

Urban poverty and poor housing affordability: An impediment on health quality in Nigerian urban areas

Ben Ugochukwu Iwuagwu *

Department of Architecture, Faculty of Environmental Studies, Abia State University, Uturu, Abia State, Nigeria.

International Journal of Science and Research Archive, 2025, 15(01), 546-553

Publication history: Received on 24 February 2025; revised on 07 April 2025; accepted on 09 April 2025

Article DOI: <https://doi.org/10.30574/ijrsra.2025.15.1.0674>

Abstract

There is a proof that urban poverty damages the environment, on the other hand poor urban environment endangers the lives and health of many urban residents. Lack of access to healthy homes is a central feature of urban poverty. About 600 million urban dwellers in Africa, Asia and Latin America live in housing that is overcrowded and of poor quality, with inadequate water provision, sanitation, drainage and refuse disposal that placed their lives and health at risk. In Nigeria today 63 percent of the citizens are living below poverty line, reason why Nigeria was ranked 163 out of 191 United Nations member states in the Human Development Index (HDI) for the year 2022 which puts Nigeria on Low Human Development (LHD). The thrust of this paper is to investigate the link between urban poverty and housing affordability with a view to establish its implication on health quality of the urban residents in Nigeria. The paper studied 10 selected slum neighborhoods' in Abia State Nigeria. Copies of questionnaire were administered to sample size of 700 respondents from 700 households drawn using stratified systematic random sampling technique from the 10 selected slum neighborhoods'. Findings of the paper affirm that the neighborhoods' are typical slum environment and impedes health quality of the residents. The paper, therefore, recommends socio-economic revitalization as to improve housing affordability in the study area and Nigeria at large. The paper also recommends environmental and health education and enforcement of environmental sanitation laws.

Keywords: Housing Affordability; Poor Housing; Urban Poverty; Urban Health Quality

1. Introduction

Healthy living is a function of many factors among which housing condition of man is prime. Housing is the second most important essential needs of man after food; it is more than a mere shelter as it embraces all social services and utilities that lead to good living. According to Gibson (2011) Housing and neighborhood conditions are widely acknowledged to be important social determinants of health. Despite the importance of good housing and its linkage to healthy living, poverty has made housing unaffordable to most Nigerians; a situation that has imprisoned most Nigerians in the slums in the country. According to (Rotimi, 2014; Wood, 2003; The Central Bank of Nigeria, 1999) poverty is described as an economic situation that does not give room for the provision of basic needs like adequate food, clothing, and housing. According to WHO (2009), 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.

Before now according to (Aluko, 2008) urban poverty has been a low priority on research and development agenda of most Nigerian researchers. But the widespread idea about urbanization recently renewed interest in urban issues as (United Nations Organization, 2006) projected that about 57% of the world will live in urban areas of the world. The National Housing Federation (NHF) (2007) charged with housing and mental health issues defined poor housing as dwellings that are cold and damp, overcrowded or badly designed and built. Poor housing can therefore be described in terms of individual premises in relation to the physical condition and at a community level in terms of lack of

* Corresponding author: Ben Ugochukwu Iwuagwu

community facilities, crime levels, employment and social support network (Thomson, 2002). Poor housing is an immediate environmental stressor that plays a major role in the psychological wellbeing of residents both at an individual and community level. Some factors that can determine quality of housing include air quality, toilet facilities, drainage, refuse disposal, occupancy ratio, and the presence of possible irritants, such as mould, asbestos, and lead.

Typically, people from low income households are more likely to live in poorer quality housing, which can negatively impact their health. People spend most of their time at home; this emphasizes the potential impact housing can have on a person's health. The relationship between poverty and improper housing is usually cyclic, as poverty is the primary cause of inadequate housing and may contribute to different health conditions, such as respiratory illnesses, cardiovascular diseases, nervous system disorders, and cancer. Poor housing condition includes lack of safe drinking water, improper disposal of waste, inadequate storage of food, and intrusion by insects and rats; all of these lead to the spread of infectious diseases. On the other hand, Overcrowding can cause the transmission of tuberculosis and other respiratory infection and contribute to morbidity.

