# Impact Assessment of the Quality of Life of the People of Oyo and Benin Towns: a Provisional Improvement

Vincent Omoregbe IGHODARO<sup>1</sup>\* & Professor M. A. AJAYI <sup>2</sup> <sup>1</sup>Sport Centre, University of Benin, Benin City, Nigeria <sup>2</sup>Department of Human Kinetics Faculty of Education, University of Ibadan, Nigeria **Corresponding Author:** Vincent Omoregbe IGHODARO1, E-mail: ighovic@yahoo.com

ARTICLE INFO	ABSTRACT
	The purpose of the study was to comparatively investigate the quality of life
Received: May 25, 2019	among the people of Oyo town and Benin City based on their general health,
Accepted: June 15, 2019	physical health, psychological health, social relationship and environment. The
Published: July 31, 2019	growth and development of the social and economic life of the people and their
Volume: 1	communities largely depends on good quality of life experienced by them.
Issue: 4	_ Having good quality of life makes people happy, satisfied, fulfilled and
KEYWORDS	_ productive. Happy, satisfied and fulfilled people are usually favourably disposed
	to life and they make good use of life opportunities to better their lives. On the
Quality of life, Health and	contrary, poor quality of life can lead to serious negative consequences.
Leisure participation	Descriptive survey research design was adopted for the study. The population
	for the study comprised of 482 respondents. Two research questions guided the
	study, the questionnaire containing 26 items was the instrument used for data
	collection. Descriptive analysis was used in answering the research. The major
	findings of the study revealed that, the quality of life of the people of Oyo and
	Benin towns is slightly good. By implication therefore, the quality of life of the
	people of Oyo and Benin towns is poor. In conclusion, this poor quality of life
	can ultimately make the people of Oyo and Benin City become dejected with no
	fulfillment of life; leading to decrease in the standard of living. In view of this, it
	became imperative to come up with certain efforts that can be geared towards
	improving the quality of life of the people of Oyo and Benin towns. It is
	recommended that, the people should make effort to create the capacity to
	effectively take good care of themselves and their families and regularly to a
	maximum degree, participate in selected recreational/leisure activities that are
	tended towards improving their physical, mental, social, emotional and
	psychological health and wellbeing

# **1. INTRODUCTION**

The quest for the quality of life has become a growing concern for individuals from all works of life, including communities and governments seeking to find and sustain satisfaction, happiness and life fulfillment. This is one of the major reasons why our world and the environment are witnessing changes daily. Ramsey, (2012) asserted that the types of life people now live have been greatly affected by so many factors including technology which have continued to advance and direct our ways of life and this have changed the way we live, the way we communicate and the way we learn. In fact, so many changes have been brought about by these continuous technological advancements. All these now account for the type of life people now live. In other words, the changes in our world today are shaping people's qualities of life which have now made the people to maintain certain quality of life. According to Ivan and Fermanda, (2007) quality of life is the interactions among social life, health, economic and environmental conditions that could affect human's physical, emotional and social development and wellbeing. It is the extent to which people's happiness requirements are met, that is, those requirements that will meet satisfaction and fulfillment of life. These requirements if met to a certain degree can enhance a person's quality of life for possible enjoyment.

According to World Health Organization (2007) quality of life is the individual's perception of their position in life in the context of the culture, value systems in which they live and in relation to their goals, expectations, standards and concerns. Lloyd and Auld (2002) aver that there are three variables of the quality of life which are: life satisfaction, happiness, and morale, these variables are the components of an overall quality of life index and are seen to best represent the dynamic nature of quality of life. In his submission, Haas (1999) explains that quality of

life attributes are the feeling of satisfaction with one's life in general, an evaluation of an individual's current life circumstances which is subjective with the individual's perception. Haas (1999) further emphasized that, the mental capacity of the individual to evaluate his life as satisfactory in terms of an acceptable state of physical, mental, social and emotional health as determined by the individual with the available living conditions should be adequate and not life-threatening. Having good quality of life can enhance people's happiness, satisfaction, fulfillment, sound health and good morale (Lloyd and Auld, 2002).

When people are happy, satisfied and fulfilled in life, they exhibit characteristics that reflect general sense of high level of wellbeing. Besides, happy, satisfied and fulfilled people are usually favourably disposed to life and they make good use of life opportunities to better their lives. Likewise, people who have sound health will function effectively in all spheres of life. Having sound health can also spur people to make good use of every opportunity that come their way to better their life. In addition to this, when people have good morale, they are enthusiastic about life and they are usually ready to perform every function that will increase their psychological wellbeing. Good quality of life signifies goodness of life and having it makes one know the ways to make ones' life more valuable. Therefore, one can make a rational inference from the above known fact that if an individual is heartily happy, satisfied, fulfilled and is having sound health and good morale, he or she will have a high quality of life.

