

**ASSESSMENT OF THE VARIATIONS IN QUALITY OF LIFE IN RURAL AREAS OF
KANKARA LOCAL GOVERNMENT AREA, KATSINA STATE**

BY

Ijeoma Blessing ENWEREM, B.Sc. GEOGRAPHY/PLANNING (ABSU)

P13SCGS8215

**A DISSERTATION SUBMITTED TO THE SCHOOL OF POSTGRADUATE STUDIES,
AHMADU BELLO UNIVERSITY, ZARIA, IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE AWARD OF MASTER OF SCIENCE DEGREE IN
GEOGRAPHY**

**DEPARTMENT OF GEOGRAPHY
FACULTY OF PHYSICAL SCIENCE
AHMADU BELLO UNIVERSITY, ZARIA
NIGERIA**

MAY, 2017

DECLARATION

I declare that this dissertation entitled “**Assessment of the Variations in Quality of Life in Rural Areas of Kankara Local Government Area Katsina State Nigeria**” has been carried out by me in the Department of Geography. The information derived from the literature has been duly acknowledged in the text and a list of references provided. No part of this dissertation was previously presented for another degree or diploma at this or any other Institution.

Ijeoma Blessing ENWEREM

Name of Student

Signature

Date

CERTIFICATION

This dissertation entitled “**ASSESSMENT OF THE VARIATIONS IN QUALITY OF LIFE IN RURAL AREAS OF KANKARA LOCAL GOVERNMENT AREA OF KATSINA STATE**” by Ijeoma Blessing ENWEREM meets the regulations governing the award of the degree of **MASTER OF SCIENCE IN GEOGRAPHY** of the Ahmadu Bello University, and is approved for its contribution to knowledge and literary presentation.

Dr. J. O. Adefila Signature _____ Date
Chairman, Supervisory Committee

Dr. R. O. Yusuf Signature _____ Date
Member, Supervisory Committee

Dr. A. K. Usman Signature _____ Date
Head of Department

Prof. K. Bala Signature _____ Date
Dean, School of Postgraduate Studies

DEDICATION

This dissertation is dedicated to my husband Etukudo Joshua Akwaowo.

ACKNOWLEDGEMENTS

My thanks goes first to my Saviour and LORD Jesus Christ, you are the author and finisher of this work. All glory to you.

I wish to extend my profound gratitude to my supervisors Dr. J. O. Adefila for the fatherly counsel and commitment shown to me at the course of this research. I confess that it has added a lot to the quality of this work and to my second supervisor Dr. R.O. Yusuf, words cannot tell how grateful I am to him because he is an embodiment of hope, focus, dedication. I really appreciate his commitment.

I sincerely thank the Head of Department in person of Dr. A.K. Usman who for creating conducive environment and providing the necessary facilities being required for the programme. I must certainly not forget to extend my appreciation to my other lecturers who have contributed in one way or the other towards completion of this project this include but not limited to Professor M. Mamman, Dr. I J. Musa and Dr. Obadaki Yusuf.

I appreciate my husband Akwaowo, Joshua Etukudo for laying down his all for me, certainly words are not sufficient to express my gratitude. I appreciate the encouragement and sacrifice from the families of Mr and Mrs Akpan, Dr. P. Onimisi, Prof. H. Igbadun, and Prof. Dikki. I say thank you.

I am indebted to my parents, brothers and sisters for setting my life on a sound footing. To my friends; Attah Sunday, Beatrice, Iyanu Adebola, Magaret Ametu, Safiyat Musa, Beauty Amola, Bishop Stephen, Mathias, I thank you very much for the unalloyed support and kind assistance.

ABSTRACT

This study is on assessment of the variations in quality of life in Rural Areas of Kankara Local Government Area Katsina State, Nigeria. The aim of this study is to assess the variations in rural quality of life of the people in the study area. The objectives of the study are to: identify the specific indicators useful for investigating rural quality of life in Kankara LGA, assess the level of variation in rural quality of life in the study area, map the pattern variation in rural quality of life among the people in the study area and examine the factors that are influencing the variation in quality of rural life in the study area. The study made use of primary data collected from field observations and in-depth interview. The eleven wards in the study area were used and 400 respondents were sampled. The descriptive statistical techniques involving calculations of frequency, percentages and tables were used to summarize the data collected. In addition Z-score was employed to show perceptual variations in rural quality of life in the study area. The findings revealed the variations in rural quality of life of the study area. The wards were categorized into three: high, moderate and low. The study reveals that Kankara A and B, Pauwa A and B and Zango wards have high quality of life with Z-values of 11.188, 9.015 and 8.885 whereas moderately advantaged wards were revealed in Burdugau (4.483), Yargoje (Danmaidaki) (3.566) and low quality of life were found in rural wards of Gatakawa (-11.155) Danmurabu (-9.655), Kukasheka (-6.566), Wawar-kaza (-6.460), Ketare (Hurya) (-1.740) and Garaji (-1.740) . Also, the result shows that (33%) were of the view that high level of illiteracy is the major cause of variation and is closely followed by lack of infrastructural facilities (25.8%). The study therefore, recommends the provision of infrastructural facilities in the disadvantaged wards will help in improving the quality of life.

TABLE OF CONTENTS

CONTENT	PAGE
Cover page	
Fly leaf	
Title page	i
Declaration	ii
Certification	iii
Dedication	iv
Acknowledgements	v
Abstract	vi
Table of contents	vii
List of Figures.....	viii
List of Tables.....	xiv
List of Plates	x
List of Appendices	xi

CHAPTER ONE:INTRODUCTION

1.1 Background to the Study.....	1
1.2 Statement of the Research Problem.....	5
1.3 Aim and Objectives.....	11
1.4 Scope of the Study.....	11
1.5 Significance of the Study.....	11

CHAPTER TWO: CONCEPTUAL FRAMEWORK AND LITERATURE REVIEW

2.1. Introduction	13
2.2 Conceptual issues.....	13
2.2.1The concept of Rural	13
2.2.2Concept of quality of life.....	16
2.2.2.1Objective quality of life.....	18
2.2.2.1 Subjective quality of life.....	19
2.3 LITERATURE REVIEW	20
2.3.1 Indicators of quality of life.....	20
2.3.2 Global assessment of the variations in quality of life.....	22
2.4 Cases of studies on quality of lifein Africa.....	28
2.5 Cases of studies on quality of life in Nigeria.....	29
2.6 Factors affecting quality of life.....	32
 CHAPTER THREE:THE STUDY AREA AND METHODOLOGY	
3.1 Study Area.....	34
3.1.1Location and size.....	34
3.1.2 Climate.....	34
3.1.3 Soil.....	36
3.1.4 Vegetation.....	36
3.1.5 People and occupation.....	37
3.2 METHODOLOGY	38
3.2.1Reconnaissance survey.....	38
3.2.2 Types of Data utilized.....	38
3.2.3 Sources of data.....	38

3.2.4 Sample size and sampling techniques.....	39
3.2.5 Data Analysis.....	42

CHAPTER FOUR: RESULTS AND DISCUSSION

4.1 Introduction.....	43
4.2 Socio-economic Characteristics of the Respondents.....	43
4.2.1 Gender and Age.....	43
4.2.2 Marital status.....	45
4.2.3 Occupation.....	45
4.2.4 Education Attainment.....	47
4.2.5 Household head, Household size and Number of children.....	48
4.3 Indicators in rural quality of life in the study area.....	49
4.4. Variations in rural quality of life in Kankara LGA	53
4.4.1 Variations in number of persons per room.....	53
4.4.2 Variations in income from occupation sufficiency to meet family needs.....	55
4.4.3 Variation in total monthly income for the House hold.....	57
4.4.4 Variations in accessibility to healthcare facility.....	58
4.4.5 Variations in accessibility to education facility.....	59
4.4.6 Variations in accessibility to information	60
4.4.7 Variations in community participation.....	61
4.4.8 Variations in family relationships.....	63
4.4.9 Variations in government intervention projects.....	64
4.4.10 Variations in social status.....	65

4.5 Perceptual analysis of variation in quality of life in Kankara LGA.....	66
4.5.1 Improved housing.....	67
4.5.2 Stable occupation.....	67
4.5.3 Adequacy of income.....	69
4.5.4 Health facility.....	70
4.5.5 Education facility.....	71
4.5.6 Access to information.....	71
4.5.7 Other amenities/services.....	72
4.5.8 Family relationship.....	73
4.5.9 Availability of Government projects.....	74
4.5.10 Satisfied social status.....	75
4.6 Variation in rural quality of life in Kankara LGA.....	78
4.7 Factors influencing variations in rural quality of life.....	79
CHAPTER FIVE:SUMMARY, CONCLUSION, RECOMMENDATIONS	
5.1 Introduction.....	83
5.1 Summary of the major findings.....	83
5.2 Conclusion.....	85
5.3 Recommendations.....	85
References.....	87
Appendices.....	99