1.1. Statement of the problem

Various scholars have examined and discussed the effects of poverty on different facets of life (Arimah, 2010; Fotso, 2006; Ludwig, Duncan, & Hirschfield, 2001; Obadan, 2001; Ogwumike, 2002; Babatunde & Emilia 2017). Notwithstanding the level of discussions done, no attention has been paid to the implications of poverty and poor housing affordability on health quality of Nigerians in urban areas. With intention of bridging the gap and add to the housing literature, this study aimed at investigating the link between urban poverty and housing affordability with a view to establish its implication on health quality of the urban residents in Nigeria with particular reference to Abia State. In view of this, policies need to be designed to revitalization socio-economic issues as to improve housing affordability in the study area and Nigeria at large

2. Methodology

Aba South LGA and Umuahia North LGA have a population of 427,421 and 223,134 in 2006 respectively totaling 650,555. In 2022, with 2.41 percent annual growth rate, it was projected to 622,400 and 324,900 for Aba South LGA and Umuahia North LGA respectively, totaling 947,300.

The respondents were determined randomly by taking the sample size of the entire population. Yahmane (1967) came up with a model for determining a sample size from a population.

His formula is defined by: $n = N / (1 + N (e)^2)$ -----1

Where, n = sample size, N = population size and e = decision level. By inputting the data for this study into the formula with the decision level, e , as 0.04, the sample size n will be 625. In empirical research, it is said that high sample size adds to the reliability of the results. To accommodate possible attrition the sample size is beefed up to 700 to accommodate copies of questionnaire that may not be properly completed and guarantee the reliability of the result.

A set of 700 questionnaires were prepared and 70 copies were randomly administered across each of the ten selected slum neighborhoods in the study area namely, Ngwa Road, Obohia, Ohanku, Uratta, Omoba Road, Ngbuka, Church road, Down below, Umueze and Ngwa road Umuahia. Out of the 700 questionnaires successfully administered, 625 questionnaires were retrieved, representing a response rate of 89.3 percent as the slum inhabitants find it difficult to accept or return copies of questionnaire claiming we are government agents.

3. Literature review

3.1. Housing affordability

Housing choice is a response to an extremely complex set of economic, social, and psychological impulses (Hulchanski, 1995). For example, some households may choose to spend more on housing because they feel they can afford to, while others may not have choice. According to Mania & Arefeen (2014) and Iwuagwu, Onyegiri & Iwuagwu (2016) the prime reason why people continue to live in slum is poverty or simply, the inability to afford decent and adequate housing. However, the term "affordable housing" is used in different ways and can have different meaning in a variety of settings. Housing is considered affordable if a household can live in it without sacrificing essentials such as food, clothing, transportation, and medical care. Andrew (1998) defined the term 'affordable housing' as that which costs no more than

30 percent of the income of the occupant household. However, according to Aribigbola (2008) the Nigerian housing policy does not want any Nigerian to spend more than 20 percent of his or her income on housing.

According to Tilly (2005), income is the primary factor, not price and availability that determine housing affordability. In a market economy the distribution of income is the key determinant of the quantity and quality of housing obtained. Therefore, understanding affordable housing challenges requires understanding trends and disparities in income and wealth. It has become increasingly glaring that most of the urban population live in dehumanizing housing environment while those that have access to average housing do so at abnormal cost (Nubi, 2000). The market has been unable to meet the growing demand to supply housing stock at affordable prices. Although demand for affordable housing, particularly rental housing that is affordable for low and middle income earners, has increased, the supply has not. Potential home buyers are forced to turn to the rental market, which is under pressure.

