SLUM DEVELOPMENT IN 3RD WORLD COUNTRIES: CAUSES, EFFECT AND WAY OUT. A CASE STUDY OF IBADAN SOUTH EAST LOCAL GOVERNMENT, NIGERIA

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Slums and squatting areas accommodate the majority of the population of cities in developing countries and it is estimated to be home to over 800million people, which is predicted by the UN-Habitat (2003) to grow to between 1 and 2 billion by 2020. This case of slum development is not alien to Nigeria. This study considers the case of Ibadan Metropolis. The major factors as discovered, contributing to slum development include rural-urban migration, unplanned neighborhood, overpopulation, non-compliance with laid down rules and illiteracy. The resultant effects of this are overcrowding, outbreak of diseases, loss of man hours, insecurity of life, and decline in property values amongst others. To get out of this web which keeps entangling us like a vicious cycle, the government at all levels have a major role to play by providing and implementing enabling laws and regulations, improving waste disposal, drainage and sanitary system as well as implement urban renewal.

Keywords: cause, development, effect, Ibadan, slum

INTRODUCTION

Urbanization emanated through human invention as a way of organizing and reorganizing his existence and this unprecedented invention which is a process has resulted into congestion, pandemic, health hazard among others Slum development is not limited to remote areas but it has become an urban problem and these slums are inhabited by the less privileged and poor people and the area is characterized by dearth of/inadequate and deficient facilities, obsolete building, filthy environment etc. All these represent a substantial drag in the rate of economic development of a country (Egunjobi and Moruf, 2007).

This is attested to by a recent estimate by UN-Habitat (2003), 72% of the population in sub-Saharan Africa or 166 million people, live in slums or informal settlements. These settlements are characterized by housing of poor quality and with such come inadequate provision for water sanitation and drainage which all put the lives and health of the residents under continuous dangers. Many places where poor people live, present multiple disadvantages that include not only missing and inadequate infrastructure and services but also unfavorable geography, vulnerability to

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environmental shocks and seasonal exposure (Narayan et al 2000). The urban poor are in some places even worse-off than their rural counterparts (Department for International Development, 2004) within the many cities in Nigeria. The cities incorporate a mix of well-planned areas with modern facilities as well as poorly built and obsolete buildings which makes living standard deplorable.

Meanwhile, in spite of several strategies, policies and analysis on slum development, the situation had been on the decline. This had propelled the researchers into unveiling why there had been no improvements in the in the largest black African city, Ibadan. To achieve this, the concept of slum as well as development will be examined, factors contributing to slum development will be evaluated, the effects of slum development on economic development will assessed and actionable recommendations will be made at reducing if not totally eradicating the rate of slum development.

CONCEPTUAL FRAMEWORK AND LITERATURE REVIEW

Healthy City (HC) concept as defined in the World Health Organizations (WHO) constitution on Urban Health (2012), is the state of complete physical, mental and social well-being and not merely the absence of uniformity. Also, WHO extended the conception of health to include sense of well-being and security (Agbola and Kassim, 2007). However cities are defined by WHO as large and important group of houses, buildings with a centre where amusements can be found and where business goes on (UN-Habitat, 1996).

Hence, cities are the result of an enormous range of investments of capitals, expertise and time by individuals, households' communities, voluntary organizations and NGO's as well as by private enterprises investors and government agencies (Agbola and Kassim, 2007). Barra (1997) describes cities as centers of concentration of wealth, productivity and creativity. Agbola (1996) affirms that, cities could also be viewed in terms of artifacts which bear imprints of humanities institutions by virtue of the attendant features, cities are eco-systems which have structures that are patterned towards particular ways. The rate of urbanization bringing about massive movement of people from rural to urban area in Nigeria has led to environmental problems characterized by inadequate supply of water, lack of drainage facilities, problems of refuse disposal, poor road conditions, erratic power supply and unbalanced economy(Olotuah, 2005). These accompanying social problems have manifested themselves in form of juvenile delinquency drug abuse, prostitution, murder, alcoholism, suicide and widespread of infections or diseases.

According to Giroult (1996) the HC concept was developed by Prof. Leonard Duhl from Berkley University to curb short comings inherent in the contemporary urban environment. In their first HC paper, Hancock and Duhl (1998), define a healthy city as one that is continually creating and improving those physical and social environments and expanding those community resources that enable people to mutually support one another in performing all functions of life and in developing to their maximum potentials.

