

# Social Exclusion and Survival Strategies among Slum Dwellers in Ibadan, Nigeria

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## **Abstract**

*Social exclusion remains the most visible expressions of slum settlements. This study investigates the expression of social exclusion and survival strategies among slum dwellers in Ibadan, Nigeria. A merger of Burgess' concentric zone model and conflict theory formed the theoretical orientation for this study. Data were gathered through triangulation of quantitative and qualitative methods. In all, semi-structured questionnaire was administered to 400 respondents and 10 in-depth interviews were conducted among residents in Bere slum. Among others, lack of access to formal employment (98.0%), modern health care facilities (91.0%), consultation of government officials to know needs (92.2%), adequate shelter (100%), were the most mentioned challenges. Major survival strategies adopted were hawking, child labour, prostitution, stealing and gambling. Also, due to a lack of modern health care services in the area, self-medication (61.0%), traditional method of treatment (27.5%), and faith healing (11.5%) were most mentioned strategies adopted to cope with health challenges in the area. This paper therefore concludes that social inclusion of slum inhabitants in all government welfare services and decision making process should be advocated, as a means of reducing the rates of poverty and crime in Ibadan.*

**Keywords:** Social exclusion, inequality, survival strategies, slum dwellers, Ibadan

## **Background**

One of the most visible expressions of social exclusion in cities is the increase in squatter settlements and slums. In 2017, the UN-Habitat Global activities report submitted that the number of people living in slums in the world had increased to One billion (one in eight people). This massive growth has been steady with an increase of about 9 million per year since year 2000 (Mberu, Haregu, Kyobutungi & Ezeh, 2016). Africa presents the most acute case of slum prevalence as about 60% of persons in the urban centres reside in slums, followed by Asia (at 27.9 per cent), and Latin America and the Caribbean (at 21.1 per cent) (UN-Habitat Global Activities Report, 2017). African cities, with its high concentrations of informal settlements or slums impose huge burden on the government and city authorities, especially due to a lack of technical capacity and institutional framework to provide basic needs of urban services as well as squatter settlements.

According to the UN-HABITAT (2003), “a slum can be defined as a contiguous settlement where the inhabitants are characterized as having inadequate housing and basic services. Most often than not, a slum is not usually recognized and acknowledged by the public authorities as an integral or equal part of the city” (p.10). As such, slums are often regarded as low income earners’ settlements with poor living conditions. With the increase in the rate of urbanization, some formerly residential areas are neglected and referred to as slums. Worse still, these areas are rented out to poorer households who have no resources to live up to the laid-down standard of housing in urban settlements (UN-HABITAT, 2003). Thus, due to inadequate resources to maintain the standard of urban housing system in the slum settlement, the deterioration of inner-city housing units and deplorable tenements in such areas become inevitable.

As the World Bank/UNCHS (2000) noted, slums are highly congested urban areas, inhabited by urban squatters, marked by deteriorated, unsanitary buildings, poverty, and social disorganization. They are also considered as residential areas in urban centres inhabited by the very poor who have no access to tenured land of their own, lack of access to clean water for drinking, cooking, bathing, washing and serviceable toilets and garbage collection. As a consequence of these features, Stephens and Stair (2007) observed that these conditions increase the spread of disease causing germs which frequently lead to chronic digestive tract illnesses among slum dwellers. Again, the crowded environments of the slum settlements also increase the risk of contracting communicable (Such as Tuberculosis and Hepatitis B) and chronic non-communicable diseases (such as diabetes, hypertension, asthma and mental illnesses), and even harmful behavioural practices (illicit drug use, excessive alcohol use) (Riley, Ko, Unger & Reis, 2007). Also, due to high prices of nutritious food, children and other vulnerable groups of its inhabitants are under-nourished thereby increase the rate of mortality in the area (Stephens & Stair, 2007).

Residents of these slum settlements are exposed to unfavourable living conditions including lack of improved water, poor environmental sanitation, poor waste management, overcrowded habitation, deplorable and dilapidated housing and insecure housing tenure (Aluko, 2012; Morakinyo, Ogunrayewa, Koleosho & Adenubi, 2012; Awadalla, 2013; Onyekachi, 2014; Mahabir, Crooks, Croitoru & Agouris, 2016). Exposure to health risks and mortality is far higher in slums than in rural areas or other parts of urban centers (Mberu *et al.*, 2016). In a comparative analysis of health indicators conducted among slums, non-slums, and all urban and rural populations in Bangladesh, Kenya, Egypt, and India, it was discovered that in all the countries, except India, slum children had much poorer health outcomes than children in all other areas (Mberu *et al.*, 2016). Furthermore, people living in slum settlements are also excluded from active involvement of social, cultural, economic, and political activities of the city (Power, 2000). For instance, Cameron (2016) discovered that many children living in the slums in Dhaka, Bangladesh, were either

excluded altogether from education or were given unequal access to quality education. Consequent upon their settlement in these locations, majority of the slum dwellers are poor, at the same time made poorer by the various forms of exclusion they face (UN-HABITAT, 2006; Arimah, 2010).

