

Housing Quality and Residents' Quality of Life in Core Area Settlements of Ibadan, Oyo State, Nigeria

Oluyemi Oluseyi KOLAWOLE, Msc¹; Samuel Olubunmi ALAUSA, PhD², Simon Ajayi OLUKOTUN, PhD³

^{1,2,3}Department of Urban and Regional Planning, Lead City University, Ibadan, Nigeria.

ABSTRACT

The study examines the effect of housing condition on the quality of life of residents in the core areas of Ibadan Metropolis, Nigeria. The core areas studied were located in the five local governments of Ibadan North, Ibadan North East, Ibadan North West, Ibadan South West and Ibadan South East. A combination of descriptive and Survey research design was used in the data collection with a sample population of 399 from a total of 134,451 housing units. The data were analysed using residents' perception of housing condition on their health status. The results showed that 49.1% of the residents agreed that their houses were structurally defective; the housing infrastructure provided has a correlation mean higher than the standard deviation of 1.505575; a predominant respiratory health challenge of 31.6% of residents, 27.6% for water borne diseases and 31.6% for other diseases; while an average of 20% of residents in the core areas agreed that poor housing condition contributed to their health problems. It was recommended that there should be selective renovation of defective structures, provision of infrastructure in the core areas and residents should be economically empowered to carry out regular maintenance of their houses.

KEYWORDS: Housing Quality, Quality of Life, Core Area Settlements, Housing Infrastructure

ARTICLE DETAILS

Published On:
18 July 2026

Available on:
<https://ijrsr.org/>

INTRODUCTION

Housing has been described as a “residential environment which includes the physical structure that mankind uses for shelter and the environment of that structure, including all necessary services, facilities, equipment and devices needed or desired for the physical and mental health and social well-being of the family and individual” (Gilbert, 2021). This perspective reinforces housing as a construct that integrates physical shelter with social, economic, and environmental components crucial for sustainable living. Housing condition has been defined as “the degree to which the physical characteristics of a house meet standard indicators for health, safety, and habitability” (Tippie, 2019).

The World Health Organization defines The Quality of Life as “an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns.” This definition acknowledges the subjective nature of QoL and its dependence on both material and non-material factors. More specifically, residents' quality of life focuses on the lived experiences of individuals within specific communities or urban spaces. It is the extent to which residents of a locality perceive and experience satisfaction with their living conditions, including housing, environment, and social amenities (WHO, 2022). This paper intends to examine the existing housing condition in the core areas of the study area; analyze the factors that determine the residents Quality of Life (QoL); examine the correlation between housing quality and the residents' quality of life; and assess the impact of the housing conditions on the health and overall quality of life of the residents in the core areas of Ibadan, Oyo state, Nigeria.

The Study Area The study areas comprised of the core areas within Ibadan metropolis, which include Oje, Bere, Agugu, Adeoyo, Isale- Osi, Gege, Foko, Inalande, among others. These areas in Ibadan are distributed within Five Local Governments in Ibadan metropolis; Ibadan South East, Ibadan North West, Ibadan South West, Ibadan North, and Ibadan North East.

Ibadan Metropolis is located in the southern region of Oyo State, Nigeria. Oyo State is one of the states comprising the federating units in the Southwest Nigeria. The state was created on February 3rd, 1976 having Ibadan as the capital. Oyo state has a land mass of approximately 28,454 square Kilometer; and geographically situated between latitude 7° 03' N and 9° 12' N and longitude 2° 47' E and 4° 23' E.

Housing Quality and Residents' Quality of Life in Core Area Settlements of Ibadan, Oyo State, Nigeria

Ibadan metropolis which harbored the administrative capital of Oyo state is the most urbanized among the settlements comprising Oyo state. It was the historical capital of the old Western Region when Nigeria was divided into regions. Ibadan was founded in the 1820s as a military war camp and comprised of eleven local governments. The Ibadan metropolis comprised of five local governments which are: Ibadan North local government, Ibadan North East, Ibadan South East, Ibadan South West, and Ibadan North West. All these local governments have some settlements which formed the core areas where Ibadan as a settlement began. Ibadan metropolis comprised of ancient geological formation dominated by the Precambrian Basement rocks such as gneises, migmatites and quartzites to mention but a few. In terms of topography, Ibadan has a gently rolling hills and broad valleys with an elevation between 150 and 275 meters above sea level (Areola, 1994; Odeyemi, 1999). Ibadan is drained by a network of rivers which include Ogunpa, Ona, Ogbere, Kudeti, Alaro and Yemoja. Ibadan is known for heavy rainfall once in a while which often resulted in devastating flood.

