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Influence of Inner-City Decay on Residents' Health in Ile-Ife, Nigeria

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Abstract
The study investigates influence of inner-city decay on residents' health in Ile-Ife, Nigeria. It examined the socio-economic status of the residents in the area, the physical characteristics, perception on the living environment and problems experienced. For proper investigation of the variables examined in the study, several research instruments were employed to obtain relevant information, which include field survey and questionnaire administration on 477 houses (10% of the total number of houses in the core area of Ile-Ife). Samples of household heads were selected using systematic random sampling. Findings from the study reveal that environmental variables are significantly related to health situation of people in the area. The paper suggests some policy guidelines, including redevelopment (in some parts of the area), upgrading and provision of basic facilities. Besides, regular sanitary inspection, public enlightenment and regular environmental campaign are recommended for sustainable management of the area. It is also expected of the three tiers of governments (local, state, and federal) to take active part in the programme particularly in the area of awareness, mobilization and funding.
Keywords: Inner-city, decay, health situation, physical and environmental factors

1. Introduction

Urbanization in the world, especially in developing countries, over the past half-century has been accompanied by excessively high level of concentration of urban population in every large city (Yoade, A.O.; Olayiwola, L.M. and Popoola, K.O., 2013). Urbanization is taking place at different speeds in different continents with varying rate in developed and developing countries. Developed countries are urbanized at a comparatively leisurely pace. For instance, the United States was 40% urbanized in 1930, 70% in 1960 and 75 %+ in 1990. This gradual pace is in contrast with happening in many developing countries. For example, the Republic of Korea was 40% urbanized in 1970 and 78% by 1990 (UNSHP 2008). What took the United States 60 years to accomplish, took Korea 20 (Henderson, 2002).

However, the built environment in many developing countries particularly Nigeria is fast decaying. The factors responsible can be traced to rapid urbanization, rural-urban migration, steady economic downturn, decay of urban infrastructure, poor quality of original construction, lack of integrated planning, negligent urban housekeeping, preservation of historic value, natural disaster and war (Omole, 2000; Omole et al., 2000; Owoeye and Omole, 2012; Owoeye, 2013).

The core (inner-city) segment of the urban population is indeed poor, and is constrained to limited, insufficient, crowded, cold and dirty shelter and a generally degraded environment. The urban poor who are the residents of these areas are subjected to a life characterized by precarious conditions of nutrition and health, little or poor material possessions (Mabogunje, 1980). Also, Filani (1987) has succinctly shown that most urban centers in Nigeria are characterized by high densities of buildings, the crowding of large numbers of people into those buildings, lack of space for open air living between houses, poor health, substandard housing, and acute environmental and sanitary problems.

Slum creation is the product of inadequate housing, deferred maintenance of infrastructures and structures, disappointment with housing needs and expectation. Slum that is created as a result of these attributes is expected to be subjected to renewal if the community where it is located is expected to meet the yearnings and expectation of the residents. (Yoade et al, 2013). The impact of inner-city decay does not only affect a person's state of bodily health, but also their feelings of wellbeing and general ability to cope with everyday life. According to WHO (2003), people with poor health and negative wellbeing are more likely to live in poor housing and that improving housing conditions will improve health and save money. There are many diseases that have been linked with poor housing conditions. The inner-city of Ile-Ife exhibits these sub-humane conditions, where substandard houses are prevalent in unkempt environments. The focus of this paper, therefore, is to examine influence of inner-city decay on residents' health in Ile-Ife, as well as the state of infrastructural facilities, the environmental perception of the residents and problems experienced with a view to determine the level of satisfaction enjoyed by the residents and the willingness to continue living in such degraded area.

1.1 Literature Review

The quality of the environment in most urban centres in Nigeria is deplorable. This is not so much dependent not only on the material characteristics of the buildings (Mabogunje, 1980) but also on their organization as spatial units. The slow process of urban planning and zoning, in the face of rapid urbanisation in most urban centre, has resulted in poor layout of buildings with inadequate roads between them and inadequate drainage and refuse evacuation facilities. Thus, there is a high incidence of pollution (water, land and noise) and inadequacy of open spaces for other land uses.