In an attempt to gain insight into the initiation, adoption and diffusion of the HC concept, the phenomenon of urbanization emerges as the underlying factor. Urbanization has been recognized as the vehicle for economic growth and development and the existence of cities and mega-cities which implies large concentrations of population, facilities and services. The global community is thus being presented with two faces of the city, the beautiful and the unsightly. It may not

however be late as Agbola (1996) noted that the HC concept is a learning process whose lessons would be learned and applied over a long term. The HC project challenges cities to take seriously, the process of developing healthy enhancing public policies that create physical and social environments which supports healthy and strengthen community action to health.

Noel and Sylvia (1964) opined that slum has many connotations as it has different meanings to different people. The term, slum, has limited value for sociological and ecological analysis but one way of viewing this is from the point of an area characterized by deteriorating/deteriorated properties, densely occupied by improvised people whose way of life standard of conduct are often at variance with those people on higher socio-economic levels (Carr, 2004).

Slums are usually run-down housing in order, established and legally built parts of the city. Some institutional housing projects can be included within this category when their maintenance and upkeep have been neglected to such an extent that they have turned into slums. Rapid urbanization has been a characteristics feature of development process since the industrial revolution. Among the contemporary developing countries of the world, including Nigeria, however, it has almost always been accompanied by equally rapid growth of uncontrolled settlements. This phenomenon has provoked a number of responses. In some instances of some parts of Nigeria, where old settlements have been in existence, governments have over the past fifteen years, periodically undertaken renewal programmes aimed at improving the living condition in these areas (Agbola 2005).

The way of looking at the uncontrolled development was reflected in the work of centre for housing, building and planning which began in the middle of the 1960's among which was to sponsor slum upgrading programmes. By the end of the decade, other United Nation agencies had accumulated considerable experience in this field and in 1970, the United Nations and the Government of Colombia jointly sponsored an inter-regional seminar on the improvement on slum settlements.

The approach to the program of the city slums through urban community development enacted by Marshall (1971) involves the following elements, which are helpful at improving the core areas of Ibadan most especially, the case study area. These are:

- Creation of sense of social cohesion on a neighborhood basis and strengthening of group interrelationship.
- Encouragement and stipulation of self-help through the initiative of the individuals in the community.
- Stimulation by outside agencies when initiative for self-help is lacking
- Identification and development of local leadership.
- Development of civic consciousness and acceptance of civic responsibility.
- Coordination of city services to meet neighborhood needs and problem.

The most significant technical program confronting policy makers, however, is the overwhelming deficiency of data on housing and related variables (Agbola, 2005). Essential, this situation is caused by the difficulties of measurement, which act as an impediment of the collection and development of an adequate and statically accurate data based for describing and analysis issues regarding human settlements. The problem is compounded by the limited technical administrative and institutional resources on which most governments can rely on to fill this gap and is further compounded by a general lack of experience with data gathering and analysis even in

those instance where data on hu8man settlement actually exist, they are frequently ether not at the disposal of the relevant policy makers and planners.

However, the worst that can be said on any particular type of urban slum is that at any time, certain ranges of household types and situation, sets of housing services and locality characteristics will be dominating for policy formation, the concept is most useful because the different kinds of residential situations that can be found mixed localities require different solutions to bring about their improvement.

From the foregoing, it could be inferred that cities in developing countries in this millennium will have two possible immerse proportional growth healthy urban future and unhealthy urban future. Meanwhile, the choices made today by governments and her agencies will be a major influence on which types of urban futures become a reality in this millennium as the Ibadan metropolis which is growing in its leaps and bounds has so many slum developments. Hence, it is the ultimate aim of this paper to critically assess slum development in Ibadan South Local Government with a view to identifying the causes, effects and work out sustainable recommendations.

RESEARCH METHODOLOGY

The National Population Commission (NPC) 2006 Population Census puts the population of Ibadan South East Local Government at 266,046. Applying a growth rate of 3.2 percent and using the formula $Pr = Po(1+r/100)^n$, where Pr = Required population, Po = Initial population, Po = Initial

$$S = \underline{N}$$
$$1 + N(e)^2$$

Where, N= Total population, e = degree of freedom.(Israel, 2009). This generated a sample size of 400. A set of 400 questionnaires were prepared. Spreading this across the 13 wards in the study area, an average of 30 questionnaires were randomly administered per ward. Out of the 400 questionnaires prepared, we were able to administer only 260 as subsequent visits were rebuffed by the residents due to the service of tenement rate by government which fell at about the same time. Out of the 260 questionnaires successfully administered, 135 questionnaires were retrieved. The data were analysed descriptively using percentage and tables.

