

A View on Housing Challenge and Health of the Urban Poor

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Abstract:

The issues surrounding housing and the health of Nigeria's urban poor are covered in this paper. It highlights Nigeria's fast urbanization, which is primarily the result of extreme rural-urban migration and explosive urban population increase. Substandard housing is a significant public health concern and a key driver of health. The urban poor constitutes the vast majority of urban dwellers and they are in a disadvantaged economic position to build for themselves and are generally unable to make effective demand of existing housing. In developing nations, particularly Nigeria, where population growth and city expansion have increased, there are a number of issues that have arisen as a result, including persistent overcrowding, unsanitary living conditions, a severe housing shortage, unhealthy environments, high rates of homelessness, inadequate and subpar infrastructure, and an increase in poverty and social vices. This paper provides an overview of government efforts and interventions in housing provision. It notes that despite attempts, there is still a significant gap between housing wants and needs, particularly in regards to the healthy living of Nigeria's urban poor. Government has shifted its focus from full direct housing construction to that of providing enabling environment for the private sector and the mortgage banks to deliver housing. Government should partner with cooperative societies and development agents in provision of housing and infrastructure that caters for the housing needs and wellbeing of the urban poor.

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Introduction

A significant factor in determining quality of life is housing, which can be assessed at the individual, household, and community levels. It is important in terms of the economy, society, psychology, and physical health of the community. One of the essential necessities of people, families, and the community at large is decent and affordable housing. According to Oluwafemi (2010), housing has an effect on the general welfare of the community as well as its health, liveability, prosperity, efficiency, and social behaviour.

All African nations have urban and rural communities with housing shortages, with the latter being more severe, according to Arayela and Taiwo (2010). However, housing shortages are a long-standing, global phenomenon. It was against this background that the delegates at the 1976 United Nations Conference on Human Settlements (Habitat II) in Vancouver, Canada, demanded a completely new and radical approach to housing policy. Governments were anticipated to make a significant political and financial commitment to aiding the most vulnerable individuals. The demand for appropriate and quality housing is increasingly a key element of national economic and poverty reduction efforts.

Urbanization and its effects are a global phenomenon, and the modern era is characterized by an increase in the size and scope of urban settlement. Olatubara (2004) defined urbanization as a process whereby, comparatively, an increasing number of people live in urban areas as against the rural areas. This mechanism, according to UNDP (1996), is what really drives the economic expansion and urban development of numerous cities around the globe. In a similar spirit, the UN (1970) identified urbanization as one of the signs of profound physical, economic, and social change that a society must endure in order to achieve socioeconomic progress. Rapid urbanization in Nigeria accounts for the depreciating quality of housing in the country's urban centres. The urban centres suffer deterioration of infrastructure and urban services (Oladapo and Olotuah, 2007).

Rapid urbanization, the emergence of slums, and rising urban poverty have all coincided with rapid population increase. The majority of people in most African cities are illiterate, live in squalor, and are in extreme poverty. Many live within slums. Approximately half of the world's population now resides in cities and towns, according to the United Nations Millennium Development Goal Report from 2007. According to Nekabari and Aguiyi (2012), one out of every three urban residents in 2005 (or around 1 billion people) resided in slum areas. About 60-70% of urban dwellers in Nigeria live in slums (Dung-Gwom 2004). These neighborhoods lack basic social services and suffer from intolerable levels of poor cleanliness and health. Over five people frequently share a room in the heavily populated neighborhoods. Open defecation and poor personal hygiene practices are common, which contributes to the spread of illnesses like malaria, diarrhea, and cough (Akinwale et al., 2013).