In spite of the importance of having good quality of life, reports have shown that many people especially in Africa generally have poor quality of life. According to African Development Bank, AfDB, (2016), many African countries are living below the expected quality of life. This is because, according to AfDB (2016), poverty rates are still hovering around 43% and health including education outcomes is among the lowest in the world. The AfDB (2016) notes further that the continent has insufficient access to sanitation and safe drinking water. In the same vein, The World Bank (2016) equally revealed through one of their studies that the quality of life among the people living in most parts of Africa has drastically reduced. World Bank (2016) further submits that the 2016 multidimensional poverty index revealed that people living in Africa are multi-dimensionally poor. Nigeria is not left out of this situation since it is one of the countries that make up the continent of Africa. In this vein, Smith (2016) submits in the website of Business Insider UK, that Nigeria is one of the countries of the world with the worst quality of life as the nations scored low on Social Progress Index viz basic human needs, foundations of wellbeing and opportunities.

Because of the importance of these issues of quality of life, previous studies in foreign countries and Nigeria have specifically directed their efforts at the issue of quality of life in one area or the other. For instance, Bell (2005) carried out a study to measure the benefits of culture and sport on wellbeing and quality of life in Victoria. Damasio (2013) also conducted a study to examine the psychological wellbeing and quality of life among teachers in the City of Campina Grande, Brazil. Shdaifat and Manaf (2012) examined the quality of life of caregivers and patients undergoing haemodialysis in Jordan. In another study, Martinez-Martin, Prieto-Flores; Forjaz, Fernandez-Mayoralas, Rojo-Perez, Rojo and Ayala (2012) investigated the Components and determinants of quality of life in community-dwelling older adults in Spain. In Nigeria, Akinyemi, Owoaje, Popoola and Ilesami (2012) carried out a study on quality of life and associated factors among adults in South West Nigeria. Similarly, Akinpelu and Caleb (2009) conducted a study on quality of life of stroke survivors and apparently healthy individuals in Southwestern Nigeria. Owolabi (2008) examined the factors responsible for the quality of life among Nigerian stroke survivors. Oni, Aina, Ojini and Olisah (2016) conducted a study to examine factors determining quality of life among post-stroke clinic attendees.

Worried by this revelation in literature, the researcher carried out an indepth observation to examine what the situation of quality of life is among the people of Oyo town and Benin City. This researcher was particularly interested in the people of Oyo town and Benin City because of their immense contribution to the social life and economic growth of the nation. For instance, the people of Oyo town are known for timber species. The production and marketing of timbers in Oyo town shows the socioeconomic characteristics of the people and this have great economic contributions not only to the people of the town but for the entire nation. The timbers species in Oyo town serve the purposes of furniture, boat building, exterior construction, veneer, carvings, musical instruments, sports, artificial limb, cabinetry, panel doors among others. The availability of these material places Oyo town as an economic hub in Nigeria (Adedokun, Temitope and Dairo, 2017). Besides, the Oyo town is an important element in a fast growing sector of international commemoration and tourism due to their diverse cultural heritage such as music, dance, language, foods, monuments, hand woven cloth tradition and festivals (Dallen and Gyan, 2009; Perani, 1998).

In the same vein, the people of Benin City contribute immensely to the economy of the nation. The people of Benin City are known for being the "Igodomigodo" who produces finest bronze, brass and ivory sculpture which are found in museums throughout the world (Boisragon, 1987). The Benin City people also deal in growing timber and rubber trees. Likewise, the people of Benin City contribute their quota to the nation's economy through their involvement in farming activities with the main food crops being yams, cassava, plantains, and cocoyam's, as well as beans, rice, okra, peppers, and gourds. Apart from all these, the Benin City people cultivate oil palms for wine production and they cultivate kola trees for nuts which are used for hospitality rites. Among the Benin City and produce for ritual, prestige, and household objects which are found in every part of the nation (Columbia Encyclopedia, 2008). The people of Benin City have various cultural heritage in form of dance, music, festival and traditions among others (Bondarenko, 2005). These immense contributions of the people of Oyo town and Benin City to the social and economic growth of the nation justify the need to focus this study on them.

It is pertinent to note at this juncture that it would amount to jeopardizing the positive contributions of the people of Oyo town and Benin City to the growth of the social life and economic development of their immediate communities and the nation if nothing is done towards improving their quality of life. Meanwhile, the poor quality of life that is been experienced by the people of Oyo town and Benin City can lead to serious negative consequences for them. It should be mention that one of the things among others that the people of Oyo town and Benin City can do to further improve and enhance their quality of life apart from other contributing factors to good quality living such as: enrolment in education, provision of jobs, access to improve water source, access to better health services and access to improved sanitation facilities among others should be a sort after owing to the numerous benefits that can be associated to having good quality of life which includes, physical, social, emotional and psychological wellbeing. Therefore, one of the other means to good quality living apart from the above mentioned is involvement and participation in recreational/leisure activities. Beard and Ragheb 1980; Elendu and Akpan, (2012) suggested that, one of the preventive approach to non communicable diseases and means of ensuring quantity and quality of life is through regular participation in appropriate recreational leisure activities and sports because satisfaction gained from leisure choices relates to personal and social adjustment, mental health, and overall happiness. Knowledge of such relationships could improve individuals' quality of life. This was why a study of this nature became imperative.