FINDINGS

Variables such as number of people per room, facilities and amenities provided to residents at the study area have been analysed below.

Table 1: number of people per room

No of People/Room	No. of Resp.	%	
1-3	27	20%	
4 – 7	85	63%	
above 7	23	17%	
	135	100	

Source: Field Survey March 2008

Despite the several regulations and the level of education, many of the buildings are densely populated as 80% of the respondents said that they are more than 3 in a room.

From the survey 70% of the respondents have access to primitive ways of sanitary disposal. Only 30% have the modern means.

Tab	e 2:	facilities	provided

Toilet	No. of Resp.	%	
W.C	40	30	
Pit	79	58	
None	16	12	
Total	135		
Bath	No. of Resp.		
Inside	40 30		
Outside	79 58		
None	16 12		
Total	135 100		

TABLE 3: Amenities provided

3a Water Source	No. of Resp.	%	
Well	88	65	
Pipe borne (public)	22	16	
Bore hole (treated)	18	14	
None	07	05	
Total	135	100	

The main source of water supply for most of the respondents was through well which were either untreated or unfit for human consumption. This is real terms affect the healthy living of respondents. Access, an important aspect of any settlement, is substandard as evidenced by 81% of the respondents claiming that it was Unmotorable or through the path. This allows for clustering of houses and hence slums.

3b Accessibility	No. of Resp.	%	
Tarred motorable	15	11	
Unmotorable	90	66	
Path	20	15	
None	10	8	
Total	135	100	

3c Drainage Condition	No. of Resp.	%	
Poor	100	74	
Fair	18	14	
Good	17	12	
Total	135	100	

A large percentage of the respondents said that the drainage condition was bad and in the long run, will affect the safety and healthy living of the masses as it can lead to flooding and even outbreak of pandemic.

3d Refuse Disposal Mode	No. of Resp.	%	
Dunghill	30	22	
Open space	45	33	
Burning	12	9	
Public incinerator	3	2	
Drainage	40	30	
Private	5	4	
Total	135	100	

Refuse Disposal which should be done in a proper manner but in real terms, its disposal is done arbitrarily and this affects the environment and the settlement.

DISCUSSION OF FINDINDINGS

The study area is densely populated as 80% of the respondents affirmed that they are more than 3 in a room. This is definitely not health friendly and there is possibility of facilities being overstressed. Residents have access to poor facilities. Only 30% of the respondents are using W.C. for their toilet. The rest are majorly pit latrine or not available at all. This, in addition to the fact that only 30% are having access to portable water, readily portrays a deplorable housing condition. There is environmental facilities failure in the area as 81% of the respondents opined that the road was Unmotorable, poor drainage system and uncoordinated refuse disposal system.

SUMMARY OF FINDINGS

Inaccessibility - some areas are actually accessible through footpath and a few motorable roads are either tarred or otherwise with potholes that are as big as craters here and there.

In addition, it was noticed that the most prominent source of water is from shallow wells which are located close to soak away pits and at times pit latrines, it is certain that the water in the well may be seepages from the pits and hence the water may be "unsafe" for consumption.

Furthermore, most of the houses as observed are traditional and obsolete and the ones termed "modern" lack the necessary facilities cum services that make life comfortable such as sanitary conveniences, room size/density per room etc.

The resultant effect of these developments is overcrowding, congestion, outbreak of diseases, unnecessary traffic hold ups, loss in man hours/manpower, decline in properly values, nasty and poor living conditions, insecurity of lives and pandemic inter alia.

RECOMMENDATIONS

If slums would continue to be on the prowl and be the cankerworm eating up our cities, then how do we achieve the Health related issues of the Millennium Development Goal's as third world countries. It is pertinent to note that both the government and the masses have a prominent role to play in the fight against this avoidable development.

First and foremost, government has the responsibility of carrying the people along as many of the sanitation laws made by them have not yielded any concrete result. The situation seems to be a high degree of participation and control by the public over the decision affecting their lives health and well being. This is with a view to building a strong, mutually supportive and non-exploitative community.

Government should provide an enabling environment which would allow private developers provide mass housing as housing contributes highly to the development to any economy.

When legislations are to be made, there has to be a connection with the socio-cultural and biological heritage of city dwellers, groups and individuals.

Also, government should be challenged to take very seriously the process of improving health by enhancing public policies that can create physical and social environments that can support, promote and protect health and strengthen community participation in health care.

