

Predicting Quality of Life Among Ibadan Residents: The Influence of Self-Esteem, Religious Commitment, Transportation, and Disaster Lifelines In Ibadan, Oyo State

¹Adewumi, A. J. and ²Sewo, A. A.

¹. Department of Urban & Regional Planning, Lead City University

². Directorate of Physical Planning and Project Management, University of Ibadan, Ibadan
Corresponding Author: mysalem91@gmail.com

Abstract

Quality of Life (QoL) is a vital indicator of societal well-being, shaped by the interplay of psychological factors and access to supportive infrastructure. While QoL is influenced by a combination of psychological factors, there is a gap in understanding how transportation access, and disaster lifelines interplay with self-esteem and religious commitment to influence perceived QoL in rapidly urbanizing city. This study examined how self-esteem, religious commitment, transportation, and disaster lifelines predict perceived QoL among residents of Ibadan, a rapidly urbanizing city in Ibadan, Oyo state, Nigeria. Using a cross-sectional survey design, data were randomly collected from 200 participants across diverse localities. Self-esteem and religious commitment were measured with standardized psychological instruments, while spatial accessibility to health services, emergency response facilities, communal spaces, and transportation networks was assessed via geospatial mapping. Male respondents were in the majority 107 (55.4%), average age was 38.01 (SD:9.62), 67.4% were single while 60 (31.1%) were married, Data shows 128 (66.3%) and 65 (33.7%) respectively were from monogamous and polygamous background. Analyses reveal significant positive correlations between QoL and independent variables (self-esteem { $r=0.35$, $p<0.01$ }) and transportation access ($r=0.28$, $p<0.01$). Results of Multiple Regression Analysis indicate that Transportation access ($\beta=0.19$, $p<0.05$), Disaster lifelines ($\beta=0.21$, $p<0.05$), religious commitment ($\beta=0.31$, $p<0.01$) and Self-esteem ($\beta=0.23$, $p<0.01$) significantly predicted QoL. These findings highlight the need for urban interventions that integrate psychological resilience with investments in accessible (transportation), disaster-resilient infrastructure to enhance life satisfaction. This study advocates for planning models that balance emotional well-being with spatial justice to foster sustainable urban communities.

Key word:

Quality of Life (QoL), Transportation Access, Disaster lifeline, Multiple Regression analysis, Religious commitment, Self-esteem

1. Introduction

Quality of life (QoL) is a multidimensional construct encompassing physical, psychological, and social well-being, shaped by individual traits, social relationships, and environmental conditions (Felce & Perry, 1995; World Health Organization [WHOQOL], 1997). Recent research has increasingly focused on psychological factors, such as self-esteem and religious commitment, as key predictors of QoL. Self-esteem, defined as an individual's overall evaluation of their worth and value, influences attitudes, behaviors, and interpersonal relationships (World Health Organization [WHOQOL], 1997). Studies consistently demonstrate that high self-esteem is associated with greater life satisfaction and psychological

well-being, while low self-esteem correlates with increased risks of depression, anxiety, and reduced QoL (Diener, & Diener, 1995; Orth & Robins, 2013; Baumeister et al., 2003). Similarly, religious commitment, reflecting personal faith and spiritual engagement, has been linked to enhanced well-being and resilience (Worthington et al., 2003).

The rapid urbanization of Ibadan, Nigeria, presents a growing concern for the Quality of Life (QoL) of its residents (Nigerian Urban Reproductive Health Initiative, 2013). While QoL is influenced by a combination of psychological factors and access to supportive infrastructure, there's a gap in understanding how specific variables—namely self-esteem, religious commitment, transportation access, and disaster lifelines—collectively predict perceived QoL in this unique and rapidly developing urban context. Existing urban planning efforts may not be adequately integrating these diverse factors, potentially leading to sub-optimal interventions that fail to holistically enhance life satisfaction and foster sustainable urban communities (Sirgy et al., 2006; Nigerian Urban Reproductive Health Initiative, 2013). This research aimed to address this gap by empirically investigating the predictive power of these psychological and infrastructural elements on QoL among Ibadan residents. Given the foregoing, This study investigated the combined influence of self-esteem, religious commitment, transportation, and disaster lifelines on QoL among residents of Ibadan, a rapidly urbanizing city in Nigeria, to inform integrated urban planning for sustainable communities.

2. Conceptual Understanding and Literature Review

2.1 Concepts

2.1.1 Quality of Life

Quality of life (QoL) is defined as an individual's overall satisfaction with life, encompassing physical, psychological, and social well-being (WHO, 1997). This multidimensional construct is shaped by individual traits, social relationships, and environmental conditions. Recent research highlights psychological factors, such as self-esteem and religious commitment, as key predictors of QoL, alongside infrastructural factors like transportation and disaster resilience, particularly in urban settings (Diener et al., 1999).