# 2. RESEARCH QUESTIONSs

- 1. What is the quality of life of the people of Oyo and Benin towns assessed based on their general health, physical health, psychological health, social relationship and environment?
- 2. What is the overall quality of life of the people of Oyo and Benin towns?

# **3. METHODOLOGY**

The study adopted a descriptive survey design. The survey covered two LGAs each in Oyo Town and Benin City namely Affijio and Oyo West Local Government Areas in Oyo town and Ikpoba Okha and Oredo Local Government Areas in Benin City respectively. The targeted populations for the study were people who have lived in Oyo town and Benin City for at least five years. Systematic random sampling technique was used to select four hundred and eighty-two (482) residents with 240 from Oyo town and 242 from Benin City, both males and females respectively. Questionnaire instrument was used as research instrument to collate information from sampled respondents for the study. The instrument used was adopted from the standardized WHO quality of life (WHOQOL-BREF) instrument with 26 questionnaire items. The instrument consists of two sections. The first section sought personal socio-demographic information of the respondents like age, gender, and educational level.

The second section requested information about the general quality of life of the people of Oyo and Benin towns based on their general Health, physical, psychological, social and environment. The questionnaire was 78% reliable through a pilot study using Pearson's Chrombach's reliability coefficient. The error probability was set at p=0.05. The questionnaire was personally administered to the people of Oyo town and Benin City with the help of four research assistants. This method gives the researcher the opportunity to meet some of the respondents in their various homes and places of work which afforded the researcher the chance to personally ask questions relating to their immediate environment, recreational facilities/equipment and opinion on what they expect from the government of the day to positively improve their quantity and quality of life. Data were analyzed using mean, standard deviation, simple descriptive statistical analysis such as graphs, bar charts and percentages were used to analyze the data collected for the study.

# 4. RESULTS

	Oyo Town		Benin Town	
Gender	Frequency	Percentage	Frequency	Percentage
Male	64	26.7	101	41.7
Female	176	73.3	141	58.3
Total	240	100.0	242	100.0

**Table 1**Distribution of Respondents based on Gender

Table 1 shows gender distribution of the respondents that were used for this study. The table indicates that a total of 482 respondents were involved in the study. Out of the 482 respondents, 240 were from Oyo town while the remaining 242 were from Benin town. There were 64(26.7%) male among the respondents in Oyo town while the others who constitute 176(73.3%) were female. From Benin town, 101(41.7%) male respondents and 141(58.3%) were used. The result from this table therefore implies that more female respondents were used for the study both in Oyo and Benin towns.



# Table 2

Distribution	of Respondents bas	ed on Age
Distribution	of hesponactus bus	cu on mge

Oyo Town			Benin Town	
Age	Frequency	Percentage	Frequency	Percentage
18-30 years	78	32.5	67	27.7
30-49 years	106	44.2	98	40.5
50-59 years	48	20.0	49	20.2
60 years and above	8	3.3	28	11.6
Total	240	100.0	242	100.0

Table 2 shows age distribution of the respondents. The table shows that 78(32.5%) of the respondents from Oyo town were 18 to 30 years old, 106(44.2%) were 30 to 49 years, 48(20%) were 50-59 years while the remaining 8(3.3%) were above 60 years. Also, the table indicates that 67(27.7%) of the respondents from Benin town were 18 to 30 years old, 98(40.5%) were 30 to 49 years, 49(20.2%) were 50-59 years while the remaining 28(11.6%) were 60 years and above. The result from the table is an indication that majority of the respondents from both towns – Oyo (76.7\%), Benin (68.2\%) – were between the age of 18 and 49 years old.



**Research Question 1:** What is the quality of life of the people of Oyo and Benin towns assessed based on their general health, physical health, psychological health, social relationship and environment?

# Table 3

Quality of Life of the People of Oyo and Benin Towns based on their General Health

	Oyo Town (	Benin Town $(N = 242)$		
Items (Questions)	Mean	Std.D	Mean	Std. D
How would you rate your quality of life?	2.27	.86	3.11	1.26
How satisfied are you with your health?	2.81	1.04	3.45	1.19
Weighted Average	2.54		3.28	

Decision Value: 0.00-1.94 = Poor, 1.95-3.77 = Slightly good, 3.78-5.00 = Good

**Note on Decision Value:** Mean values of all the items in the table were added and divided by the number of items in the table. This gave the mean weighted average of which 5.00 is the highest value that can be obtained. Any value of weighted average that is below 1.95 was taken to stand for **Poor**, anyone below 3.75 was taken to stand for **Slightly good** while the one above 3.78 was taken to stand for **Good**.