The urban poor constitutes the vast majority of urban dwellers and they are in a disadvantaged economic position to build for themselves and are generally unable to make effective demand of existing housing. However, access to safe and wholesome housing, which is crucial for a person's physical, psychological, social, and economic well-being, should be a cornerstone of both national and international action. The International Covenant of Economic, Social, and Cultural Rights (UN, 1992) and the Universal Declaration of Human Rights both recognize the right to sufficient housing as a fundamental human right. The objective is to achieve adequate shelter for rapidly growing populations and urban poor through an enabling approach. This paper focuses on strategy for achieving the goal of



adequately housing the urban poor in healthy environment which is extensive mass housing development employing indigenous materials and methods, and involving the target population from policy making through programme execution. This approach involves the participation of the grassroots user population and will ensure the sustainability of the housing development.

Nexus Between Housing, the Environment and Health

Good physical and mental health are promoted by healthy environments and houses. Having safe, risk-free homes is essential for maintaining good health. Contrarily, substandard housing can have a negative impact on wellness, particularly child development, as well as health issues such chronic illnesses and injuries. For instance, homes frequently have lead paint, poor indoor air quality, and other risks, putting children and families at significant risk for a variety of health issues. Other instances include:

- lead poisoning permanently alters the development of the brain and nerve system, leading to decreased IQ and reading difficulties.
- poor living conditions such water leaks, inadequate ventilation, dirty carpets, and pest infestation can increase the amount of mold, mites, and other allergens linked to ill health.
- living in cold indoor environments has been linked to worse health, including a higher risk of cardiovascular disease. Extreme temperature swings have been linked to a rise in mortality, particularly in vulnerable populations like the elderly.
- residential overcrowding has been connected to psychological anguish in both adults and children as well as to physical illnesses including tuberculosis and respiratory infections.

A growing amount of research has linked low housing quality to morbidity from injuries, poor nutrition, chronic illnesses, infectious diseases, and mental problems. Substandard housing is a significant public health concern and a key driver of health. It has long been known that aspects of substandard housing, such as a lack of clean drinking water, a lack of hot water for washing, inefficient waste disposal, invasion by disease vectors (such as insects and rodents), and insufficient food storage, contribute to the spread of infectious diseases. According to Fonseca et al. (1996) and Denny (1995), crowded conditions increase the risk of respiratory illnesses and tuberculosis transmission. Lack of housing and the overcrowding found in temporary housing for the homeless also contribute to morbidity from respiratory infections and activation of tuberculosis (Wood et al, 1990; Zolopa *et al*, 1994; Kermode et al 1999).

Recent epidemiological researches have connected poor housing with a higher risk of developing chronic illnesses. Damp, cold, and moldy housing is associated with asthma and other chronic respiratory symptoms, even after potentially confounding factors such as income, social class, smoking, crowding, and unemployment are controlled for (Bornehag *et al*, 2001 & Peat, 1998). Water intrusion is a major contributor to problems with dampness. Overcrowding and inadequate ventilation also increase interior moisture. Old, soiled carpeting is a significant source of dust, allergens, and harmful substances and is frequently found in housing that isn't up to code (Vaughan & Platts-Mills, 2000; Roberts & Dickey, 1995). These substances can cause hematologic, allergy, respiratory, and neurological conditions when exposed.



Disease Burdens in Slums and Informal Settlements

Subpar housing and a deteriorated natural environment are two key characteristics of slums and informal settlements. These regions are known for their poverty, lack of essential amenities, environmental deterioration, and associated health risks. The burden of diseases and public health challenges within these areas are high. Numerous studies affirm this. In 2013, scholars from the Public Health Division, Nigerian Institute of Medical Research published the results of a survey in three settlements in Lagos (Akinwale *et al.*, 2014). Of the 2,434 respondents (residents), 89.3% reported mosquitoes, 55.7% reported extreme heat and 30.1% reported perennial flooding as health-related difficulties they experienced. Common diseases mentioned include malaria (86.3%), diarrhea (59%) and cough (42.2%). Overall prevalence of hypertension in Ajegunle settlement (Lagos) is 38.2% while maternal mortality ratio (at 1,050 per 100,000 live births) across informal settlements in Lagos is 50% more than the national average (Daniel *et al.*, 2013).