Studies have shown the deplorable conditions of urban housing in Nigeria. For instance, Onibokun, 1972; Wahab et al., 1990; Olotuah, 2005; Jagun, 2003 cited that 75% of the dwelling units in Nigeria's urban centres are substandard and the dwellings are sited in slums. These results from combined effects of natural ageing of the buildings, lack of maintenance and neglect, wrong use of the buildings, poor sanitation in the disposal of sewage and solid waste, wrong development of land, and increasing deterioration of the natural landscape.

According to Owoeye (2013), the bulk of the population in developing countries lives according to the situation they find themselves. However, the concept of habitability explains the level of satisfaction derived by the residents from their respective abode and their willingness to continue living in the environment where they are presently located. It shows the interface that transpire between man and his physical environment in terms of structural condition and location of his dwelling unit, the condition of facilities available, and the managerial arrangement put in place to sustain regular functioning of the system so as to enhance his maximum satisfaction, comfort and productivity. In this regard, Omole (2001) identified some variables of this concept to include the socio-economic characteristics of the residents as well as the cultural group to which they belong. It also includes the physical design of the building, the adequacy of household facilities provided, and the reliability of essential services in the neighbourhood that will enhance efficient security, comfort and healthy living of residents.

Onibokun (1985) argued that decent housing is the right of every individual, but a large proportion of Nigerians live in substandard housing, most of which are located in deplorable environments. Sufficient healthy, liveable dwellings, clean surroundings of minimum acceptable standards of spaces and environment with essential facilities are particularly lacking in core areas of towns and cities in Nigeria. Where these facilities are available, they are either obsolete or substandard or inadequate (Owoeye and Omole, 2012b). While basic urban facilities like pipe-borne water, good access roads, access to good education and health facilities are assumed in developed countries, they constitute variables of well-being or poverty in Nigeria (Olanrewaju, 2004) which are not to be taken for granted. The problem of low income leading to low capital formation enhances high poverty rate among the people. This deprives them of having enough resources to utilize for proper maintenance of these essential facilities as well as improving their dwellings and keep their environment healthy for human habitation. This is the reason why six to ten persons live in a room (George, 1999; Kumuyi, 1996).

1.1.2 Inner-City Housing

The inner-cities of most world cities were the oldest parts as well as their economic nerve centres (Downs, 1997). They are also referred to as city centres, down town or the Central Business District (CBD). In West-African cities, the case is different as economic activities are located some distance away from the core areas because the core areas were mainly residential. The core areas of these cities which used to be the location of principal markets have ceased to be, because of European influence (Adewale and Amole, 2015). The commercial region was some distance away from the core which withdrew the attention of the colonialists from issues related to the development of these areas. Consequently, the core areas of indigenous West Africa towns have become derelict and plans to renew are almost unrealized (Fourchard, 2003). Other causes of the problems of the core area can be traced to a number of factors which include the following.

A socio-cultural factor of Yorubas', which is living closely to extended family members and friends, is important. It is believed that groups of relatives and friends share their happiness and sorrows and are socially knit by loyalty to the family group. To them the needs of their kinsmen are their first responsibility (Aldous, 1962). Therefore, their desire to live closely to members of the extended family either for economic, social and security reason brought about congestion in the core areas.

Multiple Ownership of the family house concept is another contributing factor to the deploring state of the core area. Jiboye (2010) described family house as "*Ori'run",* meaning "origin or source of the ancestors", and also *"Agbo-ile",* meaning "Flock of houses". It is therefore unusual for a single member of the family to talk of rehabilitation without the consent of others. This led to the continuous deterioration of the core area housing.

Economic factors are another factor contributing to housing inadequacy in the core area is economic problem (Onibokun, 1985). The high rate of poverty in the developing countries has made it impracticable to get

funds for the redevelopment of core areas. These problems of core areas reinforce the need for redevelopment actions to be taken which could only be responsive if the dwellers themselves are allowed to define their housing needs (Adewale and Amole, 2015).

Environmental conditions in cities have gradually deteriorated due to the rapid growth of the cities and the attendant inability of social services and infrastructures to keep pace with the rate of growth. Inadequate storm drains, dumping of refuse in drainage lines and construction of houses close to and even on the natural water channels have been shown to be responsible in that order for the increasing cases of flood in the urban centers. Environment problems associated with the increasing growth of urban slums including overcrowding in squalid housing conditions, poor quality or unavailability of basic infrastructures and social services, such as water and sewage facilities and even lack of access routes (NEST, 1992).