Over the years, slum settlements have become less visible as they are integrated into the urban fabric as a result of urbanization. Worse still, slum health issues are often subsumed in general urban health (Ezeh, Oyebode, Satterthwaite, Chen & Ndugwa *et. al.*, 2016). However, slum settlements are still a distinctive category of settlements with features far above rural-urban settlement dichotomy (UN-Habitat, 2006). Even though the average earnings of urban dwellers are higher than the average rural incomes, it is believed that urban residents are more likely to have more opportunities when compared to the rural dwellers. On the other hand, studies have shown that slum dwellers earnings are always low to guarantee more than mere subsistence (UN-HABITAT, 2006; 2010). Also in the daily interactions of slum dwellers, they come into contact with people who have different opportunities and lifestyles. As a result of this, they suffer from a stigma unknown to the rural poor as well as the stigma associated with living in a slum due to their lack of basic attribute of citizenship and absence of street addresses (Chawla, 2002).

Consequent upon the characteristics of slum settlements, the expression of social exclusion by its inhabitants is inevitable. According to the European Commission (1993), social exclusion can be defined as a multiple and changing factors that result in people being excluded from the normal exchanges, practices and rights of modern society. Thus, isolation and deprivation are the essential elements of social exclusion. Within the context of urban slums, social exclusion encompasses lack of rights to housing, education, health and access to social services being enjoyed at core of the city. This implies that slum dwellers are subjected to discrimination or segregation. It is in the belief of the commission that social inclusion of all inhabitants is equivalent to the respect of human dignity (Commission of European Communities, 1993).

According to the template of British Department of Work and Pensions (DWP, 2002) indicators, there are seven features embedded in poverty and social exclusion. These are lack of resources, lack of opportunities to work, lack of opportunities to learn, health inequalities, lack of decent housing, disruption of family life and, living in a disadvantaged neighbourhood (DWP, 2002). Arising from these features of social exclusion, slum settlements are the physical manifestation of poverty, inequality and social exclusion in urban settlements of the developing world (Arimah, 2010). Studies have presented social exclusion as the resultant effects of slum settlements in almost all less developed countries (LDCs) of the world (UN-HABITAT, 2003; 2006; 2007; Arimah, 2010). But the survival strategies of the slum inhabitants remain one of the areas in scholarship that have not been given much attention despite the holistic approaches to the life situation of slum dwellers developed as part of

city strategies and with the direct participation of slum dwellers (UN-HABITAT, 2003).

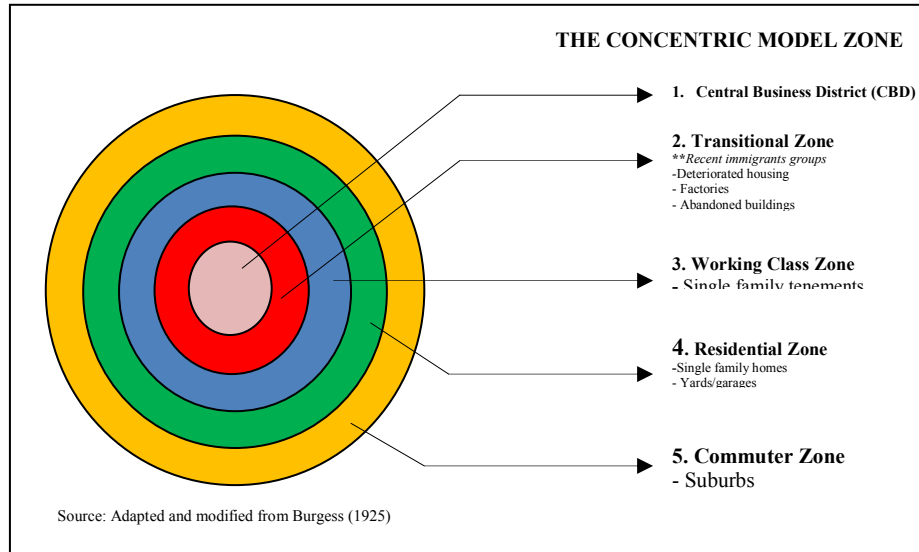
Despite the challenges bedeviling slum dwellers in sub-Saharan Africa and Nigeria in particular, they still eke out their living. As such, there is a need to find out the expression of social exclusion among slum dwellers and their survival strategies particularly in Ibadan city, where there are sparse studies on slum inhabitants' survival strategies. This study therefore seeks to investigate social exclusion and survival strategies among slum dwellers in Ibadan, Oyo State due to its socio-historical antecedents in Nigeria.