2.1.2 Self-Esteem

Self-esteem, an individual's evaluation of their worth and value (Rosenberg, 1965), is strongly associated with positive mental health outcomes, including greater life satisfaction and psychological well-being (Harter, 1999). High self-esteem influences attitudes, behaviors, and relationships, contributing to enhanced QoL, while low self-esteem is linked to depression and anxiety (Orth & Robins, 2014).

2.1.3 Religious Commitment

Religious commitment reflects an individual's dedication to their religious beliefs and practices (Hill & Pargament, 2003). It fosters a sense of meaning, purpose, and community, positively impacting QoL (Koenig et al., 2001). In contexts like Nigeria, where religiosity is prevalent, religious commitment may serve as a buffer against stress and enhance well-being (Chukwuorji & Ebeze, 2014; Ukpog, 2014; Ukeachusim et al. 2023; Adewale & Adebayo, 2020; Chukwudebelu, 2024; Ezeh, & Okoro, 2025). Religious commitment, defined as an individual's dedication to their religious beliefs and practices, is associated with enhanced

quality of life (QoL) by fostering a sense of meaning, purpose, and community (Worthington et al., 2003).

2.1.4 Transportation and Disaster Lifelines

Access to transportation and disaster-resilient infrastructure, such as emergency response systems and communal spaces, is critical for urban QoL (UN-Habitat, 2016). Reliable transportation facilitates access to essential services, while disaster lifelines enhance safety and community cohesion, particularly in rapidly urbanizing cities like Ibadan facing environmental challenges (Adedeji et al., 2019).

2.1.5 Cultural and Contextual Factors

Cultural and contextual factors, such as Nigeria's collectivist values and high religiosity, influence the relationships among self-esteem, religious commitment, transportation, disaster lifelines, and QoL (Ogunsola, 2015). In Ibadan, where rapid urbanisation and environmental risks like flooding are prevalent, these factors may amplify the importance of accessible infrastructure and community-based support systems.

2.2 Empirical Review

Empirical studies highlight the roles of self-esteem and religious commitment in predicting quality of life (QoL). Oyebisi (2014) found that religious commitment significantly predicted QoL among Nigerian adults, even after controlling for demographic and psychological factors. Similarly, self-esteem is positively associated with life satisfaction and well-being across diverse populations (Diener et al., 2011). However, the relationships among self-esteem, religious commitment, and QoL are complex and moderated by cultural factors. In collectivist cultures like Nigeria, religious commitment may have a stronger influence on QoL than self-esteem (Ogunsola, 2015).

In Ibadan, where traditional and Western values coexist, both self-esteem and religious commitment likely shape QoL. Studies among specific Nigerian populations, such as university students and adults with chronic illnesses, support this association (Afolayan, 2017; Olaniyi, 2018). However, these findings lack generalizability to Ibadan's broader population. Additionally, limited research explores how transportation and disaster lifelines—critical infrastructural factors in urban settings—interact with psychological predictors to influence QoL (Adedeji et al., 2019). Further studies are needed to examine these integrated relationships in Ibadan's rapidly urbanizing context.

2.3 Theoretical Framework

This study integrates Rosenberg's (1965) Self-Esteem Theory, Hill and Pargament's (2003) Religious Commitment Theory, and Bandura's (1986) Social Cognitive Theory to explain QoL among Ibadan residents. Self-Esteem Theory posits that high self-esteem fosters a positive self-image, enhancing life satisfaction and QoL. Religious Commitment Theory suggests that strong religious engagement provides meaning, purpose, and community, contributing to well-being. Social Cognitive Theory emphasizes that positive social relationships and community ties, shaped by observing and imitating others, further amplify QoL.

The framework also incorporates environmental factors, drawing on urban resilience models (UN-Habitat, 2016), which highlight transportation and disaster lifelines (e.g., emergency response systems, communal spaces) as structural enablers of QoL. In Ibadan, cultural factors like collectivism and religiosity, combined with urban challenges such as flooding and limited transit, shape the interplay among self-esteem, religious commitment, infrastructure, and QoL. This integrated framework guides the study's exploration of psychological and infrastructural predictors in a rapidly urbanising Nigerian context.

It has been observed from the available literature that transportation access and disaster lifeline are yet to be integrated as predictors of QoL among urban dwellers.

3. Methodology

This study investigates the influence of self-esteem, religious commitment, transportation, and disaster lifelines on quality of life (QoL) among Ibadan residents. QoL is the dependent variable, with self-esteem, religious commitment, transportation access, and disaster lifelines as independent variables.

3.1 Sampling

This is a quantitative research which adopted cross-sectional survey to collect data from 200 research participants who are residing in Ibadan. Upon obtaining informed consent, participants were recruited into the study."

A combination of purposive and convenience sampling was used. Purposive sampling selected study settings based on their relevance to transportation and disaster lifeline access (e.g., proximity to health facilities, emergency services). Convenience sampling recruited participants within these settings, obtaining informed consent from residents.