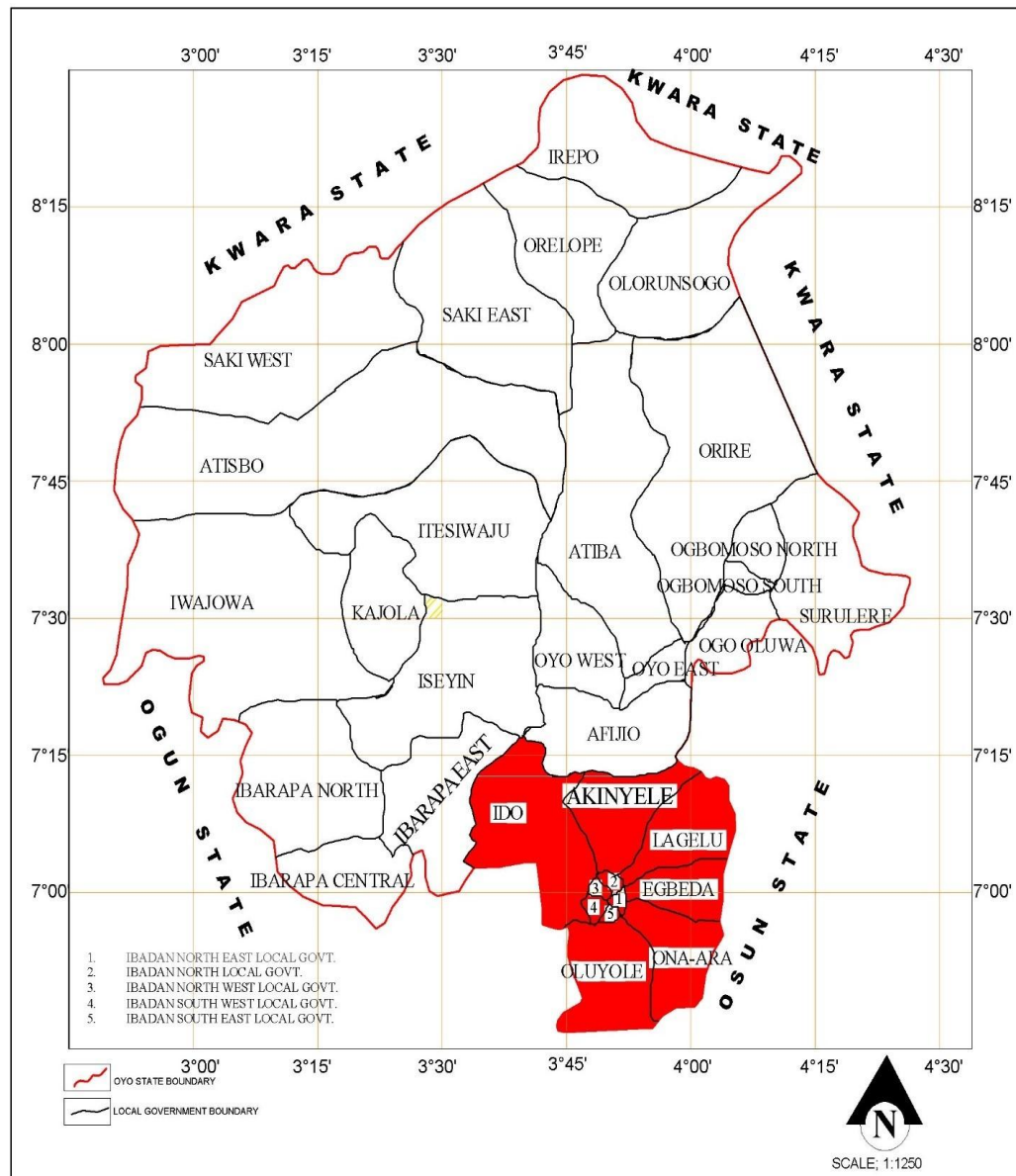


Figure 1 Ibadan in the Setting of Oyo State

Source: Oyo State Ministry of lands, Housing and Urban Development (2025).

CONCEPTUAL AND THEORETICAL FRAMEWORK

Housing Quality

The concept of housing quality which is determined by the housing condition and human health was propounded by Friedrich Engels (1820-1895) when studying human behavior and their living condition. The concept of housing condition has been adopted in urban planning, sociology, and public health; and was noted to be a critical determinant of human well-being in rapidly urbanizing environments (Halton, 2026). Housing condition refers to the physical, and structural attributes of a dwelling that influence its habitability, safety, and functionality. In urban planning, it encompasses not only the building itself, but also the surrounding

infrastructure, amenities, and socio-economic context that shape residents' daily experiences (Alesandro and Appolloni, 2020). Housing condition aligns with sustainable development goals, such as SDG 11 (Sustainable Cities and Communities), which emphasized adequate, safe, and affordable housing (Winston, 2022). In relation to quality of life (QoL), housing condition acts as a mediator: poor conditions can exacerbate poverty, health disparities, and social exclusion; while improved housing enhances productivity, mental health, and community cohesion (Liu et al, 2022).