### **Theoretical Framework**

In a theoretical explanation of the location of slum settlement as orchestrated by city expansion, Earnest Burgess provides concentric zone model to explain urban social structures based on his study of Chicago city expansion in 1925. The model is also based on the human ecology theory which explains how social groups are distributed within urban settlements using concentric rings. This concentric rings model depicts that urban land use began from the Central Business District (CBD) which is situated at the middle followed by the transitional zone, working class zone, residential zone and the commuter zone (Burgess, 1925).

According to Burgess (1925) who applied the concentric model to the city of Chicago, the city expanded in rings with different land uses. And the land use of the city was based on the fact that significant correlation existed between the distance from the Central Business District (CBD) and the wealth of different residential areas. In other words, wealthier families tend to live much further away from the CBD when compared with the middle class or poor people who live closer to the CBD.

Burgess therefore observed that as the city grows, the CBD would cause it to expand outwards as shown in figure 1 with concentric rings which will in turn force other concentric rings to expand outwards (Burgess, 1925). This implies that as the CBD of Ibadan city expands, Bere slum automatically becomes the transition zone, and characteristically remains a zone where the oldest housing units are situated within the city. Indeed, the area has become deteriorated into slum property where light industries invade for industrial activities or production. Also, the inhabitants of the zone tend to be of poorer social groups as well as serving as the place of abode for the first generation of immigrants.



**Figure 1:** Earnest Burgess' Concentric Zone Model

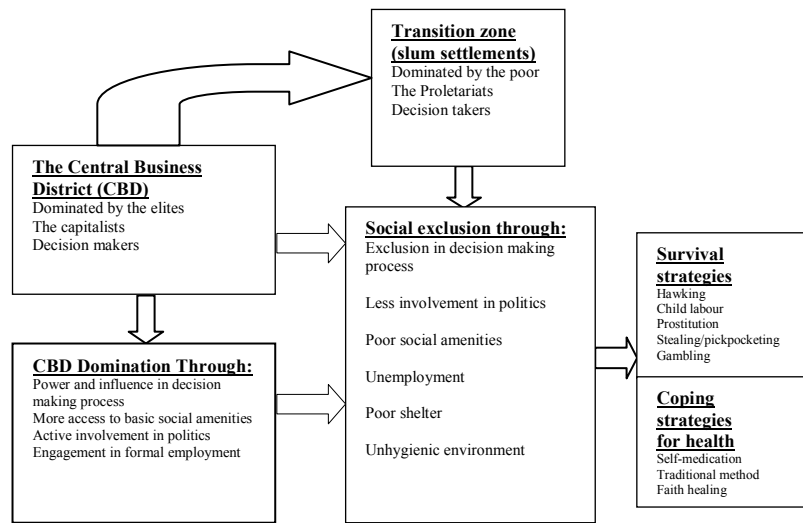
However, due to the disparity in policy influence of the “haves” and “have-nots” that explains residential inequality in the city, which Earnest Burgess' concentric zone model could not provide detail theoretical explanations; conflict theory is adopted to fill this theoretical gap. From the perspective of conflict theory, it is assumed that there is conflict between those who have and those who do not have resources, or between the political elites and the poor in the society (Olutayo & Akanle, 2013). This also means that this type of conflict manifests itself in the cities where the “haves” and “have-nots” live different lives. While the political elites and the capitalists in the central business city (CBD) live in the zones with modern buildings and facilities characterized by adequate basic amenities, the poor or the proletariats live in poor or dilapidated housing units without basic social amenities.

Beyond this however, conflict theory also sees the importance of the interaction between the processes of political and economic institutions in the city where the political elites and the capitalist (bourgeoisies) influence decision making processes in the allocation of resources to the disadvantage of the poor who are residents of the urban slums in respect to employment opportunities as well as distribution of basic social amenities in the slums (Logan & Molotch, 2007). As an advancement of their oppressive behaviour over the “have-nots” in the slums, the political and economic elites (such as the politicians, real estate investors, bankers among others), often takes the advantage of their economic and political power to displace the inhabitants urban slum from their homes so that corporate buildings, banks, shopping malls among other buildings in favour of the elites.

Most often than not, the elites have developed the habits of treating the city as opportunity for the accumulation of their wealth and the exercise of power

over the disadvantaged settlements (slums); rather than a place where people live, work to earn a living, go to school, and to improve their standards of living. Logan and Molotch (2007) simply describe this phenomenon as “*growth machine ideology*” in the city where the political and economic elites used policies and economic power to dominate the less-privileged through commodification and exchange of values.