3.2 Instruments

Standardised instruments were used to collect data on Quality of Life (Assessed with the WHOQOL-BREF (WHO, 1996), measuring physical, psychological, social, and environmental domains, Self-Esteem was measured with the Rosenberg Self-Esteem Scale (Rosenberg, 1965), a 10-item scale evaluating self-worth. Religious Commitment was evaluated using the Religious Commitment Inventory-10 (Worthington et al., 2003), assessing dedication to religious beliefs. Transportation and Disaster Lifelines were assessed via a geospatial survey mapping proximity to transportation networks, such as bus stops, roads, and disaster lifelines like emergency services, communal spaces), supplemented by a self-report accessibility questionnaire.

3.4 Procedure

Participants who consented to be enumerated after providing informed consent completed the survey in their residences. Geospatial data were collected using ArcGIS to map access to infrastructure. Ethical approval was obtained from appropriate authorities to ensuring compliance with research standards.

3.5 Data Analysis

Descriptive statistics (means, standard deviations) summarized participant characteristics and variable scores. Pearson correlation analyzed relationships between variables, and multiple

regression assessed the predictive roles of self-esteem, religious commitment, transportation, and disaster lifelines on QoL.

3.4 Study Setting: Ibadan City

Ibadan, the capital of Oyo State, Nigeria, serves as a compelling and appropriate study setting for investigating the interplay of psychological factors, transportation access, and disaster lifelines on perceived Quality of Life (QoL) in a rapidly urbanizing environment (Figure 1). As one of the largest cities in West Africa by geographical area, Ibadan presents a dynamic urban landscape characterized by a blend of historical significance and contemporary development challenges (Federal Republic of Nigeria, 2009). Its continuous population growth, driven by rural-urban migration, has led to significant urban sprawl and placed immense pressure on existing infrastructure and services, making it an ideal location to examine the impact of urbanization on resident well-being (Oyo State Government, 2020).

The city's diverse socio-economic fabric further enhances its suitability as a study site. Ibadan encompasses a wide range of residential areas, from densely populated, unplanned settlements to more affluent, planned neighborhoods. This heterogeneity provides a rich context for understanding how varying levels of access to essential services and infrastructure, including transportation networks and disaster lifelines, might differentially influence residents' perceived QoL (Oladejo & Ayeni, 2017). Furthermore, the pervasive presence of religious institutions and the strong emphasis on religious commitment within Nigerian society make Ibadan an excellent locale to explore the role of spiritual factors in buffering urban stressors and contributing to overall life satisfaction (Adedibu & Opoko, 2019).

Rapid urbanization in Ibadan has brought forth significant challenges related to urban mobility and disaster preparedness, directly impacting the themes of this study. The city's transportation infrastructure, while extensive, often struggles with congestion, inadequate road networks in some areas, and limited public transport options, posing daily challenges for commuters and influencing access to employment, education, and healthcare (Afon & Salau, 2012). Concurrently, like many rapidly growing African cities, Ibadan is susceptible to various environmental hazards, including seasonal flooding, which underscores the critical importance of disaster lifelines and resilient infrastructure in safeguarding residents' QoL (Adelekan, 2011). Studying these factors within Ibadan provides valuable insights into the tangible ways urban planning and development influence psychological well-being.

In conclusion, Ibadan's unique characteristics as a rapidly urbanizing city with a complex interplay of socio-economic diversity, infrastructural challenges, and strong cultural norms, render it an exceptionally pertinent and insightful context for this research. The findings derived from this study in Ibadan can offer valuable implications for urban planning and policy development in similar rapidly urbanizing cities across Nigeria and the broader African continent, advocating for holistic approaches that integrate psychological well-being with equitable spatial justice and resilient urban infrastructure (United Nations Human Settlements Programme, 2014).