3.2. Building structures in slum neighborhoods

The characteristics associated with urban slums vary from place to place but are usually characterized by housing decay caused by poverty, use of sub-standard building materials and fear of eviction. According to Iweka and Adebayo (2010) housing provision in slums is characterized by a proliferation of substandard and unplanned structures, which are built of diverse materials that are of low standard. Structures in slums are small in sizes, made of low quality materials like-polythene sheet, straws, used corrugated iron roofing sheet among others (Mania & Arefeen, 2014).

UN-Habitat (2003a) noted that quality of structures in slums varies from the simple shacks to permanent structures, while findings by Akinwale, et al (2013) corroborates with the UN-Habitat findings by establishing that the slum dwellers live in permanent structures made of blocks, and are also connected to unsteady electricity, whereas other structures are made of mud, wood or zinc.

3.3. Overcrowding and Occupancy ratio in slum

One of the challenges faced by influx of people into the cities from the rural areas is increase of number of persons per dwelling, particularly in high density and slum areas of the city. It is common to find cases of more than 30 persons to a dwelling as against permissible 10 persons per dwelling (Acquaye, 1985) in Nigeria cities. High occupancy ratio results to occupancy stress and over utilization of spaces and amenities which leads to outright tear and wear of residences. High occupancy ratio is a direct consequence of low capital formation of the less privileged households (Uwadiogwu, 2013). Their income is only enough for their sustenance. This according to Uwadiogwu (2013) makes them to choose living up to 4-6 in a room so as to reduce rent.

4. Research Findings

Variables such as monthly income, environmental quality, occupation, rent, health condition, occupancy ratio, toilet facilities, etcetera provided to residents have been analyzed below.

Table 1 How much respondents earn in a month

S/N	How much respondents earn in a month.	Aba		Umuahia	
		Frequency	Percentage	Frequency	Percentage
1	N1 - N5,000	17	5.4	23	7.5
2	N5,001 - N10,000	42	13.2	45	14.7
3	N10,001 - N15,000	69	21.7	96	31.2
4	N15,001 - N20,000	83	26.1	58	18.9
5	N20,001 - N25,000	51	16.0	32	10.4
6	Above N25,000	44	13.8	19	6.2
7	Nothing	12	3.8	34	11.1
	Total	318	100	307	100

Source: Author's fieldwork, August to October, 2015.

Table 2 Occupancy Ratio of respondents' (per room).

S/N	Occupancy ratio	Aba		Umuahia	
		Frequency	Percentage	Frequency	Percentage
1	1 Person	29	9.1	25	8.2
2	2 Person	27	8.5	29	9.50
3	3 Person	49	15.4	48	15.6
4	4 Person	61	19.2	67	21.8
5	5 Person	90	28.3	94	30.6
6	6 Person and above	62	19.5	44	14.3
	Total	318	100	307	100

Source: Author's fieldwork, August to October, 2015.

Table 3 Health condition of respondents

S/N	Health condition of respondents	Aba		Umuahia	
		Frequency	Percentage	Frequency	Percentage
1	Always sick	215	67.6	207	67.4
2	Sparingly sick	58	18.2	53	17.3
3	No sickness	27	8.5	23	7.5
4	I don't know	18	5.7	24	7.8
	Total	318	100	307	100

Source: Author's fieldwork, August to October, 2015.

Table 4 Toilet facility available in respondent's building.

S/N	What type of toilet facility do you have	Aba		Umuahia	
		Frequency	Percentage	Frequency	Percentage
1	Pit toilet	125	39.3	132	43
2	Water closet	155	48.7	144	47
3	No toilet	38	12.0	31	10
	Total	318	100	307	100

Source: Author's fieldwork, August to October, 2015.

Table 5 Occupation of the respondents

S/N	Occupation	Aba		Umuahia	
		Frequency	Percentage	Frequency	Percentage
1	Artisan	48	15.1	50	16.3
2	Farmer	13	4.1	15	4.9
3	Trader	170	53.5	120	39.1
4	Transporter	16	5.0	59	19.2
5	Civil servant	23	7.2	48	15.6

6	Others	48	15.1	15	4.9
	Total	318	100	307	100

Source: Author's fieldwork, August to October, 2015.

