

Adewumi I. Badiora¹, Olayinka B. Abiola²

¹Department of Urban and Regional Planning, Wesley University, Ondo, Nigeria; ²Department of Demography and Social Statistics, Joseph Ayo Babalola University, Ikeji-Arakeji, Nigeria;

*Corresponding Author: Adewumi I. Badiora, Department of Urban and Regional Planning, Wesley University, Ondo, Nigeria.

ABSTRACT

Drawing on data collected from a survey of 156 randomly selected residents of Ikeji-Arakeji, this study evaluates rural quality of life (QoL) in Osun State, Southwest Nigeria. Findings showed that majority (52.6%) of the residents were living below poverty line. Results further revealed that residents were less satisfied with key quality of life indicators especially on availability of portable water, electricity, quality of recreational facility, cleanliness of the area and access to waste disposal facilities among others. That residents enjoyed a very low level of satisfaction on these indicators was owing to the fact that infrastructure related to them were either not available or in poor condition. The study therefore, concludes that the quality of life of rural residents in Nigeria is poor.Government and community intervention is therefore necessary in the provision of employment opportunity and infrastructure so as to improve the economic situation of the rural dwellers in the study area.

Keywords: Rural area, Quality of Life, Infrastructure, Wellbeing;

INTRODUCTION

The well-being of the citizens of a country generally is an important concern to government, policy makers and researchers. However, the growing concern over the quality of life of rural dwellers in developing countries has become more explicit in recent years. Policy makers and researchers has increasingly engaged in understanding social and economic problems of rural communities. Prominent among the outcomes of stakeholders is that rural areas in developing countries such as Nigeria are usually neglected communities especially in the provision of infrastructural and social amenities, industries. communication facilities and Consequently, the absence of these basic amenities affects the residents' quality of life and the population growth (Adejumobi, & Odunmosu, 1998; Omole 2010).

The effort of any government is to improve the quality of life of its citizens. Nevertheless, how would the government and general public know whether the quality of life has improved? One collective method is to use quality of life indicators. This usually includes measures of some

of economic wellbeing, health, literacy, environmental quality, freedom, social participation and self-perceived wellbeing or satisfaction of people (André and Bitondo, 2001).

Quality of life is defined as the general wellbeing of an individual (Meule, Fath, Real, Sütterlin, Vögele and Kübler, 2013). The World Health Organization (WHO, 1997) defines it "as the individual's perception of their position in life in terms of culture and value system in which they live and also in relation to their goals, expectation, standards and concern". In the definition of Foo (2000), QoL is explained as individual overall satisfaction with life. All this definition view QoL as a broad ranging concept that is affected in a complex way by a person's physical health, psychological state, level of independence and their relationships to salient features of the environment. QoL focuses on all facets of life which includes cultural, social, environmental, physical, health and the local value systems among others.

The QoL has been evolving concept overtime for addressing issues such as health, environment, livability, housing, urban psychology and many

other social and physical aspects that influence human lives directly and indirectly. The concept has also significantly become more relevant in terms of measuring of progress toward achieving improved wellbeing and therefore, helping to fulfill sustainability goals and objectives. It also helps in contextualizing relevant policies and strategies by local and regional governments in seeking a foster sustainable regional development in more holistic and interdisciplinary ways (Costanza et al., 2007).

In measuring quality of life, two approaches are available; these are objective and subjective indicators. Subjective indicators represent the individual's evaluation of objective conditions of life, which are derived from surveys of resident perceptions, satisfaction or well-being. On the other hand, objective indicators signify the external or tangible conditions of life that are often derived from secondary data; such as demographic and socio-economic data, crime, housing, physical health and functioning, independence, social functioning, economic stability, and privacy (Gabriel and Bowling, 2004).Nonetheless, both approaches can be used in measuring quality of life occasionally.