Table 3 shows the quality of life of the people of Oyo and Benin towns based on their general health. The table reveals the following answers: the people of Oyo town rated their quality of life as poor ( $\bar{x} = 2.27$ ) while the people of Benin rated theirs as good ( $\bar{x} = 3.11$ ). The people of Oyo town felt good about their health ( $\bar{x} = 2.81$ ) while the people of Benin town felt very satisfied about theirs ( $\bar{x} = 3.45$ ). Meanwhile, based on the value of the weighted average (2.54 and 3.28 out of 5.00 maximum value that is obtainable) which falls within the decision value for *slightly good*, it can be inferred that the quality of life of the people of Oyo and Benin towns in the area of their general health is slightly good.

# Table 4

	<i>Oyo Town (N = 240)</i>		Benin Town $(N = 242)$	
Items(Questions)	Mean	Std.D	Mean	Std. D
To what extent do you feel that physical pain prevent you from doing what you want to do?	2.56	1.09	2.72	1.17
How much do you need any medical treatment to function in your daily life?	2.52	1.12	2.60	1.14
Do you have enough energy for everyday life?	2.99	1.02	3.05	1.06
How well are you able to get around?	3.05	.87	3.18	.99
How satisfied are you with your sleep?	2.94	.94	2.96	.98
How satisfied are with your ability to perform your daily living activities?	3.06	1.01	3.02	1.02
How satisfied are you with your capacity for work?	2.87	1.01	3.02	1.07
Weighted Average	2.86		2.94	

Quality of Life of the People of Oyo and Benin Towns based on their Physical Health

# Decision Value: 0.00-1.94 = Poor, 1.95-3.77 = Slightly good, 3.78-5.00 = Good

Table 4 shows the quality of life of the people of Oyo and Benin towns based on their physical health. The following answers were received from the respondents: both the people of Oyo and Benin towns felt that physical pain prevent them to a moderate amount from doing what they wanted to do(Oyo -  $\bar{x} = 2.56$ ; Benin -  $\bar{x} = 2.72$ ), they moderately needed medical treatment to function in their daily lives (Oyo -  $\bar{x} = 2.52$ ; Benin -  $\bar{x} = 2.60$ ), they had moderate amount of energy for everyday life (Oyo -  $\bar{x} = 2.99$ ; Benin -  $\bar{x} = 3.05$ ) and they had moderate amount of ability to get around (Oyo -  $\bar{x} = 3.05$ ; Benin -  $\bar{x} = 3.18$ ). The table reveals further that the people of Oyo and Benin towns had moderate amount of satisfaction with: their sleep (Oyo -  $\bar{x} = 2.94$ ; Benin -  $\bar{x} = 2.96$ ), their ability to perform daily living activities (Oyo -  $\bar{x} = 3.06$ ; Benin -  $\bar{x} = 3.02$ ) and their capacity for work (Oyo -  $\bar{x} =$ 2.87; Benin -  $\bar{x} = 3.02$ ). Consequently, based on the value of the weighted average (2.86 and 2.94out of 5.00 maximum value that is obtainable) which falls within the decision value for slightly good, it can be inferred that the quality of life of the people of Oyo and Benin towns in the area of their physical health is slightly good.

#### Table 5

Quality of Life of the People of Oyo and Benin Towns based on their Psychological Health

	<i>Oyo Town (N = 240)</i>		Benin Tow	n (N = 242)
Items (Questions)	Mean	Std.D	Mean	Std. D
How much do you enjoy life?	2.82	1.00	3.05	1.08
To what extent do you feel your life to be meaningful?	3.08	.87	3.17	1.02
How well are you able to concentrate?	2.89	.86	3.05	1.03
Are you able to accept your bodily appearance?	3.15	1.24	3.24	1.25
How satisfied are you with yourself?	3.00	1.14	3.10	1.20
How often do you have negative feelings such as blue mood, despair, anxiety, depression?	2.51	1.05	2.63	1.04
Weighted Average	2.91		3.04	

Decision Value: 0.00-1.94 = Poor, 1.95-3.77 = Slightly good, 3.78-5.00 = Good

Table 5 shows the quality of life of the people of Oyo and Benin towns based on their psychological health. The table reveals that the respondents gave the following answers: the people of Oyo and Benin towns had moderate amount of life enjoyment (Oyo -  $\bar{x} = 2.82$ ; Benin -  $\bar{x} = 3.05$ ), the extent to which they felt their lives are meaningful was moderate (Oyo -  $\bar{x} = 3.08$ ; Benin -  $\bar{x} = 3.17$ ), they had moderate ability to concentrate (Oyo -  $\bar{x} = 2.89$ ; Benin - $\bar{x} = 3.05$ ), they were able to moderately accept their bodily appearance (Oyo -  $\bar{x} = 3.15$ ; Benin -  $\bar{x} = 3.24$ ), they were 174

moderately satisfied with themselves (Oyo -  $\bar{x} = 3.00$ ; Benin -  $\bar{x} = 3.10$ ) and they often had negative feelings such as blue mood, despair, anxiety, depression(Oyo -  $\bar{x} = 2.51$ ; Benin -  $\bar{x} = 2.63$ ). Based on the value of the weighted average (2.91and 3.04 out of 5.00 maximum value that is obtainable) which falls within the decision value for *slightly good*, it can be inferred that the quality of life of the people of Oyo and Benin towns in the area of their psychological health is slightly good.