LIST OF FIGURES

FIGUREPAGE

Figure 3.1 Map of Katsina State showing Kankara LGA.....	35
Figure 4.1 Gender of respondents.....	44
Figure 4.2 Age of the respondents.....	44
Figure 4.3 Marital status of the respondents.....	45
Figure 4.4 Occupation of the respondents.....	46
Figure 4.5 Educational Attainment of the respondents.....	47
Figure 4.6 Respondents who agreed that income from occupation meets family needs...56	
Figure 4.7 Map showing variations in rural quality of life in the study area.....	78

LISTS OF TABLES

TABLE	PAGE
3.1 Distribution of Sample Size by wards in Kankara LGA.....	41
4.1 Socio-economic Profile of Respondents.....	48
4.2 Variations in the indicators of rural quality of life in Kankara LGA.....	51
4.3 Variations in persons per room (Housing capacity) in the study area.....	54
4.4 Variations in total monthly income for the household.....	57
4.5 Variations in accessibility to health facility.....	58
4.6 Variations in accessibility to education facility.....	59
4.7 Variation in accessibility to information facility.....	60
4.8 Variations in community participation.....	62
4.9. Opinion on family relationship.....	63
4.10 Variations in Government intervention projects.....	64
4.11 Variations in Satisfied social status.....	66
4.12 Standardized Z-scores in Housing Domain (Z1) in the study area.....	67
4.13 Standardized Z-scores in Occupation Domain (Z2) in the study area.....	68
4.14 Standardized Z-scores in Adequate income Domain (Z3) in the study area.....	69
4.15 Standardized Z-scores in Heath Domain (Z4) in the study area.....	70
4.16 Standardized Z-scores in Education Domain (Z5) in the study area.....	71
4.17 Standardized Z-scores in Information Domain (Z6) in the study area.....	72
4.18 Standardized Z-scores in other amenities/services Domain (Z7) in the study area.....	73

4.19 Standardized Z-scores in Intimate family life Domain (Z8) in the study area.....	74
4.20 Standardized Z-scores in Government Intervention projects Domain (Z9) in the study area.....	75
4.21 Standardized Z-scores in Satisfied Social Status Domain (Z10) in the study area.....	76
4.22 Standardized Z-scores result of the variations in rural quality of life in the elevens wards Domain (Z1) in the study area.....	77
4.23 Factors influencing the variations in rural quality of life in the study area.....	80

LIST OF PLATES

PLATE	PAGE
Plate 1: A typical concrete brick house in Kankara A and B and Pauwa A and B wards...	55
Plate 11: A typical mud brick house in Danmurabu, Kukasheka and Wawar-kaza wards...	55
Plate 111: Tarred road seen in Kankara A and B.....	65
Plate 1V:Untied road seen across Danmurabu ward.....	65
Plate V: Key Informat Intrview (KII) with the local heads of Burdugau ward.....	82

LIST OF APPENDICES

APPENDIX	PAGE
Appendix I: Questionnaire survey.....	99
Appendix II: Key informat interview.....	102

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background of the Study

Quality of life is a central concern for individuals and communities (Chase, Boumans and Morse, 2010). It is a difficult concept to measure as it has multiple definitions and meanings, and can be examined at several scales, ranging from an individual to a community to a country (Chase, Amsden and Phillips 2012). Quality of life is viewed by Costanza (2007) as a multi-dimensional concept that contains interacting objective and subjective elements. In other words, to measure quality of life, indicators are used that can be divided into subjective and objective categories.

Subjective indicators reflect an individual's perceptions of satisfaction in several life domains, including work, family, social, and leisure life perspectives. However objective indicators include external evaluations of income levels, education, family, social, and health (Sirgy, Rahtz, Cicic and Underwood, 2000). Even though most literatures indicate that the relationship between objective and subjective indicators is weak (MacCrea, Shyy and Stimson, 2006; Das, 2008). There are a few who indicated a strong link (Santos, Martins and Brito, 2007; Brereton, Clinch and Ferreira, 2008).

Linking objective knowledge with perceptions of individuals is very important for better understanding and evaluation of local conditions of quality of life. This helps to get results that are close to the reality on earth (McCrea, Shyy and Stimson, 2006).

Frazer (1994) argues that the first important step in assessing quality of life would be to agree internationally on terms such as levels, standards, effectiveness and efficiency. Quality of life is a holistic approach that not only emphasizes on individuals' physical, psychological, and spiritual functioning but also their connections with their environments; and opportunities for maintaining and enhancing skills. Quality of life in the rural setting, according to Phillips (2006) 2

is a multifaceted phenomenon determined by the cumulative and interactive impacts of numerous and varied factors like housing conditions, infrastructure, access to various amenities, and income, standard of living and satisfaction about the physical and social environment. Specifically, these rural areas refer to the geographical areas that lie outside the densely built-up environment of towns, cities and the sub-urban villages and whose inhabitants are engaged primarily in agriculture as well as the most basic of rudimentary form of secondary and tertiary activities (Adedayo, 1998; Ezeah, 2005). In fact, a rural area, which is the opposite of an urban area, refers to the country side whose population engages mainly in primary production activities like agriculture, fishing, and rearing of livestock (Ele, 2006).

The quality of life in rural communities is affected by the evolution of agriculture and industry, local social organization, public policy, and the movement of people into and out of these areas. For much of the past century, many rural communities have struggled with population and employment loss, high rates of poverty, poor education and training opportunities, and insufficient financial resources to provide basic services to residents. On the other hand, some rural communities, especially those with abundant natural amenities, are experiencing high rates of population, employment, and income growth. Rather than extracting or developing their natural resources, these communities are building economies based on environmental quality and a high quality of life (Multistate Research Fund, 1998).

In Uyo Local Government Area of Akwa-Ibom State Nigeria, rural communities occupy a major portion of the land mass. These communities depend directly or indirectly on the exploitation of land. Due to the changed status of Uyo to become a state capital and the gradual increase in population, the hitherto rural communities have increased in population, thereby exerting pressure on the rural land resources. The implication of this trend of development is that 3

the quality of life of the rural dwellers is adversely affected. In most of the rural communities, literacy is still low, spatial inaccessibility is still high while basic social infrastructures such as portable water, electricity, health-care and good housing are in deplorable state (Ikurekong and Jacob (2013). In the analysis of Salau (1986) the variations in the quality of life at the relatively neglected inter-urban scale in a developing nation is based on a sample survey of 3,800 heads of households in Nigeria cities ranked into three categories: large, medium and small. The study found out that level of living is related to city size, with the residents of large cities having a higher quality of life than those in the medium and small cities. Also, Guhathakurta and Sadalla (2008) noted that contributions of water supply to the quality of life sector are straightforward. It was reported that when the gap between demand and supply for water increases, there is a corresponding decrease in perceived quality of life. Alternatively, a decrease in the demand-supply gap for water improves quality of life perception of the people.

The quality of life of people in developing countries, including Nigeria, is often adjudged to be lower than the expected standard (Zaid and Popoola, 2000). The indicators that measures quality of life shows that in Nigeria. According to human development index which measures standard of living in the 2013 report ranked Nigeria as 152 out of 187 countries and territories. But between 2005 and 2013, Nigeria HDI value increased from 0.466 to 0,504, an increase of 8.1 percent or an average annual increase of about 0.98 percent. Yet, this still put Nigeria low in quality of life as income inequality, housing, infrastructure, employment, potable water and other indices that define life, limits opportunity for poor people.

At the Millennium Summit in September 2000, world leaders adopted the UN Millennium Development Goals (MDGs) which are the world's time-bound and quantified targets for addressing extreme poverty in its many dimensions – income, poverty, hunger, disease, lack of 4

adequate shelter (UN Millennium Project, 2005). All these are indirectly to improve the quality of life. Many developing countries including Nigeria are on track to achieve at least some of the goals at the appointed deadline of 2015. To achieve the Millennium Development Goals by 2015, many countries need to quickly improve their economic growth, education and health systems, their management of environmental resources, and their infrastructure, water, sanitation, telecommunication and transportation –all these in place will improve the quality of life of the people (World Bank, 2007). Nigeria has been an independent nation since 1960 with policies on development of rural communities, but the rural areas are still not developed and the quality of life of the people continues to deteriorate throughout all tiers of government (Federal, state and local). No doubt achieving the MDGs will ultimately address the variation in rural quality of life Omotoso and Owolabi (2007) asserted that the quality of life of the people in Ekiti State is evidently low because the people are unable to have three meals, unable to afford a decent home, unable to have potable water at home for safe drinking, unable to afford children fees and even unable to afford medical expenses of the family because government did not provide the adequate infrastructure required. Also, Yusuf and Orire (2012) revealed low quality of life suffered by residents of a typical rural- urban fringe in a Nigerian setting. The people are exposed to a variety of environmental constraints such as poor sanitation typified by improper waste disposal infrastructure and toilet facilities. This is coupled with absence of efficient and actionable policies to provide hospitals and potable (pipe-borne water) for the people. Diso (2006) in a study concluded states that rural communities have the potential to enjoy good quality of life if effective information services, health care centres, employments and infrastructure are fully provided in rural communities throughout the country. The issue however is not only assessment of quality of life for all rural people viz-a-viz their urban counter parts but 5

also understanding the disadvantages suffered by some rural people. Development is not even over space hence there are expected differences in quality of life enjoyed by different rural communities. This research is therefore an attempt to assess the variation in rural quality of life in Kankara Local Government Area of Katsina State.