Housing condition is multifaceted, integrating physical, environmental, and social dimensions. Physically, it includes the structural quality of buildings such as roofs, walls, floors, doors, and windows and their resistance to hazards like flooding or collapse (WHO, 2022). For instance, materials like concrete versus mud bricks determine durability, with inadequate construction leading to dampness, leaks, and instability (WHO, 2022). This condition brings with it some sicknesses such as cold, cough, asthma and complicated fever. Environmental components which also encompass access to basic amenities: potable water, electricity, sanitation, waste disposal, drainage systems, and ventilation have effect on the health condition of the residents of the buildings situated in such environment. These elements if in good condition ensure hygiene and prevent disease transmission. Socially, housing condition involves overcrowding, privacy, and neighborhood safety, which influence psychological well-being of the people (Patra et al, 2023). The WHO frames healthy housing as shelter that provides protection against communicable diseases, chronic diseases, injuries, and mental health risks. This holistic view highlights how substandard conditions—e.g., poor ventilation causing respiratory issues or lack of sanitation leading to waterborne diseases—directly impair QoL (Winston, 2022). Pathways linking housing conditions to QoL include direct health impacts (e.g., mold causing asthma) and indirect effects (e.g., stress from insecurity or noise pollution reducing life satisfaction). Studies showed that stable, quality housing correlates with higher subjective well-being, while unstable housing characterized by evictions or overcrowding erodes QoL by limiting access to education, employment, and social networks (Wimalasena, Chang-Richards, Wang, and Dirks, 2022).

Quality of Life of Residents

The quality of life has been described as a means and as an end. It is the outcome of conditions that are perceived to exist and the extent the conditions meet the state and expectations of the individual (Egunjobi and Popoola, 2017). Quality of life is multifaceted and should combine psychological and environmental dimensions. Quality of life of an individual goes beyond the physical condition of buildings within which an individual resides; it encompasses the exogenous and the endogenous variables (Dissart and Deller, 2000). The quality of life (QOL) combines two dimensions to give a complete view of the concept: psychological and environmental dimensions (Massam, 2002, Egunjobi and Popoola, 2017). In his own opinion Schalock described QOL as the term that encompasses the set of factors that compose the personal well-being. He then identified core indicators and descriptors of QOL as: emotional well-being, interpersonal relationship, material well being, personal development, physical wellbeing, self-determination, social inclusion and human rights (Schalock, 2004). Thus, the housing condition of an individual forms the environmental and exogenous factors that would determine an individual's Quality of Life.

Multidimensional frameworks adopted across high-income countries demonstrate that life outcomes are shaped by a combination of material conditions, health, education, safety, civic engagement, work-life balance, environmental quality, and subjective perceptions of satisfaction (OCED, 2020).

Theoretical Consideration

This article is premised on three theories to provide a background understanding of the relationship between the variables. These were discussed one after the other.

Person-Environment Fit (P-E Fit) Theory

The Person-Environment Fit (P-E Fit) theory provides a robust framework for understanding how the compatibility between individuals and their living environments shapes their quality of life, satisfaction, and overall well-being (Zang Chen, 2020). The central tenet of P-E Fit theory is that the alignment or misalignment between personal needs, preferences, and capacities with environmental resources and demands determines outcomes such as health, productivity, and subjective well-being. In the context of housing and urban living, this theory is particularly relevant for assessing how the condition, adequacy, and livability of residential environments influence the quality of life of residents (Wang and Xu, 2022).

The origins of P-E Fit theory lie in environmental psychology, where the interaction between people and their surroundings is seen as a dynamic process. The framework highlights that neither individual attributes nor environmental characteristics alone can fully explain well-being outcomes. Instead, it is the degree of congruence between the two that matters most. When housing environments provide resources that meet residents' physical, psychological, and social needs, individuals are more likely to experience higher satisfaction and improved life outcomes. Conversely, poor housing conditions such as overcrowding, lack of basic amenities, or exposure to environmental hazards can create a misfit, leading to stress, reduced health outcomes, and lower quality of life (Choi and Kim, 2020).