Thus, while concentric zone model is used to explain the links between the central business district of the political and economic elites, and the transition zone of the urban slum; conflict theory is of the view that the relationship between the two residential areas are unequal, unbalanced and oppressive in nature. Although direct violence may not be used as a strategy to overthrow the “haves” at the central city where decisions are made, others survival strategies (such as hawking, child labour, prostitution among others) may be adopted by the inhabitants of slums as coping strategies. Again, they may be coping strategies to the inhabitants of slums, yet they remain signs of conflicts to the urban elites at the centre, wherein ignored may threaten their peaceful existence at the central city. Figure 2 illustrates the theoretical constructs linking the CBD, transition zone (slum settlements), mechanism for domination by the political and economic elites, how slum settlements are excluded by the city elites as well as their survival strategies.



**Figure 2:** The Conceptual Framework

**Source:** Authors

***Explanatory Profile of the Study Area***

Geographically, Ibadan City is located on Latitude (7°22.6536’ N) and Longitude (3°54.3546’ E) in the South-West, Nigeria (Raheem & Adeboyejo,

2016). It is the state capital of Oyo State and also the largest indigenous city in tropical Africa (Raheem & Adeboyejo, 2016). For administrative convenience, the traditional city comprises 11 Local Government Areas (LGAs) with five of them located in the core of the metropolitan city, while the remaining six are either predominantly rural or peri-urban settlements. The spatial expansion of the city became pronounced in the 70s due to Nigeria's experience of oil boom. As a result of the rapid development of the city during this period, a markedly influx of large number of migrants from different ethnic groups led to the transformation of the hitherto indigenous city dominated by Yoruba ethnic group to a multi-ethnic and multi-cultural urban settlement (Adelekan, 2016).

With a combination of the effects of natural increase and net migration, Ibadan has an increase of more than 100,000 inhabitants annually (United Nations, 2014 cf. Adelekan, 2016). The 2006 National Population Census also estimated that the city inhabit about 1.34 million people. And by the recent estimated population of Ibadan, the city's total population is 2.55 million (Federal Republic of Nigeria Official Gazette, 2009). As such, the rapid urbanization growth rate of the city with the attendant socio-economic problems has resulted in the proliferation of urban slums.

Adelekan and colleagues (2014) noted that the rapid urbanization growth of the city is associated with the process of peri-urbanisation. This means that the areas that had earlier been characterised by the features of rural areas are being transformed into peri-urban settings. Between 1991 and 2006, the growth rate per annum in the metropolis was 0.5% while the average population growth rate for the peri-urban areas was 4.8% per year (Adelekan, Olajide-Taiwo, Ayorinde, Ajayi & Babajide, 2014). Historically, before 1972, Ibadan city was characterised by low density areas. By 1984, about 11.42 km<sup>2</sup> of the city was typified as high density area with 64.8 km<sup>2</sup> by 2003. By 2006, the density of the city was approximately 2,889 people per square kilometer, making the city one of the highest population densities in the country (Federal Republic of Nigeria Official Gazette, 2009). With an annual growth rate of 4.5%, the city is projected to increase to 5.03 million people by 2025 (UNDESA, 2012).

### **Data and Methods**

A descriptive cross-sectional design was adopted for this study. The study was primarily quantitative and qualitative in nature. Four hundred respondents were drawn for the study using Taro Yamane (1967) sample determination formula from Bere Slum in Ibadan North-East LGA. Multi-stage sampling was adopted in the selection of respondents. First, out of the 11 LGAs in Ibadan metropolis, the researchers selected Ibadan North-East LGA using simple random technique. Second, Bere Slum was purposively selected as the study location as informed by the focus of the study due to its peculiarity of heterogeneous population that cut across various ethnic groups and religion. The third stage

involved the selection of individual respondents through accidental sampling method from the major streets in the slums.

A structured questionnaire was utilized for the quantitative aspect of the research, while in-depth interview guides were used to generate qualitative data from some of the selected respondents. A total of twelve in-depth interviews were conducted from among five male and five female respondents, to have a balanced gender representation. Descriptive statistics was used to analyse the quantitative data obtained from the study employing Statistical Package for the Social Sciences (SPSS) version 20.0. The interviews were tape-recorded, transcribed before employing thematic method of content analysis. All ethical principles governing human research were strictly adhered to in the course of this study. Respondents were first briefed about the study and its expected outcomes. They were also assured of the confidentiality of their responses and consent to be part of this study. Their rights and integrity was ensured and protected. Respondents were free to withdraw at any point in time in their course of participation without regret. None of the respondents was coerced to participate in the study.

