welfare programmes and household well-being. Economically, community welfare programmes contribute to household welfare by expanding access to social support services, enhancing social inclusion, and improving living conditions within communities. Such programmes generate positive welfare externalities through the provision of community infrastructure, support networks, and social services that improve the quality of life of residents. They also strengthen social capital and reduce socio-economic inequalities, thereby creating an enabling environment for sustainable household welfare improvement.

This finding corroborates the study of Alderman and Yemtsov [38], who examined the contribution of social safety net programmes to poverty reduction and household welfare across developing countries using cross-country panel data. Their findings revealed that social protection interventions significantly improved household consumption patterns, reduced poverty levels, and enhanced access to essential services such as healthcare and education. The authors concluded that social welfare programmes play a critical role in improving household welfare and promoting inclusive development. The agreement between the present study and their findings reinforces the

importance of community welfare programmes as instruments for improving household well-being.

4.2. Relationship between Receipt of Educational Support and Household well-being in the Niger Delta region

The findings of the study revealed that receipt of educational support has a statistically significant relationship with household well-being in the Niger Delta region. This is demonstrated by the Pearson Chi-Square coefficient of 590.877 and a probability value of 0.000, which is less than the 0.05 significance level. The result suggests that educational support programmes significantly influence household welfare outcomes. Furthermore, the Linear-by-Linear Association coefficient of 277.584 ($p = 0.000$) indicates a positive association between educational support and household well-being. From an economic perspective, educational support programmes reduce the financial burden associated with educational expenses and facilitate greater access to quality education. By reducing schooling costs, households are able to allocate resources to other essential needs while simultaneously investing in the human capital development of household members. Improved educational attainment enhances future employability, productivity, and income-earning capacity, which ultimately contributes to long-term household welfare improvement.

This finding is in agreement with the study of Baird, McIntosh and Özler [37], who examined the effects of conditional and unconditional cash transfers on household welfare and human capital development in Malawi. Their findings revealed that beneficiary households experienced higher school enrolment rates, improved access to healthcare services, and increased household consumption. The study concluded that educational support interventions contribute significantly to human capital development and household welfare enhancement. The similarity between the present findings and those of Baird et al. highlights the importance of educational support programmes in promoting sustainable socio-economic development.

The findings of the study revealed that access to emergency relief funds has a statistically significant relationship with household well-being in the Niger Delta region. This is evidenced by the Pearson Chi-Square coefficient of 593.979 and a corresponding probability value of 0.000, indicating significance at the 5 percent level. Similarly, the Linear-by-Linear Association coefficient of 288.535 ($p = 0.000$) demonstrates a positive relationship between access to emergency relief funds and household welfare outcomes. Economically, emergency relief funds function as a social safety net that cushions households against the adverse effects of unexpected shocks and crises. Such funds provide immediate financial support during emergencies, thereby helping households maintain consumption levels, recover from economic disruptions, and avoid severe welfare losses. Access to emergency assistance also enhances household resilience and strengthens their capacity to cope with future uncertainties.

This finding supports the study of Gentilini, Almenfi and Dale [30], who examined the expansion of social safety net programmes during periods of economic shocks across multiple countries. Their findings revealed that emergency social protection

interventions significantly helped households maintain minimum consumption levels and reduced vulnerability during crises. The authors concluded that emergency assistance programmes are critical policy tools for protecting vulnerable households against economic shocks. The consistency between their findings and the present study demonstrates the importance of emergency relief funds in promoting household welfare and resilience.