Table 6 How much respondents pay as rent in a month.

S/N	How much do you pay as rent(month)	Aba		Umuahia	
		Frequency	Percentage	Frequency	Percentage
1	N1 - N1,000	60	18.9	88	28.7
2	N1,01 - N2,000	95	29.9	64	20.8
3	N2,001- N3,000	50	15.7	34	11.1
4	N3,001 - N4,000	28	8.8	24	7.8
5	N4,001 - N5,000	15	4.7	14	4.6
6	Above N5,000	13	4.1	9	2.9
7	Nothing	57	17.9	74	24.1
	Total	318	100	307	100

Source: Author's fieldwork, August to October, 2015.

Table 7 Why respondents live in the slum neighborhood.

S/N	Why do you live in this neighbourhood	Aba		Umuahia	
		Frequency	Percentage	Frequency	Percentage
1	Poverty	128	40.3	152	49.5
2	Close to business	140	44.0	109	35.5
3	Personal reason	50	15.7	46	15.0
	Total	318	100	307	100

Source: Author's fieldwork, August to October, 2015.

Table 8 Residential satisfaction

S/N	The indoor air quality is suitable	Aba		Umuahia	
		Frequency	Percentage	Frequency	Percentage
1	Agree	120	37.7	113	36.8
2	I don't know	30	9.4	23	7.5
3	Disagree	168	52.9	171	55.7
	Total	318	100	307	100

Source: Author's fieldwork, August to October, 2015.

From the survey (Table 1) only 13.8 and 6.2 percent of the respondents in Aba and Umuahia respectively earn #25,000 and above monthly. Table 2 shows that majority of the respondents have occupancy ratio of between 5-9 persons in a room as a result of poverty as found in Table 7. A lot of the respondents do not have toilet or use pit, with poor drainage and refuse disposal system as found in Table 4 and Table 8, which is why majority of the respondents are always sick as captured in Table 3.

Table 9 Environmental quality

S/N	Environmental quality	Aba		Umuahia	
		Frequency	Percentage	Frequency	Percentage
1	Satisfied	101	31.8	116	37.8
2	I don't know	22	6.9	17	5.5
3	Dissatisfied	195	61.3	174	56.7
	Total	318	100	307	100

Source: Author's fieldwork, August to October, 2015.

Table 10 Drainage

S/N	Drainage	Aba		Umuahia	
		Frequency	Percentage	Frequency	Percentage
1	Satisfied	81	25.5	113	36.8
2	I don't know	19	6.0	8	4.2
3	Dissatisfied	218	68.5	186	62.2
	Total	318	100	307	100

Source: Author's fieldwork, August to October, 2015.

Table 11 Refuse disposal

S/N	Refuse disposal	Aba		Umuahia	
		Frequency	Percentage	Frequency	Percentage
1	Satisfied	104	32.7	107	34.8
2	I don't know	12	3.8	9	3.0
3	Dissatisfied	202	63.5	191	62.2
	Total	318	100	307	100

Source: Author's fieldwork, August to October, 2015.

5. Discussion of findings

The study area is densely populated as 67% of the respondents affirmed that they are more than 3 in a room. This is not health friendly and there is possibility of facilities being overstressed. Residents have access to poor facilities. Only 48.7% of the respondents are using W.C for their toilet. The rest are majorly pit latrine or no available at all. There is environmental facilities failure in the area as 70.8% of the respondents opined that there is no road, 74.5% without drainage system. Poor refuse disposal system and insecurity are also high.