In recent years, researchers have applied P-E Fit theory to housing studies, emphasizing its ability to explain why similar housing environments may produce different outcomes for different residents. This perspective shifts the focus from a one-size-fits-all

approach to housing adequacy toward a more nuanced understanding that considers variability in resident–environment interactions. Such insights are critical for housing policy and planning, especially in cities like Ibadan where residents face diverse socio-economic challenges and live in heterogeneous environments. One of the key dimensions of P–E Fit theory is the distinction between objective and subjective fit. Objective fit refers to measurable congruence, such as whether a household has sufficient space per occupant, access to clean water, or proximity to essential services (Choi and Kim, 2020). Subjective fit, on the other hand, concerns how individuals perceive their housing adequacy and whether it meets their personal and family needs. Both forms of fit are important, but subjective evaluations are particularly significant because they directly influence life satisfaction and perceived well-being.

The P–E Fit framework also emphasizes the dynamic nature of fit, which evolves over time as individual needs and environmental conditions change. Life cycle stages such as marriage, childbearing, aging, and retirement alter housing needs, while urban growth, infrastructural decay, or policy interventions transform environmental conditions (Wang and Xu, 2022). A dwelling that is suitable for a young couple may become inadequate as their family grows, or as neighborhood conditions deteriorate due to overcrowding and inadequate urban services. This dynamic understanding makes P–E Fit a flexible framework for longitudinal assessments of housing and quality of life (Choi and Kim, 2020).

Housing conditions in rapidly urbanizing cities of the Global South, such as Ibadan, present an ideal context for applying the P–E Fit framework. Residents often face mismatches between their socio-economic capacities and the housing environments they inhabit. In low-income settlements, poor fit manifests in the form of inadequate ventilation, unsafe building structures, lack of sanitation, and insecurity, which undermine physical and psychological well-being. For middle- and high-income residents, fit may be influenced by issues such as traffic congestion, urban noise, and neighborhood aesthetics. This demonstrates how housing conditions intersect with individual preferences and resources to produce differentiated impacts on quality of life (Adetunji, Fadairo and Ajayi, 2022). Furthermore, the P–E Fit perspective aligns with global sustainability and livability discourses. As the United Nations Sustainable Development Goal (SDG) 11 emphasizes inclusive, safe, resilient, and sustainable cities, evaluating housing through the lens of P–E Fit offers a people-centered approach that prioritizes well-being outcomes (Adetunji, Fadairo and Ajayi, 2022).

The Causality Theory

The theory of Cause and Effect explained the relationship between two variables where one is the reason for the occurrence of the other; and the theory is frequently used in scientific research (Le, La and Tykkylainen, 2022). A cause is the thing that makes the other thing to happen while the effect shows the result of the relationship. The theory of Cause and Effect is also known as Causality theory was first propounded by Aristotle in 384 322 B.C and states that there is a fundamental source of becoming everything, and that everything tends towards some end or form (Le, La, and Tykkylainen, 2022). Aristotle argued that change is not an illusion but a deliberate human and experience; and he submitted that reality is not externally driven but through individual experience one perceives. Aristotle believed that there are multiple causes of an event, but there will be fundamental and final cause which will be the source of becoming. Aristotle in his theory postulated four types of causes which are: A Formal cause which is the one that leads up to the final form of a thing; Efficient cause which states that human experience changes in terms of what went before the present state; Material cause which states that a thing occurs because it is the material of which it is made; and the Final cause which is the purpose or goal served by the change. The law of Cause and Effect in modern sense is restricted to Material and Efficient cause. This theory pointed to the fact that the human health status is influenced by the quality of the environment within which he works or lives.

METHODOLOGY AND STUDY AREA

The study area is the core areas of Ibadan metropolis, Oyo state, Nigeria. This study focused on core areas within Ibadan metropolis, which comprised of Oje, Bere, Agugu, Adeoyo, Isale- Osi, Gege, Foko, Inalande, among others. These areas in Ibadan are distributed within Five Local Governments in Ibadan metropolis; Ibadan South East, Ibadan North West, Ibadan South West, Ibadan North, Ibadan North East. These locations were selected to reflect diverse traditional housing conditions and neighborhoods characterized by densely populated, low-income settlements. Their inclusion allows for a comparative assessment of how varying housing quality across socioeconomic settings impacts residents' quality of life within the city.

An overview of Ibadan metropolis in Oyo State showed that the state is one of the most prominent federating units in southwestern Nigeria, strategically positioned within the country's rainforest–savanna ecological transition zone. It was created on February 3, 1976, and occupied a landmass of approximately 28,454 square kilometres, making it one of the largest states in southern Nigeria. Geographically, Oyo State lies between latitudes 7°03'N and 9°12'N and longitudes 2°47'E and 4°23'E, placing it within the tropical hinterland of the lower Nigerian savanna belt (see Figure 1.1). This location confers significant climatic and ecological diversity, shaping the patterns of settlement, agriculture, economic activities, and urban development within the state (Mabogunje, 2021) Ibadan is traversed by the Orogun, Ona, and Ogbere rivers which shaped the drainage characteristics of the Metropolis, influencing its susceptibility to seasonal flooding.