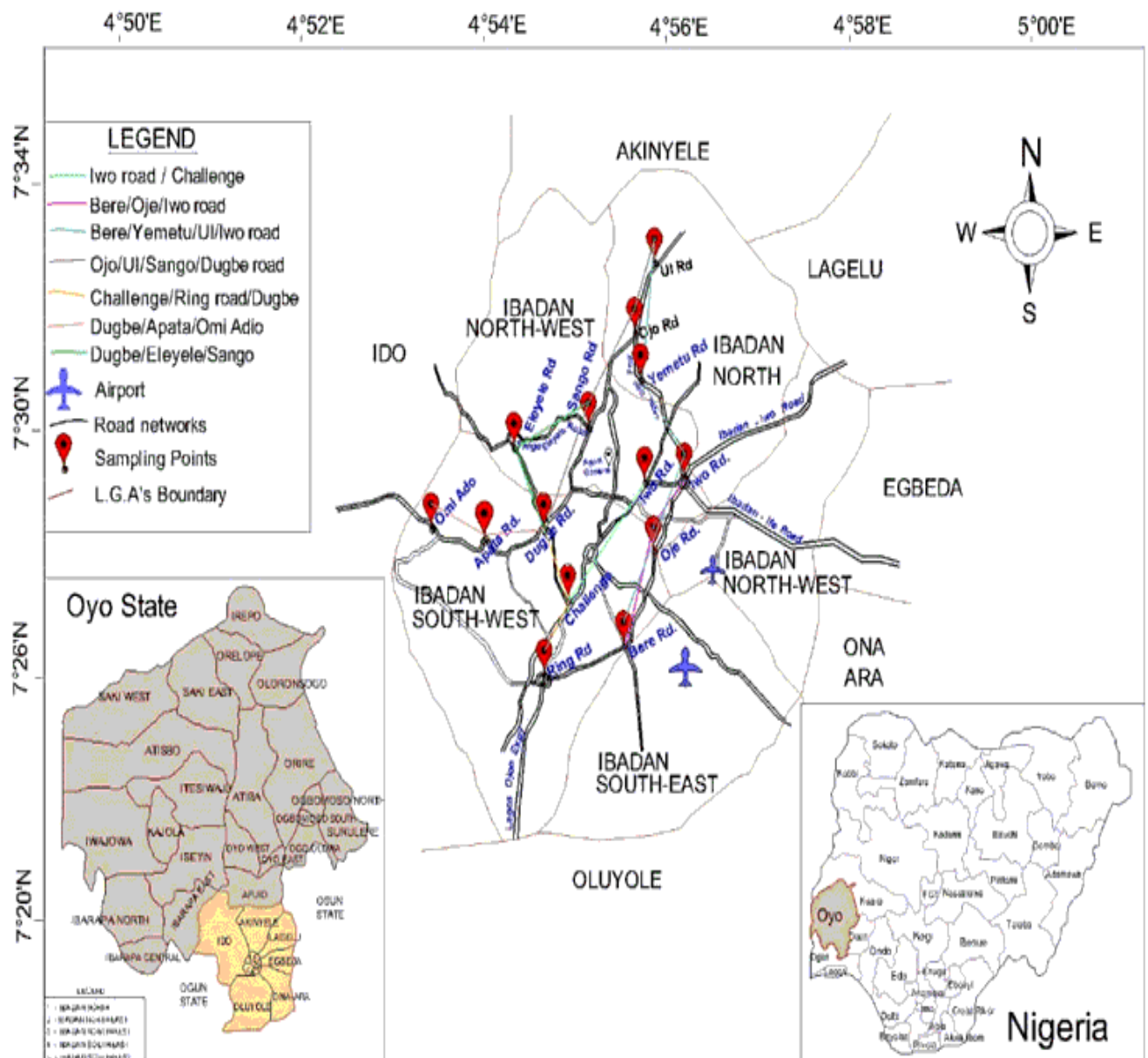


Figure 1: Map of Ibadan

4. Findings

This study investigated the relationships between self-esteem, religious commitment, transportation access, disaster lifelines, and Quality of Life (QoL). The results are presented in two main sections: descriptive statistics and inferential analyses (correlation and multiple regression).

4.1 Descriptive Statistics

4.1.1. Socio Demographic Characteristics of Respondents

A total of 200 resident participated in this study. According to Table 1, the majority of participants were male while comprising 107 (55.4%) while female accounted for the remaining 86 (44.6%). Participant ages ranged from 20 to 62 years, with an average age of

38.01±9.62 years. About 70% (130, 67.4%) were single, followed by married individuals (60, 31.1%). A smaller percentage were widowed (2, 1.0%), and one participant was divorced (0.5%). Most participants reported coming from a monogamous family background (128, 66.3%), while 65 (33.7%) were from polygamous families.

4.1.2: Descriptive Analysis

In Table 1, the descriptive analysis revealed the following characteristics of the study participants across the key variables: For Self-Esteem, participants reported a moderate level of self-esteem, with a mean score of 34.5 (SD=5.2). The sample for Religious Commitment demonstrated high religious commitment, indicated by a mean score of 42.1 (SD=6.5). Regarding Transportation Access, participants reported moderate access to transportation networks, evidenced by a mean score of 28.3 (SD=4.8), whereas, access to emergency services and communal spaces, defined as Disaster Lifelines, was perceived as moderate, with a mean score of 25.7 (SD=5.1) while the overall Quality of Life (QoL) among participants was rated as moderate, with a mean score of 75.2 (SD=10.5).

