

Social and Health Inequality in Nigeria: A Survey of Ajegunle Slum Dwellers of Lagos State

Ewere Rosemary Iwegbu ^{a*}

^a Department of Public Health, Faculty of Basic Medical Sciences, University of Delta, Agbor,
PMB 2090, Nigeria.

Author's contribution

The sole author designed, analysed, interpreted and prepared the manuscript.

Article Information

DOI: <https://doi.org/10.9734/ajrid/2024/v15i12406>

Open Peer Review History:

This journal follows the Advanced Open Peer Review policy. Identity of the Reviewers, Editor(s) and additional Reviewers, peer review comments, different versions of the manuscript, comments of the editors, etc are available here: <https://www.sdiarticle5.com/review-history/126305>

Minireview Article

Received: 22/09/2024

Accepted: 26/11/2024

Published: 07/12/2024

ABSTRACT

Social disadvantage and inequalities in health outcomes are critically and significantly related in many ways. The study uses the Ajegunle Area of Lagos in Lagos State, Nigeria as the study area. The concept of slums and social and health inequality has been explored greatly, itemizing the key factors that affect health and the impact on the environment, health, and the economy. The study further revealed the level of inequality access to Health facilities and service delivery suffered by Slum dwellers. Also, it exposed the high level of decay of Social Amenities in Slum Settlements occasioned by age-long neglect by the government. The study's findings will serve as valuable material for future research on slum settlements and their impact on health outcomes, potentially prompting government intervention. This intervention could include building better road networks, affordable housing, functional health centers, and providing essential services like electricity, waste disposal, clean water, and employment opportunities. The study also advocates for eliminating socio-economic and health inequalities in Nigeria through greater government commitment to improving people's lives in all regions of the country.

*Corresponding author: E-mail: ewypico1@gmail.com;

Cite as: Iwegbu, Ewere Rosemary. 2024. "Social and Health Inequality in Nigeria: A Survey of Ajegunle Slum Dwellers of Lagos State". *Asian Journal of Research in Infectious Diseases* 15 (12):130-37. <https://doi.org/10.9734/ajrid/2024/v15i12406>.

Keywords: Social; health; inequality; slum; settlement.

1. INTRODUCTION

“Human life and its existence are usually not very meaningful without good health conditions because both growth and development in every environment have a significant relationship with the prevalent health status of the people” (Puras 2022). “However, according to WHO, (1948) health is defined as a state of complete physical, mental, and social well-being of people living in a place and not necessarily the absence of disease or sickness” (Larsen 2022). It is quite alarming that certain factors in the world today have hindered many individuals from benefiting from topmost health facilities (World Health Organization 2022) and these factors include; social, economic, genetic, environmental, cultural, and racial. Social and economic disparities, such as poverty and lack of insurance, limit access to quality care, while genetic predispositions can lead to higher health risks that are often poorly addressed in marginalized communities (Mancilla et al. 2020). “Environmental factors, such as living in polluted or underserved areas, exacerbate health issues, while cultural beliefs or language barriers may discourage seeking medical care and even racial discrimination in healthcare can result in unequal treatment and access, leaving many unable to benefit from the best available health services” (National Academies of Sciences, Engineering, and Medicine 2018, World Health Organization 2017). However, this survey focused on the environmental factor (polluted areas).

The results of the relationship between environment and health are becoming a source of concern to public health experts because “a healthy environment translates to a healthy people. In medical sociology by Jike, (2021), the differences that exist in the environment create differences in Social life, this to him is Social Inequality. In the same vein according to www.parliament.uk. (www.parliament.uk. (n.d.), Agarwal et al. 2007), the inequality in environments equally creates inequality in the health status of a people as poor environments like Slum settlements suffer from gross inadequacy in the provision of health facilities.

“It further stated that the Sanitary Conditions and the living conditions of the Laboring Population of Great Britain were scary as their health condition fell far below expectations” (Rotheram et al. 2021). If the interest of the government in slum

settlements improves, the writer was so sure that disease could be wiped out completely and life expectancy improved if the social conditions were changed. However, the relationship between social disadvantage which is the poor living conditions of the people, and health outcome which is disease has led to the introduction of the Public Health Act of 1848 and the beginning of the modern public health movement following Chadwick’s 1848 report on Environmental influence on health. Communities where the mortality rate is over 23 per 1,000 were expected to form local Boards of Health in charge of cleansing, proper water supplies sewerage, drainage, and the regulation of slaughterhouses by Public Health Act 1848.

