

Looking back for the future

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Introduction

Today, there are good reasons why housing conditions should be explicitly related to health promotion and prevention campaigns. First, housing, health and well-being were not a high priority for researchers or public authorities during much of the twentieth century. However, during the last decade, housing and health have returned to the research agenda. In 2001, for example, the World Health Organization (WHO) Regional Office for Europe established a task force to help raise both political and scientific awareness about housing and health in all countries, especially the New Independent States of Central Europe and the former Soviet Union. The objective is to implement corrective and remedial measures that remove defects and improve the characteristics of the existing housing stock.

In the recent years, a different approach including innovative research strategies and methods has been presented at conferences and seminars around the world. For example the 20th IUHPE World Conference on Health Promotion held in Geneva from 11 to 15 July 2010 provided an excellent opportunity to re-think the relationship between health status and housing conditions. The main concern is how housing can promote health and well-being. This paper argues that this is not a new objective because, promoting health using housing quality was a concern of

the housing reform movement in many European countries during the late nineteenth century.

Lessons from the past

A sanitary engineering approach based on corrective and remedial measures was effective in removing unsanitary conditions by demolishing buildings, and reconstructing neighbourhoods with infrastructure and services in the late nineteenth and early twentieth centuries (Rosen 1993). The sanitary reform movement resulted in improvements to the health status of urban populations by corrective and remedial measures. This meant that interventions were necessary to improve the conditions inside residential buildings.

The Miasma theory was replaced by the germ theory (Rosen 1993). The latter specified that specific agents including water transmit infectious diseases. The sanitary reform movement identified direct links between specific agents and illnesses. A range of environmental components—water supply, sewage disposal, damp rooms and mould growth in housing—were considered as the sources of illness and major health risks. These conditions were not limited to the physical fabric of housing units, or the environmental conditions of their immediate surroundings. They also explicitly addressed the number of persons per habitable room. In many European cities, household surveys and official enquiries during the late nineteenth century followed; their authors tried to measure the relationship between living conditions and health. In general, these contributions showed that the ill-health of inhabitants resulted from unsanitary housing conditions with a relatively large number of persons per room.

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There has been a long debate about the reduction of mortality rates in many European countries from the late nineteenth century (McMichael 1993; Rosen 1993). It has been argued whether these reductions are more closely tied to the improvement of diet, the provision of a supply of safe water and municipal waste disposal rather than progress in medicine and health care. This paper considers this debate to be misguided, because it stems from a narrow interpretation of health and well-being. When broader, interdisciplinary interpretations are applied all actions including the non-personal, target area and population interventions, such as the promotion of healthy lifestyles and the provision of affordable housing, are pertinent for health promotion.

An interdisciplinary understanding of how the health of populations in precise localities can lead to a range of interventions that could be reapplied effectively again. Apart from interventions to improve existing housing conditions, the construction of new exemplary housing has a long history and should be reapplied.

The contribution of model housing

The concept of the “model house”, in England, was defined and implemented from the mid-nineteenth century. The history of model housing has been studied by Gaskell (1987). Gaskell noted that idealistic interpretations of architectural styles and domestic life were applied to formulate interpretations of desirable housing units that would reduce the propagation of infectious diseases and promote the quality of domestic life.

Henry Roberts (1850), an architect, for example, explained the principles he applied to design and construct model housing units for the Great Exhibition of 1851 with the patronage of the Prince Consort Albert. This proposal was constructed later in Bloomsbury London, by the Society for Improving the Condition of the Labouring Classes. Roberts and those architects who followed his reforms provided “the entire groundwork upon which much of the moral and social improvement of the population could be based” (Gavin 1851, p.71).

Specific housing principles were addressed to two quite different audiences from around 1850. First, the designs and constructions of prototypical housing units were meant to show architects, housing reformers, landlords, and politicians how it was possible to improve the quality of the

housing conditions of tenants. Second, the residents of model housing were meant to live according to the prescriptions defined by those who provided these housing units. These prescriptions were implicit (because the organization of domestic space was meant to instil certain kinds of domestic behaviours) as well as explicit, given that many model housing estates had caretakers who were meant to observe that tenants complied with the regulations and codes of conduct prescribed by landlords (Gaskell 1987).

Synthesis

Historical reviews of housing policies and practices have confirmed that the presence of substandard housing is not merely an architectural or a technical problem, but also (and basically) an economic and a political one. From the mid-nineteenth century many households with low incomes could not (and still cannot) afford to rent or buy model housing units, unless there was some kind of direct household subsidy. In general, even when subsidies were made available by governments or employers, low-income households were (and still are) confined to live inadequately, unless it is possible for them to bypass conventional channels in the formal sector and opt for the informal sector. A growing number of citizens in both industrialized and developing countries are choosing this option because formal housing markets are not responding to their needs. Lessons from the past should be used for the reformulation of contemporary housing policies that are meant to promote health and quality of life.

References

- Gaskell S (1987) *Model housing: from the great exhibition to the festival of Britain*. Mansell, London
- Gavin H (1851) *The habitations of the industrial classes*. Society for improving the condition of the labouring classes, London
- McMichael A (1993) *Planetary overload: global environmental change and the health of the human species*. Cambridge University Press, Cambridge
- Roberts H (1850) *The dwellings of the labouring classes*. Society for improving the Conditions of the Labouring Classes, London
- Rosen G (1993) *A history of public health*. John Hopkins University Press, Baltimore