## **Results**

### ***Socio-Demographic Characteristics of Respondents***

The socio-demographic characteristics of the respondents provide information on the gender, age, religion, marital status, monthly income, occupation and years of stay in slum settlement. Table 1 shows that majority (70.2%) of respondents were females which suggests that the area is a female-dominated one.

The age distribution of the respondents however, showed that majority (41.8%) of respondents was between the ages of 21 and 25 years old. Others included 36.8% of respondents who fell within the age range of 26-30 years old, 8% were within ages 31-35 years and 9.5% were 40 years and above. These findings show that majority of the respondents living in the area are youths followed by the adults and the least population were teenagers.

The table further shows that majority (64.5%) of the respondents were Muslims while 35.5% were Christians, and there were no traditional worshippers represented. As regards marital status of the respondents, it was revealed that 47.8% of them claimed to be single, while 50.2% claimed to be married and only 8% were widows. There was however no case of divorced or separated homes.



**Table 1: Socio-Demographic Characteristics of Respondents**

<b>Demographic variables</b>	<b>Frequency(N=400)</b>	<b>Percentage (%)</b>
<b>Gender</b>		
Male	119	29.8
Female	281	70.2
<b>Age</b>		
Less than 20 years	8	2.0
21-25 years	167	41.8
26-30 years	147	36.8
31-35 years	32	8.0
36-40 years	8	2.0
40 years and above	38	9.5
<b>Religion</b>		
Christianity	142	35.5
Islam	258	64.5
Traditional	0	0
Others	0	0
<b>Marital status</b>		
Single	191	47.8
Married	201	50.2
Divorced/ Separated	0	0
Widow	8	2.0
Others	0	0
<b>Monthly income</b>		
Less than N5000	199	49.8
N5,001-N10,000	131	32.8
N10001-N20,000	70	17.5
N20,001-N30000	0	0
N30001-N40000	0	0
Above N40,000	0	0
<b>Occupation</b>		
Unemployed	70	17.5
Civil Servant	0	0
Artisan	71	17.8
Trader	228	57.0
Professional	31	7.8
Others	0	0
<b>Year of stay</b>		
Less than 5 years	8	2.0
6-10 years	16	4.0
11-20 years	153	38.2
Above 20 years	223	55.8

**Source:** Field Work (2016)

Furthermore, on the average income earned per month; majority (49.8%) of the respondents signified that they earn less than N5000, 32.8% claimed earning between N5,001-N10,000, and 17.5% indicated that they earn N10,001-N20,000. These show that the income levels of the respondents were

maximally N20,000 which is above the minimum wage of N18,000. However the least percentage fell within the range of minimum wage. This would mean a high rate of poverty among respondents.

On the occupation of the respondents, the table shows that majority (57%) were traders, very few of them were professionals (7.8%), while others were artisans (17.8%) or unemployed (17.5%) This would mean that majority of the respondents are traders and only a few are professionals which is an implication of a low level of education in the area. On the number of years respondents have lived in the area, slight majority (55.8%) of the respondents claimed to have stayed in the environment for over 20 years, 38.2% submitted that they have stayed between 11-20 years, 4% claimed to have stayed between 6-10 years and the least were those who have stayed for less than 5 years. This means most of the respondents grew up in the area and must have been used to its condition while just few were new to the environment.

***Expression of Social Exclusion among Slum Dwellers***

The European Commission (1993) defines ‘social exclusion’ as a multiple and changing factors that result in people not being included in the normal exchanges, practices and rights of modern society. This implies that people are excluded from participating or included in some form of activities or certain necessity of life which other groups of people enjoy. This is expressed in form of low income, inadequate rights in housing, education, health and access to other social services being enjoyed at core of the city. As indicated in table 2, majority (98%) of the respondents have no regular source of income. Although this contradicts the response given for occupation but this would mean that respondents live from ‘hand-to-mouth’ and this might have a great implication on their health and crime rate within the area.

**Table 2: Expression of Social Exclusion (n=400)**

<b>Factors</b>	<b>Frequency (%)</b>
Irregular source of income	392 (98.0)
Unhygienic environment	400 (100.0)
Poor shelter	400 (100.0)
Poor access to health facilities	364 (91.0)
Lack of Schools with Facilities	349 (87.2)
Poor Participation in Election	127 (31.8)
Lack of consultation of government officials to Know Needs	369 (92.2)
Unsafe environment	364 (91.0)
Experience of violence in area	226 (56.5)

**Source:** Field Work (2016)

As an expression of social exclusion among the slum dwellers, various dimensions of social exclusion were revealed in this study. Table 2 also shows that none of the respondents viewed their environment as hygienic, while

100% of them claimed it was unhygienic due to poor drainage system and poor waste management prevalent in the area. Also, 100% of the respondents reported that they do not live in a good shelter. In terms of access to health facilities, majority (91%) of the respondents submitted that they do not have access to health facilities. However, respondents were still willing to mention the type of health facilities available in the community and 9% claimed that there were only health facilities provided by NGOs. This means that there is no government or private health facilities in the environment according to findings. This shows an expression of social exclusion relative to government's provision of health care facilities in the area.