According to Silva& John stone (2012), this objective indicators is always reflecting in the Human Development Index (HDI) which was a measurement adopted by the United Nations Development Programs (UNDP). This objective index is a single value measuring health and longevity knowledge (literacy and school enrollment) and standards of living (GDP per capita). Countries are rated on how well they are doing on each component compared to the range of possible values for that component. Other elements used in measuring QoL vary across different domains of life, clime and country. include Such domains housing and neighbourhood, health, social connectedness, environment, economy, education, government, public safety, transportation, Art and culture (Heuck and Schulz, 2012).

Quality of life varies from one place to the other (Senlier et al., 2009). Hence, objective and subjective data on the quality of life of residents in rural areas especially in a developing country like Nigeria are very important. This is because the defining characteristics of the rural dwellers is an important component in defining quality of life and the data will provide different insights into the present state of residents in rural communities. Furthermore, a study of the quality of life in the rural area is highly imperative in understanding challenges faced by rural dwellers especially in areas affecting their growth and development. Besides, finding on the quality of life indicators from rural areas can allow governments to evaluate how well they are doing and have performed in such communities.

This paper is attempting to foster knowledge especially as related to the understanding indicators that affects quality of life of rural dwellers in Osun State, Nigeria. The information can also be valuable both as an historic document and also contribute as a guide to inform decisions about the development of rural community's future. Based on the above, this study provided answers to the following research questions: Who are the residents within the Ikeji-Arakeji community? What are the available facilities? What is the condition of available facilities? What is the state of the people's QoL? What can be done to enhance their QOL?

METHODS

Data for this study was collected in Ikeji-Arakeji; a rural community located in Oriade local government area of Osun State, South West Nigeria. The community is about 48 km from Oshogbo (Capital City of Osun-State) and 37km from Akure (the capital of Ondo State). Majority of the settlers in this community are of the Yoruba ethnic group. It is an agrarian community with a total population of about 18840 (National Population Census, 2016) of the Oriade Local Government of Osun State.

To collect the primary data, every tenth building in the community (10%) was selected using systematic sampling. The selection was done in a serpentine manner, because of the building arrangement in the study area. This brought the sample size to 205 respondents. Questionnaire was administered on household representative person who is eighteen (18) years and above. The questionnaire was administered in a state of complete privacy between the researchers and the respondents. Information obtained from the questionnaire includes residents' socio-economic characteristics, socio-demographic data, condition of facilities and residents' perception of various aspect of life used in measuring OoL. A total of 157 questionnaires were properly retrieved and analyzed.

The study also engaged in the use of nonparticipant observation to observe the availability,

adequacy and condition of facilities that enhances quality of life in the community. Data analysis for the questionnaire was done using Statistical Package for Social Science (SPSS). This involves the generation of simple percentages and mean indices.

Residents expressed their opinion on the condition of available facilities using one of five point Likert scales of '*Very Good*' (VG), *Good*' (G), '*Neither Good nor Bad*' (NGNB), 'Bad' (B), and '*Very Bad'* (VB). In other to measure the residents perceived condition of the infrastructural facilities, an index termed Facility Condition Index (*FCI*) was developed. To arrive at FCI, the following procedures were followed:

- A weight value of 5,4,3,2 and 1 were respectively attached to 'Very Good' (VG), Good' (G), 'Neither Good nor Bad' (NGNB), 'Bad' (B), and 'Very Bad' (VB). Summation of Weight Value (SWV) which is the addition of the product of the number of responses to each infrastructure and the respective weight value attached to each rating.
- The index for each infrastructure was arrived at by dividing the Summation of Weight Value (SWV) by the total number of responses.

This is mathematically expressed as

$$\mathbf{SWV} = \sum_{i=1}^{5} x_i y_i \tag{1}$$

Where: SWV= Summation of Weight value; x_i = number of respondents to rating i; and y_i =the weight assigned to a value (i=1, 2, 3, 4, 5). The index for each identified infrastructure thus takes a value of between 5 and 1. The nearer the value to 5, the better the condition that residents attached to such infrastructural facilities under consideration. *SWV* was then divided by the number of respondents' to arrive at each facility *FCI*.