Furthermore, major risk factors for many communicable and non-communicable diseases are often linked to the natural environment, although this is at times underplayed. Numerous studies have demonstrated "how the natural environment harms humans, how health is dependent on the natural environment, and how human impacts on the natural environment rebound on health" (Harig *et al.*, 2014). A study on health status in an informal settlement shows that environmental factors/conditions have direct effect on health, more than social and physical factors (Lukeman *et al.*, 2014). In Ouagadougou, Baragatti and colleagues link malaria risk correlates with ecological strata (proximity to hydrographic network) and living in irregularly planned settlements (Baragatti *et al.*, 2009). Gruebner and colleagues in a 2012 study found that patches of vegetation increased the risk for infectious diseases (especially diarrhea) in informal settlements (Gruebner *et al.*, 2012). Because slums are frequently situated in environmentally sensitive areas (by streams, on low-lying river banks, within and/or by wetlands, on steep hillsides or servitudes, buffer strips and other types of interstitial space, etc.), there is a significant natural environmental component to health concerns. Such land is often unsuitable for residential development.

Housing Affordability and Health

When a family pays less than 30 percent of its income for housing, it is often seen as being "affordable". Families and individuals have fewer options for where to live due to the lack of affordable housing, and lower-income families are frequently forced to live in subpar housing in unsafe, overcrowded areas with higher rates of poverty and fewer resources for health promotion (such as parks, bike paths, recreation centers, and activities). Families' capacity to pay for other necessary expenses is impacted by the absence of affordable housing, leaving many of them under severe financial duress. Low-income families are particularly affected by high housing-related expenditures since they must choose between paying for food, heating, and other essentials. According to research by Harkness and Newman from 2005, low-income individuals who struggle to pay their rent, mortgage, or utility bills are less likely to have a regular source of healthcare, are more likely to put off seeking care, and are more likely to seek care in an emergency room. Further research by Harkness and Newman (2005) revealed that children's health, behavioral issues, and academic performance were generally worse in communities with higher rates of unaffordable housing.



Housing Policy and its Evolution in Nigeria

Agbola and Alabi (2000) defined policy as a plan of action, a statement of aim and ideas. Housing policy is a guideline provided by government which is aimed at meeting the housing need and demand of the people through a set of appropriate strategies including fiscal, institutional, legal and regulatory frameworks (Agbola, 1998). It offers a manual that limits action and establishes goals, but it does not always identify any specific, well-defined tactics for doing so beyond general ones. It establishes guidelines and limits for discretionary actions by individuals responsible for implementing the overall plans of action (Olatubara, 2002). Housing policy is essentially necessary as a guide or control on the various actors in the housing sector. The main objectives of housing policy, according to Duruzoechi (1999), are to obtain the optimum use of existing resources to ensure adequate housing for the people, guide the location of new housing, and be responsive to the housing needs of special people. By the mid-1980s, the Housing Policy that was adopted in 1981 had become inappropriate. This was also the time when revenue from petroleum sales significantly decreased, long-term funds were inadequate, the Land Use Decree was ineffective and encouraged bureaucratic bottlenecks, the naira's exchange rate declined, and building materials were largely imported. The Federal government then adopted a new National Housing Policy in 1991 which threw up the following realities:

- Due to the government's failure to adequately supply the resources required to have a significant impact on housing, enormous organized private sector involvement becomes essential.
- Since the capital market cannot be ordered or forced to finance house building, the operational foundation of the housing finance system becomes stagnant;
- Unusual strategies were utilized to kick-start the inflow of private savings into the system and, by doing so; indirectly encourage a larger level of private sector participation.