#### Table 6

	<i>Oyo Town (N = 240)</i>		Benin Town (N = 242)	
Items (Questions)	Mean	Std.D	Mean	Std. D
How satisfied are you with your personal relationship?	3.03	.96	3.09	.89
How satisfied are you with your sex life?	3.02	.92	3.10	.91
How satisfied are you with the supports you get from friends?	2.63	.91	2.71	.89
Weighted Average	2.89		2.97	

Quality of Life of the People of Oyo and Benin Towns based on their Social Relationship

Decision Value: 0.00-1.94 = Poor, 1.95-3.77 = Slightly good, 3.78-5.00 = Good

Table 6 shows the quality of life of the people of Oyo and Benin towns based on their social relationship. The table shows that both the people of Oyo and Benin towns answered that they were only satisfied with: their personal relationship (Oyo -  $\bar{x} = 3.03$ ; Benin -  $\bar{x} = 3.09$ ), their sex life (Oyo -  $\bar{x} = 3.02$ ; Benin -  $\bar{x} = 3.10$ ) and the supports they get from friends (Oyo -  $\bar{x} = 2.63$ ; Benin -  $\bar{x} = 2.71$ ). Based on the value of the weighted average (2.89 and 2.97out of 5.00 maximum values that is obtainable) which falls within the decision value for *slightly good*, it can be inferred that the quality of life of the people of Oyo and Benin towns in the area of their social relationship is slightly good.

# Table 7

Quality of Life of the People of Oyo and Benin Towns based on their Environment
---

	$Oyo \ Town \ (N = 240)$		Benin To	wn (N = 242)
Items (Questions)	Mean	Std.D	Mean	Std. D
How safe do you feel in your daily life?	2.79	1.00	2.93	1.03
How healthy is your physical environment?	2.58	1.09	2.64	1.16
Have you enough money to meet your needs?	2.48	.88	2.68	.98
How available to you is the information that you need in your day-to-day life?	2.62	.88	2.90	.97
To what extent do you have opportunities for leisure activities?	2.42	.90	2.91	1.11
How satisfied are you with the condition of your living place?	2.66	.95	2.89	.97
How satisfied are you with your access to health services?	2.78	.98	2.86	1.10
How satisfied are you with your transport?	2.43	1.05	2.63	.95
Weighted Average	2.60		2.81	

Decision Value: 0.00-1.94 = Poor, 1.95-3.77 = Slightly good, 3.78-5.00 = Good

Table 7 shows the quality of life of the people of Oyo and Benin towns based on their environment. The following respondents gave the following answers: both the people of Oyo and Benin towns felt that they moderately felt safe in their daily lives (Oyo -  $\bar{x} = 2.79$ ; Benin -  $\bar{x} = 2.93$ ), their physical environment was moderately healthy (Oyo -  $\bar{x} = 2.58$ ; Benin -  $\bar{x} = 2.64$ ), they had moderate amount of money to meet their needs (Oyo -  $\bar{x} = 2.48$ ; Benin -  $\bar{x} = 2.68$ ),

the information they need in their day-to-day life was moderately available to them (Oyo -  $\bar{x} = 2.62$ ; Benin -  $\bar{x} = 2.90$ ), they were satisfied with the condition of their living place (Oyo -  $\bar{x} = 2.66$ ; Benin -  $\bar{x} = 2.89$ ) and they were satisfied with their access to health services (Oyo -  $\bar{x} = 2.78$ ; Benin -  $\bar{x} = 2.86$ ). The table shows however that the people of Oyo town had slight opportunities for leisure activities ( $\bar{x} = 2.42$ ) while the people in Benin had moderate opportunities for same ( $\bar{x} = 2.91$ ). Again, the people of Oyo were dissatisfied with their transport ( $\bar{x} = 2.43$ ) while the people of Benin were satisfied with theirs ( $\bar{x} = 2.63$ ). Meanwhile, based on the value of the weighted average (2.60and 2.81out of 5.00 maximum value that is obtainable) which falls within the decision value for *slightly good*, it can be inferred that the quality of life of the people of Oyo and Benin towns in the area of their environment is slightly good.

**Research Question 2:** What is the overall quality of life of the people of Oyo and Benin towns? **Table 8** 

	$Oyo \ Town \ (N = 240)$	Benin Town $(N = 242)$
Area of Quality of Life	Weighted Mean	Weighted Mean
General Health	2.54	3.28
Physical Health	2.86	2.94
Psychological Health	2.91	3.04
Social Relationship	2.89	2.97
Environment	2.60	2.81
Weighted Average	2.76	3.01