Moreover, availability of educational facilities was also ascertained among the respondents. It was reported that majority (87.2%) of the respondents signified that there are no schools with facilities, while only 12.8% claimed there is. The extent of their participation in political activities especially during elections was ascertained by the researchers. Poor participation in elections were indicated by more than one-third of the population. The findings therefore revealed that despite respondents' response of lack of basic social amenities in their area, they however participate in elections.

As a measure of inclusion (bottom-top approach) in government's policy making process, and for the purpose of meeting the needs of the slum dwellers, respondents were asked whether the inhabitants of the slum settlements were consulted for the purpose of meeting their needs; a large majority (92.2%) of the respondents reported that government officials do not consult them to know their needs. Also, investigated in the study was the feeling of a safe environment. Majority of the respondents (91%) indicated they do not feel safe in their environment. In terms of the experience of violence in area, about more than half (56.5%) of respondents claimed to have experienced violence in the area. All these forms the various dimensions through which expression of social exclusion among the slum dwellers reported.

Buttressing the above expressions of social exclusion, the qualitative data gathered from the in-depth interviews conducted shed more light on the subject matter. The narratives show that respondents were not pleased with the socio-environmental conditions within which they live. One of the major challenges emphasized was the improper and unhygienic waste system management. As one of the participants explained, the whole area in the slum has offensive odour due to improper waste management:

Yes, we feel very excluded, all our amenities are bad, the whole environment is smelling due to improper waste management.  
(*Male/Tailor/29 Years Old/2016*)

Another participant also expressed a feeling of neglect by the government as it was noted that government officials do not come to assist them in addressing some of their challenges except when the time of election is close. As this participant stated:

Government officials do not come here at all, they only remember that this place exists during elections and then they come to make promises that are never fulfilled. (*Female /Tailor/26 Years old/2016*)

In a further expression of the challenges of the area, participants revealed that their area was devoid of basic social amenities which are present in the city core and also prone to violence sometimes resulting in death. One of the participants expressed that:

It is more like this place does not exist, the road is bad, no light, no water and we dump our waste anywhere as there is no provision for it. I have been to places like Bodija and this makes me feel like this area has been outrightly neglected. The area is also prone to violence and physical attacks as 'there is usually chaos on a daily basis in this area, people fight and sometimes it leads to loss of life apart from physical attack, they also fight with fetish items. (*Male/Transport Worker/31 Years Old/2016*)

However, some other respondents expressed contradictory opinion to the prevalence of violence in the area. For instance, one respondent noted that:

It is very peaceful here despite the hardship we face, violence is something we don't experience at all. (*Female/Tailor/26 Years old/2016*)

The expression of contradictory opinions on the incidence and prevalence of violence in the area is hinged on the difference in gender, occupation and years of stay. For instance, on the basis of their occupation, a transport worker is more likely to witness chaos and violence on a daily basis compared to a hairstylist. When similar question was asked from a transport worker in the slum, it was reported that the only time they experienced violence, which may not escalate to major crisis is when there is misunderstanding between a driver and his passengers. As he illustrated:

We do not experience violence all the time. The only time this occurs is when there is misunderstanding between a driver and his passengers, only when some passengers could not pay complete transport fares to the drivers, or when there is a problem of paying back balances to the passengers by the drivers. Although this does not usually results to major crisis, because other passengers in the taxi always ensure that the misunderstandings are resolved amicably. (*Male/Taxi Driver/43 Years old/2016*)

### ***Survival Strategies among Slum Dwellers***

Having explored the various dimensions of social exclusion with its consequences among the slum inhabitants, there is a need to also examine their

survival strategies. These are measured by what they engage in so as to augment their income and livelihood. Also included in the survival strategies of the slum dwellers are their health conditions coping strategies. Table 3 reveals that all the respondents in this study regard hawking as a survival strategy to augment other sources of income, primarily for the purpose of finding lasting solutions to those challenges that may arise from food intake, shelter, and clothing among others.