The findings of the study revealed that participation in micro-insurance schemes has a statistically significant relationship with household well-being in the Niger Delta region. This is evidenced by the Pearson Chi-Square coefficient of 593.979 and a probability value of 0.000, which is less than the 0.05 significance threshold. The result indicates that participation in micro-insurance schemes significantly influences household welfare outcomes. Furthermore, the Linear-by-Linear Association coefficient of 288.535 ($p = 0.000$) suggests a positive relationship between micro-insurance participation and household well-being. From an economic standpoint, micro-insurance schemes provide affordable risk protection for low-income households and help mitigate the financial consequences of unexpected losses [47]. By reducing vulnerability to economic shocks, micro-insurance promotes financial stability, protects household assets, and enables households to maintain consumption levels during periods of uncertainty. Consequently, participation in micro-insurance schemes contributes to improved economic security and enhanced household welfare.

This finding is consistent with the study of Kabeer and Waddington [36], who examined the impact of social protection programmes on poverty reduction and household welfare through systematic review and meta-analysis. Their findings indicated that social insurance and related social protection interventions had a significant positive effect on household consumption, income stability, and poverty reduction. The study concluded that social protection mechanisms are effective tools for improving household welfare and reducing vulnerability among disadvantaged populations. The agreement between their findings and the present study further confirms the role of micro-insurance schemes in promoting household well-being and socio-economic resilience.

CONCLUSION

Fundamental Finding : This paper's research investigated the impact of Community-Based Social Protection Programmes and Household Well-being in the Niger Delta Region (Abia, Akwa Ibom, Bayelsa, Cross River, Delta, Edo, Imo, Ondo, and Rivers States). The study is an empirical study. The analytical section of the study made use of the Likert scale rating and chi-square. To this end, the study concluded that the availability of community welfare programs, Receipt of educational support, Access to emergency relief funds, and Micro-insurance schemes had a positive and significant relationship with household well-being in the Niger Delta region. Hence, it was concluded that community-based social protection programmes had a substantial impact on household welfare in the Niger Delta region. **Implication :** The Niger Delta

Development Commission, local government councils, and community-based organizations should strengthen the implementation of community welfare programmes by increasing investments in social infrastructure, healthcare facilities, potable water supply, and community support services. Moreover, the Federal Ministry of Education, state ministries of education, the NDDC, and corporate organizations operating in the Niger Delta should expand scholarship schemes, educational grants, bursaries, and school support programmes for disadvantaged households. Besides, the National Emergency Management Agency (NEMA), State Emergency Management Agencies (SEMAs), and the NDDC should establish more responsive and adequately funded emergency relief mechanisms to support households affected by floods, environmental degradation, oil spill incidents, and other disasters common in the Niger Delta. Finally, the National Insurance Commission (NAICOM), microfinance institutions, cooperative societies, and development finance agencies should promote the expansion of micro-insurance schemes among low-income households in the Niger Delta region. **Limitation :** This study is limited by its reliance on self-reported questionnaire data, which may be influenced by respondents' perceptions, recall bias, and social desirability. The use of a cross-sectional research design also limits the ability of the study to establish causal relationships between community-based social protection programmes and household well-being. Furthermore, the application of the chi-square statistical technique primarily identifies associations between variables without measuring the magnitude and direction of the influence of each social protection programme. Although the study covers the nine states of the Niger Delta region, differences in socio-economic conditions, programme implementation, institutional capacity, and community characteristics across the states were not examined separately. Therefore, the findings should be interpreted within the geographical, methodological, and analytical scope of the study. **Future Research :** Future research should adopt longitudinal and mixed-methods designs to examine changes in household well-being before and after participation in community-based social protection programmes. Further studies may also employ multivariate statistical techniques, such as regression analysis or structural equation modelling, to determine the relative contribution of community welfare programmes, educational support, emergency relief funds, and micro-insurance schemes to household well-being. Comparative studies across the nine Niger Delta states are recommended to identify variations in programme accessibility, implementation effectiveness, and household outcomes. Future researchers should also investigate the experiences of vulnerable groups, including women-headed households, persons with disabilities, unemployed youths, and communities affected by environmental degradation. In addition, further studies may evaluate programme sustainability, institutional accountability, beneficiary satisfaction, and the long-term effectiveness of community-based social protection interventions.

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