Overall Quality of Life of the People of Oyo and Benin Towns

Decision Value: 0.00-1.94 = Poor, 1.95-3.77 = Slightly good, 3.78-5.00 = Good

Table 8 shows the overall quality of life of the people of Oyo and Benin towns. The table shows that the quality of life of the people of Oyo and Benin town was slightly good in the five areas identified: general health (Oyo -  $\bar{x} = 2.54$ ; Benin -  $\bar{x} = 3.28$ ), physical health (Oyo -  $\bar{x} = 2.86$ ; Benin -  $\bar{x} = 2.94$ ), psychological health (Oyo -  $\bar{x} = 2.91$ ; Benin -  $\bar{x} = 3.04$ ), social relationship (Oyo -  $\bar{x} = 2.89$ ; Benin -  $\bar{x} = 2.97$ ) and environment (Oyo -  $\bar{x} = 2.60$ ; Benin -  $\bar{x} = 2.81$ ). Meanwhile, based on the value of the weighted average (2.76 and 3.01 out of 5.00 maximum value that is obtainable) which falls within the decision value for *slightly good*, it can be inferred that the overall quality of life of the people of Oyo and Benin towns is slightly good.

The figure below further presents the result in bar chart.



# **5. DISCUSSION**

Revealed in the study based on the general health among the people of Oyo town was rated as poor while that of Benin City was rated as good. The ratings were based on the value of the weighted average with a general indication of the poor state of their general health and the general conditions of living. This of course does not enhance good quality living for sound health. In fact, good quality living has a significant role for the enhancement of the individual's happiness, satisfaction and life fulfillment but this is absent as evident in the data provided. This corroborates with the findings of Auld and Lloyd, (2002) that having good quality of life can enhance people's happiness, satisfaction, fulfillment, sound health and good morale. This finding has provided information on the fact that the general health of the people of Oyo and Benin towns is poor and need to be improved upon. The finding may not be unconnected to the discovery made by Akinyemi, Owoaje, Popoola and Ilesami (2012). In their study in Ijebu North Local Government Area (LGA) of Ogun State, the findings revealed that the general health of the people of the southwest was poor with scores less than 78% having categorized them into poor and good but had the scores scaled more in the positive direction. Although, as at the time of carrying out this study, one may induce that life expectancy may have appreciated compared to the present situation currently being faced with the economic recession that have ravaged the Nigeria nation in recent times.

It is possible that reasons for the scale in the positive direction may not be unconnected with the activities among the city dwellers that maybe living in the urban community of the local government area. It may also be possible that concentration on related factors that contributes to the quality of life of the people living in the area could be the possible reason for toeing the positive direction in the study. They however concluded that further surveys involving larger samples sizes are required to explore the quality of life in distinct sub-populations to strengthen the results of their study.

This second finding revealed that, both the people of Oyo and Benin towns had physical pain which prevent them to a moderate amount from doing what they want to do. This further revealed the extent to which these impeding variables such as physical pains, lack of medical treatment reduce the functioning in their daily living and this deprives the people from having good quality of life which further compound the low quality of life that is already experienced by them. Physical pain can further be compounded by other factors which include hunger, ill health caused by unemployment, diseases and other ailments; these are strong indications of the total neglect of the people of these areas by their representatives in government. Enhancing quality of life increasingly has been one of the objectives of government policy, yet the information about quality of life, with the exception of income among others is lagging. This continuous neglect inflicts more pains that further reduce the quality of life of the people. This is because, when one is unemployed, the implication is that the financial freedom is drastically affected, that is, the means of affording medications and other means of livelihood will be jettisoned as these drugs are not readily available in our health centers, hospitals and clinics. It is the duty of the government of the day to ensure improved quality of life for the people of Oyo town and Benin City by given them better life expectancy through enrolment in education, reduce unemployment rate, access to improve water source, access to better health services and access to improved sanitation facilities.

A good reason for this finding could be likened to the discovery of Megari, (2013) that Health-related quality of life (HRQoL) in chronic diseases can cause physical pain that could have a relative impact on ones standard of living. Health related quality of life is a multidimensional construct that consists of three broad domains which are the physical, psychological, and social functioning; a decline in them can affect the individual functioning. Therefore, the presence of chronic and psychological diseases is strongly related to chronic pain and chronic pain can be a symptom of many underlying health issues. The consequences of chronic pain may vary from slight discomfort to disruption of quality of life and normal functioning. This is evident in the lives of the people of Oyo and Benin towns as this variably or invariably, has affected their quality of life. In this discourse, one can see the chain reactions as a result of the effects from one factor to another which stands as impediments to good quality of life. Although, it appeared to have appreciated a little under (environment) based on the value of the weight average out of the maximum value that was obtained which had a decision value of slightly good but however, it is still evident that there were elements of negative feelings of despair, anxiety, blue mood and depression and this does not help the psychological health and wellbeing of the people of Oyo town and Benin City. This particular finding is in tandem with the findings of Damasio (2013) who conducted a study to examine the psychological wellbeing and quality of life among teachers, evaluate the levels of meaning in life, psychological well-being and quality of life (OOL) of school teachers. He also observed to what extent the meaning of life could act as a moderator variable in

relation between psychological wellbeing and general quality of life. The interaction found suggests that, if the meanings in life rates are lower, people would display worse psychological wellbeing and quality of life rates.

