

# **Malaria and Agriculture: Examining the Cost Implications and Effect on Productivity among Farm Households in Kogi State, Nigeria**

## **ABSTRACT**

*This study examined the cost implications of malaria and its effect on productivity among farm households in Kogi State, Nigeria. It specifically: identified the socioeconomic characteristics of farm households in the study area; determined factors that influence malaria incidence rate among farming households; estimated the costs effect of malaria on farm households; and determined the influence of malaria incidence on farmers' productivity. A three staged random sampling technique was used to select 240 farm households for the study in 2016. Primary data obtained through questionnaire administration were analysed in descriptive statistics, Ordinary Least Square (OLS) multiple regression model, and Tobit regression model. Results of the study showed that 72.5% of the respondents were males and a mean age of 43 years ( $SD = 12.9$ ) was identified among the farm household heads. The average farm size was 2.1 hectares ( $SD = 0.8$ ) with low access to extension services. The coefficient of farm size ( $\beta = 0.123$ ,  $p=0.05$ ), age ( $\beta = -0.048$ ,  $p=0.05$ ), years spent schooling ( $\beta = -0.085$ ,  $p=0.05$ ), and distance to health facilities ( $\beta = -0.043$ ,  $p=0.05$ ) significantly influenced the incidence rate of malaria among farming households in the State. The mean direct and indirect cost of malaria among farm households in the state was ₦ 14, 213.58 and ₦9, 405.97 respectively. The result further revealed that days lost to malaria, distance to health facility, and time lost to malaria reduced agricultural productivity at 5%, while amount spent on treatment and cost of preservation directly influenced agricultural productivity at 5% level of significance. The study recommends free distribution and use of mosquito netting (especially the treated nets) to reduce the effects of mosquito on agricultural productivity.*

*Keywords: Agriculture, Malaria, Incidence, Incapacitation, Tobit, Productivity*

## **1. INTRODUCTION**

Malaria remains one of the most severe health problems worldwide and it is a major public health problem in Nigeria [1,2]. It is the main cause of morbidity and mortality in Sub-Sahara Africa because the environment favours the multiplication and sustenance of the parasite causing the disease. In the African region, Nigeria is known for high prevalence of malaria, bearing up to 25 percent of the disease burden in Africa [3]. The country contributes significantly to the one million lives lost per year in the region, which mostly consists of children and pregnant women [4]. Malaria also exerts a huge social and economic burden on families, communities and the country at large with an estimated annual loss of about 132 billion Naira in payments for treatment and prevention as well as hours not worked [4] and [5]. Households spend huge share of their scarce resources on malaria prevention and treatment as well as on effort to control mosquitoes [6]. Also, some household members spend their productive time caring for those under malaria attack. This explains why the adverse economic effect of malaria is discussed from two indicators: direct costs and indirect costs [7].

The direct costs consist of expenditures of households and governments on the treatment and prevention of malaria with associated impact on households' income, wealth, labour productivity and labour market participation of both the sick and the caregivers. It is estimated that as much as 13 percent of total small farming households expenditure in Nigeria is being used in treating malaria, while many are simply too poor to pay for adequate prevention and treatment of the disease [8]. The indirect economic costs of malaria comprise the effects of malaria caused by mortality, morbidity and debility on individual, household and national labour supply, productivity and output. Malaria patient's loss of effective work time (number of working days) can be attributed to malaria-related morbidity

(complete incapacity) and debility or partial disability [6]. Rural farm households not only lose valuable working hours in treating the sickness but also lose income that would have been generated at this period. The loss to households may however be greater with the current trend in malaria resistance to traditional first-line drugs. Such loss according to Ogunniyi [7] has serious implication for poor household.

