

Opinions III

World HABITAT Day

World HABITAT Day serves as an opportunity to take stock of the global housing situation as well as to assess the efforts being made at all levels towards satisfying this most basic of human needs. The habitat in which human beings live and the way in which they live within that habitat determine, to a large extent, the state of their health and well-being. Shelter, in the broad context of dwelling and related amenities and neighbourhoods, represents the habitat most intimate to human beings, especially to women and children who are its most intensive users. It is towards extending the appreciation of the interrelationship between shelter and family health and towards renewing the national and international commitment to improving shelter conditions in the light of such appreciation, that World HABITAT Day this year adopts the theme, "Shelter, Health and the Family".

Healthful housing extends the basic concept of shelter from one designed merely to protect against the elements to one which also affords protection against disease, injury and environmental stress. The housing conditions - shelter, living space, supply of basic services and amenities - for over a quarter of the world's population are woefully inadequate and are primary causes of a wide range of communicable and, often, chronic diseases, injuries and psychological stresses.

Overcrowding, especially when accompanied by malnutrition, is responsible for the transmission of many respiratory diseases. The wrong choice of building materials and designs is known to encourage the harbouring and breeding of disease vectors, besides making structures prone to destruction by recurring natural disasters. The lack of access to clean water and proper sanitation facilities, aggravated by ignorance of safe personal hygiene procedures, kills, disables and blemishes the lives of many millions each year and facilitates domestic food contamination. Many insect- and vermin-borne diseases are closely associated with poor shelter-related amenities, such as refuse disposal and drainage. Indeed, according to statistics, by the end of this commemorative Day, at least 10'000 people will have died from accidents or diseases directly attributable to inadequate shelter and related services.

The poor and, in particular, the urban poor, are at the interface between under-development and industrialization and their disease patterns reflect the problems of both. In addition to the communicable diseases closely associated with underdevelopment, the locations where the poor are settled in themselves frequently present a serious threat to their health. With limited access to land suitable for conventional development, poor settlements are frequently located where the threat of industrial and natural accidents and pollution are greatest and public social-security and life-saving services are at a minimum, as, for example, near refuse dumps, swamps and areas subject to landslide, earthquakes or

flooding. In addition to the threat to physical health, many social and psychological problems proceed from these conditions - a sense of insecurity and social alienation, for example - all of which, individually and collectively, act to undermine the underlying foundations of stable and congenial family life.

Given the important correlation between adequate shelter and good health and between good health and social productivity, it is more-than-a-little remarkable that greater attention is not paid to this issue. Thus, while many of the interventions to improve shelter are intuitively assumed to improve the health of its occupants, few, if any, such interventions are conscientiously and integrally designed with this objective in mind. In this context, much can be done to promote individual and communal initiatives to incorporate health objectives in shelter improvement and development programmes. Many of these actions, fortunately, when based on the principle of information transfer and training, do not demand large resources for implementation and are amenable to inclusion in new and ongoing programmes.

It is at the individual household and community levels that information on the interrelationship between housing and health is most required. If properly educated and informed, the poor themselves can do much to mitigate the health hazards of their own housing. There is today a wealth of knowledge and experience on how shelter and other programmes for poor communities can be given the necessary orientation, through appropriate communication support, to guide individual and community undertakings. This knowledge and experience could serve as the basis for disseminating the necessary health and shelter education. The long-term universal appreciation of the principles underlying the abatement of health hazards in housing will, however, require the active cooperation of Governments throughout the world and the sharing of knowledge among them, and I take this opportunity to invite the international community to assist in this endeavour.

In conclusion, let me once again draw attention to the plight of the hundreds of millions of people all over the world who lack adequate shelter, including the many millions who lack shelter of any form at all. Economic and social progress will truly have been achieved when and only when the health and well-being of all citizens are adequately safeguarded. This is the essence of our message. I therefore invite the international community, national governments, and agencies, non-governmental organizations, builders, planners and policy-makers to reflect on the definite connection that exists between shelter and health, and invite them to be guided in their policies and decisions by this awareness. I invite them, being so guided, to renew their determination to address the shelter crisis. It is clearly a matter of life!

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