The situation as evident in table 7: where their living environment falls for slightly good was based on some of the respondents living in urban areas of the town which had much governmental presence in these areas. The researcher had some of the instrument administered to the rural populace as well as urban areas to avoid bias. In the urban areas, there seems to be some major facilities, equipment and other amenities which enhances moderate existence hence they had moderate opportunities to access health services, slight opportunities for leisure activities and sports which is an antidote to good quality of life. This is corroborated with the Studies by Insel and Roth (2004), Ntui (2000) and Ajala (2005) which revealed that physical leisure activities and exercise participation are beneficial to human health. According to these studies, sedentary or inactive life is a slow poison to the skeletal, cardiac, and visceral muscles. Therefore, it is obvious that, leisure exercise participation either for competitive, recreational, fitness or rehabilitative purposes is in harmony with health promotion and wellness goals for the subjective wellbeing of the individual. This is further supported by Odumuh (2004) who noted that, judicious utilization of leisure hours provides an opportunity for everyone in the society to satisfy his or her basic human needs for self-expression, physical, emotional, mental and social life.

In the same vein, Folawiyo (2001) asserts that leisure pursuits stimulate physical activity that is enjoyable and exciting, contributing to good muscle tone and improving blood circulation. It also provides satisfaction of basic psychological needs which in turn create chances for success and the development of a sense of belonging. The implication here is that if the people of Oyo town and Benin City participate in leisure activities, they would be able to enhance and improve their quality of life. This therefore justifies the reasons why some of these respondents had some opportunities that created some safety, moderate opportunities for leisure satisfaction with the condition of their living place. Finally, the overall quality of life of the people of Oyo town and Benin City which were captioned under general health, physical, psychological, social relationships and environment were accessed. The result showed that the quality of life of the people of Oyo town and Benin town was slightly good in the five areas identified. Slightly good as defined by Marriam-Webster Dictionary is very small in degree or amount. This implies that the overall quality of life of the people of Oyo town and Benin City is poor and do not meet the standard of good quality of life. One can therefore infer that if the people of Oyo town and Benin City participate in leisure activities, they would be able to enhance and improve their quality of life. There is no doubt that their low level of participation in leisure activities among others may also be one of the contributory factors why their quality of life is poor apart from the absence and neglects by the government of the day. This justifies the imperativeness of examining the factors that determines their quality of life.

#### 6. CONCLUSION

Quality of life is a phenomenon that is multidimensional. It has numerous linkages with the social life, psychological, cultural, economic and environmental factors. None of these dimensions can be assess in isolation from each other. Therefore there is the need for holistic approach to reaching and realizing an enduring solution to quality of life of the people of Oyo town and Benin City; therefore, the indices for measuring good quality of life such as happiness, satisfaction, fulfillment, sound health and good moral should be a sort after by all asundry, especially the people of Oyo town and Benin City as practicable as possible. This can greatly be achieved and made possible with the realization and effective implementation of quality of life indicators by concerned authorities and other stakeholders.

#### 6. RECOMMENDATIONS

Consequent upon the findings in this study therefore, the following are recommended that:

- 1. It is pertinent to know that there is the need to seek and find further ways to improve on the quality of life of the people of Oyo and Benin towns.
- 2. Leisure education should be provided to increase the leisure knowledge of inhabitants towards leisure participation
- 3. The people should afford through personal and communal efforts with the little resources available, create, and maintain a clean and serene environment.
- 4. Home base care by Local, State, and Federal government stakeholders should be highly encouraged in terms of good income (wages) for the people of Oyo towns and Benin City to create the capacity to access

the basic means of livelihood such as: access to recreational facilities for leisure activities and ability to maintain personal and good hygiene practices.

- 5. Regularly, to a maximum degree the people of Oyo and Benin towns should participate in selected recreational activities that are tended towards improving their physical, mental, social, emotional and psychological health and wellbeing.
- 6. The people should socialize through self support programme to further create the enabling environment for one another.
- 7. And finally, representatives of government to these towns as a matter of urgency should use the tax payer's money to create and provide an acceptable habitation, good and enabling environment for the people so that the attributes of the quality of life could be realized to a maximum degree.

#### REFERENCES

Adedokun, O; Temitope M. & Dairo, S. (2017). Economic importance and Marketing of Timber Species in Oyo Town, International *Journal of Scientific and Engineering Research* 8(110: 263-272

Akinyemi, O. O. Owoaje, E. T; Popoola O. A & Ilesami O.S. (2012). Quality of life and associated factors among adults in a community in South West Nigeria. Annals of Ibadan Post-graduate Medicine, Vol, 10(2): 34-39.

Akinpelu, A. O & Caleb A. G. (2009). Quality of life of stroke survivors and apparently healthy individuals in Southwestern Nigeria. *International Journal of Physical Therapy* Volume 25, Pp 14-20, <u>Issue 1</u> https://doi.org/10.1080/09593980802622669

Ajala, J. (2005). Health education in wellness and sickness: This day, this age. An Inaugural lecture delivered at the University of Ibadan, Ibadan.