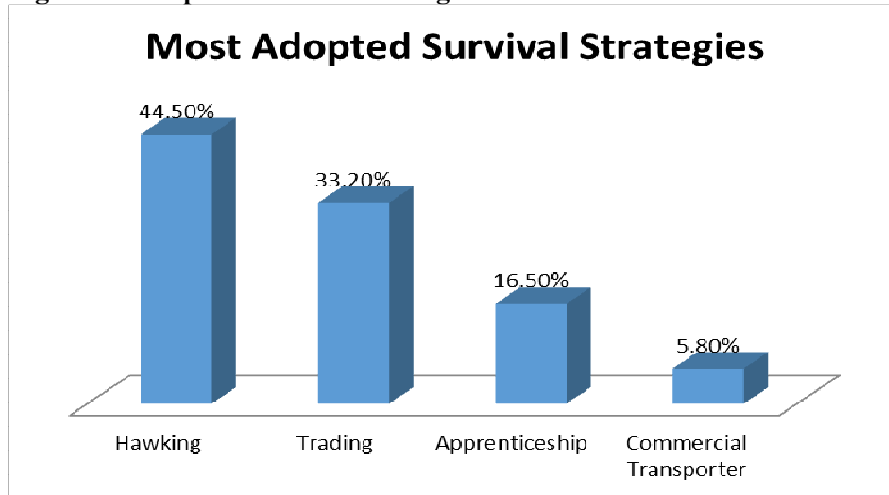
**Table 3: Distribution of Respondents by Survival Strategies (n=400)**

<b>Variables</b>	<b>Frequency (%)</b>
<b>Hawking</b>	400 (100.0)
<b>Child Labour</b>	392 (98.0)
<b>Prostitution</b>	123 (30.8)
<b>Stealing/pickpocketing</b>	53 (13.2)
<b>Gambling</b>	165 (41.2)
<b>Coping Strategies for Health - Self-medication</b>	244 (41.2)
<b>Coping Strategies for Health – Traditional method</b>	110 (27.5)
<b>Coping Strategies for Health – Faith healing</b>	46 (11.5)

Source: Field Work (2016)

Other survival strategies identified to augment their major sources of income include child labour, prostitution, stealing/pickpocketing and gambling. As revealed in the table, almost all (98%) of the respondents consider child labour as a survival strategy. About one-third (31%) of the respondents mentioned prostitution as a survival strategies for livelihood. Reports from the findings indicated that few (13.2%) of respondents agreed that they resorted to stealing/pickpocketing as a means of survival. As regards adopting gambling as a survival strategy among the slum inhabitants, 41.2% of the respondents agreed to this. This suggests that majority of the respondents do engage in illegal activities to augment their sources of livelihood for survival in their environment.

Similarly, earlier studies have shown that slum inhabitants are faced with some forms of health challenges due to unhygienic environment they inhabit, shortage of nutritional food resulting to malnutrition, inadequate income to seek modern medicare, as well as lack of modern health care facilities in their settlement (UN-HABITAT, 2006; Arimah, 2010). Despite these challenges in meeting their health conditions, alternatives measures have been identified as coping strategies among the inhabitants of slum. As revealed in table 3, more than half of the respondents (61.0%) prefer self-medication, while 27.5% of them signified that they prefer the use of traditional method of medication, and 11.5% of them indicated that they use faith healing (spiritual healing). This finding shows that due to a lack of modern health care facilities among the study population, none of the respondents indicated seeking medical help from the clinics or hospital. This has implications on their state of health, and consequently, increasing their vulnerability to morbidity and mortality.

**Figure 2: Adopted Survival Strategies**

Source: Field Work (2016)

Further analysis of the most adopted survival strategies by the slum residents is reported in this study. Figure 2 shows that 44.5% of respondents indicated that hawking is the most frequently used survival strategy, followed by 33.2% of the respondents who claimed that they engage in trading activities, 5.8% of the respondents said commercial transportation, while 16.5% of them mentioned apprenticeship. This implies that majority of the respondents in the slum settlement are engaged in informal sector economy when compared to inhabitants of other areas of the city.

Corroborating the qualitative findings of this study, reports from the qualitative data shows further explanations on the survival strategies of the slum dwellers. Most frequent mentioned survival strategies are; hawking of sachet water and apprenticeship primarily as a means of subsistence living. As a male participant explained:

... Mostly, people hawk or engage in apprenticeship to cope with the financial challenges they are faced with in this area. Although we have had cases of children who died in the course of hawking purewater on the highways but for people who have no option they still send their children out to hawk to survive. *(Male/Transport Worker/31 Years old/2016)*

One other survival strategy mentioned was engaging in a local informal banking system known as *Ajo*, which allows people to save and take loans:

When you talked about survival strategies of the people living here, we mostly do what we call '*Ajo*' in Yoruba (which translates to contributions) in order to sustain us in time of need and sometimes we just borrow in order to survive. *(Female Trader/25 Years old/2016)*

### **Discussion of Findings**

This study focuses on social exclusion and survival strategies of slum dwellers in Ibadan (Nigeria). Findings revealed that majority of the inhabitants of slum settlement are excluded from employment in formal sector of the economy as depicted by irregular source of income and high level of poverty, living in an unhygienic environmental conditions, absence of good shelter, denial of access to modern health care facilities, absence of educational good facilities, poor road networks, lack of representation in politics, insecurity, deliberate exclusion in decision making process, as well as high rate of crime. This finding is found in tandem with the British Department of Work and Pensions' (DWP, 2002) work, which identified lack of resources, lack of opportunities to work, lack of opportunities to learn, health inequalities, lack of decent housing, disruption of family life and living in a disadvantaged neighbourhood as indicators of poverty and social exclusion.