Another way out is that Town Planning Authority should enforce to the letter development taking place within its jurisdiction to be in conformity with laid down regulations towards achieving aesthetics, convenience and orderliness.

The government should also make the facilities which are magnetizing the people in rural areas to the urban areas available to them, these will reduce, if not eliminate the rural urban drift which causes over population.

Finally, government should carry out urban renewal measures in areas that a blighted or are fast developing into slums and resettle the residents elsewhere. This should not be done with a view to paving way for the few rich because if this is the basis, it may not achieve the desired result, of the United Nations Millennium Development Goals.

CONCLUSION

In the introductory part of this paper, as deduced from previous literatures, it was mentioned that slum development is not only common in Nigeria urban centers and this therefore, necessitated this study in order to examine the causes and the way forward. From the study, slum development has reached an alarming state in the study area thereby reducing the value of the area, poor living condition, inharmonious and conflicting uses of land, environmental degradation, and congestion among others.

Sequel to the foregoing, it is recommended that government, individual property owners and the Town Planning Authorities play their various constitutional roles to abate to some extent if not totally eradicated slum development and hence put a stop to nuisance, environmental degradation and neglect.

REFERENCES

- Agbola, T (1996). "The Meaning, Origin and Challenges: The Healthy Cities Approach" in Agbola S.B. and Egunjobi Layi (eds.) Environmental Health and the Potentials of healthy city Approach in Nigeria. Proceedings of the First Healthy City Conference in Nigeria, 14-16 June 1993. PP 7-18 Ibadan; Centre for Urban and Regional Planning, University of Ibadan.
- Agbola, T (2005). "The Housing Debacle". Paper of the inaugural lecture delivered at the University of Ibadan, August 2005.
- Agbola, T and Kassim, F (2007): Conceptual and Theoretical Issues in Housing in Tunde Agbola et al eds., Housing Development and Management: Book of Readings, Department of Urban And Regional Planning, University of Ibadan.
- Barra, O (1997), "Do Poor Urban Children Matter"? The Urban Age, 5/1: 3-4.
- Carr, D (2004). Improving the Health of the World's Poorest People, Washington D.C. Population Reference Bureau Department for International Development (2004). www.dfid.govuk
- Egunjobi, L and Moruf, A (2007). Achieving Health for all in Nigeria: The Challenges of the Healthy Cities Approach in Agbola S.B and Egunjobi Layi (eds) Environmental Health and the Potential of the Healthy City Approach in Nigeria. Proceedings of the First Healthy City Conference in Nigeria, 14-16 June 1993. Pp 7-18 Ibadan; Centre for Urban and Regional Planning, University of Ibadan.

- Giroult, E. (1996). "The Healthy City Concept: Process Development and project Composition in Agbola S.B. and Egunjobi Layi (eds.) Environmental Health and the Potentials of healthy city Approach in Nigeria. Proceedings of the First Healthy City Conference in Nigeria, 14-16 June 1993. Pp 7-18 Ibadan; Centre for Urban and Regional Planning, University of Ibadan.
- Hancock, T and Duhl, L (1998). Promoting Health in Urban Context. Copenhagen; FADL Publishers.
- Israel, G.D (2009). Determining Sample Size, PEOD6 Doc., One of the Series of the
 - Agricultural Education and Communication Department, Florida Cooperative Extension Service.
- Institute of Food and Agricultural Sciences, University of Florida. EDIS Website at http://edis.ifas.ufl.edu.
- Marshall, T.H et al (1971). Social Class and Social Identity, Leeds.
- Narayan, D et al (2000). Voices of the Poor: Can anyone hear us? Oxford and New York Press for the World Bank.
- Noel, P.G and Sylvia, F.F (1964). Urban Society. Crowell Publishers.
- NPC (2008). National Economic Empowerment and Development Strategy. Abuja:
- National Planning Commission
- Olotuah, P (2005). "The Global Housing Crisis- is there a solution? Watchtower Bible and tract society, New York, September 22, 2005, 2-9
- United Nations Centre for Human Settlements (UN-Habitat). (1996). *The City Summit*. Habitat II, Istanbul, Turkey, June 3-4, 1996. Nairobi, Habitat.
- UN-Habitat (2003). Monitoring Housing Rights, UNHRP Working Paper, No.1, Nairobi.
- WHO Constitution on Urban Health (2012). Housing and Health: Technical Consultation on the Analysis of Evidence. Report of a World Health Organization Meeting, Berlin.