Thus, the circumstances people live in like their jobs, living conditions, education, and community profoundly impact their health and well-being (Prilleltensky and Prilleltensky 2021). “When someone loses a job, for example, the stress of financial insecurity can make it harder to stay healthy, as they struggle to afford medical care, nutritious food, and safe housing” (Prilleltensky and Prilleltensky 2021). Those living in overcrowded or unsafe environments face daily health risks, from illness to injury. At the same time, people who haven’t had access to education may find it difficult to navigate healthcare systems or understand medical advice (Olukotun et al. 2021). “As people age, their risk of chronic illness increases, and without a strong support system, many face isolation and neglect” (National Academies of Sciences, Division of Behavioral, Social Sciences, Medicine Division, Board on Behavioral, Sensory Sciences, Board on Health Sciences Policy, Committee on the Health, Medical Dimensions of Social Isolation, Loneliness in Older Adults 2020). Gender and inequality also play a role—women may face challenges related to reproductive health (Ara et al. 2022). “At the same time, men might engage in riskier behaviors, and both experience the impact of unequal access to resources. People living in poverty, those without homes, or recent immigrants often find it even harder to stay healthy due to poor living conditions and barriers to healthcare” (Mona et al. 2021, Ayón et al. 2020). Clean water, proper sanitation, and social connections are basic needs that, when lacking, can lead to severe health issues. Meanwhile, lifestyle choices like diet and exercise also affect long-term health. These issues are rarely

isolated they combine and reinforce one another, creating a cycle of poor health that can be hard to escape without targeted support and intervention.

2. LITERATURE REVIEW

Social disadvantage and inequalities in health outcomes are critically and significantly connected in many ways. Socially disadvantaged people are socially alienated people in a Society. These are people who mostly live in serious lack and want. They summarily lack access to quality living. Extreme poverty, disease, and increased mortality are high among socially disadvantaged people particularly Slum Dwellers as can be seen among the Ajegunle People of Lagos State, Nigeria. In stating the obvious, annoying health inequality is a glaring characteristic of socially disadvantaged people.

Jike (2008) asserts that in Medical Sociology, inequity in well-being may be described as the discriminatory differences in health status among various groups within the community. Health inequality arises because of the conditions in which people are born, grow, live, work, and age. Imbalance in Health exists in all countries, whether developed, developing, or underdeveloped, but what matters is their different degree of occurrence. A health organization's Efficiency and effectiveness depend on how rich a state is. The implication of the above is that the third world is not privileged to have a developed health system. Summarily, therefore, it is not gainsaying to state that the reasons for the imbalance in health range from

"economic, social, psychological and environmental factors which interact with personal behaviors and access to care". He further states that health inequality refers to the disparities among people and their link to seeking medical care, management, and treatment. This to a large extent has a great effect on individuals or groups' wellbeing. In most cases settlements of people who are of extreme poverty particularly the Slum Dwellers suffer a whole lot of disadvantages but Health Disadvantage seems much more obvious among Slum Dwellers. Ajegunle Settlement in Lagos State, Nigeria is a perfect example for this study. Ajegunle is located in the center of Lagos, in Lagos State Nigeria. It is founded in the Ajesromi-Ifelodun Local Government Area of Lagos, the people of Ajegunle speak Yoruba as their major language. It is bounded in the west by Apapa Wharf and Tincan Island which is home to one of Nigeria's major Seaports. More than two-thirds of imported goods come into the country through this Seaport. Ajegunle has a population of about 550,000 this is of both aborigines and settlers.

2.1 Impact on the Environment

A slum can be described as an area marked by inferior structures in a material state of despair, a dilapidated and dirty environment with an absence of infrastructure and basic amenities like, electricity, clean water, drainage system, schools, health facilities, and recreational grounds. These areas are described as poor-quality domains as a result of old buildings, inadequate care and abandonment, and unsanitary ways of sewage and solid waste.



Fig. 1. A Picture of a slum in Ajegunle Lagos, Nigeria adopted from Pinterest

According to Anon (2018), about 1 billion people live in slums all over the world today. This can be traced to the fact that they lack the financial capability to access quality life, befitting homes and befitting environments. Most times too, those who are poverty-stricken are ejected by force and find themselves on the outskirts of cities to unexpected and unplanned settlements. Also unsanitary living conditions of those inhabiting slum areas and neglect of buildings, bring about the emergence of a slum. The unsanitary surrounding encourages the procreation of rodents, mosquitoes, flies, cockroaches, and diseases like cholera, diarrhea diseases, and typhoid. Overcrowding can lead to airborne diseases like tuberculosis and other respiratory infections.