1.2 STATEMENT OF THE RESEARCH PROBLEM

In fact, people assume that the quality of life for most areas are varied from each other depending on the area that they live. Quality of life means how individual lives and the standard of living. Peoples rate their lives in terms of qualities such as education, salary, communication, safety, health and also transportation. For most of the citizens the idea that life is getting better where average citizen lives comfortably, more social evils have been abated, untimely death is greatly reduced (Moore and Simon, 2000; Veenhoven, 2010) are among the instances of improvement on quality of life.

Survey on quality of life in rural areas takes a wide range of factors into account, including residents' good health and life expectancy, crime rate, weather, employment, school results, broadband access, and personal wellbeing (Halifax, 2015). In variation of quality of life, Spellersberg, Huschks and Habich, (2004) observed that from economic and demographic point of view, eastern German rural regions and a few western ones are at risk of falling into a descending spiral. Deterioration in this respect does not apply simultaneously to all areas of life alike, as is illustrated by the housing factor for example. Opportunities of betterment in peripheral, structurally weak areas – which are also suffering from the effects of depopulation – are unequally distributed as compared with areas that are economically strong and more centrally located.

In another study, Weeks *et. al*; (2004) examined whether there are disparities in health-related quality of life between veterans who live in rural settings and their suburban or urban 6

counterparts in United States. The survey used a modification of the Medical Outcomes study (MOS) short form. The result showed that health-related quality-of-life scores were significantly lower for veterans who lived in rural settings than for those who lived in suburban or urban settings. Rural veterans had significantly more physical health morbidities, but fewer mental health morbidities, than their suburban and urban counterparts. Rural-urban disparities persisted in all survey subscales, across regional delivery networks. It was recommended that policymakers, within and outside the Veterans Health Administration, should anticipate greater health care demands from rural populations.

Abhay, Shrikant, Ramchandra, Shushil and Vasant (2011) assessed the variation in the quality of life among rural and urban elderly population of Wardha District, Maharashtra; India. The World Health Organisation (WHO)-Quality of Life was used in the study. The study showed that the elders living in the urban community reported significant lower level of quality of life in the domains of physical 51.2 ± 3.6 and psychological 51.3 ± 2.5 than the rural elderly populations. The rural elderly population reported significant lower level of quality of life in the domain of social relation 55.9 ± 2.7 and environmental 57.1 ± 3.2 than urban population. The difference between the quality of life in rural and urban elderly population is due to the difference in the socio-demographic factors, social resource, lifestyle behaviours and income adequacy. It was recommended that periodic health check-ups should be organized for the elderly population so as to provide comprehensive health service through available infrastructure. Medical officers should also be trained in geriatric. Community health programmes like elderly club, effective participation, rehabilitation etc. to be organized for better care and support.

The study by Norudin and Zainuddin (2013) examined quality of life in the 21st Century towards narrowing the gap between rural and urban area. The result shows that there were 7

significant relationships between all the constructs using descriptive statistics (education, income/salary, communication, safety and health and transportation) in assessing the quality of life in urban and rural area in the state of Terengganu, Malaysia. In the study, they found that the quality of life for people in urban area is better than those living in rural areas. In terms of education achievements it was found that the people in urban area are much better than those living in rural areas. As for income, it was found that the people in urban areas are more stable than those living in rural areas. Although the finding indicated there was a difference but it is not that significant. While referring to accessibility to communication, it was found that the people in urban areas are advantaged than those in the rural areas. For healthy lifestyles and safety, it was also found that majority of the people in urban area live in healthier life compared to small percentage of people in rural area who were having healthy lifestyle. For transportation, the people in rural area prefer to use their own vehicle than those in urban area. This is because the people in urban area are more comfortable using public transportation while the people in rural area prefer to use own vehicles because they are less served with public transportation in the rural areas.

Zaid and Popoola, (2010) assessed the role of information in the quality of life among rural Nigerian Women in Ekiti State. The study observed the value of information as important inputs to improve the quality of life of rural women and will be appreciated if information providers can make the rural women understand what they can do with information. The data collected were analyzed using descriptive statistics and Pearson product Moment Correction. The provision and organization of information services for rural women in Ekiti State should be a cyclical process that will entail defining the need, establishing the objectives in light of the need, putting in place services to meet the objectives, running them, following up and evaluating, revisiting the objectives and so on. The example of information centres in some African countries like South 8

Africa established to provide quick information should be established in all local government areas in Ekiti State, Nigeria. Using well trained information facilitators at all these stages will ensure that information accessed and well used correspond in the best possible way to the information needs of the rural women they serve.

Akanni and Joshua (2010) examined gender variations in self-assessment of quality of life of the elderly in South-Western Nigeria. Two internationally tested instruments were used to assess quality of life status among the respondents-Activities of Daily Life (with 14 items scales) (ADL) and Aging Male Symptoms (AMS) (with 17 items scales and adapted for both males and females). The findings showed that elderly female fared better than the male counterparts on some of the measures. Also, females were more likely than their spouse to be able to cope without any assistance. Results from males with a living spouse showed that majority of the spouse (females) were more likely to need assistance for usual daily activities compared with the male (husband). This trend was also confirmed among female respondents as a fewer proportion of spouse (male) can cope without any help compared with females. The Aging Male symptoms (AMS) showed that male reported a better health status in the domains of sexual, psychosocial and somatic measures. The study concluded that measures of quality of life were likely to favour elderly females than males because of many challenges and responsibilities of males. The study raised the need for more in-depth studies to investigate the role of social-cultural factors of male dominance and patriarchal system on quality of life of the elderly from the gender lens.

Olajuyigbe, Osakpolor and Adegboyega (2013), assessed quality of life using Geographical Information System in Edo State. The study revealed that very few people of Egor Local Government Area (LGA) of Edo State, Nigeria exhibits average quality of life, while others exhibit below average or extremely poor quality of life. The research shows that governance, 9

electricity and water provision, income, and housing quality have relatively more impact on the quality of life of the people of Egor LGA. The implication is such that, there is urgent need for proper intervention in order to improve the quality of life of people in that LGA.

Ebiwari and Opuenebo (2014) assessed residential quality of life in planned areas in Port Harcourt Municipality, Nigeria. The study concludes that most residents were not satisfied with their residential conditions such as electricity supply, water supply and waste collection and disposal. The study further revealed that 16.4% of the residents across the neighbourhoods were unhappy with their residential quality of life and 49.2% of the residents perceived their neighbourhoods to be of medium quality. A key conclusion of the study was that the improvement of neighbourhoods residential conditions as perceived by the residents was important in raising residential quality of life, and that in the provision of public infrastructure and services, the perceptions and preferences of the beneficiaries/target population must be seriously taken into account to achieve user satisfaction.

Heidenreich (2003) posed the important question that at what point do differences become problems, and answers it by referring to a contribution from Peter M. Blau in 1977. In Blau's view, as reported by Heidenreich (2003) inequality is when people actually realize it, by comparing themselves with other groups relevant for purposes of comparison and finds out that the level of poverty ratios, unemployment, the housing, market and demographic considerations have marked differences.

Spellerberg, Huschks and Habich (2004) observed that the population that is deprived would start to emigrate, and then the public and private institutions responsible for infrastructure also go elsewhere. This is the rationale for creation of opportunities for gainful employment, and the promotion of infrastructure and self-help, is therefore just as frequently found as items on the 10

political agendas of rural communities today as the renovation of village housing with low quality of life (Henckel, 2005).