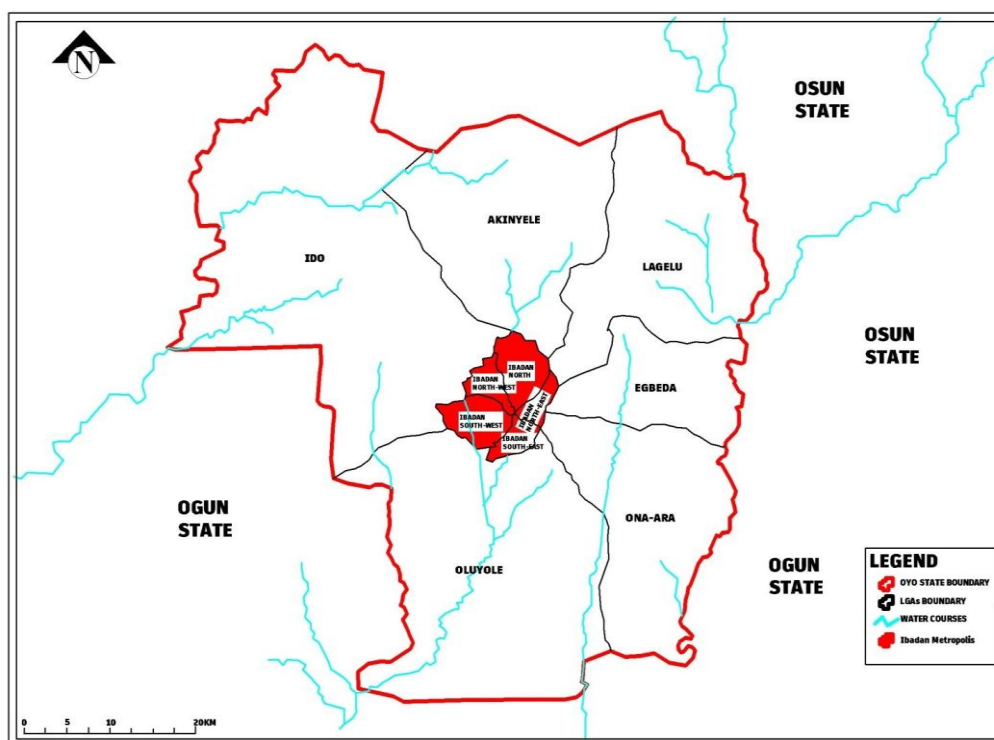


Figure 1.1 Ibadan Metropolis in the context of Ibadan

Source: Oyo State Ministry of lands, Housing and Urban Development (2025).

The methodology used in this study is a combination of descriptive research design and survey method. The method plunged into collection of both primary and secondary data on housing condition and health status of the residents in the study areas using questionnaires and interviews.

The population for the study is the residents of houses in the selected core areas and the condition of their houses which they inhabited. The total number of houses was 134,451 out of which a sample of 399 were determined using Taro Yamane formula. The breakdown of the sample population is as contained in Table 1.

Table 1: Sample population distribution of houses in the core areas of Ibadan Metropolis

S/N	Local Govt	Study Area	No of Houses	Sampled Houses
1	Ibadan North L.G	Adeoyo	30,812	92
2	Ibadan Southwest L. G	Isaleosi, Gege	28,259	83
3	Ibadan Northwest L. G	Inalende	15,283	46
4	Ibadan Northeast L. G	Oje, Agugu	33,040	98
5	Ibadan Southeast L. G	Bere, Foko	27,051	80
	Total		134,451	399

Source: Authors' field work, 2026.

In addition, purposive sampling was used to identify key informants, particularly household heads, based on their knowledge of housing conditions and responsibilities.

Data Analysis and Result of Findings

The data collected on housing condition, construction material used, income distribution and infrastructure provided were analysed to make inferences on the correlation between housing condition and residents' life cycle. The analysis is presented in form of tables and correlation matrix. The first analysis is on the housing types in the selected core areas and is shown in Table 2.

Types of building

Table 2. Types of building

Local Government		Type of building				Total
		Single room (face-me-Iface-you)	Room and parlour (mini-flat)	Flat / bungalow w	Storey building (multi-flat)	
Ibadan	Freq	29	34	12	17	92

Housing Quality and Residents' Quality of Life in Core Area Settlements of Ibadan, Oyo State, Nigeria

North	%	21.3%	26.8%	14.5%	32.1%	23.1%
Ibadan South West	Freq	29	31	15	8	83
	%	21.3%	24.4%	18.1%	15.1%	20.8%
Ibadan North West	Freq	12	17	9	8	46
	%	8.8%	13.4%	10.8%	15.1%	11.5%
Ibadan North East	Freq	42	24	26	6	98
	%	30.9%	18.9%	31.3%	11.3%	24.6%
Ibadan South East	Freq	24	21	21	14	80
	%	17.6%	16.5%	25.3%	26.4%	20.1%
Total	Freq	136	127	83	53	399
	%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Authors' Field Work, 2026.