However, from the foregoing large compounds for extended families and warrior lineages constituted this part of the city. With the development of the town, the core area "growth by fission", compounds were broken up into a number of separate housing units (Mabogunje, 1962). According to the same author, half of the city constituted by this core area was occupied by "slum dwellings characterised by no identifiable sanitation facilities, housing in mud, physical deterioration and the highest population density area of the town" (Mabogunje, 1968).

Generally, environmental problems are mostly due to developmental processes and are of local, regional and global effects. These effects are viewed as consequences of human activities, and are most often harmful on human beings, livelihoods, animal and plant lives presently or transferred to posterity (Simond, 1994; Acho, 1998; Danish International Development Agency, 2000; Kjellstrom and Mercado, 2008).

According to Olukolajo *et. al.* (2013), exact relationship between poor housing and health is complex and difficult to quantify. Research based on the various sources of housing and health data indicates that poor housing is associated with increased risk of cardiovascular diseases, respiratory diseases; depression and anxiety, rheumatoid arthritis, nausea and diarrhea, infections, allergic symptoms, hypothermia, physical injury from accidents and food poisoning (Chartered Institute of Environmental Health 2008; UK House of Parliament, 2011).

1.1.3 THE STUDY AREA

Ile-Ife is geographically located on longitude 4032' East of the Greenwich Meridian and on latitude 7028' North of the equator (Figure 1). The time zone used in Ile-Ife is Africa/Lagos (Figure 1). Ile-Ife is an ancient Yoruba city in South-western Nigeria. Evidence of settlement of the city dates back as far as 500 BC. It is located in the present day Osun State, with a population of about 502, 952 according to National Population Commission, 2006. Using a 2.5% annual growth, the population was projected to be 541,642, in 2010.

The people of Ile-Ife are mostly artisans and farmers. The chief industries in Ile-Ife include cocoa and palm processing, cotton weaving and sawmilling. Ile-Ife is a trade centre for farming activities like, yam, cassava, grains, cocoa and tobacco. Cotton is grown and used to weave clothes (Adebayo, W.O.; Jegede, A.O. and Eniafe, D.F., 2014).

The primary religion practiced in Ile-Ife is the traditional religion, while the secondary religions are Christianity and Islam. The reason for the primary religion is because the founder of Ile-Ife, Oduduwa started the worshipping of gods. The practicing of other religion was based on colonialism. The town experiences wet and dry season. The wet season covers the month of March through October while the dry season spans November through February of the subsequent year. The average temperature is about 270c with significant diurnal temperature difference (Adebayo et. al., 2014). There are two (2) local governments in Ile-Ife, namely: Ife Central and Ife East Local Governments.