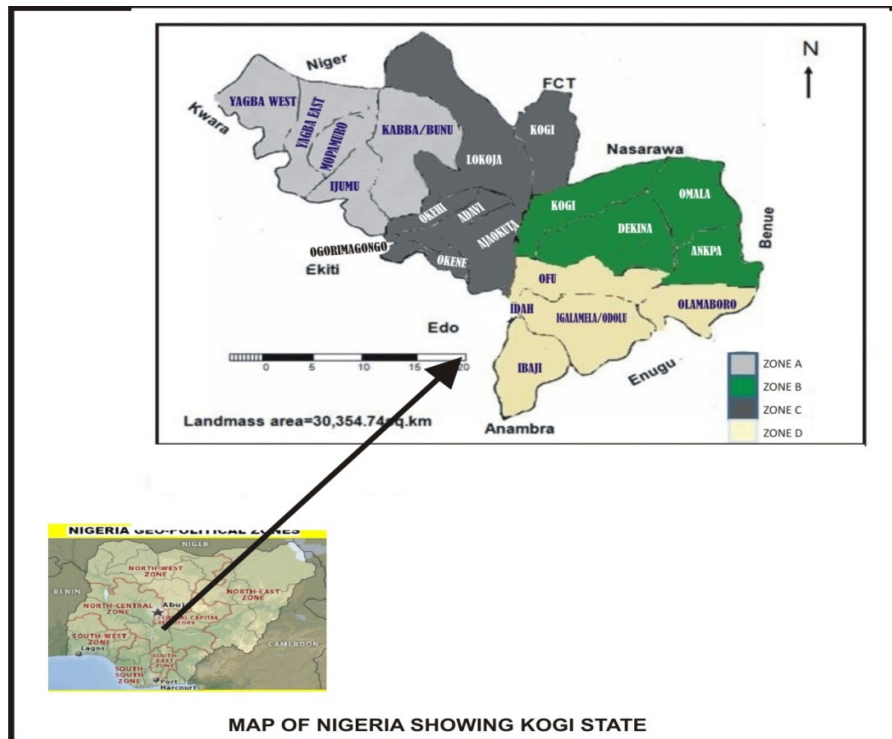
According to Shaibu and Ibrahim [9], good health is a prerequisite for a productive and economically viable life. Poor health condition could portend great hardships on farming households, including monetary expenditures, loss of labour, loss of days and sometimes death. The health status of family labour affects their ability to work, and thus underpins the welfare of the household [10]. According to Titus [11] poor health affects agricultural production. A report by WHO [12] cited impact of poor health on the agricultural workforce as one of the major causes of chronic malnourishment (food insecurity) in Sub-Saharan Africa. The report further posited that in Africa, malaria is adjudged to be the disease with the most widespread impacts on growth and development among farming population. The implication of this is that quality time is either lost as a result of incapacitation from malaria or caring for family members affected. This has implication for on-farm labour supply and agricultural productivity.

An area of divergence among empirical studies as observed from the literature is the difference in methodology employed in measuring the effect of malaria on welfare and productivity of farm families. Closely related to this, is the assumptions the studies make concerning the nature of the data. More recently a few studies have employed model capable of addressing such challenges in the data; see for example [13] and [14]. In spite of the high prevalence of malaria among farming communities in the study area and its perceived impact on their productivity, very little research [22] has been recorded on the subject matter. The implication is that there is a very lean reference material for studies of this nature to draw motivation from. This is the thrust of this present study. Succinctly, the study describe the socioeconomic characteristics of farm households in the State, determine factors that influence malaria incidence rate, estimate the costs effect of malaria, and determine the influence of malaria incidence on farmers' productivity.

## **2. METHODOLOGY**

### **2.1 Description of Study Area**

The study area is Kogi State, Nigeria, located in the central region of Nigeria. The State lies between latitudes 6°30'N and 8°48'N and longitude 5°23'E and 7°48'E. Kogi State has a land area of about 30,354.74 square kilometers and 2 million hectares of cultivable land but only about 0.5 Million hectares are under cultivation [15]. The State is bounded with the Federal Capital Territory (FCT) to the North, Nasarawa State to the North East, Benue State to the East, Enugu State to the South East, Anambra State to the South, Edo State to the South West, Ondo and Ekiti States to the West, Kwara State to the North West and Niger State to the North. The state has a significant farming population as over 70% of the people are engaged in farming activities. The climate and soil conditions favour crops and livestock production.