The findings are also similar to those of previous studies in slums in Ibadan. For instance, Coker *et al.* (2008) in a study on the urban housing quality in Ibadan, discovered that most houses in the slums were substandard and unfit for humans to live in. In another study by Adeniran (2018), it was observed that the water quality in slums in Ibadan was very low, and the safest source of water, which is from vendors, is not affordable to most persons. Thus, social exclusion from proper living conditions and hygienic environment, worsened by poor socio-economic status of slum dwellers expose them to both communicable and non-communicable diseases such as hypertension (Daniel, Adejumo, Adejumo, Owolabi & Braimoh, 2013).

As a means of reducing the negative consequences of their exclusion from other areas or zones of the city, findings showed that slum dwellers employed various strategies to cope with their situations. Respondents employed income diversification, which has been identified as a coping technique in slum communities (Abu-Salia, Osumanu & Ahmed, 2015). The most adopted survival strategy was child labour (98%), in which children were made to contribute to the family economic activities such as hawking and trading. This is in line with the findings of Adejo (2017), who discovered that child labour was one of the most adopted survival strategies in Lagos state, Nigeria. Other coping mechanisms include hawking, stealing/pickpocketing and gambling. These they engage in so as to augment their sources of livelihood. Most often than not, these strategies are fraught with illegality.

Additionally, since majority of the slum dwellers are faced with some form of health conditions due to the environment they are situated, certain coping strategies for health were adopted. As the finding revealed, self-medication was the most adopted means of tackling illnesses and diseases in the area. This aligns with previous studies in Nigeria (Kehinde & Ogunnowo, 2013; Aregbeshola, Onogbogi and Khan, 2017) and elsewhere (Gupta, Bobhate & Shrivastava, 2011; Pranav, Narayanan & Guddattu, 2017), where it was discovered that slum dwellers use engage in self-medication. Prevalence of self-medication in slums has been attributed to lesser awareness, easy

availability of Over-the-Counter drugs, limited access to health facilities (Pranav, Narayanan and Guddattu, 2017) and inability to pay for health services. Other methods of coping with health challenges found in this study were traditional method and faith healing. However, it is needful to state that although they employ these methods as coping strategies for health, but the efficacy of the strategies may not be effective as modern health care facilities which they have been outrightly denied access to.

This finding affirms Earnest Burgess' concentric zone model that slums can be identified as transitional zone. Therefore, the zone in transition is a temporary zone where city's authority put little or no attention into the zone because it is expected that the CBD will eventually expand to this zone. According to the model, this transition zone is where the oldest housing is either deteriorating into slum property or being invaded by light industry. This confirms Logan and Molotch's (2007) contribution to the conflict perspective of the city, wherein the "haves" of the city centres used their political and economic power to deprive the "have-nots" in slums of basic social amenities as well as taking over the possessions of their property using wealth and policies.

### **Conclusion and Recommendations**

It is evident that slum settlements are the physical manifestation of poverty, inequality and social exclusion in urban areas. It is a part of the city where decent housing and basic infrastructural facilities are lacking. Most often than not, slum dwellers are under threat of eviction due to city expansion by the political and economic elites. As such, they feel socially excluded in the activities of the city core especially from participating in the economic, social, political and cultural spheres of the city, all of which create and nurture isolation and inequalities. As a result of this, slum dwellers are more vulnerable to serious health risks when compared to the residents in the city core.

In order to ameliorate the living conditions of slum dwellers, however, it is pertinent for the government to facilitate the creation of jobs and empowerment programmes for slum residents especially the youths. This would have direct influence in terms of reduction the gap between the rich and the poor in slum settlements. Also, partnership of Non-Governmental Organisations (NGOs) with the Government should be encouraged with a view of meeting the needs of slum inhabitants. Such areas of needs should include provision of portable water, good road networks, and regular electricity supply among others. The facilitation of the provision of adequate security to ensure the protection of lives and the property of slum dwellers should be necessitated. Equal opportunities for all to participate fully and freely in economic, social, cultural, and political activities should be encouraged by all and sundry.



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