However, in Nigeria considering the studies of (Zaid and Popoola, 2010; Akanni and Joshua, 2010; Olajuyigbe, Osakpolor and Adegboyega, 2013; Ebiwari and Opuenebo, 2014) attention has not been given to the assessment of the variations in rural quality of life particularly in Kankara local Government Area, Katsina State. Kankara LGA Kastina State, like other typical Nigerian rural setting where some areas benefit from developmental activities than others. This present varied picture of quality of life of the people such as access to electricity, potable water, non-farm employment, comfortable housing and other indices. Those who benefit most from the developmental activities tends to rate their quality of life to be better than those who are disadvantaged. An understanding of the processes that result in that pattern of quality of life is a first step towards positive discrimination that will improve quality of life for the majority of the people. This is therefore the gap which this research intends to fill. To this end, the study will attempt to answer the following research questions:-

RESEARCH QUESTIONS

- i. What are the indicators of rural quality of life specifically for Kankara LGA?
- ii. What is the level of variations in quality of life among the rural populace in the study area?
- iii. What is the pattern variation in quality of life among rural dwellers in the study area?
- iv. What are the processes influencing the variation observed in quality of rural life?

1.3 AIM AND OBJECTIVES OF THE STUDY

The aim of this is to assess the level of variations in quality of life in rural areas of Kankara Local Government Area of Katsina State, Nigeria. However, the specific objectives are to:- 11

- i. identify the specific indicators for measuring rural quality of life in Kankara LGA.
- ii. assess the level of variation in rural quality of life in the study area.
- iii. map the pattern of variation in rural quality of life among the people in the study area.
- iv. examine the factors influencing the variation in quality of rural life in the study area.

1.4 SCOPE OF THE STUDY

This study will focus on the assessment of the variations in quality of life in rural areas of Kankara Local Government Area of Kastina State, Nigeria. The study covered 11 wards namely, Burdugau, Danmurabu, Garaji, Gatakawa, Kankara A and B, Ketare (Hurya), Kukasheka, Pauwa A and B (Gurdi), Wawar-kaza, Yargoje (Danmaidaki) and Zango. . The quality of life indicators to be used for the study are ten (10): improved housing, stable occupation, adequacy of income, access to health facility, access to education facility, access to information, other amenities/services, family relationship, government intervention projects and satisfied social status. The temporal scope is fixed for 1987 - 2016. Kankara Local government Area was created in 1987 and since its inception then, there has been no study of this nature.

1.5 SIGNIFICANCE OF THE STUDY

Quality of life has focused on the differences between rural-urban, rural women quality of life, the elderly quality of life in the rural-urban areas, social, economic, demographic factors, cities/Neighbourhood and largely in health related issues. The issue is that there are variations in quality of life among these areas. Rural areas are also experiencing demographic, social and cultural changes in quality of life. Migration flows are critical to economic and social change and, while some areas continue to lose their population, in many parts due to poor quality of life, some people are moving into rural areas because of the new values placed on that rural space. Across the EU, 46% of predominantly rural regions are growing, while 42% are in decline; of the 12

significantly rural regions, 57% are growing, while only 34% are declining (European Commission, 1997). From the data research, in 10 out of 27 OECD1 countries, the region with the highest growth in employment was a rural region (OECD, 2006). It has recognized that while some rural areas are experiencing new levels in quality of life other areas remain in decline and the scope for diversification may be limited (Ray, 1999).

Opping, Ironside and Kennedy (1988) found that while perceived life quality was low for farmers and moderate for city dwellers, it was highest of all for those in a medium sized community such as a large country town or a provincial city. Given that the quality of rural life has been found to be lower than that of metropolitan life, the extent to which services aimed at providing aid to the rural community are successful can be gauged by the extent to which these services help to raise the quality of rural life, both in objective and subjective terms (Christopher, 1996). Therefore, there is the need for finding lasting solution through scientific research. 13

CHAPTER TWO

CONCEPTUAL FRAMEWORK AND LITERATURE REVIEW

2.1 INTRODUCTION

This Chapter is divided into two sections. Section one presents some of the technical concepts that were found to be relevant and useful to the study and it includes the concepts of rural and quality of life. Section two presents the review of related literature with a view to establishing findings of previous scholars for better understanding of the issue of variations in rural quality of life.

2.2 CONCEPTUAL ISSUES

2.2.1 The Concept of Rural

Rural areas are sparsely settled places away from the influence of large cities and towns. Such areas are distinct from more intensively settled urban and suburban areas, and also from unsettled lands such as outback or wilderness (Chauhan, 2012). People live in village, on farms and in other isolated houses. Rural areas can have an agricultural character, though many rural areas are characterized by an economy based on logging, mining, oil and gas exploration, or tourism. Lifestyles in rural areas are different than those in urban areas, mainly because limited services are available. Governmental services like law enforcement, schools, fire departments, and libraries may be distant, limited in scope, or unavailable. Utilities like water, sewer, street lighting, and garbage collection may not be present. Public transport is sometimes absent or very limited; people use their own vehicles, walk or ride an animal (Department of International Development (DFID) (2001). Typical rural areas have a low population density and small settlements. A society or community can be classified as rural based on the criteria of lower population density, less social differentiation, less social and spatial mobility, slow rate of social change, etc. Agriculture 14

would be the major occupation of rural area. In general, a rural area or countryside is a geographic area that is located outside towns and cities (Rultan, 1984).

According to Cloke (2006), it is possible to recognize three significant theoretical frames for conceptualizing rurality: functional, political-economic and social constructionist. Until the 1950s, studies of temporal variations in agricultural activity constituted a leading subfield of economic geography. Because of the similar methods associated with the then current belief in environmental determinism, it emphasized the role of the physical environment. The functional concept of rurality is very much a remnant of this epoch. Through this lens, rurality is identified via elements of place, landscape and society, where of extensive land uses – such as agriculture, culture and forestry – are a significant part (Cloke and Park, 1985; Szymańska, 2013). As such, “rural” is viewed from a subjective (perceptual) angle or objective (quantitatively determined) criteria (Gilg, 1996). In some contexts, rural area is defined by exclusion from urban; hence any phenomenon that is not urban is rural. Different countries have varying definitions of "rural" for statistical and administrative purposes. In the United States, the U.S census bureau and the office of management and budget have come together to define rural areas as territory outside urbanized areas and urban clusters. An urbanized area consist of a central surrounding areas whose population is greater than 50,000 (Olayiwola and Adeleye, 2005). In Canada, the Organization for Economic Cooperation and Development (OECD) (2001) define a “predominantly rural region” as having more than 59% of the population living in rural community where a rural community has a population density of less than 150 people per square kilometer (Chigbu, 2012).

The U.S (2010) uses several criteria, any area, which is non metropolitan, is considered as rural while in the United Kingdom, areas with less than 26% of its population living in a market town or settlement with less than 2,500 populations is a rural area. . In countries like Uganda, an 15

agglomeration of only 100 inhabitants constitutes an urban settlement, while in countries like Nigeria and Mauritius the minimum agglomeration for urban areas is 20,000 and even 30,000 in Japan. In spite of these large variations certain thresholds are popular, like 2,000 in Chile, Argentina, Bolivia, Israel, and France; 2,500 Mexico and USA; and 5,000 in Belgium and Switzerland (Anriquez and Stamoulis, 2007).

In the study of Yusuf and Ukoje (2010), in Nigeria and in some African countries, low population density, pre-dominance of agricultural related livelihood and poor infrastructural services are criteria for identifying rural areas. In India rural areas are also known as country side or a village that has a very low population density, agriculture is the chief sources of livelihood along with fishing, cottage industries, pottery etc. Linda (2005) reviewed that in India a town with a maximum population of 15,000 is considered rural areas which house up to 70% of India's population and rural India contributes a big chunk to India's GDP by way of agriculture, self-employment services, construction etc. has adopted the United Nations' definition of a rural place as settlement with a population of less than 20,000

The European Commission (1997) concludes that 'rurality is not itself an obstacle to job creation which cannot be overcome: it is not synonymous with decline'. In the UK, for example, 'employment in rural areas has increased more rapidly than in other areas ... [and] unemployment in rural areas is generally lower than in the rest of the country' (Cabinet Office, 2000).

2.2.2 Quality of Life

Quality of life is a multidimensional concept and it is used in many different ways by various research communities. Given the different disciplines involved in quality of life studies, it is agreed that quality of life relates to description and assessment of the conditions of life of people in a certain country or regions. Despite many research attempts to study the elements which 16

determines quality of life, they vary on the considered domains of life. Such domains of life for instance include housing, family income, safety and access to public services. Furthermore, the scale at which the different studies conducted vary from one another, some are conducted at national level, some at regional level, but very are conducted at lower scale like neighbourhood or sub-city level (Tesfazghi, Martinez and Verplanke, (2010); Woldetinsaye, (2011).