111  $X_4$  = level of education of the household head (years)  
 112  $X_5$  = Distance to health centre (km)  
 113  $X_6$  = Distance to river (km)  
 114  $X_7$  = Self medication  
 115  $X_8$  = Frequency of visit by health workers  
 116  $X_9$  = Preferred treatment method (traditional = 1 and hospital = 0)  
 117 **OLS Regression Analysis**  
 118 The Ordinary Least Square (OLS) was used to determine the effect of malaria incidence on farmers'  
 119 productivity. The model is explicitly specified as:  
 120  $Y = f(X_1, X_2, X_3, X_4, X_5, X_6, X_7, X_8, X_9, e_i)$   
 121  $Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \beta_5 X_5 + \beta_6 X_6 + \beta_7 X_7 + \beta_8 X_8 + \beta_9 X_9 + e_i$   
 122 Where:  
 123  $Y$  = Value of output (Naira)  
 124  $\beta_0$  = Intercept (N)  
 125  $\beta$  = Marginal effect of  $X_s$  on  $Y$   
 126  $X_1$  = total days of incapacitation (number of days)  
 127  $X_2$  = total income lost due to malaria (#)  
 128  $X_3$  = distance to treatment area (km)  
 129  $X_4$  = treatment cost (#)  
 130  $X_5$  = prevention cost (N)  
 131  $X_6$  = time loss to care given (days)  
 132  $e_i$  = Error term  
 133  
 134 Three functional forms of the equation above were analyzed and the one with best fit selected as the  
 135 lead equation. The lead equation was selected based on the  $R^2$ , number of significant variables, F-  
 136 value and the value of the estimated coefficient. These functional forms are:  
 137 The linear functional form:  
 138  $Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \beta_5 X_5 + \beta_6 X_6 + e_i$   
 139  
 140 The Semi-log functional form:  
 141  $Y = \beta_0 + \ln \beta_1 X_1 + \ln \beta_2 X_2 + \ln \beta_3 X_3 + \ln \beta_4 X_4 + \ln \beta_5 X_5 + \ln \beta_6 X_6 + e_i$   
 142 The Double-log functional form:  
 143  $\ln Y = \beta_0 + \ln \beta_1 X_1 + \ln \beta_2 X_2 + \ln \beta_3 X_3 + \ln \beta_4 X_4 + \ln \beta_5 X_5 + \ln \beta_6 X_6 + e_i$   
 144  
 145

147 **3. RESULTS AND DISCUSSION**148 **3.1.1 Socioeconomic Characteristics of Farm Households**

149 The socioeconomic characteristics of farm households are presented in Table 1.

150 **Table 1: Distribution of Respondents According to Socioeconomic Characteristics**

| Socioeconomic Characteristics      | Frequency | Percentage | Mean/Mode    | Std. Deviation (SD) |
|------------------------------------|-----------|------------|--------------|---------------------|
| Gender                             |           |            |              |                     |
| Male                               | 174       | 72.5       |              |                     |
| Female                             | 66        | 27.5       |              |                     |
| Age (years)                        |           |            |              |                     |
| 20 – 35                            | 46        | 19.2       |              |                     |
| 36 – 55                            | 113       | 47.1       |              |                     |
| 56 – 75                            | 70        | 29.2       |              |                     |
| 76 – 95                            | 11        | 4.5        | 43 years     | 12.9                |
| Marital Status                     |           |            |              |                     |
| Single                             | 24        | 10.0       |              |                     |
| Married                            | 183       | 76.3       |              |                     |
| Divorced                           | 07        | 2.9        |              |                     |
| Widowed                            | 21        | 8.8        |              |                     |
| Widower                            | 05        | 2.1        |              |                     |
| Household Size (Number of Persons) |           |            |              |                     |
| 1 – 5                              | 79        | 32.9       |              |                     |
| 6 – 10                             | 103       | 42.9       |              |                     |
| 11 – 15                            | 39        | 16.3       |              |                     |
| > 15                               | 19        | 7.9        | 6 members    | 3.9                 |
| Education Status (Years)           |           |            |              |                     |
| No formal education (0 years)      | 75        | 31.3       |              |                     |
| Primary Education (1 – 6 years)    | 44        | 18.3       |              |                     |
| Secondary Education (7 – 12 years) | 78        | 32.5       |              |                     |
| Tertiary Education (13 – 18 years) | 43        | 17.9       |              |                     |
| Farming Experience (years)         |           |            |              |                     |
| 1 – 10                             | 80        | 33.3       |              |                     |
| 11 – 20                            | 78        | 32.5       |              |                     |
| 21 – 30                            | 42        | 17.5       |              |                     |
| 31 – 40                            | 26        | 10.8       |              |                     |
| 41 – 50                            | 14        | 5.8        | 9 years      | 6.7                 |
| Farm Size (hectares)               |           |            |              |                     |
| 0.1 – 2                            | 191       | 79.6       |              |                     |
| 2.1 – 4                            | 45        | 18.8       |              |                     |
| >4                                 | 04        | 1.6        | 2.1 hectares | 0.8                 |