Consequently, measures articulated in the policy are within a framework that requires the need for:

- A more trustworthy method of ongoing private savings mobilization is needed to ensure a sustainable system. Protecting the financial market's impulses was essential.
- a better ability for the land market to operate, which has been constrained by administrative bottlenecks with the Land Use Decree.
- a decrease in the building industry's reliance on imports to address the high cost structure in the sector, which has had a negative impact on the availability of housing generally.

The policy measures represent a drastic shift of the housing sector from its over depend on government patronage. The new strategy was to expand the role of the private sector while revolutionizing government participation in housing provision, with the government functioning as an active enabler and booster. Lapses of the 1991 housing policy informed the evolution of the 2002 Third national housing policy which was another major paradigm shift under the National Economic Empowerment Development Strategy (NEEDS). This was a socio-economic reform on how to make an increasing majority of Nigerians become home-owners on the basis of 'mortgage finance'. In order to provide homes for the general public at



reasonable costs, this program brought together all housing operators, including the private sector, real estate developers, and housing corporations. The Real Estate Developers Association of Nigeria (REDAN) and Building Materials Producers Association of Nigeria (BUMPAN) were established to champion both the goal of the private housing production and delivery as well as addressing the problems of building materials in term of sourcing, cost availability and affordability (Agbola and Odunayo, 2007; Adegun and Taiwo, 2011). Institutional frameworks were also built by state governments across the nation to encourage collaboration with the private sector for the delivery of housing.

Mass Housing Development in Nigeria

Government housing intervention in Nigeria has included site-and-services programs, staff housing loans to government employees, direct house construction in public projects, and staff housing since the late 1960s. Direct house construction emerged as the leading strategy of public sector intervention in the 1970s and the early 1980s. In 1973, government proposed the construction of 15,000 housing units at different locations throughout Nigeria (FGN, 2004). The Federal Housing Authority, which was established that year, had the responsibility to oversee the programme. For its four-year term, the second civilian government (1979–1983) planned to construct 40,000 homes annually in Nigeria. A total of 2000 apartments were to be built each year in each of the then-nineteen states as well as the Federal Capital Territory of Abuja. As 80% of the homes were designated for low-income families, the program was primarily created with them in mind. The 1-bedroom core houses, which could be expanded to accommodate two more rooms, were designed for them. For the other income groups 3-bedroom semi-detached bungalows, 20,000 of which were to be built throughout the federation (FGN, 2004).

In 1984, the government's housing strategy shifted from site-and-schemes to direct house development. This was done in light of the fact that earlier programmes had failed. Between 1984 and 1988, the Federal Ministry of Works and Housing, which oversaw the programme, built 20 estates in 12 states, containing 11,393 serviced residential plots. The view that government should only be a facilitator of the enabling environment for housing provision rather than the real essential participant was reinforced in government by the economic downturn and government's seeming incapacity to make direct house construction successful. In this regard, the government has taken the lead in encouraging the private sector to serve as the primary source of financing for housing. In order to foster and maintain a strong foundation for financing for affordable housing, the National Housing Fund (NHF) was set up in 1992 (FMBN, 1998). The NHF is thus the financial component of strategic initiatives adopted in the 1991 Housing policy. Mandatory regular contributions are to be made by every Nigerian earning an income of £12 (₦8,500) or more per year. The task of gathering, managing, and administering all donations falls to the Federal Mortgage Bank of Nigeria. The Fund is managed through providing long-term, wholesale mortgage loans to Primary Mortgage Institutions (PMI), who in turn lend the money to individuals (contributors). The performance of the NHF has been hampered by the lack of adequate capitalization by government and inadequacy in operational soundness and viability of many of the PMIs.