Here are some definitions of quality of life by researchers. Foo (2000) defined quality of life “as individuals overall satisfaction with life”. Quality of life has two dimensions which are known as subjective and objective. It is often measured using either subjective or objective indicators, which are assumed to be distinct (Shin, Rutkowski and Park, 2003). Quality of life is also defined in terms of what one has lost, or lacks, rather than what one has (Bowling and Windsor, 2001). In another vein, Senlier, Yildiz and Aktas, (2009) defined quality of life as the relation between the individual perceptions and the feelings of people, and their experiences within the space they live in. Pearl, (2011) hereby defined quality of life as a measure of objective and subjective features of life. Thus it can be observed from the different quality of life definitions that there are key words such as satisfaction, objective facts, enjoyment, happiness and life satisfaction which are used by the different scholars (McCrea, Shyy and Stimson, (2006; Tesfazghi, 2009).

The concept, quality of Life, encompasses the basic conditions of life, including adequate food, shelter, and safety, as well as “life enrichers”, which are based on the individual’s values, beliefs, needs and interests (WHO-IACCID, 2000). Measuring quality of life means that we value quality within people’s lives and that we want to maintain and/or enhance the things that already, or could, add quality to people’s lives. It also infers that we want to take action to improve the things that currently detract from quality of people’s lives (WHO-IACCID, 2000). Quality of life 17

is concerned with people's welfare. It is defined as something that makes life better (Discoli, Rosenfeld, Juan's, Martini, Barbero, Ferreyro, and Dicroce, 2006).

Jackson(2005) and Stiglitz, (2009) underline that quality of life can only be maintained if the resource set is sustainably used; so there must be an environmental component. Despite of the relation between quality of life and wellbeing, also the latter is interpreted in various ways: it is generally viewed as a description of the state of people's life situation (McGillivray and Clarke, 2006), but the theme is still evolving. These have at least permitted to identify three principal and integrated dimensions of quality of life: a socio-cultural, an environmental and an economic one. However, the concept remains ambiguous and difficult to translate in operational terms, lacking a universally and acceptable definition and often facing with competing interpretations. Currently, it is possible to underline a strong overlap between the three dimensions of quality of life with the various concepts of wellbeing and especially in the case we look at studies where people directly participate to the survey (Council of Europe, 2008).

It is also important to restate that the concept of quality of life includes the two milestones of 'liveability' (services, environmental quality and social networks that make rural areas places in which people want to live) and 'livelihoods' (how people get their source of revenue and diversify their land-based and other activities to sustain those livelihoods, also in capitals point of view (Van der Ploeg and Long, 1994); European Evaluation Network for Rural Development, 2010). Infact, most people have a reasonably clear idea of what sorts of things would enhance their individual quality of life (and probably the quality of life of other individuals too). For example, higher pay, longer holidays, more satisfaction in working lives, time to pursue enjoyable and satisfying leisure pursuits, emotional fulfillment in relationships, having a long healthy and happy 18

life – all lived within a safe, caring and supportive local community are among the things people conceived as what could improve their quality of life (Berman & Phillips, 2000).

In the study carried out by Findlay and Rogerson (1993) quality of life is important to more than 70 per cent of the migrants interviewed and is considered more important than employment opportunities, living costs or family ties. From the perspective of urban planners, cities are the centre of economics, politics, commerce and other activities, so it is necessary to analyse the conditions that contribute to the quality of life.

2.2.2.1 Objective Quality of Life

Quality of life has traditionally been conceptualized and measured following two major approaches. The predominant approach, often labeled the “objective” or “social indicators” approach tends to measure quality of life in terms of aggregate measures of social condition factors external to the individual. Such research largely uses measures that reflect general social circumstances present in a given time or place, such as levels of economic activity, employment, public health, or crime, to predict quality of life among individuals in society. Such factors are viewed as objective because their importance as contributors to quality of life is based in the normative ideals of society, meaning that most members of society would agree on the desirability or undesirability of a given indicator (Gordon and Kast, 2012).

In the view of (Foo, 2000; Das, 2008; Senlier, Yildiz and Aktas, 2009; Tesfazghi, Martinez and Verplanke, 2010). Objective quality of life is one type of quality of life, which represents the external or tangible condition of life. It is usually measured by objective indicators, which measure the tangible, comparable and stable conditions of life. Objective indicators are quantitative indicators which are used for measuring concrete aspects of life. These indicators are associated with social, economic or environmental conditions. Objective indicators can suffer by under 19

reporting or over reporting (Das, 2008). These indicators use domains like education, health, transport, social welfare, air pollution, water pollution, green space, waste management, family income and consumption, housing and economic dynamism (Santos, Martins and Brito, 2007). They are mostly appropriate for use at neighbourhood, city, and region or country level and can be derived from secondary data such as census and remotely sensed satellite imagery.

2.2.2.2 *The Subjective Quality of Life*

The objective approach is perhaps still the predominant strategy for measuring quality of life, especially for national, regional, or global-scale research (Møller and Denis 2008). There has been growing interest in subjective approaches to measurement of quality of life (Diener and Suh 1997; Eid and Randy 2008; Diener, John, and Daniel, 2010). Subjective indicators focus on the individual's judgment of their condition in life and are designed to gauge the opinion of the individual about their quality of life. Questions comprising such measures typically ask respondents to rate their overall satisfaction with life compared with some standard. A major strength of the subjective approach is that it facilitates examination of both overall quality of life and the various domains that comprise it, such as work and the family (Tsou and Jin-Tan, 2001). Individuals often rate their wellbeing as high if they believe that they are doing as well as or better than others around them (Klein, 1997). Mostly frequently likert scale is employed as a main technique to measure subjective quality of life. For example, Das, (2008) used 5 point likert scale from very satisfied to very dissatisfied while Tesfazghi, Martinez and Verplanke (2010) applied 6 point likert scale ranging from completely dissatisfied to completely satisfy. But subjective quality of life can also be measured in terms of individual's overall life satisfaction with regard to their life as a whole. Combining these two indicators therefore useful for more complete assessment of quality of life 20

and recapitulate the aspect of life that is different to summarize by one of them (Santos, Martins and Brito, 2007).

2.3 LITERATURE REVIEW

2.3.1 Indicators of Quality of Life

Safety has been recognized as an important indicator of quality of life as well as a transportation evaluation criterion. This is expressed in the work of Parra, Gomez, Sarmiento, Buchner, Brownson, et. al., (2010) where they reported that traffic safety was positively associated with health-related quality of life among older adults. Chatterjee, Wegmann, Fortey, and Everett (2001) summarized how several metropolitan planning organizations (MPOs) addressed safety and security issue in both the long-range and short-range transportation planning processes. Their case study-oriented project found although safety and security were reflected in planning policies and goals and short-range project selection, there were few instances in which long-range planning incorporated these issues. Income is another powerful indicator of the quality of life that people enjoy and has become the dominant measure of human wellbeing. Income poverty is widely associated with misery in the public imagination, and researchers have shown strong links between subjective well-being and income levels (Easterlin, 1973; Ahuvia and Friedman, 1998). Across the rural segment of the developing world, an income focus is associated with a concentration on improving agricultural productivity, with the expectation that rising agricultural output will promote higher rural incomes, automatically leading to improvements in quality of life. This perspective is supported by considerable evidence showing links running from agriculture through income to a broad range of quality of life indicators.). Investigators think that income levels also affect political participation. They generally believe that higher income leads to greater participation because it means higher 21

social status and greater political awareness (Pei, 1997). For this reason, the rural poor are often seen as having low participation and political efficacy, although this is not always the case.

Education also enhances social participation, a key ingredient and indicator in quality of life. People who are more educated tend to feel less exploited and less powerless, and have a greater sense of being able to influence decisions that affect their communities (Putnam, 1993). Senecal (2002) added that other aspects that may be used to identify quality of life include aesthetic value, satisfaction with one's home, and patterns of governance and there are also issues of perception that take into account people's experiences in the city, the routes they travel, and the sensory quality of their surroundings. Studies of Das (2000) used cost of living, satisfaction from condition of traffic and satisfaction from level of environment to measure individual's life satisfaction. Tesfazghi, et. al., (2010) used indicators of housing, built environment, neighbourhood safety, neighbourhood sanitation, quality of public services, access to public services social connectedness and family income to evaluate and analyse the spatial variation of urban quality of life. In the work of Pearl, (2011) indicators such as safety at streets, recreational centre accessibility, level of education, housing quality and parking space on their quality of life research.

The identification of the degree of geographical variation in quality of life indicators apparent at each level is important. It suggests that where those variations are large, there may be scope to influence outcomes at that level to a greater extent than where the variations are small (Adriana, Rowena, Maria and Peter, 2009).