2.2 Impact on Health

The life expectancy of a socially disadvantaged group like slum dwellers is 47 years, one of the lowest in West Africa says the Nigeria Centre for Disease Control this is due to the poverty and pollution they face daily (www.voanews.com). The difficult living conditions in slums, marked by overcrowding, poor sanitation, and limited access to healthcare, make it easy for diseases like tuberculosis, malaria, cholera, and skin infections to spread (Eneh 2021). Overcrowded spaces allow airborne illnesses to pass from person to person quickly, while the lack of clean water and proper waste management leads to the outbreak of waterborne diseases. Malnutrition further weakens people's immune systems, leaving them more exposed to infections. Stagnant water and poorly built housing also create an ideal

environment for mosquitoes, increasing the risk of diseases like malaria and respiratory issues (GANDHI 2022). All of these factors together result in widespread health problems and persistent malnutrition among slum residents.

From: Health issues in a Bangalore slum: findings from a household survey using a mobile screening toolkit in Devarajeevanahalli.

They are also at risk of non-infectious diseases such as asthma, heart disease, diabetes, and mental health problems including anxiety, depression, insomnia, and substance abuse as they adopt an urban lifestyle while lacking knowledge and information regarding health and health care.

2.3 Impact on Economy

Many people living in the slums are usually very poor unemployed and illiterate. They lack the basic things of life like good housing, adequate disposal of wastes and refuse, good food, clean water, and lighting, they are unsafe and insecure. Low-income earners were shown to be linked with high disease incidence and poor health outcomes (Wilkinson 2021).

2.4 Impact on Education

This Socially disadvantaged group will surely have unequal education opportunities with others who live in urban environments. Poorer living conditions make them socially disadvantaged such that they are not able to afford good schools and quality education.

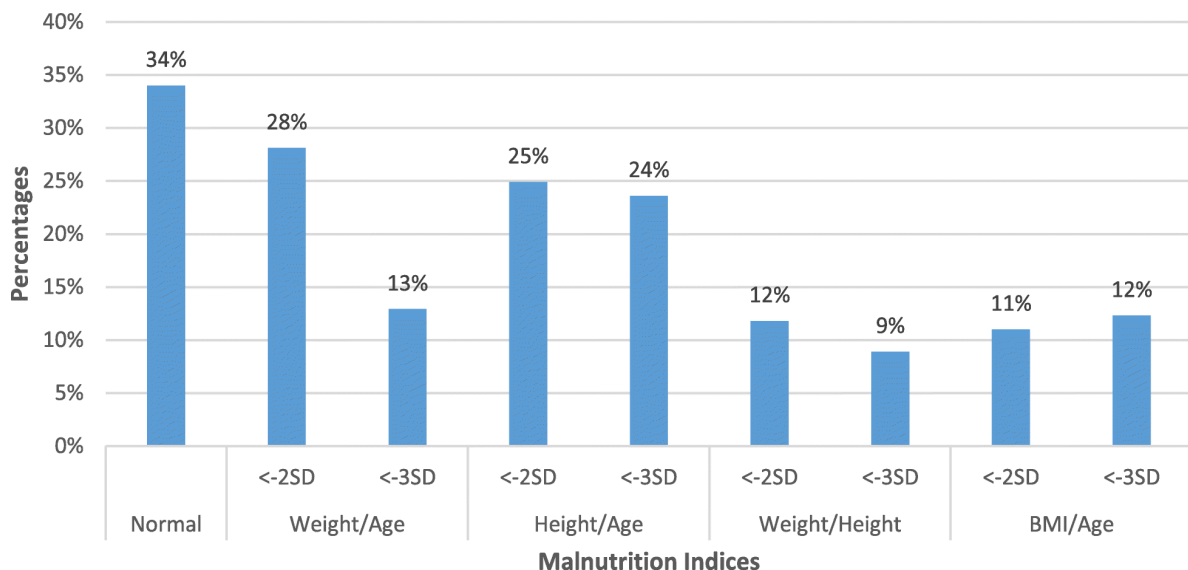


Fig. 2. The nutritional status of children in a slum aged less than 5 years (George et al. 2019)

2.5 Ethical and Political Issues

Ethical issues include questions about the equitable distribution of resources, protection of vulnerable groups, respect for patient choice of treatment line, and secrecy.