Table 2 presents the distribution of building types across the selected core areas of Ibadan metropolis. The results showed that single-room buildings (Brazilian house) constitute the most common housing type with 39.98% of the total building in the core areas. This is an indication that there is likelihood of multiple living which may have negative impact on the health status and life cycle of the residents in the study areas. Storey buildings with multiple flats represent the least common category with a percentage of 20% of the total building.

The pattern of building types clearly demonstrated that high-density housing structures dominated the core areas of Ibadan (Table 2). The prevalence of single-room and room-and-parlour buildings reflects the traditional compound housing system commonly associated with inner-city neighbourhoods.



Figure 1.2 Different Housing Types in Beere Area
Source Authors' Field Work, 2026.

Table 3 presented the year of stay of the residents in their core areas.

Table 3: Length of Stay of Residents in the Area

Year of stay	Frequency	Percent
Less than 5 years	68	17.0
5–10 years	52	13.0
11–20 years	101	25.3
More than 20 years	178	44.6
Total	399	100.0

Source Authors' Field Survey, 2026.

The analysis showed that 17% of the residents had lived in the area for less than 5 years while 69.9% had lived for over 10 years in the study area. This is an indication that the life style of the residents will be influenced by the condition of the buildings and the environment.

Table 4. Household Size in the Study areas

Household size		Household size				Total
		1–3 persons	4–6 persons	7–9 persons	Over 10 persons	
Ibadan North	Freq	59	22	8	3	92
	%	25.3%	26.8%	17.4%	7.9%	23.1%
Ibadan South West	Freq	44	18	10	11	83
	%	18.9%	22.0%	21.7%	28.9%	20.8%
Ibadan North West	Freq	28	11	4	3	46
	%	12.0%	13.4%	8.7%	7.9%	11.5%
Ibadan North East	Freq	63	11	11	13	98
	%	27.0%	13.4%	23.9%	34.2%	24.6%
Ibadan South East	Freq	39	20	13	8	80
	%	16.7%	24.4%	28.3%	21.1%	20.1%
Total	Freq	233	82	46	38	399
	%	100.0%	100.0%	100.0%	100.0%	100.0%

Source Authors' Field Work, 2026.

The distribution of household in the study area in table 4 showed that 21% of the houses in the study areas have more than six people in the households in the building. This presented an overcrowding which is beyond the World Health Organization standard of 4.5 persons per household for a healthy living (Akanbi, 2016).

Table 5 presented the housing infrastructure and services provided in the study areas. The analysis showed that all the infrastructures have a correlation mean higher than the standard deviation. This means that these infrastructures are not enough and did not meet the World Health Organization standard.

Table 5. Assessment of Housing Infrastructure and Service Conditions

Infrastructure	N	Minimu m	Maximu m	Mean	Std. Deviation
Drainage	399	1.00	5.00	2.5600	1.16794
Water		1.00	4.00	1.9564	1.07642
Electricity		1.00	5.00	2.2582	1.24201
Toilet (Public/Private)		1.00	2.00	1.4145	.49354
Waste Disposal		1.00	5.00	2.1673	.99324
Cooking Method		1.00	5.00	2.5491	1.24994
Valid N (listwise)					

Source: Authors' Field Work, 2026.

The perception of the people about the condition of their houses is presented in Table 6. The analysis showed that the mean of the people that disagreed with the opinion that their buildings were structurally sound and free from defects is 2.96805 while the standard deviation is 1.505575. This means that 196 out of the 399 samples agreed that their buildings were not structurally good and not free of defects. (see figure 2).

Table 6. Residents Perception of the Structural Condition of their Building

My building is structurally sound and free from cracks or defects	Mean	N	Std. Deviation
Strongly Disagree	2.8659	82	1.56159
Disagree	3.0702	114	1.44956
Undecided	3.1532	124	1.44292
Agree	2.6267	75	1.44982
Strongly Agree	3.7500	4	1.25831
Total	2.9774	399	1.47747

Source Authors' Field Work, 2026.



Figure 2. Drainage Condition in Isale-Osi Area
Source: Authors' Field Work, 2026.

In Table 7, the predominant health issues of the residents were presented. It showed that the residents were vulnerable to respiratory health challenges (31.1%), water borne diseases (including cholera, typhoid, and diarrhea at 27.6%), and other types of diseases at 31.6%. This showed a correlation between their housing condition and their health status. A poor health status is a pointer to poor quality of life.