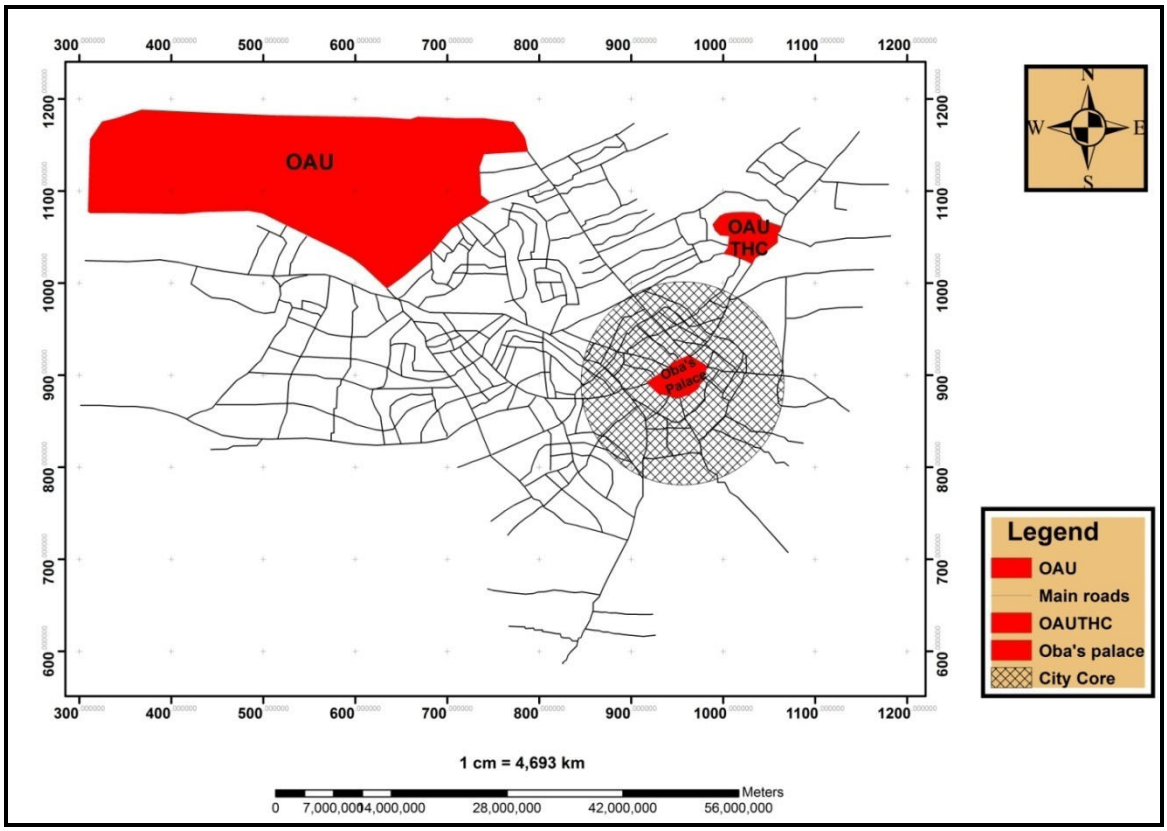

Figure 1: Map of the Study Area
Source: Ife Central Town Planning Office, 2013

1.1.4 Research Methodology

Data for the study were obtained from both primary and secondary sources. For collection of primary data, questionnaires targeted at the residents were administered using systematic random sampling method on household heads living in one out of every ten (10) houses located in the identified seven (7) political wards that formed the core area of the traditional city. A total of 477 household heads were selected for questionnaire administration (Table 1). Information was obtained on residents' socio-economic background, available infrastructural facilities and preferred renewal options. Sources of secondary data included journals, conference proceedings, unpublished thesis and books. Both the descriptive and inferential techniques of data analysis were employed (Table 1).

Table 1: THE CORE WARDS OF THE STUDY AREA

Town	Local Government	No of political wards	Core of the town	No of questionnaire administered	Total population
Ile-Ife	Ife Central	11	4	244	167,204
	Ife East	10	3	233	188,614
TOTAL		21	7	477	355,818

Source: Field Survey, 2013

1.1.5 Results and Discussion

Socio-Economic Characteristics

The household samples taken from the study area demonstrate the socio-economic features of the household which have influence on the implementation of urban renewal in the study area due to their socio-cultural attachments.

Close to two-fifth 33.5% and 31.4% of the respondents (Table 2) had primary and modern school certificate respectively while 9.2% are secondary school leavers. A few constituting 4.4% of the respondents interviewed had more than secondary education while 24.3% had no formal education at all.

The structure of the family in the study area is the extended family type, where many households are found living under the same roof. This family consists of the father, mother and sons. The inhabitants are predominantly polygamous with 91.0% of the respondents having more than one wife. Just 9.0% of the household heads have only one wife.

The number of children by a family is a thorny issue among the Yoruba's because it is regarded as being sacred and they considered it to be confidential. However, according to table 1, 14.6% of the household had between 4 and 7 children while 27.3% had between 10 and 16 children. Other families, constituting 58.1% had between 17 and 25 children. This is a clear indication of high dependency on the working population.

Based on the appropriate portion of Table 1, the basic occupation engaged in by the households in the study area are farming, trading, artisans and civil service. From the table, it is evident that 32.5% of the respondents are traders while 31.4% are self employed. Just 1.5% of them are civil servants.