2.3.2 Global Assessment of the Variations in Quality of Life

The quality of life is a worldwide phenomenon concerning billions of people in developing and developed countries even at the beginning of the 21st century (Keles, 2011). Türksever and 22

Atalik (2001) made an attempt at examining the methods for measuring quality of life with respect to regional variations assessed the subjective perceptions of quality of life of individuals against a series of variables related to different objective dimensions of quality of life. They observed that the dimensions of health, climate, crowding, sport, housing conditions, journey to work and environmental pollution are major determinants of the satisfaction level in sample districts from the Istanbul metropolitan area. However, a number of districts show higher coefficients of determination depending upon a number of different independent variables. Consequently, it is one of the first studies in which we find spatial differences in the utility functions of households within a metropolitan area.

In the analysis of Mohit (2013) Malaysia has experienced a period of high economic growth over the last few decades, propelling the nation from an agricultural and commodity-based economy to become a prosperous thriving middle income nation (EPU, 2010). The per capita GDP of the country has increased twenty-fold from RM1395 (US Dollar 489) in 1970 to RM29661 (US Dollar 9693) in 2011. This growth has helped improve the quality of life for Malaysians and supported widespread advances in education, health, infrastructure, housing and public amenities. Commensurate with this economic development, the Malaysian quality of life Index (MQLI) has improved by 7.0 points during 1990-2000 and further to another 11.9 points from 2000 to 2010 (EPU, 2011, p. 6-7). Nevertheless, it has been remarked (Mohit, 2009) that this national development has not been uniform across the fourteen states/ regions of the country. Moreover, it is anticipated that the improvement in the national quality of life has not been uniform across the fourteen regions/ states in the country. Therefore, a study need arises to examine the regional variations in the quality of life that have occurred in the country so that future policies may be 23

directed towards reducing the disparity in socioeconomic development of the country across the regions.

Li and Weng (2007) study extended this approach for Indianapolis, Indiana, by adding remotely-sensed land use and land cover variables, and employing factor analysis to derive a synthetic quality of life index at the block-group level. They show a pronounced centre-periphery pattern, with lowest quality of life in the inner city. A 25-city study by Jensen and Leven (1997) specifically compared U.S. central cities to suburbs over time, using objective 'key variables' for quality of life domains. They showed central cities improving relative to suburbs (though remaining lower) in the 1980-1995 period.

Several studies have addressed the issue of rural-urban differences in life quality. Comparisons of subjective well-being of life for metro versus non-metro areas in the United States (Mookherjee, 1992) and Australia (Best, Cummins and Lo, 2000) found no significant differences, while Beesley's (1997) comparison of metro and non-metro fringe areas in southern Ontario found only minor differences. Oppong, Ironside and Kennedy, (1988) found that residents of a small town in Alberta (High Prairie) showed more life satisfaction than those residing in either the city of Edmonton or in remote northern communities. European studies have also compared rural-urban differences, though at coarse spatial scales: Shucksmith, Cameron, Merridew and Pichler, (2009) found little evidence of significant rural-urban differences in subjective well-being throughout Europe, while Campanera and Higgins (2011) found that urban-classified sEnglish local authority areas register significantly lower objective quality of life than their rural counterparts.

Blomquist, (1988) used housing expenditure and wage differentials to explain differences in quality of life. Quality of life rankings were provided by constructing indices using preference-based weights from hedonic estimation. To rank communities based on quality of life indices, 24

various amenity variables such as climatic, environmental, and urban conditions were used to estimate the hedonic equations. The results show that there is significant compensation for location-specific and non-traded amenities in the labour and housing market. The study presented a comparison within and among 253 cities in the US and the conclusions support the argument that quality of life is an important factor considered in location decisions. An extension of the study by Gabriel, Matthey and Wascher (2003) analyzed the changes in quality of life rankings over time for United States. In addition to housing expenditure and wage differentials, the study included non land cost of living in the hedonic estimation to reflect the capitalization of amenities. The results revealed that some states recorded a substantial deterioration in quality of life predominantly due to limited infrastructure investment. Other states have improved quality of life while some other states remained the same.

Giannais (1996) used a structural approach to hedonic equilibrium model to obtain a quality of life ranking of six cities in Southern Ontario, Canada namely: Guelph, Kitchener, London, Sarnia, St. Catharine, and Windsor and found that residential quality of life is a function of housing and neighbourhood characteristics (number of rooms, age of the house, crime rate, air quality, and mean annual temperature). The model was estimated using census tract data for the six cities. The study revealed that each of the six cities provides a different quality of life distribution to its residents.

Deller, Tsai, Marcouiller and English, (2001) used five indices designed to capture specific amenity and quality of life characteristics. One of the objectives of the study is to construct measures of amenities and quality of life among non-metropolitan counties in the United States. This was done by using principal components analysis where groups of variables are condensed into a single scalar measure that captures the information in the original data. Five amenity 25

attributes were constructed to represent indicators of quality of life in the rural areas. Of the five amenity attributes, the empirical findings showed that amenity attributes were positively related to at least one measure of economic growth reflected by the change in population, employment, and per capita income. Kahn (1995) used data from the 1980 and 1990 Census of Population and Housing to rank the cities of Chicago, Houston, Los Angeles, San Francisco, and New York based on quality of life. The method of ranking used the differences in skills across cities as well as wage estimates. It is based on a revealed preference approach where a person's characteristics are evaluated at each city's estimated price vector. This approach allowed the ranking of the cities even if no attributes of the cities are observed, with the assumption that all agents in the economy have similar preferences. If there is zero cost of migration and all agents have equal skills, the equilibrium consists of differences in rental and wages, and people will be distributed across cities such that no person can move to another city to raise his utility. The analysis was done using wage and rental regressions which resulted in rankings that Los Angeles and San Francisco have higher quality of life than Chicago and Houston in 1980 and 1990. In addition, Kahn found that quality of life in New York fell during the 1980s.

In the health domain, Wood et al, (2005) found that females report symptoms more often than males and rely more on feelings of discomfort during physical activity in reporting health related quality of life (HRQL) as compared with males. Mojica, Gebremedhin and Schaeffer, (2010) in their studies, Valuing Community Attributes in Rural Counties of West Virginia Using Data Envelopment Analysis. The results suggest that the majority of the rural counties in West Virginia are relatively efficient in increasing quality of life. Since efficiency measures are based on community performances and not on production levels, it is difficult to determine the reasons for such efficiency values. However, the rural counties in the Eastern part of West Virginia were 26

observed to be more efficient in generating quality of life relative to the other rural counties in the State. This may be due to the fact that counties that were observed to be efficient are in close proximity to the more developed counties

Camfield, (2005) conducted a study on how different people characterize quality of life in 24 rural, peri-urban and urban sites in Bangladesh, Ethiopia, Thailand and Peru and found out that the basic ingredients of a good life are very similar, such as having a partner, a family (and a support network that extends beyond it), a good home, a pleasant environment and enough money or other resources to meet the daily needs of the family. Further reported that the main priorities for people from Bangladesh are maintaining family harmony, getting salaried employment, and being educated, while for people in Ethiopia they are having your own home, enough to eat and drink and being respected by your neighbours. The study added that the greatest differences are not between people from different countries but between men and women of different ages whose different identities or experiences cause them to value different things. For example, in Thailand, the older generation wanted to be healthy and able to attend the temple, while the young men wanted good jobs and motorbikes.

In villages the social structure has come to be assimilated to that of the cities, as a result of economic structural changes and the influx of population, although there are important aspects where significant differences are still seen – as for instance in the greater number of children, the relative scarcity of exceedingly rich individuals and persons belonging to the upper social strata and the prevalence of traditional lifestyle groups. The differences become more pronounced at a greater distance from major cities, and the more so when the public transport connections are inadequate (Bertram and Henning, 1996; Spellerberg, 2004; Bohler, 2005). With reference to life quality as perceived – that is to say, in connection with symptoms of anomie, levels of happiness, 27

feelings of exclusion or levels of satisfaction with life generally – there are hardly any differences to be found in western Germany between the inhabitants of rural and urban areas. The discrepancies between town and country in terms of subjective wellbeing are not so marked as might have been expected on the evidence of the macro indicators. Other areas of life that are positively assessed – like family, leisure and health for example – clearly constitute, along with the comparison of one's own with other reference groups and processes of adaptation, a counterweight to the below average living standard. We know from research into social indicators that when it comes to personal happiness and general satisfaction with life, health and social relationships play a much more important part than do income and affluence (Zapf and Habich, 1996; Noll 1997; Glatzer, 2001). According to the European Social Survey (2003) Hungary and – surprisingly – the Netherlands are both found in the respective group showing a high level of regional divergence, though with contrasting estimates in each case. Austria too is characterized by a relatively high degree of inequality. The Scandinavian countries on the other hand show balanced levels for the regional quality of life. Sweden and Finland for the most part fall in the neutral zone where regional differences are minimal. In Norway and Denmark the differences are slightly more marked. Poland too can be counted to a certain extent as one of the countries where life conditions are homogenous. The surprising feature of these findings is that it is countries with thin population, spread over a wide geographical area, where the quality of life is perceived as being equally high in the urban centers and in the country. In view of the greater distance to be covered and associated high cost of mobility, would rather be expected that a greater concentration of economic, cultural and social life in the metropolis, along with all the negative implications to be anticipated for the quality of life as perceived by people living at a distance from these centers. 28

2.3.3 Case Studies on Quality of Life in Africa

Studies on quality of life in Africa countries are so few and most were carried out in cities. Some of the studies include; Darkey and Kariuki (2013) carried out a study on quality of life in Mathare, Nairobi, Kenya. The research revealed that Mathare residents prioritises sanitation, waste management and access to water, electricity, education and healthcare as the most essential services for adding quality to their lives. However, one of the main conclusions of this research is that although improved service delivery is necessary, it may not be sufficient in satisfying the quality of life requirements of Mathare residents. Other aspects of economics, such as regular employment as well as socio-cultural issues, like freedom from fear and access to communal security, are equally important and policy objectives should pay holistic attention to both the objective living conditions and the subjective life satisfaction indicators of slum dwellers.