Furthermore, Table 9 presented the sanitation condition of residents in the study areas. It revealed that pit latrine and shared public toilet dominated the core areas under study with 75.7% of the residents' population. Some are not provided with toilet facility. The presence of open defecation or the absence of toilet facilities among some respondents reflects severe sanitation deprivation within certain locations. This practice contributes directly to environmental pollution, contamination of surrounding spaces, and the spread of communicable diseases. From Table 8, it was clearly indicated that the residents across the whole areas of study agreed that housing condition contribute to health problems to further support the information in Table 7. The level of agreement was as high as 66.3% and as low as 27%.

Table 7. Predominant Health Issues Experienced by Respondents

Health Issues	Frequency	Percent
Respiratory problems (cough, asthma, catarrh)	126	31.6
Water-borne diseases (cholera, typhoid, diarrhea, malaria)	110	27.6
Skin infections or rashes	37	9.3
Others	126	31.6
Total	399	100.0

Source Authors' Field Work, 2026.

Table 8. Perceived Contribution of Housing Condition to Health Problems

Local Governments		Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Total
Ibadan North	Freq	0	23	5	3	61	92
	%	0.0%	18.1%	41.7%	8.6%	66.3%	23.1%
Ibadan South West	Freq	0	19	0	13	51	83
	%	0.0%	15.0%	0.0%	37.1%	61.4%	20.8%
Ibadan North West	Freq	0	15	3	1	27	46
	%	0%	11.8%	25.0%	2.9%	58.6%	11.5%
Ibadan North East	Freq	1	40	1	3	32	98
	%	8.3%	31.5%	8.3%	8.6%	32.7%	24.6%
Ibadan South East	Freq	0	30	3	15	32	80
	%	0%	23.6%	25.0%	42.9%	40.0%	20.1%
Total	Freq	224	127	12	35	1	399
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source Authors' Field Work, 2026.

Table 9. Type of Toilet Facility Available in the study areas

Toilet Facility	Frequency	Percent
Water closet	69	17.3
Pit latrine within the compound	126	31.6
Shared public toilet	176	44.1
Open defecation or no facility	28	7.0
Total	399	100.0

Source Authors' Field Work, 2026.

CONCLUSION AND RECOMMENDATION

The study has been able to draw a strong relationship between residents' housing conditions and the quality of life. The core areas of Ibadan Metropolis revealed that the residents lack basic sanitation facilities, and the houses are in poor condition without basic housing infrastructure. The following recommendations are therefore put forward: An improvement on the income or financial support for the residents to provide basic repairs on their buildings; provision of more public toilets and renovation of existing ones to curb open defecation; government intervention in waste management and environmental services; and public education and community engagement of the residents.

REFERENCES

- Gilbert, "Housing the Poor in the 21st Century: Trends and Challenges," Urban Affairs Quarterly 58, no. 2 (2021): 201–224.
- Tipple G, "The Determinants of Housing Conditions in Low-Income Urban Settlements," International Journal of Housing Policy 19, no. 3 (2019): 221–239.
- World Health Organization, "Quality of Life: WHOQOL-BREF," 2022, <https://www.who.int/tools/whoqol>.
- Areola O. "Soils and Soil Conservation in Nigeria," in Geography of Nigeria, ed. J. S. Oguntinyinbo (Ibadan: Heinemann, 1994).
- Odeyemi T. *Landforms and Relief Patterns of Ibadan Region* (Ibadan: Department of Geography Occasional Publications, 1999).
- Halton C. (2026) *Friedrich Engels: Co-Founder of Modern Communism and his Enduring Legacy*. Investopedia. Available Online <https://investopedia.com/terms/f/friedrich-engels.asp>
- Winston N, "Sustainable Community Development: Integrating Social and Environmental Sustainability for Sustainable Housing and Communities," Sustainable Development 30, no. 1 (2022): 191–202.
- Liu M, Bai X, Luan D, Wei J, Gong Y, and Gao Q, "Association between Built Environments and Quality of Life among Community Residents: Mediation Analysis of Air Pollution," Public Health 211 (2022): 75–80.
- Patra P, Roy A, Ghosh A, and Malik P, "Socio-Economic Impact on the Availability of Basic Amenities: A Comparative Analysis of Villages of Hilly States, India," Management of Environmental Quality: An International Journal 34, no. 1 (2023): 37–58.
- Egunjobi Layi, Popoola Ayobami A. (2017) "Quality of Life" Contemporary Concepts in Physical Planning. Ed. Layi Egunjobi. Vol.2. Department of Urban and Regional Planning, University of Ibadan. Pg 745.
- Dissart, J.C, and Deller, S.C. (2000) Quality of Life in the Planning Literature. Journal of Planning Literature, 15(1): 135
- OECD (2020), How's Life? 2020: *Measuring Well-Being* Paris: OECD Publishing.
- Eurostat (2023). Quality of Life Indicators—*Measuring Quality of Life (Luxembourg: Publications Office of the European Union, 2023)*, https://ec.europa.eu/eurostat/statisticsexplained/index.php/Quality_of_life_indicators_measuring_quality_of_life.
- Massam, B.H. (2002). Quality of Life: Public Planning and Private Living. Progress in Planning 58: 141
- Wimalasena N. N, Chang-Richards A, Wang K, and Dirks K (2022), "Housing Quality Indicators: A Systematic Review," in Proceedings of the 10th World Construction Symposium (Ceylon Institute of Builders, 2022), 531–544.
- Schalock R. L (2004). The Concept of Quality of Life: What We Know and Do Not Know. Journal of Intellectual Disability Research, 48(3); 203
- Adetunji A, Fadairo K, and Ajayi A, (2022) "Public-Private Partnerships and Housing Delivery in Nigeria: An Evaluation of Policy Outcomes," Journal of African Urban Studies 8, no. 2: 115–132.
- Makinde O, "Inequality and the Formal Housing Sector in African Cities," International Journal of Urban Policy and Planning 38, no. 3 (2020): 45–61.
- Adelekan I. O. and Akinbamijo O, (2021) *Urban Housing and Health in Nigerian Cities: Intersections of Environment, Infrastructure and Well-Being* (Ibadan: University of Ibadan Press.