Findings from Table 2; Table 4 and Table 8 show that the majority of the urban dwellers crowded in houses with poor toilet facilities, in an environment with poor drainage and refuse disposal facilities. The inhabitants in the study area according to Table 5, comprise artisans, farmers, traders, transporters and civil servants who live in different types of accommodation where they pay little or nothing as rent monthly as captured in table 6. From Table 7, it was noted that 44.9 percent of slum inhabitants in Abia state live in the slums because they cannot afford decent house in the city centre because of poverty. This agrees with the research of George (1999); Mania and Arefeen (2014); and Iwuagwu, Onyegiri and Iwuagwu (2016).

Findings from Table 2 showed that the occupancy ratio in the study area is very high. Analysis of Table 2 shows that majority of the respondents in Aba and Umuahia, 28.3 percent and 30.6 percent respectively, sleep five persons to a room, 19.5 percent and 14.3 percent sleep six persons per room while only 9.1 percent and 8.2 percent of the respondents respectively, sleep alone in a room. This is in line with the finding of Uwadiagwu (2013). Findings from the

research generally show that the residents are not satisfied with their present housing condition in the slum of Aba and Umuahia, Abia State and seek housing improvement in their various neighborhoods. The study observed as captured in Table 3 that the majority of these slum inhabitants are living with very bad health conditions as a result of poor facilities provided, overcrowding and poverty.

6. Conclusion

Housing plays an important role in a person's physical and mental health. The quality, location, safety, and stability directly impact the person's health. It was observed that the primary cause of poor health condition in the study area is as a result of the housing condition of the respondents because of their financial inability (poverty) to rent houses with good toilet facilities, drainage and refuse disposal. They, however, resorted to living in the slum where they pay less or nothing as rent to overcrowd in one bedroom with poor ventilation, while they pay back with their health.

Recommendation

In light of the foregoing, it is recommended that there should be a continuous public enlightenment for the people on the health implication of their living environment. The State Environmental Health Department should be up and doing in enforcing sanitary standards. Poverty has been linked with poor state of health. The government should continue on programmes that enhance the economic status of households. This does not necessarily mean upward revision of salary of state employees but creating an enabling environment where even private businesses can thrive. An improvement in the economic condition of the people will impact positively on their housing condition and their healthy condition would be assured. The government should encourage the construction of affordable housing and provide the required structures for funding the acquisition of those homes, no doubt this will benefit a larger number of public servants. To improve availability and affordability, synergy of both public and private partnerships should be promoted and created in providing housing for federal and state workers. Lastly, a favourable investment environment, mortgage insurance, and infrastructure should be made available to the three levels of government.

Compliance with ethical standards

References

- [1] Acquaye, E. (1985). A Technological Review of the Housing Problem in Developing Countries in Onibokun, P. (ed.): Housing in Nigeria, A Book of Readings, Nigerian Institute of Social and Economic Research (NISER), Ibadan, Nigeria.
- [2] Akinwale, O. P; Adeneye, A. K; Musa, A. Z; Oyediji, K. S; Sulyman, M. A; Oyefara, J. O; Adejoh, P. E. and Adeneye, A. A. (2013). Living conditions and public health status in three urban slums of Lagos, Nigeria. *South East Asia Journal of Public Health* 3(1)36-41.
- [3] Aluko E O (2008). Housing and urban development in Nigeria NISER, pp. 1-93.
- [4] Andrew, O. N. (1998). Trends in the supply of affordable housing meeting America's housing needs (AAHD): A Habitat II follow-up project.
- [5] Aribigbola, A. (2008). Housing policy formulation in developing countries: Evidence of programme implementation from Akure, Ondo State, Nigeria. *Journal of Human Ecology* 23(2) 125-134.
- [6] Arimah, B. C. (2010). The face of urban poverty. *Explaining the Prevalence of Slums in*.
- [7] Babatunde F A & Emilia O M (2017). Effects of Poverty on Urban Residents' Living and Housing Conditions in Nigeria. *Journal of Arts & Humanities* vol. 6 (3) 38-51
- [8] Central Bank of Nigeria (1999). Causes of Poverty.
- [9] Fotso, J. C. (2006). Child health inequities in developing countries: differences across urban and rural areas. *International Journal for Equity in Health*, 5(1), 1.
- [10] George, C.K. (1999). Basic Principles and Methods of Urban and Regional Planning, Libra – Gen Limited, Nigeria.
- [11] Gibson M, Petticrew M, Bambra C, Sowden AJ, Wright KE, Whitehead M. (2011). Housing and health inequalities: a synthesis of systematic reviews of interventions aimed at different pathways linking housing and health. *Health Place*. 17(1):175–184.
- [12] Hulchanski, J.D. (1995). The Concept of Housing Affordability: Six Contemporary Uses of the Expenditure to Income Ratio. *Housing Studies* 10 (4) 471-491.