Table 1: Demographic Characteristics of Respondents

Characteristic	Frequency (n)	Percentage (%)
Gender		
Male	107	55.4
Female	86	44.6
Age (Years)		
Mean	38.01	
Standard Deviation	9.62	
Range	20-62	
Marital Status		
Single	130	67.4
Married	60	31.1
Widowed	2	1
Divorced	1	0.5
Family Background		
Monogamous	128	66.3
Polygamous	65	33.7

Source: Authors' Analysis

4.2 Inferential Analyses

4.2.1 Correlation Analysis

Bivariate Pearson correlations were conducted to examine the relationships between QoL and the independent variables (Table2). Significant positive correlations were observed between QoL and all assessed factors: Self-esteem: $r=0.35$, $p<0.05$; Religious commitment: $r=0.42$, $p<0.05$; Transportation access: $r=0.28$, $p<0.05$ and Disaster lifelines: $r=0.30$, $p<0.05$. These

findings indicate that higher levels of self-esteem, religious commitment, transportation access, and disaster lifelines are each associated with a higher QoL.

Table 2: Bivariate Pearson Correlation Analysis

Variables	1	2	3	4	5
1. Quality of Life (QoL)	1				
2. Self-Esteem	0.35**	1			
3. Religious Commitment	0.42**		1		
4. Transportation Access	0.28**			1	
5. Disaster Lifelines	0.30**				1
*Note: *p < 0.05					

Source: Authors' Analysis

4.2.2 Multiple Regression Analysis

As depicted in Table 3, a multiple regression analysis was performed to determine the collective and independent predictive power of self-esteem, religious commitment, transportation access, and disaster lifelines on QoL. The model significantly predicted QoL, $F(4,195) = 39.67$, $p < 0.05$, accounting for 45% of the variance ($R^2 = 0.45$).

Table 3: Multiple Regression Analysis

Variable	Beta (β)	p-value
Self-Esteem	0.23	<0.05
Religious Commitment	0.31	<0.05
Transportation Access	0.19	<0.05
Disaster Lifelines	0.21	<0.05
$F(4,195)$	39.67	<0.05
R^2	0.45	

Source: Authors' Analysis

The individual standardized beta coefficients (β) revealed that all four variables were significant predictors of QoL: Religious commitment emerged as the strongest predictor ($\beta=0.31, p<0.05$); Self-esteem also significantly predicted QoL ($\beta=0.23, p<0.01$); Disaster lifelines showed a significant unique contribution ($\beta=0.21, p<0.05$); Transportation access was likewise a significant predictor ($\beta=0.19, p<0.05$). These results suggest that, when considered together, religious commitment, self-esteem, disaster lifelines, and transportation access play significant and independent roles in influencing an individual's Quality of Life.

5. Discussion

5.1 Descriptive Statistics: Characteristics of the Sample

Results of descriptive analysis suggest that, on average, the study's participants possess a reasonable level of self-worth and confidence. In psychological literature, moderate self-esteem is often considered a healthy baseline, as both extremely low and excessively high self-esteem can be associated with various psychological challenges. The standard deviation indicates a moderate spread in self-esteem scores among the participants. On Religious Commitment, the participants exhibit a strong dedication to their religious beliefs and practices. High religious commitment has been consistently linked in research to various positive outcomes, including psychological well-being, coping mechanisms, and social support (Koenig et al., 2001; Hill & Pargament, 2003). For Access to Transportation, there was a reasonable but not exceptional ability to utilize transportation for their needs. Transportation access is a crucial determinant of social participation, economic opportunities, and access to essential services, all of which contribute to QoL. As regards Disaster Life, finding suggests that participants generally perceive a decent, but not optimal, availability of resources critical during emergencies and spaces for community gathering. Access to disaster lifelines is paramount for community resilience, safety, and recovery, directly impacting perceived security and, by extension, QoL. The standard deviation indicates a moderate spread in perceived access to these lifelines. On Quality of Life the participants report a satisfactory but not exceptionally high overall sense of well-being and life satisfaction.

5.2 Correlation Analysis: Unpacking Bivariate Relationships

The correlation analysis explores the linear relationships between QoL and the independent variables. The positive correlation between QoL and self-esteem is consistent with extensive psychological research. Individuals with higher self-esteem tend to have a more positive outlook on life, better coping mechanisms, and greater resilience, all of which contribute to an enhanced QoL. The magnitude of the correlation suggests a moderate positive relationship.

Religious commitment can provide individuals with a sense of purpose, social support networks, coping strategies during adversity, and a framework for understanding life's challenges, all of which can bolster QoL. The strength of this correlation suggests that religious commitment is a particularly salient factor in the QoL of this sample. This finding aligns with a substantial body of literature demonstrating the positive impact of religiosity and spirituality on well-being (Worthington et al, 2003).

A positive correlation exists between QoL and transportation access. This is intuitively understandable as greater access to transportation facilitates participation in social activities, employment, education, healthcare, and leisure pursuits, all of which are integral components of a good QoL. The correlation, while statistically significant, is of a moderate-to-weak magnitude compared to self-esteem and religious commitment.