n= 240

Source: Field Survey, 2016

From the result, most (72.5%) of the household heads were males, which could be attributed to the tedious nature of the various activities in agricultural production. The mean age of 43 years age could be seen as a productive age and is requisite for manual labour necessary for agricultural production. Age could further have influence on malaria incidence and agricultural productivity. Most (76.3%) of the respondents were married. Marriage could be seen as the basis for labour availability necessary for farming activities. The mean household size was 6 members. Farm households often depend on the pull of their family labour to carry out farm operations. In addition, household members can contribute in taking care of sick members since labour is often allocated for the collective goal of profit maximization. The result further shows that reasonable number of the respondent were educated and this may help in their approach towards malaria treatment and prevention, implying that with their education, they can access health care facilities. The average year of farming of 9 years among the respondents implies that farmers in the area had relatively enough experience for a profitable farming

venture. The mean farm size of 2.1 hectares however is an indication that all the farmers operated on a small scale. This finding further underscore the fact that crop production in rural areas and Nigeria is still at the subsistence level. Most farmers are into farming venture as source of livelihood and not necessarily for commercialization.

### 3.1.2 Factors that Influence Malaria Incidence Rate among Farming Households

Estimates of the Tobit regression analysis on factors that influence malaria incidence rate among farming households is presented in Table 2.

**Table 2: Estimates of Tobit Regression Analysis on Factors that Influence Malaria Incidence Rate among Farming Households**

| Variables                            | Coefficient | Std. Error | t     | p> t     |
|--------------------------------------|-------------|------------|-------|----------|
| Farm size (hectares)                 | 0.123       | 0.041      | 2.98  | 0.003*** |
| Age (years)                          | -0.048      | 0.014      | -3.44 | 0.001*** |
| Sex (dummy)                          | -0.564      | 0.364      | -1.55 | 0.122    |
| Education (years)                    | -0.085      | 0.033      | -2.56 | 0.011**  |
| Dist to health facility (km)         | -0.043      | 0.009      | -4.69 | 0.000*** |
| Distance to water (km)               | 0.0001      | 0.0003     | 0.30  | 0.763    |
| Preferred treatment method (dummy)   | -0.481      | 0.336      | -1.43 | 0.154    |
| No. of visit by health workers (no.) | 0.193       | 0.129      | 1.49  | 0.137    |

Log likelihood = -523.309

Source: Computed from Field Survey Data, 2016 \*\*\* and \*\* = sig. @ 1% and 5% respectively

From the result, farm size, age, education, and distance to health facility significantly influenced the incidence rate of malaria among farming households in the area. These variables were significant at 5% level of measurement.

The coefficient (0.123) of farm size was positive and significant at 1%. This relationship implies that a unit increase in the hectares of farm land will increase the incidence rate of malaria among farming households. This finding could be associated to the fact that farming household members with large hectares of farm land would be exposed to malaria as a result of frequent farming activities. Finding of this study agrees with Mboera [17] when they reported that agricultural activities increases exposure of individuals to mosquito bites, and hence malaria transmission.

The coefficient (-0.048) of age was negatively related to the incidence rate of malaria among farming households in the area. This relationship was also significant at 1% level of measurement. The implication of this finding is that an increase in the age of farming household head will increase the incidence rate of malaria. This finding can be explained for by the fact that advancement in age may *ceteris paribus* reduce immunity against diseases, thus, increasing the incidence of malaria. Younger farmers could possess the immunity to withstand malaria incidence and as well have reduced days of incapacitation with increased output. This result agrees with Oluwatayo [18].