Information on the income of household heads revealed that close to two-fifth (35.6%) of the respondents earned less than 5,000 in a month while 28.7% earned between 5,000 and 10,000 in a month. Also, more than one-fifth 21.0% of the respondents earned between 10,000 to 15,000 and less than one-fifth 5.9% earned 20,000 and above.

It is possible that occupation, income and family size could have some effects on the implementation of urban renewal options in the study area because majority of the respondents earned less than 20,000 as their monthly income. Therefore, they might not be able to secure accommodation elsewhere because they might not be able to afford it due to their low income (Table 2).

Table 2: Socio-Economic Characteristics of Respondents

Socio-Economic Characteristics	Number	Percentage
	Level of Education	
Not educated	116	24.3
Primary school	160	33.5
Secondary school	44	9.2
Modern school	150	31.4
Tertiary school	7	1.4
Total	477	100
	Occupation	
Agriculture	65	13.6
Trading	155	32.5
Civil service	7	1.5
Private employees	150	31.4
Artisans	45	9.4
Others	55	11.5
Total	477	100
	Number of Wives	
1 wife	434	9.0
More than 1 wife	43	91.0
Total	477	100
	Number of Children	
1 child	70	14.6
2-4 children	130	27.3
5 children and above	277	58.1
Total	477	100
	Monthly Income	
Below 5,000	170	35.6
5,001-10,000	137	28.7
10,001-15,000	100	21.0
15,001-20,000	42	8.8
20,001 and above	28	5.9
Total	477	100

Source: Authors' Field Work, 2013

Physical and Environmental Characteristics

The physical condition of the study area is poor. This is because the study area falls within the old residential neighbourhood. More than three-fifth (65.2%) of the building in the area are used for residential purposes. Just 8.0% and 0.2% are used for commercial and industrial purposes respectively. Mix uses accounted for 27.7% of the identified type of land uses (Table 2).

Data collected (Table 2), revealed that majority of the buildings (83.0%) were built more than 30 years ago. The age of the buildings together with the factor of material of construction of the buildings could be responsible for the level of depreciation of the building materials.

Based on table 3, the common material of construction is mud. This is because 70.0% of buildings were constructed of mud and another 20.3% were of mud bricks. Only, 9.6% were of cement blocks. The predominance of mud in the construction of building is due partly to the economic status of the owner of the building who could not afford the cost of modern building materials and more importantly most the buildings are inherited buildings.

The buildings in the area are categorized as good, fair or poor according to their structural condition. The criteria for the classification are the age of buildings, materials of construction and the extent of maintenance. As could be seen from Table 2, 2.9% are classified as good, 48.6% of the buildings as fair, while 50.3% are classified as being poor in condition. The high rating of fair or poor condition of the buildings confirms the need of the renewal for the dwellings in the study area.

However, ownership structure of this core area is a major problem for urban renewal because the real owner of those buildings have died long ago and the children and relatives of the deceased who cannot afford to build their own building occupied most of these buildings. Also, they shared most buildings among the number of wives the deceased had and they managed the building separately. In case there is need for renovation on the inherited building, it therefore becomes difficult because if one party is interested in the rehabilitation exercise other parties might not be willing.

Various methods of waste disposal employed by the residents of core area of Ife are illustrated in the Table 3 below. Majority of the respondents (60.6%) dumped their refuse by the road side, 31.9% practiced bush burning, while only 7.5% of the residents' sampled uses central collectors through the Local Government Authorities.

According to the survey, most (90.1%) of the respondents get water through well while 8.4% get water through bore-hole. The remaining 1.4% of the sampled households has access to pipe borne water while none of them make use of vendor as a means of sourcing portable water (Table 3).

Health conditions

Table 4 describes the situation of various diseases and health problems experienced in the study area. The most prevailing disease in the area is malaria (66.0%), closely followed by typhoid fever (23.3%). The factors identified include inadequate sanitary facilities (91.8%), poor water supply (69.8%), dirty environment (97.1%) as well as poor drainage system (89.1%). Meanwhile, the condition of health facility in the area is far below satisfaction. About 91.6% of the residents indicated non-availability of health institution within their reach. They are either located farther away from their dwellings or completely absent. Only 8.4% can be sure of having at least a chemist store or mini health clinic within their neighborhoods (Table 4).