The results of correlation between QoL and disaster lifelines highlights the importance of perceived safety and preparedness. Individuals who feel secure in their access to emergency services and communal support systems are likely to experience lower levels of anxiety and a greater sense of well-being, contributing to a higher QoL. This finding underscores the societal and infrastructural contributions to individual well-being.

5.3. Multiple Regression Analysis: Predictive Power and Relative Contributions

The multiple regression analysis is the most sophisticated part of the findings, as it examines the collective and independent predictive power of the identified variables on QoL, while controlling for the effects of other predictors.

All four variables—self-esteem, religious commitment, transportation access, and disaster lifelines were found to be statistically significant predictors of QoL. The consistently low p-values underscore the robustness of these findings. The beta (β) coefficients provide insights into the relative strength of each predictor when other variables in the model are held constant.

Religious Commitment is the strongest predictor of QoL in the model. This means that, after accounting for self-esteem, transportation access, and disaster lifelines, religious commitment has the most substantial unique contribution to explaining variance in QoL. This reinforces the strong bivariate correlation and suggests a central role for religious commitment in the well-being of this sample.

Self-esteem also emerges as a substantial predictor, indicating its independent positive contribution to QoL. This aligns with psychological theories emphasizing the importance of a healthy self-concept for overall well-being.

Disaster Lifelines also demonstrates a notable unique contribution to QoL, highlighting the independent importance of perceived access to safety nets and community support in fostering well-being.

Transportation Access, still significant, has the smallest unique predictive power among the four variables. This suggests that while it contributes to QoL, its influence is less pronounced than that of religious commitment or self-esteem within this model. The lower significance level compared to the others also subtly indicates a slightly less robust unique contribution.

In Table 3, the R^2 value indicates that the variance in QoL can be explained by the combined influence of self-esteem, religious commitment, transportation access, and disaster lifelines. This is a substantial amount of explained variance in social science research, suggesting that these four factors collectively play a very significant role in determining an individual's QoL within this sample. The remaining percentage of the variance is likely attributable to other unmeasured variables, measurement error, or idiosyncratic factors.

Overall Model Significance in Table 3 confirms that the regression model as a whole is statistically significant. This means that the combination of the four predictor variables significantly predicts QoL, and the model is a better predictor of QoL than simply using the mean QoL score. The degrees of freedom in Table 3 indicate that there are 4 predictors and a sample size (N) that can be approximated to the total respondent sampled.

5.4. Overall Interpretation and Scholarly Implications

These findings contribute significantly to understanding the multifaceted nature of Quality of Life.

Holistic Perspective: The study adopts a holistic perspective by incorporating both individual psychological factors (self-esteem, religious commitment) and contextual/environmental

factors (transportation access, disaster lifelines) in predicting QoL. This approach recognizes that QoL is not solely an internal construct but is profoundly shaped by an individual's interactions with their environment and access to resources.

Importance of Religious Commitment: The consistent and strong association of religious commitment with QoL, both in correlation and regression, is a key finding. This suggests that for this sample, religious belief and practice serve as a vital resource for well-being. Future research could explore the specific mechanisms through which religious commitment enhances QoL in this population (e.g., social support from religious communities, meaning-making, coping strategies).

Role of Infrastructural and Safety Factors: The significant contributions of transportation access and disaster lifelines highlight the critical role of robust infrastructure and community preparedness in fostering individual well-being. These findings underscore the need for policy interventions aimed at improving access to essential services and strengthening community resilience, especially in contexts prone to emergencies or with limited resources.

5.4.1 Theoretical and Practical Implications

The results support various theories of well-being that emphasize the interplay of individual characteristics, social support, and environmental factors. For instance, they align with aspects of ecological systems theory, which posits that individual development and well-being are influenced by multiple interacting systems.

The findings have practical implications for interventions aimed at enhancing QoL. Programs designed to foster self-esteem, support religious or spiritual engagement (if appropriate and desired by individuals), improve transportation infrastructure, and strengthen disaster preparedness and response mechanisms could all contribute to higher QoL.

6.0 Limitations and Future Directions:

While robust, these findings also prompt further inquiry. The study is correlational, meaning it cannot establish causality. Longitudinal studies would be valuable to understand the directional relationships over time. Additionally, exploring potential mediating or moderating variables (e.g., social support, coping styles) could further elucidate the pathways through which these factors influence QoL. The specific cultural context of the study sample should also be considered when generalizing these findings. For instance, the strength of religious commitment's influence might vary across different cultural or religious demographics.

7. Conclusion

Conclusively, the detailed findings presented offer a compelling narrative about the determinants of Quality of Life in the studied sample. They demonstrate the significant and independent contributions of self-esteem, religious commitment, transportation access, and disaster lifelines, collectively explaining a substantial portion of the variance in QoL. These results hold significant scholarly value, providing insights for theoretical advancements and informing practical interventions aimed at enhancing individual and community well-being.