The number of years spent schooling negatively influenced the incidence of malaria infection among farming households. By implication, an increase in the number of years spent schooling will reduce the incidence of malaria among farming households in the area. Pointedly, farming households with higher level of education tends to have low incidence rate of malaria. This finding is most probably due to the fact that with increase in education, farmers will employ more measures to control malaria. An increase in education is likely to improve the standard of living of farmers and facilitate control of malaria, hence reduction in incidence rate.

Table 2 also indicated that the coefficient (-0.043) of distance to health facility inversely influence the incidence rate of malaria among farming households. This relation was significant at 5%. The implication of this finding is that the likelihood of increased malaria incidence is reduced with farmers who are closer to health facilities. Closeness to health facilities could ease access to treatment. Also, it could increase the level of awareness and orientation on the possible causes of malaria infection and measures to control its incidence.

### 3.1.3 Direct and Indirect Costs of Malaria Disease

The estimates of direct and indirect costs of malaria disease are presented in Table 3.

**Table 3: Mean Estimates of Direct and Indirect Costs of Malaria Disease**

| Direct Cost                              | Value (₦)        | Indirect Cost | Value (₦)       | Total Cost= Direct + Indirect Costs (₦) |
|------------------------------------------|------------------|---------------|-----------------|-----------------------------------------|
| Mosquito net                             | 1,527.50         | Lost labour   | 4,919.17        | 6,446.67                                |
| Insecticide                              | 3,383.13         | Care giving   | 4,486.80        | 7,869.93                                |
| Sanitation                               | 2,596.27         |               |                 | 2,596.27                                |
| Treatment                                | 6,706.68         |               |                 | 6,706.68                                |
| <b>Total</b>                             | <b>12,686.08</b> |               | <b>9,405.97</b> | <b>23,619.55</b>                        |
| <b>Mean Household Income = 84,512.67</b> |                  |               |                 |                                         |

Source: Field Survey, 2016

The result shows the mean cost expended by farming household on malaria per farming season. According to Alaba and Olumuyiwa [19], direct cost of malaria includes the out-of-pocket expenditures on treatment, and cost of transportation (round-trip) associated with receiving medical care. The treatment cost is ₦6,706.68, the mean amount spent on insecticide is ₦3,383.13, an average of ₦2,596.27 was spent on sanitation, while ₦1,527.50 was spent on mosquito net. It can be inferred from the result that treatment cost account for more than half (52.9%) of the average total direct cost. The total mean indirect cost was ₦9,405.97 with lost of labour and care giving accounting for almost equal percentage. The total cost due to malaria was computed as the sum of direct and indirect costs of malaria. These give an average of ₦23,619.55. Furthermore, the mean household income per farming season was ₦84,512.67. This implies that the respondents lost 27.9% of farm household income per farming season to malaria.

### 3.1.4 Influence of Malaria Incidence on Farmers' Productivity

Estimates of the Ordinary Least Square (OLS) multiple regression on the influence of malaria incidence on farmers' productivity is presented in Table 4.

**Table 4: Estimates of the Semi-Log OLS Multiple Regression**

| Parameters                 | $\beta$   | Std. Error | t-value |
|----------------------------|-----------|------------|---------|
| days lost due to malaria   | -16.646   | 4.590      | -3.63** |
| income lost due to malaria | -1.362    | .761       | 1.79    |
| dist to health facility    | -1116.1   | 513.431    | 2.17**  |
| amnt spent on trtmnt       | .633      | .270       | 2.34**  |
| cost of prevention         | 1.846     | .935       | 1.98**  |
| time lost due to mal       | -44.599   | 7.260      | 6.14*** |
| R <sup>2</sup>             | 0.624     |            |         |
| F-value                    | 11.891*** |            |         |

Source: SPSS Output from Field Survey Data, 2016 \*\*\* and \*\* = significant @ 1% and 5% respectively

Farmers' productivity in this study was proxied by the value of farm output in Naira (₦). An R<sup>2</sup> value of 0.624 implies that 62% of the change in the dependent variable (farmers' productivity) was explained by the independent variables. The remaining 38% is attributed to error term. Significant F-value shows that the independent variables jointly explained the dependent variable. The result further indicated that except for income lost due to malaria, all the included variables were significant at 5%.