This is expressed mathematically as: $FCI = \underline{SWV}$

$$\sum_{i=1}^{5} i = X_i \tag{2}$$

Measurement of Quality of Life was done using a modified version of *The Jacksonville Community Council, Inc. QOL* System(Richard D. Young, 2006).In other to measure the residents perceived level of satisfaction on the different QoL indicator, an index termed Household Quality of Life Index (QLI) was developed using a 5 point Likert scale. To arrive at QLI, the methods used in the computation of *FCI* were adopted.

Having determined the rating for each facilities and QoL indicators, a single question was used to measure respondents' overall condition of all the facilities and that of the quality of life indicators. Respondents were asked to express answer using a 5-point scale ranging from 1 (very dissatisfied) to 5 (very satisfied). Using the same procedure highlighted above, the analyses of the ratings indicated by household head from the Likert's scales adopted evolved into an index called "Facility Condition Index" (FCIm) and Quality of Life Index (QLIm).The outcomes are summarized in Table 1, 2, 3 and 4.

Findings

The research findings are discussed under the various headings below. Unless where otherwise stated, the tables through which information are summarized are the products of the survey carried out by the authors in 2015.

Household Head Characteristics in Ikeji-Arakeji Community

Characteristics of household in the study area were examined. This includes gender, age, and level of education and occupation of residents in Ikeji-Arakeji Community. Presented in Table 1 is the household characteristic of residents in Ikeji-Arakeji community. Findings revealed that household heads were mainly males. This was evident as27.6% of the residents were female while 72.4% were male.

The age of household heads in the study area were grouped into three for ease of analysis. This grouping was based in dependency and active population as adopted by demographers and social statisticians. The groupings are: 18-30 years (the youth or dependency population), 31-60 years (the young adult or the active population), above 60 (retired/old adult). Ouestionnaire was administered on an adult not below the age of 18 years on each floor of the selected buildings in the study area. Through the summary presented in Table 1, it was evident that residents in the age group of 60 years and above accounted for 50.0% of the residents in the study area, and thus, the dominant age group. Next to this were those in the age between 31 and 600 years. The group accounted for 31.9% of the residents. Furthermore, 4.6% of the residents were between 18-30 years of age. Findings revealed that 50.6% of the residents were farmers while 44.9% were artisans and

traders. The proportion of residents engaging in other occupations such as civil service and professional services was 3.8%.

For ease of analysis, four income groups were identified. The first group was residents earning below the national minimum wage (N18000). The low income group was residents in income group of grade level 01 to 06. The middle income earners were those in grade level 07 to 12 while high were residents in income group of 13 to17. The numerical monthly income of the groups was less than 18000, 18000-60000, and 61000-150000 and above 150000 respectively. It is evident through Table 1, that majority of (52.6%) the residents in Ikeji-Arakeji were living below poverty line by earning less than 18000 monthly. The proportion of residents in the low, medium and high income categories was 24.8%, 19.7% and 3.2% respectively. Findings on Educational Level of Respondents revealed that 27.6% of the respondents had no formal Education. Of the remaining respondents with formal education, 15.4% had vocational training, 14.1% had primary schools education while 37.2% had high / secondary school education. The proportion of residents with tertiary education was only 5.8%.