- 20) European Commission, *Energy Performance of Buildings Directive: Towards Climate-Neutral Housing* (Brussels: European Union, 2021).
- 21) Charlton S, (2021) “*South Africa’s Housing Delivery Programme: Successes, Contradictions and Persistent Challenges*,” Habitat International 112: 102394.
- 22) Kihato I, (2022) “*The Politics of Affordable Housing in Kenya: Lessons from the Big Four Agenda*,” African Affairs 121, no. 484: 321–341.
- 23) World Bank, *Nigeria’s Housing Sector: Overview of Challenges and Opportunities* (Washington, DC: World Bank, 2021).
- 24) Olotuah A. O. and Bobadaye S, (2021) “*Informal Settlements and Housing Challenges in Nigerian Cities*,” Journal of Urban Management 10, no. 1: 34–47.
- 25) Akinyemi T. and Olayiwola A, (2021) “*Housing Affordability and Policy Mismatch in Nigeria: Evidence from Urban Low-Income Groups*,” African Journal of Sustainable Development 15, no. 1: 77–92.
- 26) Aribigbola A, (2020) “*Housing Policy in Nigeria: A Critical Review of Objectives and Implementation*,” Journal of Housing and the Built Environment 35, no. 4: 927–944.
- 27) Zhang Y. and Chen L, “*Housing Satisfaction and Residential Well-Being: An Application of Person–Environment Fit Theory in Urban China*,” Cities 106 (2020): 102872.
- 28) Wang Q. and Xu L, (2022) “*Subjective Housing Adequacy and Its Determinants in Rapidly Urbanizing Areas*,” Habitat International 120: 102497.
- 29) Choi J. and Kim S, (2020) “*Residential Satisfaction and Neighborhood Attachment: Applying the Person–Environment Fit Perspective*,” Housing Studies 35, no. 8: 1437–1456.
- 30) World Bank, World Bank Annual Report 2024: *Building a Sustainable Future* (Washington, DC: World Bank, 2024).
- 31) Adetunji A, Fadairo K, and Ajayi A (2022) “*Public-Private Partnerships and Housing Delivery in Nigeria: An Evaluation of Policy Outcomes*,” Journal of African Urban Studies 8, no. 2: 115–132.
- 32) Le, K.H, La, T.P, and Tykkylainen M. (2022). “Service Quality and Accessibility of Healthcare Facilities: Digital Healthcare Potential in Ho Chi Minh City. BMC Health Services Research. Available online <http://bmchealthservices.biomedcentral.com>
- 33) Kant J.H (2021). Causation and Laws of Nature. ScienceDirect. Available on line <https://www.sciencedirect.com>
- 34) National Bureau of Statistics (2023), *Demographic and Geographic Profile of Nigerian States* Abuja: NBS.
- 35) Mabogunje A.L (2021), *Urbanization in Nigeria* (London: University of London Press.
- 36) Nigerian Meteorological Agency (NIMET), *2024 Seasonal Climate Prediction*. Abuja: NIMET, 2024.
- 37) Akanbi Oluwatoyin (2016). “Spatial Analysis of Household Size as a Determinant of Health Status of Rural Areas. Global Journal of Human Social Science Available on line <https://socialscienceresearch.org>