2.6 Ethical Principles and Ethical Issues in Public Health

Public health ethics is consistent with the prevention orientation of public health. Ethical matters can be predicted early and tackled through careful analysis and consultation. Slum dwellers are faced with a lot of ethical and political issues too numerous to mention. Some of these are listed below. Substandard health conditions, slum dwellers lack health facilities and infrastructure of health due to government neglect and even when the health facilities are nearby they lack adequate funds to access health care because health care is expensive.

They lack good and basic infrastructure and are unable to have access to facilities in the urban areas like shopping malls, markets etc. They breed wayward children who are exposed to drugs early in life due to the environment they find themselves. Most times, these children end up being abused and are subjected to child labor, child trafficking and even forced into early marriages. Some parents who live in slums are forced to sell their children for money because they have so many that they cannot cater to; this can lead to dysfunctional homes where parents are separated from each other and conflict abounds.

Socially disadvantaged individuals are those who are faced with racial or ethnic prejudice or cultural bias. If the government and well-meaning individuals can come to their aid, by relocating them to better living conditions and providing job opportunities, their lives can be better. Slum upgrading must be considered a priority for the government to avoid the number of slum dwellers from getting to 2 billion by 2030 as projected (United Nations Statistics Division 2019).

3. DISCUSSION

This study sheds light on the harsh realities of social and health inequalities in Nigeria, focusing on slum settlements like Ajegunle in Lagos State. Ajegunle highlights the struggles of marginalized communities, where a mix of socio-economic, environmental, and systemic challenges

perpetuates poverty and poor health outcomes. In this overcrowded area, most people live in inadequate housing without access to basic necessities like clean water, electricity, proper waste management, or safe spaces for recreation. These dire conditions not only isolate residents socially but also lock them in a cycle of hardship and poverty. Many face unemployment or survive on minimal incomes, making essentials like quality housing, healthcare, and education a luxury they can't afford. This further widens the gap between them and residents in more developed parts of Lagos.

Education is a major stumbling block in Ajegunle. There are few quality schools, and most families can't afford to send their children for a proper education. This lack of opportunity traps generations in poverty, leaving little hope for upward mobility. The neglect of Ajegunle by the government adds to the problem. Without proper representation in policymaking or access to critical services, issues like child labor, early marriages, and exploitation continue to thrive, driven by economic desperation.

The healthcare situation is equally grim. Health facilities in Ajegunle are either unavailable or poorly equipped, leaving residents with little to no access to medical care. Even when services are available, the high costs make them out of reach for most families. This results in untreated illnesses and unnecessary deaths. Overcrowding, poor sanitation, and environmental hazards fuel the spread of infectious diseases like tuberculosis, malaria, cholera, and typhoid. Non-communicable diseases, such as asthma and heart conditions, are also common due to pollution and unhealthy living environments. Malnutrition adds to the burden, weakening immune systems and making residents—especially children—more vulnerable to diseases. For children under five, stunted growth and other nutrition-related issues are widespread. Tragically, life expectancy in Ajegunle hovers around 47 years, far below the average in more affluent areas of Lagos.

Tackling these challenges demands urgent and targeted action. To improve healthcare, the government needs to establish pharmaceutical facilities, ambulance services, and regular immunization programs to protect residents from preventable diseases like measles, hepatitis, and tetanus. Comprehensive slum upgrading initiatives should include environmental sanitation programs, with monthly clean-up

exercises and health education campaigns delivered through town halls, newspapers, and radio jingles in local dialects. Enforcing sanitation laws and penalizing defaulters through mobile courts could ensure cleaner, healthier communities.

Infrastructure is another critical area for intervention. Investments in clean water, electricity, proper waste management, and better housing are essential. Building better road networks will make these communities more accessible, while vocational training and microfinance programs can provide residents with the tools, they need to become financially self-sufficient. Public health professionals must also play their part by ensuring all children under five receive adequate vaccinations, helping to reduce infant mortality rates. Addressing the systemic neglect of slum communities requires coordinated efforts from local, state, and federal governments. Policies must focus on securing land rights, expanding basic services like water and energy, and incentivizing community management. Improving security, access to healthcare, and quality education must be prioritized. By creating jobs and tackling unemployment, the government can reduce poverty and curb crime in these areas.