Variable	Frequency	Percentage (%)			
Gender of Respondents					
Male	113	72.4			
Female	46	27.6			
Age of Respondents					
22-30	33	18.1			
31-60	59	31.9			
61 and above	91	50.0			
Occupation of Respondents					
Farming	80	50.6			
Artisans and Traders	70	44.9			
Others	6	03.8			
Respondents'					
Income(in Naira)					
Below poverty line	82	52.6			
Low	39	24.8			
Medium	31	19.7			
High	5	03.2			
Educational Level of Respondents					
No formal Education	44	27.6			
Vocational Training	25	15.4			
Primary Schools	23	14.1			
High/Secondary	58	37.2			
School					
Tertiary Education	09	05.8			

Table1. Household Characteristics

N = 156

Household Access to Basic Quality of Life Facilities

In this section, household access to basic quality of life facilities in Ikeji-Arakeji community was examined. From the summary presented in Table 2, it was revealed that residents only had access to eleven out of twenty three basic quality of life facilities within the village. It was evident through the findings that none of the residents indicated access to local government waste disposal facilities, tertiary school, recreational centre, post office, pipe borne water and modern market. Other QoL facilities not accessible within the village by the residents included maternity centre, library, and good drainage, general hospital, fire station and banks.

The study as presented in Table 2 confirmed that 90.4% of residents accessed primary school, 81.4% accessed secondary school, while all the respondents (100.0% each) confirmed their access to communication facilities, churches and mosque with in the village. While 34% of the residents had access to road network, only 34.6% had access to electricity within the village. Findings further revealed that the proportion of residents with access to convenience store, police post/services, restaurant and community centre was 62.8%, 50.0%, 41.7% and 41.1% respectively.

Table2. Basic quality of life Facilities

Facilities	Frequency	Percentage
Communication	157	70.5
facilities		
Mosque	156	100.0
Church	156	100.0
Primary School	141	90.4
Secondary School	127	81.4
Convenience Store	98	62.8
Police post	78	50.0
Restaurant	65	41.7
Community Centre	64	41.1
Electricity Supply	54	34.6
Road network	53	34.0
Waste Disposal	0	0.0
Facilities		
Tertiary School	0	0.0
Recreational Centre	0	0.0
Post office	0	0.0
Pipe borne Water	0	0.0
Modern Market	0	0.0
Maternity Centre	0	0.0
Library	0	0.0
Good drainage	0	0.0
General Hospital	0	0.0
Fire Station	0	0.0
Banks	0	0.0

N = 156

Conditions of Accessed Facilities

The condition of facilities determines the quality of life of residents (Ismail, Jabar, Janipar & Razali, 2015). As part of the efforts to determine the quality of life of residents in rural settlement, the conditions of the available facilities were examined. Findings are as presented in the Table 3.

The overall condition of the facilities is denoted by FCI_m. The overall conditions of the accessible facilities in the study area was adjudged "bad" (FCI_m = 2.2). Findings from perception revealed that residents' the conditions of church (FCI= 4.6) and mosque (FCI=4.6) was very good in the study area. Communication (FCI= 4.3) was good in the study area from residents perception and so also was restaurant (FCI= 3.9), Primary School (FCI= 3.8) and Secondary School (FCI= 3.5).Convenience store, community centre and police services were neither good nor bad. Road network and electricity supply was adjudged "bad" by the residents. While the FCI of road network was 2.3, that of electricity supply was 1.5.

Household Satisfaction with Various Aspects of Life

This study investigated the household level of satisfaction with various aspect of life. To determine this, residents were provided with quality of life scale. They were further instructed to indicate the level of satisfaction with each aspect of life. Residents were to express their opinion using one of five points Likert scales of 'Very satisfied (VS), Satisfied (S), Not Sure (NS), Moderately Dissatisfied (MD), and Dissatisfied. The analyses of the ratings indicated by the residents from the Likert's scales adopted evolved into an index called "Household Quality of Life Index" (QLI). The summary is presented in Table 3.