Teklay (2012) studied adaptation and dissonance in quality of life: Indicators for urban planning and policy making in Mekelle city in Addis-Ababa, Ethiopia. In the study area the level subjective quality of life is high only for the indicator access to primary education facility. Whereas for the indicators housing over crowdedness, room for rent and adequate family income level of subjective quality is slightly high. Access to secondary education facility and access to public transport are the indicators with slightly low subjective quality of life. The indicators housing affordability and access to health facility scored low level of subjective quality of life in Kedamay Weyane sub-city. For the indicators, access to primary education facility, access to secondary education facility, access to health facility, access to public transport and housing over crowdedness the level of objective quality of life is high in the study area. Whereas for the indicators housing affordability, room rent and adequate family income the level of objective quality of life is low. By combining the subjective and objective quality of life the states of quality 29

of life that are wellbeing, Adaptation, dissonance or deprivation are identified for each indicator. In a similar vein, Tesfazghi (2009) studied urban quality of life and its spatial distribution in Addis Ababa; Ethiopia: Kirkos sub-city. The results of the study revealed that the subjective quality of life scores show large variation in the city.

2.3.4 Case of Studies on Quality of Life in Nigeria

In the study of Akinyemi, Owoaje, Popoola and Ilesanmi (2012) the study authors quality of life and associated factors among adults in a community in South West Nigeria. A descriptive cross-sectional study of 527 adults, in Oru community was conducted. An interviewer-administered questionnaire adapted from the WHO quality of life (WHOQOLBREF) questionnaire was used to obtain information from respondents. Associations were explored with the chi square test; multivariate analysis was done with logistic regression at 5% level of significance. Respondents mean age was 33.3 ± 8.1 years. In all, 46.5 % were currently married or cohabiting. Christianity was the dominant religion, 72.7%. In all, 81.6% had good quality of life. Predictors of good quality of life were respondents less than 25 years [OR: 3.5 (1.264- 9.508)], having educational level that is secondary and above [OR: 4.2 (1.810-9.762)]. Being Unemployed [OR: 1.9 (1.099- 3.351)], living in flats and other bigger apartments [OR: 1.8 (1.121- 3.04)], currently ill [OR: 3.7 (2.096- 6.509)], and lack of involvement in religious activities [OR: 3.1 (1.166- 8.045)] were also shown to be predictors of good quality of life. The majority of those evaluated had good quality of life. The study recommended further surveys involving larger samples sizes are required to explore the quality of life in distinct sub-populations and in currently ill patients to strengthen the results of this study.

Also, Johnbosco and Nnaji (2011) assessed the influence of landuse patterns on Otamiri River, Owerri and urban quality of life. The researchers' obtained sediment samples in Otamiri 30

River from locations closest to landfill, mechanical workshop village and sand and gravel mine. Samples were subsequently subjected to standard analytical procedures. The ranges of the result for the physicochemical parameters analyzed include pH (5.28-5.63), temperature (27.3-28.2oC), Conductivity (123- 203 μ S/cm), turbidity (6.4-16.3 NTU), DO (1.9-2.1 mg/l), BOD (30.00-39.50 mg/l), TSS (2.0-2.9 mg/l), total hardness (40.5-61.2 mg/l), phosphate (3.45-6.99 mg/l), Nitrate (0.5-3.0 mg/l), Sulphate (5.07-10.0 mg/l), Lead (0.02-0.60 mg/l). Result of the analysis showed that for all sampled points, the values of some variables exceeded the safe limits of WHO standards. The increased lead concentration in the sediment, low value of dissolved oxygen and high acidity shows that landuse patterns along the Otamiri watershed deteriorated its quality, rendered it unfit and posed a health risk to Owerri residents. Consequently these activities should be zoned out of their present areas of operation to secure a better quality of life for the city dwellers.

Ilesanmi (2012) examines the housing and neighbourhood quality of public housing in Lagos, Nigeria. The assessment of the conditions and quality of housing and neighbourhood environment in each of estates was conducted by means of penalty scoring. Blocks of houses in low-income estates reported significantly lower levels of housing and environmental quality than houses in the medium-income estates. Based on housing condition alone, approximately 34 per cent of all the housing blocks surveyed (n=225) in the eight estates were categorised as being of poor quality and dilapidated, that is, with two or more major defects. Based on the neighbourhood environment, about 65 per cent and 30 per cent in the low-income and medium income estates respectively fall into the poor quality category. The study identifies and discusses the perceived reasons for these findings and makes useful recommendations that could enhance housing quality and improve quality-of-life in public housing. It concludes on the need for participatory 31

approaches to infrastructure improvements and enhanced collaboration between stakeholders to maintain present housing and neighbourhood stock and develop sustainable future builds. Aloba, Fatoye, Mapayi and Akinsulore (2013) undertook a study, quality of life in Nigeria among patients with psychiatric disorders. The electronic databases, Medline and Pubmed were searched for published articles on quality of life in Nigerian patients with psychiatric disorders. A total of 6 studies met the inclusion criteria. All the studies employed the generic World Health Organization Quality of Life Scale – Brief version, which is the only quality of life instrument whose psychometric properties have been evaluated among Nigerian patients with psychiatric disorders. Some of the studies revealed that quality of life was significantly associated with socio-demographic factors such as marital and employment status and social support. Poor quality of life was reported to be associated with illness related factors such as co morbid medical problems, presence of anxiety and depressive symptoms and non adherence to medications. All the studies with the exception of two were conducted in centers located in South-western Nigeria. Quality of life in Nigerian patients suffering from psychiatric disorders is under-researched. There is need for more studies to prospectively investigate quality of life and associated factors among Nigerian patients with psychiatric disorders.

2.3.5 Factors Affecting Quality of Life

Numerous factors contribute to the improvement or worsening of the quality of life from an environmental point of view (Görer and Uurlar, 2007). First and the most critical threshold is undoubtedly the access to environmental infrastructure and services. These include water and sanitation systems, solid waste management, drainage, and transportation. When people do not have adequate access to these amenities or when their quality is poor, a set of important health consequences occurs immediately. Secondly, pollution from urban wastes and emissions caused 32

by city-based activities affects daily life considerably. The examples are the air, water pollution and land degradation. It has been estimated that 300 to 700 million premature deaths could be avoided each year, if the WHO's minimum clean air standards are taken into consideration in practice.

According to the statistics of the WHO, environmental conditions are responsible for one quarter of the deaths from respiratory and other infectious diseases (Kele, 2010).

Resource degradation is the third factor affecting the quality of life. For instance, urban development can damage surrounding ecosystems through construction on sensitive and fertile lands, as well as through improper disposal of urban and industrial wastes. Cultural and historical heritage is another resource which may be lost as a result of neglect and ignorance. Fourth is the environmental hazards coming from both natural sources, like earthquakes, floods, etc., and human sources, such as accidents caused by industries, traffic, municipal facilities, and fires. Finally, environmental problems of a global nature, like greenhouse gases, sea level rise, climate change and pollution of international waters create important risks for the living environments (Leitman, 1999).

Among the factors mentioned above, urban land use decisions are critically important determinants of the environmental security, and consequently urban and rural life. Distortions in land markets, combined with ineffective land management policies and practices result in degradation of environmentally fragile lands (Leitman, 1999). Culture is an essential element of a sustainable city.

