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Which way for housing and human settlements?

In order to clarify the housing and settlements component of the European health-for-all programme and to identify perceived priorities with a view to the preparation of training materials, members of WHO’s Rural and Urban Development and Housing Network were invited to complete a questionnaire. The results are reported below. The questionnaire can be used in identifying local development priorities, comparing attitudes, and studying perceived needs. Intended as a tool for policy-makers, course organizers and public health professionals, it is available from the authors of the present article.

The provision of well-designed houses and human settlements with appropriate amenities is vital in the fight to achieve health for all. Collaborative international development requires the perceptions of a healthy and safe environment among those responsible for housing and related matters to be studied so that differences and similarities can be identified and the need for new training materials can be determined. For these reasons a pilot study was undertaken during 1990 among members of WHO’s Rural and Urban Development and Housing Network. The aims were to help clarify the housing and settlements component of WHO’s health-for-all programme in Europe and the perceived priorities of members of the Network, and to identify how their perceptions could be used in the preparation of training materials, educational dossiers, and learning modules.

Asking the professionals

A structured questionnaire was developed on the basis of responses from health professionals and members of the public to the three following questions.

• By the year 2000, all people in WHO’s European Region should have a better opportunity of living in houses and human settlements which provide a healthy and safe environment. What do you think this means?
• How could this target be achieved?
• What information connected with the target might help in gaining the better opportunity mentioned above?

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The draft questionnaire was tested on 37 fourth-year medical students. In most instances their responses were uniform, suggesting that the questionnaire was validly constructed. Four questions, however, were found to be poorly constructed.

The questionnaire was revised and the new version was tested on 29 fourth-year medical students. Uniform responses were obtained for all questions. The questionnaire covered 74 factors that might affect health and well-being, 41 of them associated with neighbourhoods and 33 with dwellings. It was circulated in the Network’s February 1990 newsletter to 2463 persons having a professional interest in the design and planning of rural and urban environments throughout the world. A request was made that the importance of each factor be graded on a five-point scale and that an indication be given whether new health training materials were considered necessary.

Information was also collected on each respondent’s gender, age group, country, occupation and the type of area in which he or she lived. The respondents sent their completed questionnaires to the WHO Collaborating Centre for Environmental Health Promotion and Ecology at the University of Bristol.

During 1990, 91 completed questionnaires were returned, 46 from respondents in developed countries and 45 from people in developing countries. Most respondents lived in urban environments. Academics provided 35 responses, and 22, 11, 10, 9 and 4 came from architects, public health inspectors, medical practitioners, planning officers and public health engineers respectively; five-sixths of the 91 respondents were male. A broad age range was represented. Urban, semi-urban and rural environments provided the home backgrounds of 65%, 30% and 5% of the respondents respectively.

### Health factors, training materials

Three of the 41 neighbourhood factors were rated as being extremely good for health (clean air, well-maintained public sewage system, regular waste collection and disposal service), a similar rating was given to two of the 33 factors associated with dwellings (a house to live in, clean drinking-water).

Sixty-one of the 74 factors were classified as very good or good for health, including some principally associated with aesthetic or psychological well-being, such as the opportunity to live on one’s own, the presence of trees in the residential area, and a pleasing appearance of furnishings. The widespread expression of concern about the need for psychological and personal fulfilment confirmed the correctness of WHO’s broad definition of health.

Twenty-five factors were considered better for health by respondents in developed countries than they were by those in the developing world. Among these factors were the availability of cycle paths, hot water, indoor flush toilets, play areas for children, telephones and sewage systems.

For the following 12 factors over 50% of respondents reported that new training materials were needed:

- public debate in planning and design of buildings;
- clean air;
- absence of vermin;
- absence of litter;
- regular waste collection and disposal;
- frequent and safe public transport;
- availability of cycle paths;
- maintenance of buildings in good repair;
- low noise levels;
- outdoor off-street play areas for children;
— well-maintained public sewage systems;
— presence of trees.

It was reported by 30–50% of the respondents that new training materials were needed in respect of 58 additional factors.

Significantly fewer respondents than expected in developed countries and more than expected in developing countries reported that training materials were needed in respect of absence of litter, freedom from flooding, freedom from hurricanes, regular waste collection, adequate heating of dwellings, and fire escape routes.

For each of five clusters of questions a particular response to any question by an individual was likely to be accompanied by similar responses to the other questions in the cluster by the same person.

These clusters related to:
— safety, including pedestrian precincts, footpaths well-lit at night, structural maintenance of buildings, and lockable doors;
— aesthetics, including interior decoration and the appearance of furnishings;
— convenience and comfort, including private gardens, indoor baths, and hot water;
— peace and quiet, including low noise levels, little road traffic, and soundproofing;
— household facilities, including electric lighting, ventilation and insulation.

The factors rated as being extremely good for health were among those in connection with which new training materials were reported to be most needed. Public debate on the planning and design of buildings was regarded as the most important area where this requirement existed, possibly reflecting the work of the respondents, 24% of whom were architects. Nevertheless, this indicates the need for intersectoral collaboration and the difficulties often encountered among health professionals with responsibilities in the sustainable development of urban environments.

A need for new training materials was perceived more frequently by respondents in developing countries than by those in the developed world. However, worldwide urbanization is proceeding very rapidly and differences in perceptions could soon change. Because of widespread demand, new training materials on housing and settlements are being prepared by the Network and some WHO Collaborating Centres.

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The questionnaire developed for the present study could be used elsewhere:
— to help with the identification of local development priorities for training materials, educational dossiers, and learning modules orientated towards the achievement of the goals for housing and human settlements set by WHO’s European Region;
— to study attitudes about health and safety needs in housing and settlements among various groups of health professionals and the public;
— to compare the perceived needs of population groups with environmental factors in houses and neighbourhoods.

The questionnaire is available from the authors of the present article. It has been developed within the WHO framework for health in housing and human settlements and is intended as a tool for policy-makers, course organizers and public health professionals.