Facilities	FCI	FCI - FCI _m
Church	4.6	+2.4
Mosque	4.6	+2.4
Communication facilities	4.3	+2.1
Restaurant	3.9	+1.7
Primary School	3.8	+1.6
Secondary School	3.5	+1.3
Convenience Store	3.4	+1.2
Community Centre	3.1	+0.9
Police post	2.9	+0.7
Road network	2.3	-0.3
Electricity Supply	1.5	-0.7
Overall Condition (FCI _m)	2.2	

Table3. Conditions of basic quality of life facilities

Table4. Household level of satisfaction with variousaspect of life

Aspects of Life Indicators	QLI	QLI - QLI _m
Proximity to religious centre	4.43	+2.02
The safety you have at Home	4.23	+1.82
Safety you have during the Day	4.21	+1.80
Absence of air pollution	4.21	+1.80
Absence of noise pollution	3.97	+1.56
Safety at night in this neighbourhood	3.43	+1.02
Sense of belonging you have in this	3.41	+1.00
community		
The safety you have at Work	3.31	+0.90
The safety in Public Places	3.25	+0.84
Absence of water pollution	3.21	+0.80
Proximity to work place	3.11	+0.70
Your life as a whole	3.02	+0.61
The support you get from your friends and neighbor	2.87	+0.46
Your transport to access needed services	2.78	+0.37
The interpersonal relationships between	2.68	+0.27
you and your neighbors		
Available schools within your	2.56	+0.15
neighborhood	2.55	.0.14
Settlement as a place to raise children	2.55	+0.14
Strength and identity of this community	2.51	+0.10
Life in your home	2.51	+0.10
Condition of Roads.	2.32	-0.09
Police Services in this community	2.21	-0.20
Proximity to schools	2.12	-0.29
Family structure	2.11	-0.30
Quality of education provided to students of Public schools	2.03	-0.38
Balance between your work and your family	2.01	-0.40
The general physical condition of your	1.54	-0.87
house	1.53	0.00
Shopping mode within your community	1.55	-0.88
Quality and reliability of services provided by governments		-0.96
Access to healthcare services	1.45	-0.96
The quality of educational facilities in this area	1.43	-0.98
Economic opportunities	1.23	-1.18
Current annual income	1.22	-1.19
The impact of government on this	1.21	-1.20
community	1 1 4	1.07
Cleanliness of the area	1.14	-1.27
Access to waste disposal facility.	1.13	-1.28
The quality of recreational facilities	1.08	-1.33
Overall health	0.56	-1.85
Portable Water availability	0.34	-2.07
General maintenance of this community	0.24	-2.17
The size and quality of your home	0.23	-2.18
The quantity and quality of the open spaces in your house	0.23	-2.18
Access to public toilets.	0.15	-2.26
Electricity availability	0.15	-2.30
	0.11	2.50

From the summary presented above, the overall quality of life was poor $(QLI_m=2.41)$.

Furthermore, two groups of quality of life indicators could be established. These were group with positive deviation about the overall satisfaction and group with negative deviation about the overall satisfaction. Positive deviation indicates that resident were satisfied with these indicators while negative deviation showed residents dissatisfaction. Aspect of quality of life indicators with positive deviation in the study area included proximity to religious centre, the safety they have at home, and safety they have during the day, absence of air pollution and absence of noise pollution among others (See Table 4). On the other hand, aspects of life with negative deviation were overall health, conditions of roads, portable water availability, general maintenance of the community, the size and quality of home, the quantity and quality of the open spaces in house. Others included access to public toilets and electricity availability among others. It was noted that resident enjoyed a very low level of satisfaction on indicators that infrastructure related to them were either not available or in poor condition in the study area.

CONCLUSION AND RECOMMENDATIONS

The study concludes that the rural quality of life was poor as residents enjoyed a very low level of satisfaction with key quality of life indicators especially on availability of portable water, electricity availability, quality and reliability of government, quality of recreational facility, cleanliness of the area and access to waste disposal facilities. This resulted from an insufficient availability and/or bad condition of essential infrastructure related to these key quality of life indicators.Furthermore, the economic condition of the rural residents was poor based on the fact that very few respondents were living comfortably on the average monthly income while more than half of the population was living on income below poverty line in Nigeria. It was observed that government neglect of rural settlements is a reflection of the above problems.