Transforming places like Ajegunle into sustainable communities isn't an easy task, but it is possible with a multifaceted approach. Combining government action, public health initiatives, and infrastructure investment can break the cycle of poverty and inequality, paving the way for a brighter and more equitable future for all.

4. IMPLICATIONS AND RECOMMENDATIONS

The challenges in Ajegunle shine a light on systemic failures that continue to deepen social and health inequalities in Nigeria. Decades of neglect, poor governance, and inadequate resource allocation have left communities like Ajegunle grappling with poverty and limited opportunities. To break this cycle, a comprehensive approach is needed, focusing on infrastructure, healthcare, education, economic empowerment, policy reform, and active government intervention.

- Improving infrastructure is key to transforming the lives of Ajegunle's residents. The absence of basic amenities

such as clean water, electricity, and effective waste management exposes residents to severe health risks and undermines their quality of life. Prioritizing investments in these essential services, coupled with the development of safe and durable housing, will dramatically improve living conditions. Building better road networks will further connect the community to vital resources and services, fostering economic growth and reducing isolation.

- Strengthening healthcare systems is another critical step. Establishing primary health centers within the community will ensure residents have access to basic care close to home. Expanding this to include secondary and tertiary facilities over time will provide comprehensive healthcare solutions. Affordable healthcare schemes will also reduce the financial burden on families, making it easier for them to seek treatment and prevent untreated illnesses from spiraling into more significant health crises.
- Education and skill development are powerful tools for breaking the cycle of poverty. Investing in quality schools and tailored education programs for children will provide them with a strong foundation for a brighter future. At the same time, vocational training programs for adults can equip them with practical skills, opening doors to better employment opportunities and fostering economic independence. Education is the bridge to social mobility, and in communities like Ajegunle, it can be the lifeline for generational change.
- Economic empowerment is essential for uplifting the community. Collaborative efforts between the government and private sector can create meaningful job opportunities in and around Ajegunle. Microfinance programs can support small business ventures, empowering residents to improve their financial stability and invest in their futures. These measures will not only enhance individual livelihoods but also boost the local economy.
- Policy reform and advocacy are vital to ensuring that slum dwellers have a voice in decisions that affect their lives. Including residents in policymaking processes can lead to fairer resource distribution and targeted interventions. Programs addressing child labor, early marriages, and other exploitative practices are

essential to protecting vulnerable groups and creating a safer, more supportive environment for children and families.

- Finally, government intervention must be comprehensive and sustained. Slum upgrading initiatives, such as building affordable housing, developing community infrastructure, and ensuring the provision of utilities, can transform Ajegunle into a livable community. Long-term strategies must also anticipate and address the growing global slum population, focusing on sustainable solutions to prevent further marginalization.

Addressing the challenges in Ajegunle will require the collective effort of stakeholders across all sectors. By improving infrastructure, healthcare, education, economic opportunities, and policy frameworks, and committing to sustained government intervention, Nigeria can reduce inequalities and improve the quality of life for its most vulnerable populations. These actions won't just uplift Ajegunle they'll serve as a model for creating sustainable solutions in underserved communities nationwide.

5. CONCLUSION

The challenges faced by the residents of Ajegunle reflect the deeper social and health inequalities affecting many communities in Nigeria. Tackling these issues demands a unified effort from the government, private sector, and international partners. By prioritizing investments in infrastructure, healthcare, education, and economic empowerment, we can not only improve the lives of slum dwellers but also pave the way for Nigeria's sustainable development and a more equitable future.

DISCLAIMER (ARTIFICIAL INTELLIGENCE)

Author(s) hereby declare that NO generative AI technologies such as Large Language Models (ChatGPT, COPILOT, etc.) and text-to-image generators have been used during the writing or editing of this manuscript.

CONSENT AND ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Author has declared that no competing interests exist.