The coefficient of time and days lost due to malaria incidence were negatively signed and significant at 1% each. The inverse relationship implies that a one day or one hour increase in the days or time lost due to malaria will reduce the productivity of farming households by ₦16.64k and ₦44.60 respectively. Ibitoye [20] attributed this decrease to the number of days farmers and member of the households were not available for farming activities as a result of malaria incidence. Shaibu, [21] and Onuche [22] in their separate studies reported an inverse relationship between days lost to ill-health and the naira value of farm output.

The coefficient (-1116.1) of distance to health facility was negative and significant at 5%. This implies that an increase in the distance to health facility will decrease the productivity of farming households. This finding could be attributed to the amount spent in transporting ill member(s) to the health facility. It could also transcend in the cost of transporting caregivers. This finding agrees with the report of Awoyemi [23] who outlined distance from health centres as an important variable.

The coefficient of amount spent on treatment was also negative and significant at 5%. The inverse relationship implies that a naira increase in the treatment of malaria will decrease the productivity of farming households by ₦0.63k. Malaria treatment cost involves both direct and indirect costs. Indicatively, as farmers spend more money in buying drugs and going to health centers to treat malaria, it reduces their productivity. Ibitoye *et al.* (2016) reported similar finding and attributed it to high prevalence of malaria virtually in most rural farming households. This finding further agree with Ajani and Ashagidigbi [24], who reported same result in similar study carried out in Oyo state, Nigeria.

The coefficient of prevention cost (1.846) was positively signed and significant at 5%. It can thus be inferred that, for every naira spent on malaria prevention, farmers' productivity increase by ₦1.85k. This finding is not surprising as it is a common maxim that "prevention is better than cure". Prevention cost include cost of buying mosquito nets, mosquito coil cost, cost of sanitation, and other measures that could prevent malaria incidence. Prevention cost could also have an effect on the number of days lost. As farmers prevent malaria incidence, days lost due to malaria decreases, thereby increasing their farming activities with its multiplier effect on productivity.

#### 4. CONCLUSION

Eradicating the scourge of malaria and other life threatening diseases has remained a major focus of successive government. It can be concluded from findings of this study that age, education and distance to health facility reduced the incidence rate of malaria among farming households. Most importantly, farm income significantly reduced due to days and time lost to malaria infection among farming households.

Based on the findings, the following recommendations are made:

1. There should be interventions by Government and relevant stakeholders in form of mobilizing resources, formulating and implementing policies and programmes that will promote awareness and measures that ensure effective prevention and control of the pandemic disease.
2. Medication that can reduce the days of incapacitation should be intensified and made available to farmers at affordable prices in order to improve the quality of life and productivity of farmers
3. Closeness to health facility decreased malaria incidence rate and increased agricultural productivity. Therefore, there should be establishment of primary health centers in most rural areas. This will increase the proximity and accessibility of farming households to public health facilities.

#### REFERENCES

1. Narain JP. ( 2008). Malaria in the south-east region: Myth and the reality. *Indian Journal of Medical Research*, 128: 1-3
2. Federal Ministry of Health (2005), National Malaria Control Programme in Nigeria. Annual report. Abuja. Nigeria.
3. World Health Organization (2013): *Malaria Desk Situation Analysis—Nigeria*. WHO World Malaria Report 2005.120p
4. Jimoh,A., Sofola, O., Petu, A. and T. Okorosobo (2007) " Quantifying the Economic Burden of Malaria in Nigeria using the willingness to pay approach". *Cost effectiveness Resour Allocation*, 5(6), 1428-1754.
5. Usman, A. Adebayo, MO. (2011) Socioeconomic Impact of Malaria Epidemics on Households in Nigeria: Microevidence from Kwara State. *International Journal of Asian Social Science*, Vol.1., No. 5: 188-196
6. Chima, R.I., C.A. Goodman, and Mills, A. (2003). The economic impact of malaria in Africa: A critical view of the evidence. *Health Policy and Planning* 63:17–36.
7. Ogunniyi, A., Kehinde, O., and Adewuyi S. A. (2015). The impact of malaria disease on productivity of rural farmers in Osun state, Nigeria. *Studia Mundi - Economica Vol. 2. No. 1*: 86n 94.