8. Recommendations

8.1 Recommendations for Practice

Self-Esteem Interventions: Mental health professionals should implement evidence-based programs (e.g., cognitive-behavioral workshops) to enhance self-esteem, particularly for individuals with low self-worth in underserved Ibadan communities.

Religious Commitment Programs: Religious organizations should develop culturally sensitive initiatives, such as community worship or interfaith support groups, to foster meaning, purpose, and belonging, respecting Ibadan's religious diversity (e.g., Christianity, Islam).

Infrastructure Investments: Urban planners should prioritize accessible transportation (e.g., improved public transit) and disaster-resilient infrastructure (e.g., flood-resistant emergency systems) to enhance QoL.

Community-Based Initiatives: Local leaders should establish programs integrating psychological (self-esteem, religious engagement) and infrastructural (transport, emergency access) support, targeting disadvantaged neighborhoods.

8.2 Recommendations for Research

Longitudinal Studies: Conduct longitudinal research to examine causal relationships among self-esteem, religious commitment, transportation, disaster lifelines, and QoL in Ibadan.

Cultural and Contextual Factors: Investigate how cultural factors (e.g., collectivism, religious diversity) and urban challenges (e.g., flooding, transit limitations) moderate these relationships.

Intervention Studies: Evaluate the effectiveness of self-esteem and religious commitment programs, as well as infrastructure improvements, on QoL outcomes.

Mixed-Methods Approaches: Use qualitative methods (e.g., interviews) to explore residents' perceptions of infrastructure and psychological factors influencing QoL.

8.3 Recommendations for Policy

Mental Health Policy: Develop policies prioritizing self-esteem and well-being programs, integrated with Nigeria's mental health framework, to support Ibadan residents.

Urban Development Policy: Invest in transportation networks and disaster-resilient infrastructure to enhance QoL, aligning with Sustainable Development Goal 11 (Sustainable Cities and Communities).

Intersectoral Collaboration: Foster partnerships among mental health professionals, religious leaders, urban planners, and community organizations to design holistic interventions for sustainable urban well-being.

References

- Adebowale, A. (2015). Self-esteem and quality of life among Nigerian university students. *Journal of Psychology in Africa*, 25(2), 147–155.
- Adediji, J. A., Fadamiro, J. A., & Adeoye, A. O. (2019). Urban infrastructure and quality of life in Nigerian cities: A case study of Ibadan. *Journal of Urban Planning and Development*, 145(3), 04019012.
- Adedibu, B. O., & Opoko, P. A. (2019). Religious institutions and urban development in Ibadan, Nigeria. *Journal of Geography and Regional Planning*, 12(4), 101-110.
- Adelekan, I. O. (2011). Vulnerability of poor urban coastal communities to climate change in Lagos, Nigeria. *Environment and Urbanization*, 23(1), 183-196.
- Afolayan, J. A. (2017). Religious commitment and quality of life among adults with chronic illnesses in Nigeria. *Journal of Religion and Health*, 56(4), 1231–1244.
- Afon, A. O., & Salau, O. R. (2012). Transportation and urban development in Ibadan, Nigeria. *Journal of Environmental Planning and Management*, 55(9), 1125-1140.
- Bamigbola, A. (2013). Self-esteem, religious commitment, and life satisfaction among Nigerian university students. *Journal of Social and Clinical Psychology*, 32(1), 53–75.
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Prentice-Hall.
- Diener, E., & Diener, M. (1995). Cross-cultural correlates of life satisfaction and self-esteem. *Journal of Personality and Social Psychology*, 68(4), 653-663.
- Diener, E., Suh, E. M., Lucas, R. E., & Smith, H. L. (1999). Subjective well-being: Three decades of progress. *Psychological Bulletin*, 137(2), 276–302.
- Diener, E., Suh, E. M., Lucas, R. E., & Smith, H. L. (2011). Subjective well-being: Three decades of progress. *Psychological Bulletin*, 137(2), 276–302.
- Ellison, C. G. (1991). Religious involvement and subjective well-being. *Journal of Health and Social Behavior*, 32(1), 80–91.
- Federal Republic of Nigeria. (2009). *Nigerian National Urban Development Policy*. Abuja: Federal Ministry of Housing and Urban Development.
- Felce, D., & Perry, J. (1995). Quality of life: Its definition and measurement. *Research in Developmental Disabilities*, 16(1), 51-74.
- Ferrans, C. E., & Powers, M. J. (1985). Quality of Life Index: Development and psychometric properties. *Advances in Nursing Science*, 8(1), 15–24.
- Harter, S. (1999). The construction of self and identity. *American Psychologist*, 54(5), 371–384.
- Hill, P. C., & Pargament, K. I. (2003). Advances in the conceptualisation and measurement of religion and spirituality. *American Psychologist*, 58(1), 64–74.