The environmental conditions are affected by our culture, which is, in turn, shaped by the environment. Bio-culture represents a conscious effort to reach this interdependence. Aesthetic values, music, science, the arts, politics, economics, and determination to changing the existing consumption patterns shaped by contemporary capitalist development and globalization, 33

can all come together on the struggle for a better quality of life (Vlavianos-Arvanities and Kele (2010).

Having gone through the array of accessible literature, it is observed that rural quality of life is seldom given an adequate research attention. This is owing to the shadow cast on rural areas by urban areas, hence comparison of rural to urban areas have been adopted. This study sets to advance the frontier of knowledge by collecting, analyzing and drawing inference from empirically collected data from Kankara LGA, Katsina State. 34

CHAPTER THREE

THE STUDY AREA AND METHODOLOGY

3.1 THE STUDY AREA

3.1.1 Location and Size

Kankara Local Government Area is located between Latitudes 11° 42' 0" N - 11° 51' 0" North of the Equator and Longitudes 7° 30' 0" E - 7° 39' 0" East of the Greenwich Meridian. It covers a total land area of about 1,462 Km². It is located at the southern part of the state, shares boundaries with Malumfashi LGA to the south, Danmusa LGA to the north, Musawa LGA to the east and Faskari LGA to the south and Zamfara state to the west (see Fig. 1). The LGA is made up of eleven wards namely; Burdugau, Danmurabu, Garagi, Gatakawa, Kankara A & B, Ketare (hurya), Kuhasheka, Pauwa A&B (Gurbi), Wawar- Kaza, Yargoje (Danmaidaki) and Zango (Fig.3.1).

3.1.2 Climate

There are two (2) seasons, the first one is the rainy season which last from April – October, and the wettest month is August where the average rainfall is over 254mm. The second is the dry season, which last from November – March with the coming up of harmattan which is dry, cool and dusty, Relative humidity falls considerably during the harmattan. Maximum day temperature is about 33.1°C while the minimum day temperature is about 19.2°C. Overall, the climate is hot and dry for many months of the year due to the latitudinal location of the town and its location away from the sea (Mortimore, 1970). The climate of Kankara LGA, Katsina State presents to the people opportunity in the rainy season to cultivate crops; both food and cash crops and the dry season, the harvesting and marketing 35

Figure 3.1: Kankara Local Government Area Showing the Wards.

Source: Adapted from the Administrative Map of Katsina State. period and the rural dwellers 36

generate income for their household thus, improve their quality of life.

3.1.3 Soil

The area has clayish and sandy loam soil texture that is slightly acidic and the alkalinity is not a serious problem. They are derived from a fine sandy drift and belong to the Zaria group. On the upper slope the soils are red – brown to orange in color and form a sandy clay loam within a pH value of about 5.6, overlying vesicular iron stone and partly indurated, strongly mottled, gritty clay (Mortimore, 1970). The sandy loam texture of the soil in the area encourages the cultivation of variety of crops such as; maize, groundnut, cotton millet, beans and guinea corn. The rich soil of the study area has enabled the rural people derive their sources of livelihood since predominantly their occupation is agriculture. Infact, the richness of the soil of the study area has been a major contributed to improving the rural dwellers quality of life for basically, all the people in Kankara LGA area involve in one form of agriculture or the other.

3.1.4 Vegetation

The vegetation over the region is a Sudan savanna type. It is made up of stunted trees which are scattered within the area. The tallest trees in the area are normally the silk cotton trees and the Baobab trees of up to 30m height. Other trees include; Shea butter, date palm, neem and locust bean “*dorowa*” trees. All these natural resources from Kankara LGA, Katsina State vegetation have been a source to their economic growth and thereby improving quality of life of the people. The local government area also has abundant natural resources such as kaolin and is considered to be the best in the country (Information Unit Kankara LGA, 2015). It is extracted for sale to feed the domestic industries. 37

3.1.5 People and Occupation

The major ethnic groups are Hausa and Fulani. The main livelihood of the people is predominantly subsistence agriculture including irrigation farming. Livestock keeping is also practiced. The Fulanis are noted for their animal husbandry and do engage in seasonal migration with their cattle, goats, sheep and donkey. The Hausas also engage in animal rearing but mostly occupied with sedentary agriculture (Udo, 2001). The people have five periodic markets, each trading in the various days of the week. It involves buyers and sellers within and outside Katsina State. Goods sold could be in retail or wholesale form and items found in most of the markets are locally produced from agriculture, husbandry and natural resources. Also, manufactured, processed goods are also sold at the markets. The Local Government Authorities are in- charge of the various markets.

Cotton is also produced in large quantity in the area and as a result, Dangote Group of Companies established a ginning company called “Dangote Ginnery” which is very big and functional. However, the Kaolin processing industry established by the state government is not functioning but all the structure and machines are still available and are sometimes rented by individuals who want to undertake kaolin processing for export. Some people also engage in the excavation of a particular type of sand “*lamso*” (fertilizer processing sand) which is believed to contain high amount of fertilizer nutrients that supports plant growth and is extracted for exportation to other states and even countries outside Nigeria. The only tourist attraction present in the area is Matsafa water fall which is about 17km from the LGA headquarters. People from different places including foreigners, often visit the area (Information Unit Kankara LGA, 2015).

The variation in quality of life of the people is greatly affected by their occupation. 38

3.2 METHODOLOGY

3.2.1 Reconnaissance Survey

A reconnaissance survey was undertaken between February and March 2015. The basis of the visit was to get acquainted with the study area. During the familiarization tour, the researcher was able to make observation particularly about the availability and conditions of the social amenities like roads, healthcare centres, power supply (electricity), water supply, schools, housing, and markets.

Moreover, the researcher was able to interact with people and the socio-economic activities that the rural dwellers engaged in as means of livelihood. The observation from the study area provided the researcher foreknowledge about the area which helped in achieving the set objectives.

3.2.2 Types of Data Utilized

The data required for this study include:-

- i. Socio- economic characteristics such as; gender, age-group, marital status, household size, occupation, level of income, level of education and religion.

- ii. Health care facilities

- iii. Potable water supply

- iv. Housing facilities

- v. Education facilities

- vi. Peoples' perception of quality of life.

- vii. Road infrastructure.

3.2.3 Sources of Data

Both primary and secondary data sources were used for the study. 39

3.2.3.1 Primary Sources

Data was generated through the administration of questionnaire which is the major research instrument for the study and also interview. The questionnaire that was administered provided information on the pattern of variations in quality of life using ten indicators. Whereas interview was conducted with three wards local heads chiefs on their category of quality of life compared to other wards. These to some extent gave a basis for generalization.

3.2.3.2 Secondary sources

Secondary sources of data were collected from records of Kankara Local Government Area headquarters which provided useful information on the objective quality of life of the study area. Literature from journals, official gazettes on the subject matter, annual reports, research projects and materials from related websites were used to build the literature review and enhance the results of the analysis. These helped to fill the gaps that may exist in primary data.

3.2.4 Sample Size and Sampling Techniques

The study area is made up of eleven (11) wards and the eleven wards were selected for this research and this produced the spatial pattern of variation in rural quality of life in the study area. Kankara Local Government Area has total population of 152,748 (NPC, 1991). This population was projected to 2015 using exponential formula with 3.04% growth rate for Katsina, (NPC, 2006). It gave a population size of 316,837 (2015).

$$P_{t+n} = P_t e^{r \cdot n}$$

P_{t+n} = Population at the future date (2015)

P_t = Base year population (1991)

e = Exponential

r = Growth rate (3.04%) 40

n = Internal between the base year and future years.

Yamane (1967) formula was used to calculate the sample size with 95% confidence level and 5% sampling error assumption.

$$SS = N/1 + N(e)^2$$

SS = Sample size

N = Population size

e = Sampling error of 0.05 significance level

1 = constant

The above formula was used to obtain a total of 400 samples size for the study. A simple arithmetic was used to determine the proportion of sample size for each locality based on the population size

$$n/N * 400$$

Where

n = Population of each ward

N = Total population of all the eleven wards

The sample size was appropriately distributed to the eleven in the study area. Table 3.1 below shows the wards, population figure of the study area in 1991, the projected population figure to 2015 and the sample size 41

Table 3.1: Distribution of Sample Size by wards in Kankara LGA	Population 1991	Projected Population 2015	Sample Size
Wards			
Burdugau	10,772	22344	28
Danmurabu	9,861	20454	26
Garagi	13,035	27038	34
Gatakawa	10,166	21087	26
Kankara A and B	31,481	65299	83
Ketare (Hurya)	12,161	25225	32
Kukasheka	12,780	26509	33
Pauwa A and B (Gurdi)	12,979	26509	34
Wawar-kaza	15,129	31381	40
Yargoje (Danmaidaki)	11,036	22891	29
Zango	13,348	27687	35
Total	152,748	316,837	400