It is therefore recommended that the government involvement is necessary in the provision of employment opportunity and in the provision of infrastructure in the study area so as to improve the economic situation of the dwellers. Establishment of industries such as agro-allied by government will generate job opportunities for the youths. Like other rural areas, Ikeji-Arakeji by their own lacks the fund, power to provide and decide on the type and quantity of their infrastructural needs. Hence, means of encouraging rural infrastructural provision should be given adequate attention by government. Other projects such as potable water supply, electrification, maintenance and construction of access road, skill acquisition programmes and agricultural development programmes should be embarked upon to boost development opportunities that will improve the economic condition of the dwellers.

Community development strategies should be encouraged by the government. Strategies such as public private partnership (PPP), Self-help, cooperative development among others should be encouraged. All these will go a long way to complement the efforts of the government agencies.

It is therefore hoped that if these recommendations are adopted, the QoL of rural dwellers in Osun-State will be enhanced and more particular, Ikeji-Arakei can become an outstanding rural settlement nationally and globally.

ACKNOWLEDGEMENT

The authors are grateful to the management of Joseph Ayo Babalola University, Nigeria for funding received through the Senate committee on Research.

REFERENCES

- Adejumobi, A. &Odunmosu, O. (1998). Survey of Quality of life of Nigerians Ibadan: Nigeria Institute of Social and Economic Research. pp. 62 - 67.
- [2] André, P., & Bitondo B. (2001). Development of a Conceptual and Methodological framework. http://www.ceaacee.gc.ca. Accessed on 10th July, 2015.
- [3] Costanza, R. (2008). Quality of Life; An approach Integrating Opportunities, Human needs and Subjective Well-being. Ecological Economics 61, pp. 267-276.
- [4] Foo, T.S (2000). Subjective Assessment of Urban Quality of Life in Singapore (1997–1998). Habitat International, Volume 24, Issue 1, pp. 31–49.
- [5] Gabriel, Z., & Bowling, A. (2004). Quality of life from the perspectives of older people. Ageing& Society. 24, pp. 675-691.
- [6] Heuch, D., & Schulz, R. (2012). Special Reports: The Pittshurgh Regional Quality of Life Survey. www.pittsburghtoday.org // UCSUR. Accessed on January, 12th 2014.
- [7] IsmailF., Jabar, I., Janipha, N., & Razali, R. (2015).Measuring the Quality of Life in Low Cost Residential Environment. Procedia - Social and Behavioural Sciences, Volume 168, pp. 270–279

- [8] Meule, A., Fath, K., Real, R.G., Sutterlin, S., Vogele, C. & Kibber, C. (2013). Quality of Life, motion Regulation, and Heart Rate Variability in Individuals with Intellectual Disabilities and Concomitant Impaired Vision. Psychology of Well-Being: Theory, Research and Practice. Vol 3, No1. pp. 241-266.
- [9] Omole, M.K. (2010). A Survey of Anti-malarial Drug Use Practices among Urban Dwellers in Abeokuta, Nigeria. African Journal of Biomedical Research, Vol 13, No 1.
- [10] Senlier, N., Yiediz, R., and Aktas, E.D. (2009). A Perception Survey for the Evaluation of Urban

Quality of Life in Kocaeli and a comparison of the Life Satisfaction with the European Cities. Social Indicators Research, 94(2), pp. 213-226.

- [11] Silva, J., F., & Johnstone, N. (2012). Environmental Quality and Life Satisfaction: Evidence Based on Micro-Data. OECD Environment Working Papers, No. 44, OECD Publishing.
- [12] World Health Organisation (WHO) (2007). WHOQOL User Manual. WHO/MHN/ MHP/ 98.4, downloaded from www.who.int/mentalhealth/evidencewho-qol-user-manual-98 on December 28, 2007.