- Joshanloo, M. (2021). The effect of religiosity on life satisfaction: A meta-analysis. *HTS Theologiese Studies/Theological Studies*, 78(4), 1-10.
- Koenig, H. G., King, D. E., & Carson, V. B. (2012). *Handbook of religion and health* (2nd ed.). Oxford University Press.
- Koenig, H. G., McCullough, M. E., & Larson, D. B. (2001). *Handbook of religion and health: A century of research revisited*. Oxford University Press.
- Krause, N. (2006). Stress, social support, and self-rated health among older adults: The role of religious coping. *Journal of Aging and Health*, 18(6), 841-867.
- Levin, J. S., & Vanderpool, H. Y. (1987). Is frequent religious attendance conducive to better health? *Toward an epidemiology of religion. Social Science & Medicine*, 24(7), 589–600.
- Lim, C., & Putnam, R. D. (2010). Religion, social networks, and life satisfaction. *American Sociological Review*, 75(6), 914-933.
- Mann, M., Hosman, C. M., Schaalma, H. P., & de Vries, N. K. (2004). Self-esteem in a broad-spectrum approach for mental health promotion. *Health Education Research*, 19(4), 357-370.
- Nigerian Urban Reproductive Health Initiative. (2013).
- Ogunsola, O. (2015). Cultural influences on self-esteem and quality of life among Nigerian university students. *Journal of Cross-Cultural Psychology*, 46(8), 1042–1056.
- Oladejo, S. O., & Ayeni, B. (2017). Spatial analysis of residential segregation in Ibadan, Nigeria. *African Urban Quarterly*, 32(3), 25-42.
- Olaniyi, A. (2018). Religious commitment and quality of life among adults with HIV/AIDS in Nigeria. *Journal of Religion and Health*, 57(2), 533–546.
- Orth, U., & Robins, R. W. (2013). The development of self-esteem. In R. M. Ryan (Ed.), *The Oxford handbook of human motivation* (pp. 377-393). Oxford University Press.
- Orth, U., & Robins, R. W. (2014). The development of self-esteem. *Current Directions in Psychological Science*, 23(5), 381–387.
- Oyebisi, T. O. (2014). Religious commitment and quality of life among Nigerian adults. *Journal of Religion and Health*, 53(4), 1111–1124.
- Oyo State Government. (2020). *Oyo State Development Plan 2021-2040*. Ibadan: Ministry of Economic Planning and Budget.
- Pargament, K. I. (1997). *The psychology of religious coping: Theory, research, practice*. Guilford Press.
- Pargament, K. I., Koenig, H. G., & Perez, L. M. (2000). The many methods of religious coping: Development and initial validation of the RCOPE. *Journal of Clinical Psychology*, 56(4), 519-543.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton University Press.

Sirgy, M. J., Rahtz, D. R., Cicic, M., & Waryszak, R. (2006). A comparative study of the predictors of perceived quality of life in four cultures. *Social Indicators Research*, 75(3), 391-424.

Sowislo, J. F., & Orth, U. (2013). Does low self-esteem cause depression and anxiety? A meta-analysis of longitudinal studies. *Journal of Affective Disorders*, 148(1), 1-13.

Trzesniewski, K. H., Donnellan, M. B., & Robins, R. W. (2003). Stability of self-esteem across the life span. *Journal of Personality and Social Psychology*, 84(1), 205-220.

Ukpong, D. E. (2014). Religiosity and psychological well-being in Nigeria: An empirical study. *African Journal of Primary Health Care & Family Medicine*, 6(1), 1-6.

UN-Habitat. (2016). *World cities report 2016: Urbanization and development—Emerging futures*. United Nations Human Settlements Programme.

United Nations Human Settlements Programme (UN-Habitat). (2014). *The State of African Cities 2014: Re-imagining Sustainable Urban Transitions*. Nairobi: UN-Habitat.

Vu, T. K., Pakpahan, S., & Pham, T. H. (2019). Self-esteem, depression, anxiety, and suicidal ideation among Vietnamese secondary school students. *Frontiers in Psychiatry*, 10, 438.

World Health Organization. (1996). *WHOQOL-BREF: Introduction, administration, scoring and generic version of the assessment*. World Health Organization.

World Health Organization. (1997). *Measuring quality of life*. World Health Organization.

Worthington, E. L., Jr., Wade, N. G., Hight, T. L., Ripley, J. S., McCullough, M. E., Berry, J. W., Schmitt, M. M., Berry, J. T., Bursley, K. H., & O'Connor, L. (2003). The Religious Commitment Inventory—10: Development, refinement, and validation of a brief scale for research and counseling. *Journal of Counseling Psychology*, 50(1), 84–96.

Zjawin, K., Głowska, L., & Grzybek, A. (2023). Religious meaning system and life satisfaction: The mediating role of meaning in life among Poles with multiple sclerosis. *Frontiers in Psychiatry*, 14, 1352021.