8. World Health Organization (W.H.O) (1999), "Malaria 1982-1997" Weekly, Epidemiological Record, 94: 265-270.
9. Shaibu, U.M. and Ibrahim, M.K. (2016). Access and Utilization of Government Health Facilities by Rural Farm Households: Evidence from Kogi State, Nigeria. *International Journal of Agricultural Science, Research and Technology in Extension and Education Systems (IJASRT in EESs)* 7(1);11 – 17. Available online on: <http://ijasrt.iau-shoushtar.ac.ir>
10. Asenso-Okyere, K., Chiang, C., Thangata, P., Andam, K. S. (2011). Interactions between health and farm-labour productivity. *International Food Policy Research Institute*, Washington, DC.
11. Titus, O. B., Adebisola, O. A. and Adeniji, A. O. (2015). Health-care access and utilization among rural households in Nigeria. *Journal of Development and Agricultural Economics*, 7(5):195 – 203
12. World Health Organization. (2010). The African Summit on Roll Back Malaria, Abuja, Nigeria. Geneva, Switzerland: WHO; 2003. WHO/CDS/RBM/2003.46. [http://whqlibdoc.who.int/hq/2003/WHO\\_CDS\\_RBM\\_2003.46.pdf](http://whqlibdoc.who.int/hq/2003/WHO_CDS_RBM_2003.46.pdf).
13. Awoniyi, S.O.M, T.T. Amos and M.M. Omole (2011). Rice farmers' productivity in Nigeria: "How has Malaria not helped". Conference Paper Presented on Increasing Agricultural Productivity and Enhancing Food Security in Africa. Supported by IFPRI, 1 – 3 November, 2011; Addis Ababa, Ethiopia.
14. Peter C. Austin; Micheal Escobar; Jack A. Kopec. Institute for Clinical Evaluation Sciences, North York, Ontario: Department of Public Health Sciences, University of Toronto, Toronto Canada.
15. Kogi State Economic Empowerment and Development Strategy (KOSEEDS). (2004). *Towards Poverty Alleviation Wealth Creation*. Lokoja, Kogi State Ministry of Budget and Planning. Pp 17.
16. Tobin J. (1958) Estimation of Relationships for Limited Dependent Variables" *Econometrica*, 26(1): 24-36
17. Mboera L.E.G, Mlozi M.R.S, Rumisha S.F. and Bwana VM (2013). *Malaria, Ecosystems and Livelihoods in Kilosa District, Central Tanzania*. National Institute for Medical Research, Dar es Salaam, Tanzania, 2013.
18. Oluwatayo IB (2013) "Socio-economic burden of malaria on productivity of rice farmers in rural south-west, Nigeria". *MJSS* 5: 175-185.
19. Alaba, A., and Olumuyiwa, A. (2006). Malaria in rural Nigeria: Implications for the Millennium Development Goal. African Economic Research Consortium (AERC)-Cornell Conference on "Bottom-Up Interventions and Economic Growth in Sub-Saharan Africa" May 31-June 1, 2007, Nairobi, Kenya
20. Ibitoye, S.J., Shaibu, M.U., Sanda, M.E. and Ajayi, B (2016). Effect of Malaria on Farm Household Income in Ifedore Local Government Area of Ondo State, Nigeria. *int'l journal of agric. and rural dev.*: 19(1) 2386 – 2391
21. Shaibu, U.M. , Onuche, U. and Ibitoye, S.J. (2015). Effect of HIV/AIDS Prevalence on Farm Income of People Living With HIV/AIDS (PLWHA) in Kogi State, Nigeria. *Journal of Advances in Biological and Basic Research* 01[01]: 47-52
22. Onuche,U., Opaluwa, H.I. and Edoke, M.H. (2014). III- Health and Agricultural Production: Evidence from Kogi State of Nigeria. *African Journal of Food, Agriculture Nutrition and Development*. 14 (1): 8488-8503
23. Awoyemi1,T.T., Obayelu, O.A. and Opaluwa, H.I. (2011). Effect of Distance on Utilization of Health Care Services in Rural Kogi State, Nigeria. *J Hum Ecol*, 35(1): 1-9
24. Ajani, O.I.Y. and Ashagidigbi, W.M. (2008). Effect of Malaria on Rural Households' Farm Income in Oyo State, Nigeria. *African Journal of Biomedical Research*. 11; 259 – 265