Beard, J. G. & Ragheb, M. G. (1980). Measuring leisure satisfaction. *Journal of Leisure Research*, *12*, 20–33. Boisragon . A. (1987). The Benin Massacre.

Bondarenko, D. (2005). A Homoarchic Alternative to the Homoarchic State: Benin Kingdom of the Thirteenth - Nineteenth Centuries. *Social Evolution and History*, Vol. 4, No 2. P. 18-88.

Bell, D. (2005). Well being and Quality of Life; Measuring the benefits of Culture and Sport. Scottish Executive Social Research. Susan Galloway Center for Cultural Policy Research, University of Glasgow Information and Analytical Services Division, Education Department, Victoria Quay, Edinburgh, EH6 6QQ. Damasio, B.F. (2013). Meaning of Life, Psychological Wellbeing and Quality of Life in Teachers. *Paiddeia (Ribeirao Preto), 23(54), 73-82. Doi:http://dx.doi.org/10.1590/1982- 43272354201309* Dallen, J. T & Gyan P.N (2009). *Cultural Heritage Tourism in the developing World. A Regional* 

Perspective. Talor and Francis, New York.

Eledun, I. C. & Akpan, (2012). Ensuring quantity and quality of life for employees through physical activities as preventive medicine tool against non communicable diseases in Nigeria, *Academic Research International*, 2(3), PP.696-702.

Folawiyo, A.F. (2001). Concept of leisure and recreation. Okota-Isolo, Irede Printers Ltd.

Haas, B. K. (1999) 'Clarification and Integration of Similar Quality of Life Concepts', *IMAGE:* Journal of Nursing Scholarship, Vol. 31, N. 3, pp215-220

Ivan F. J. & Fermanda, L. (2007). Quality of life f People living with HIV IN Sao Paulo, Brazil, *Rev Saude Publica*, 741 (Suppl. 2), p.647.

Insel, P.M, & Roth W.T. (2004). Core concept in health. (9<sup>th</sup>ed.) New York: Mc Graw Hill.

Lloyd, K & Auld, C. 2002. The Role of Leisure in Determining Quality of Life: Issues of

Content and Measurement. Social Indicators Research, Vol. 57, No. 1, pp.

43-71 Published by: Springer Stable URL: http://www.jstor.org/stable/27526983

Megari, (2013). Quality of Life in Chronic Disease Patients. *PMC journal*, Health Psychol Res 1(3): e27, doi: 10.4081/hpr.

Martinez-Martin, P. Prieto-Flores M; Forjaz M.J., Fernandez-Mayoralas, G. Rojo-Perez, F. Rojo J & Ayala A. (2012). Components and determinants of quality of life in community- dwelling older adults in Spain. *European Journal of Ageing*. Vol, 9(3): 255–263. doi: 10.1007/s10433-012-0232-x

Ntui, E.P. (2000) Aerobics and prolong intensive studies for secondary and tertiary institutions. Calabar: University of Calabar Press

Odumuh, T. (2004). Provision of recreational facilities as a remedy for youth restiveness. Education today, *a quarterly journal of the Federal Ministry of Education*, (1) 15.

Owolabi, M.O. (2008). Determinants of health-related quality of life in Nigerian stroke survivors. Transactions of the Royal Society of Tropical Medicine and Hygiene, 102 (12):1219-25. doi: 10.1016/j.trstmh.2008.05.003.

Oni, O.D. Aina O.F. Ojini F.I & Olisah V.O. (2016). Quality of life and associated factors among poststroke clinic attendees at a University Teaching Hospital in Nigeria. *Journal of the Nigeria Medical Association, VOl.* 57(5):290-298

- Perani, J. (1998). The Cloth Connection: Patrons and Producers of Hausa and Nupe Prestige Strip Weave in *History*. *Design and Craft in West African Strip Woven Cloth.* Paper Presented at a symposium, organized by the National Museum of African Art of Smithsonian Institution.
- Ramsey, K. (2012). Technological Advancements and their Effects on Humanity, Silicon Valley Immersion Tour. Corporate Accelerator Programme. Svichup.com

Smith, M.N. (2016). Social progress index- viz basic human needs, foundations of wellbeing and opportunities: Countries with the worst quality of life-BUSINESS INSIDER logo.

https://www.businessinsider.com/social-progress-index-countries-with-the-worst-quality-of-2016-7?IR=T

Shdaifat, A. & Manaf R. (2012). Quality of life of caregivers and patients undergoing haemodialysis at the Ministry of Health, Jordan. *International Journal of Applied Science and Technology* Vol. 2 No. 3

 World Bank 2016, While Poverty in Africa Has Declined, Number of Poor Has Increased Africa Poverty Report:

 WHO
 2007, Female Genital Mutilation (FGM), US Department of State,

 <a href="http://www.state.gov/g/wi/ris/rep/crfgmWHO">http://www.state.gov/g/wi/ris/rep/crfgmWHO</a> fact sheet

 www.who.int/mediaactive/factsheet/culturalpracticesandhealth/e