The correlation analysis computed to investigate the relationship between environmental variables and health condition of residents show a negative but significant association of -0.254. This confirms that residents of high-density residential areas such as slum and squatter communities suffer from environmental hazards occasioned by such factors examined in the study. It implies therefore that as these factors increase in number and intensity, so the condition of health of residents degenerates. The correlation matrix for this analysis is shown in (Table 5).

The regression analysis computed to investigate the relationship of housing-facility condition with the environment factors show a positive significant relationship of 87.9%. This strong relationship establishes the priority of such factors as considered in the study to be a pre-condition for good and habitable living environment. The summary is shown in (Table 6).

Table 3: Physical and Environmental Characteristics

Physical and environmental variables	Number	Percentage
Land-use		
Residential	311	65.2
Commercial	38	8.0
Mixed	101	21.2
Institutional	12	2.5
Industrial	1	0.2
Religious	14	2.9
Total	477	100
Age of the buildings		
Below 10 years	10	2.1
11-20 years	29	6.1
21-30 years	42	8.8
30 years and above	396	83.0
Total	477	100
Material for construction		
Mud	333	70.0
Mud brick	97	20.3
Cement block	46	9.6
Total	477	100
Condition of buildings		
Good	14	2.9
Fair	223	48.6
Poor	240	50.3
Total	477	100
Waste disposal		
Open dumps	289	60.6
Burning	52	31.9
Central collectors	36	7.5
Total	477	100
Water supply		
Bore hole	40	8.4
Tap water	7	1.5
Well	430	90.1
Total	477	100

Source: Authors' Field Survey, 2013

Table 4: Health Condition

Health Condition	Number	Percentage
Prevailing Disease		
Malaria	315	66.0
Diarrhoea	38	8.0
Typhoid	111	23.3
Dysentery	12	2.5
Cholera	1	0.2
Total	477	100
Sanitary Facilities		
Adequate	39	8.2
Inadequate	438	91.8
Total	477	100
Water Supply		
Good	144	30.2
Poor	333	69.8
Total	477	100
Condition of Environment		
Neat	14	2.9
Dirty	463	97.1
Total	477	100
Drainage System		
Good	52	10.9
Poor	425	89.1
Total	477	100
Health Facilities		
Available	40	8.4
Not Available	437	91.6
Total	477	100

Source: Authors' Field Survey, 2013

Table 5:Correlation Matrix

		Environmental Variables	Health Variables
Environmental Variables	P.corr.	1.000	-.254*
	Sig (2-tailed)		.023
	N	477	477
Health Variables	P.corr.	-.254*	1.000
	Sig (2-tailed)	0.23	
	N	477	477

*Correlation is significant at the 0.05 level (2-tailed)
Source: Authors' Field Survey, 2013

Table 6: Regression Analysis (Model Summary)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.979a	0.879	0.803	0.20

Source: Authors' Field Survey, 2013

1.1.6 Conclusion

This study has identified influence of inner-city decay on residents' health in Ile-Ife, Southwestern Nigeria. The bulk of housing stock in the area is old and dilapidated, which lack essential household facilities as well as sufficient neighborhood infrastructures. This of course has the tendency of retarding the socio-economic value, the health and physical well-being of its residents. The study also examined some basic physical and health problems associated with the deplorable condition of the area.

Corroborating the study of Owoeye (2013), this paper suggested that the area is ripe enough for extensive developmental programme which should focus on how to upgrade the physical and environmental condition of the area. This should aim at provision of decent and adequate housing units and healthy environment for the dwellers. The assistance of international bodies like the World Bank, UNICEF, and Centre for Human Settlement (UN-Habitat) can be requested in the area of provision of infrastructures to the study area.

Also, adequate funding should be given to Waste Management Authorities for effective service as well as improved health facilities in the area. Generally, poverty tends to breed poor environmental and unhygienic conditions that have great impact on human health. This is because the poor are incapable of paying for the required amenities for a healthy living, most especially, quality housing thus they become vulnerable to health hazards. Furthermore, public enlightenment and environmental education would be necessary to keep the people well informed about the importance of healthy and hygienic environment.

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