The quantitative housing needs of the populace, though staggering, have to be met for all Nigerians to have access to adequate housing. The appropriate public sector positions have access to suitable housing. To prevent this from always being an illusion, the proper roles of the public sector must be established. Instead of acting as a promoter or facilitator of the



enabling environment for housing delivery, the public sector will need to take a more assertive role in assuring huge housing creation. This is based on the assumption that:

- i. there is a very high incidence of poverty in the country which makes complete reliance on the private sector as the sole financier of housing unrealistic. The National Housing Fund, which is intended to be the source of housing financing, is having trouble enlisting support from the informal private sector, which includes independent contractors. The financial institutions (particularly the Commercial Banks and Insurance Companies) have not been participating in the scheme, therefore neither has the formal private sector;
- ii. the housing market has specific characteristics that make it particularly challenging for the private sector to create a socially optimal output (such as its heterogeneous nature, high cost compared to income, and high transaction costs). The private sector, which is essentially profit-oriented, cannot as well ensure an equitable distribution of housing resources. This is unavoidable in a nation with a high level of income inequality. If no action is taken to direct the development of low-cost homes, the impoverished majority will be exposed to housing poverty that never ends.
- iii. Massive housing intervention boosts a country's economy and creates jobs for those working in the construction industry and other sectors of the housing market. Only the public sector can start this in a country with a high prevalence of overall poverty.

Since the urban poor hardly have the wherewithal to provide adequately for themselves, government needs to initiate public housing schemes of low-cost, that will take into consideration the needs of the users (social, protective and physiological). Since human requirements are inherently dynamic in nature, flexibility must be ingrained in the design of the homes. Facilities like schools, health centers, and marketplaces should be included in the housing programs because housing is only one component of the whole package of demand. Because local communities are in the best position to identify their needs, and order their priorities reference need to be made to the perceptions and capabilities of local people for housing programmes not to fail (Olotauh and Bobadoye, 2009). Cultural traditions frequently shape attitudes toward space as well as how it is used and organized, and the locals are frequently the ones who understand these traditions the best. The bottom-up, sustainable enormous housing creation for the urban poor requires local partition at the planning and decision-making levels.

Recommendations and Conclusion

Researches have shown that about 50% of the total population of Nigeria now lives in urban areas. A growth rate of 5.9% per annum has been recorded in some Nigerian cities (Falade, 2012). According to same author, it has been projected that over 60% of the total population of Nigeria will live in urban areas by year 2025. In Nigeria, increasing urbanization has been accompanied by a number of problems, including housing shortages, escalating poverty, high land prices, the growth of slums, pollution of the land, air, and water. Poverty is an acute problem in Nigeria and according to World Bank (2005); more than 55% of the population of Nigeria now lives on less than one dollar per day in purchasing power parity term. In the light of this, to afford the basic needs of life becomes extremely difficult, even to build or rent a house becomes a luxury.



Because none of the numerous policies and programs implemented by Nigeria's successive governments to address the housing shortage since independence have been able to free the vast majority of low-income earners and the urban poor from the grip of homelessness, they have been dubbed a "abysmal failure". Thus, as an adaptive mechanism to address the housing needs of the low-income and urban poor section of Nigeria, this frequently results in severe practices like the construction of housing poverty and encroachment on marginal areas.

As a result of the aforementioned stance, it is advised that the Nigerian government promote and strengthen the use of locally produced materials rather than relying on expensive imported commodities that are out of reach for low-income and urban poor people. More importantly, the government ought to support housing customisation, which entails letting people take part in the entire process of building a home, from design to completion. Therefore, the government ought to cover the expense of surveying, approving building designs, and naming property. Government could also start working on developing prototypes, especially for the lower income category.

The local governments should prioritize multiple interventions to address the interconnectedness of the health issues facing urban slum dwellers in particular, rather than just implementing curative or preventive measures in one area of concern, which would be more constrained in scope and likely less effective than a comprehensive approach. The effectiveness of intervention programs that simultaneously address health service delivery, environmental sanitation, personal hygiene, health care seeking behaviour, and livelihood opportunities will probably be higher. In order to turn the countless slums in the nation into sustainable communities, I today urge all levels of government in Nigeria to adopt measures for providing a healthy environment and housing.

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