- [13] Iweka, A. C. and Adebayo, A. K. (2010). Improving housing durability in deprived settlement of Lagos Megacity through ingenious use of sustainable indigenous materials. *International Journal of Sustainable Construction Engineering and Technology*, 1(1) 99-111.
- [14] Iwuagwu, B. U; Onyegiri, I. and Iwuagwu, B. C. (2016). Urban Slum Development in Nigeria: A Study of Aba South Local Government Area of Abia State. *International Journal of Management and Applied Science*, 2(8) 48-52.
- [15] Ludwig, J., Duncan, G. J., & Hirschfield, P. (2001). Urban poverty and juvenile crime: Evidence from a randomized housing-mobility experiment. *Quarterly journal of economics-Cambridge Massachusetts*, 116(2), 655-680.
- [16] Mania, T. T. and Arefeen, I. (2014). Transformation of slums and squatter settlements: A way of sustainable living in context of 21th century cities. *American Journal of Civil Engineering and Architecture* 2(2) 70-76.
- [17] National Housing Federation (NHF) (2007). Inportance of Good Housing, Lagos: NHF.
- [18] Nubi, T. O. (2000). Housing Finance in Nigeria: Need for Re-engineering. Ideal Habitat Cooperative Housing Initiative. Available at www.housingfinance.org/pdfstorage/Africa. Accessed 14 July 2012.
- [19] Obadan, M. I. (2001). Poverty reduction in Nigeria: The way forward. *CBN Economic and Financial Review*, 39(4), 159-188.
- [20] Ogwumike, F. O. (2002). An appraisal of poverty reduction strategies in Nigeria. *CBN Economic and Financial Review*, 39(4), 1-17.
- [21] Rotimi J A (2014). Effect of poverty on housing condition in Nigeria: A case study of Mushin Local Government Area of Lagos State. *African Journal of Estate and Property Management* Vol. 1 (5), pp. 118-125,
- [22] Thomson, A. (2002). Housing Condition and Its advantage in Rural Areas. Warri: Mercury Printers.
- [23] Tilly, C. (2005). The Economic Environment of Housing: Income Inequality and Insecurity. In Rachel, B; Chester, H; Mary, E. H. and Michael, S. eds., *Housing: Foundation for a New Social Agenda*. Philadelphia, PA: Temple University Press, 2006.
- [24] UN-Habitat (2003a). *The challenges of slums: global report on human settlement 2003*, UN human settlement program. London, earthscan.
- [25] United Nation (2006). Habitant Report on "Responding to Challenges of an Urbanizing World".
- [26] Wood, D. (2003). Effect of child and family poverty on child health in the United States. *Pediatrics*, 112(Supplement 3), 707-711.
- [27] Uwadiogwu, B. O. (2013). The Determinants of the Rate of Housing Deterioration in High Density and Slum Areas of Nigerian Cities with particular reference to Enugu City. *IOSR Journal of Environmental Science, Toxicology and Food Technology* 3(3) 5-9.
- [28] WHO (2009), Global Health Risks - World Health Organisation. www.who.int/healthinfo/.../GlobalHealthRisks_report_full.pdf.
- [29] Yahmane T (1967) Statistics: an introductory analysis, 2nd edn. Harper and Row, New York