REFERENCES

- Agarwal, S., Satyavada, A., Kaushik, S., & Kumar, R. (2007, March 2). Urbanization, urban poverty, and health of the urban poor: Status, challenges, and the way forward. *Demography India*, 36(1).
- Ara, I., Maqbool, M., & Gani, I. (2022, November 28). Reproductive health of women: Implications and attributes. *International Journal of Current Research in Physiology and Pharmacology*, 8, 18-28.
- Ayón, C., Ramos Santiago, J., & López Torres, A. S. (2020, October). Latinx undocumented older adults: Health needs and access to healthcare. *Journal of Immigrant and Minority Health*, 22, 996-1009.
- Eneh, O. C. (2021, June). Abuja slums: Development, causes, waste-related health challenges, government response, and the way forward. *Environment, Development and Sustainability*, 23(6), 9379-9396.
- Gandhi, I. (2022). Malnutrition and communicable diseases. In *From horror to hope: Recognizing and preventing the health impacts of war* (p. 124).
- George, C. E., Norman, G., Wadugodapitya, A., Rao, S. V., Nalige, S., Radhakrishnan, V., Behar, S., & de Witte, L. (2019). Health issues in a Bangalore slum: Findings from a household survey using a mobile screening toolkit in Devarajeevanahalli. *BMC Public Health*, 19(1).
- Habitat for Humanity Ireland. (2018, January). 1 billion people live in slums. Retrieved from <https://www.habitatireland.ie/2018/01/1-billion-people-live-slums/>
- Jike, V. T. (2008). Policy reconstruction for healthy slum settlement in Sub-Saharan Africa. *ASSEFN*. Retrieved June 18, 2021, from www.assefn.com
- Larsen, L. T. (2022). Not merely the absence of disease: A genealogy of the WHO's positive health definition. *History of the Human Sciences*, 35(1), 111-131.
- Mancilla, V. J., Peeri, N. C., Silzer, T., Basha, R., Felini, M., Jones, H. P., Phillips, N., Tao, M. H., Thyagarajan, S., & Vishwanatha, J. K. (2020). Understanding the interplay between health disparities and epigenomics. *Frontiers in Genetics*, 11, 903.
- Mona, H., Andersson, L. M., Hjern, A., & Ascher, H. (2021, December). Barriers to accessing health care among

- undocumented migrants in Sweden: A principal component analysis. *BMC Health Services Research*, 21, 1.
- National Academies of Sciences, Division of Behavioral, Social Sciences, Medicine Division, Board on Behavioral, Sensory Sciences, Board on Health Sciences Policy, & Committee on the Health, Medical Dimensions of Social Isolation, Loneliness in Older Adults. (2020, June 14). *Social isolation and loneliness in older adults: Opportunities for the health care system*. National Academies Press.
- National Academies of Sciences, Engineering, and Medicine. (2018, March 1). *Factors that affect health-care utilization*. In *Health-care utilization as a proxy in disability determination*. National Academies Press.
- Olukotun, O., Mkandawire-Valhmu, L., & Kako, P. (2021, February 1). Navigating complex realities: Barriers to health care access for undocumented African immigrant women in the United States. *Health Care for Women International*, 42(2), 145-164.
- Parliament UK. (n.d.). The 1848 Public Health Act. Retrieved from <https://www.parliament.uk/about/livingheritage/transformingsociety/towncountry/towns/tyn-and-wear-case-study/about-the-group/public-administration/the-1848-public-health-act/#:~:text=Edwin%20Chadwick%20was%20one%20of>
- Prilleltensky, I., & Prilleltensky, O. (2021, June 17). *How people matter: Why it affects health, happiness, love, work, and society*. Cambridge University Press.
- Puras, D. (2022). Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. *Philippine Law Journal*, 95, 274.
- Rotheram, S., Cooper, J., Barr, B., & Whitehead, M. (2021). How are inequalities generated in the management and consequences of gastrointestinal infections in the UK? An ethnographic study. *Social Science & Medicine*, 282, 114131.
- United Nations Statistics Division. (2019). *SDG Indicators*. Retrieved from <https://unstats.un.org/sdgs/report/2019/goal-11/>
- Voice of America. (n.d.). Poverty, pollution lower life expectancy in Nigeria. Retrieved from <https://www.voanews.com/africa/poverty-pollution-lower-life-expectancy-nigeria>
- Wilkinson, D. (n.d.). Socioeconomic status and health: Dimensions and mechanisms. Retrieved from https://www.researchgate.net/publication/5189354_Socioeconomic_Status_and_Health_Dimensions_and_Mechanisms
- World Health Organization. (2017). *Determinants of health*. Retrieved from <https://www.who.int/news-room/q-a-detail/determinants-of-health>
- World Health Organization. (2022, December 2). *Global report on health equity for persons with disabilities*. World Health Organization.

Disclaimer/Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of the publisher and/or the editor(s). This publisher and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.

© Copyright (2024): Author(s). The licensee is the journal publisher. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history:
The peer review history for this paper can be accessed here:
<https://www.sdiarticle5.com/review-history/126305>