



Journal of Applied Sciences

ISSN 1812-5654

science
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An Assessment of Housing Status in a Typical Nigerian Town

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Abstract: An assessment of the status of housing was carried out in Ile-Ife, a typical Nigerian town in south-western part of Nigeria with a population of more than 180,000 inhabitants made up of people from different parts of the country. Two hundred and thirty-four residential buildings were observed for the purpose of assessing their compliance with minimum standard of fitness as stipulated in existing regulations. Results showed that most of the dwellings were found deficient in meeting the basic requirements expected of living premises and therefore remain unfit for habitation according to Public Health Standard. Economic viability as well as level of education of owners/occupiers have been found to be major determinants of housing condition and government's effort at addressing problems of housing may not be able to achieve the desirable success without making conscious effort to improve the socio-economic status of the people.

Key words: Adequate housing conditions, housing and health, standards of fitness, sanitary inspection of premises, determinants of housing conditions

INTRODUCTION

Right to adequate housing is of central importance for the enjoyment of all economic, social and cultural rights. Individuals as well as families are entitled to adequate housing regardless of age, sex, economic status, race, religion or other affiliations. This is because its availability is fundamental to living in dignity and to good health, good quality of life and general well-being. In spite of this inseparable link between good housing and health, over 100 million people world wide are homeless while more than a billion live in shelters that are not only inadequate but are also detrimental to health^[1]. Housing and health have become a topical issue in public health discourse for a very long time in view of the existence of increasing evidences as regards the potential effects of inadequate conditions of living premises on the inhabitants.

The direct effects of poor housing condition may be difficult to prove in view of many other interrelated factors which are often present with poor housing. This notwithstanding, enough evidence about relating certain ill health to specific poor housing status^[2-5].

Housing conditions refer to the totality of external influences, natural and man-made which impinges on man and affects his well being. This includes the life-support systems that make the housing unit to be comfortable for the inhabitants. A good house must

possess the appearance and general layout, must be attractive, comply with the general custom and habits of the people without which it may be turned into slum^[6].

For many decades especially in Europe, conditions in individual housing were considered in terms of fitness for human habitation and from time to time, standard of fitness were formulated and recommended. The first minimum standard of fitness was issued by the Minister of Health in England^[7]. Many countries particularly the former British colonies fashioned out their own regulations after the British model. Nigeria is one of such countries. Every dwelling and dwelling unit intended for use as a human habitation, occupancy or use, or held for use as human habitation, is expected to comply with all the minimum standards of fitness for human habitation in accordance with the applicable laws and building codes^[8]. The Public Health Laws of Nigeria of 1959 as applicable in different parts of the country (still in force) also stipulate conditions expected of a dwelling place^[9,10]. In particular section 6 (a-m) state in clear terms nuisance conditions which their existence in a dwelling renders the dwelling insanitary, unsafe for health and which may require specific remedial measures to abate the nuisances.

Specific provisions of such regulations stipulate that human habitations are not expected to be so damp, so ill-ventilated, not littered with refuse, or lack essential sanitary facilities including adequate toilet facilities. Houses are expected to be accessible by road, have

secured drainage systems, have facilities for prompt and sanitary solid waste management, have regular and safe water supplies, among other things.

Ensuring compliance with the stipulated standards require first and foremost an education regarding the link between poor housing and health and the need to ensure hygiene of dwellings. It also requires a commitment to country and regional planning, regular inspection of houses/monitoring to ensure continuous compliance with standards and the availability of enabling environment to support good housing. Economic and social factors (in particular income level) are fundamental determinants of housing conditions in developing countries^[1]. In Nigeria, Environmental Health Officers (EHOs) previously known as Sanitary Officers or Public Health Superintendents working in the local governments has the responsibility to inspect all premises especially residential ones for the purpose of detecting and abating nuisances.

The Nigerian governments over the years initiated various moves to improve housing based on the resolutions adopted at the first United Nations Conference on Human Settlement held in Vancouver, Canada in, 1976. Apart from providing some regulations, the country has also formulated a National Housing Policy in 1991^[7] which outlines strategies to ensure the provision of decent housing for the people. It must be understood that the issue of ensuring that the people live in healthy houses should not be a matter of policy alone but must be carried into action so as to limit risks to which the people are exposed. Constant monitoring of compliance against standards is surely one way of achieving this. It is against this background that this study was carried out to assess the status of housing being inhabited by the people whose economic and social lives transcend beyond their place of abode.

MATERIALS AND METHODS

This study was carried out in Ile-Ife in the south western part of Nigeria. The town is an ancient but rapidly developing city with a lot of commercial activities but has no major industry. It is a fast growing university town with a population of about 180,000 and about 40,000 student population and 10,000 public servants from different parts of the country and the world. The town also attract some foreigners by virtue of being a university town as well as the existence of some international institutions such as the African Regional Centre for Aerospace Surveys and the Regional Centre for Technology Management.

The city is typical of most other towns in Nigeria and the conditions of housing existing there are believed to be

similar. Human settlements consisted of a collection of housing units which are called compounds. A compound could have as many as between 50 and 200 households. Housing units in the city constituted the study unit from which every 5th house was selected systematically after the first house was selected at random. Two hundred and thirty-four houses were selected for study. Relevant information was collected by direct observation of level and status of compliance to a set of predetermined minimum criteria for dwellings as set out in the standard of fitness for dwellings and relevant regulations. In addition to the observation, the head of each household was interviewed to answer specific questions relating to the study. Physical inspection of premises was carried out to determine adequacy or otherwise based on selected criteria. Adequacy of premises was taken to mean meeting the minimum requirement for each of the parameter used for assessment thus no categorisation was done as relate to degree of adequacy or otherwise.

RESULTS AND DISCUSSION

The assessment of the status of housing in the study location revealed not too impressive conditions under which people live. Housing conditions are generally believed to be poor in many places in Nigeria. From a total of 234 dwellings assessed for the purpose of the study, 69% had approved building plan while most of the traditional ones were without any approved plan (Table 1). The fact that most of the buildings have approved building Plan could not make for continuous maintenance of the hygiene and sanitation of the premises. It could also be inferred that such approval did not take into cognisance the need to comply with very important aspects of existing regulations. A situation in which 69% of the houses had approved plan and more than 70% of the premises have inadequate free space due to overbuilt is suggestive of the fact that some basic standards of fitness were compromised at the approval stage or better still that unauthorised alteration of approved premises through illegal construction is a common practice in the area. The importance of approved plan in promoting sound housing status cannot be overstressed. Apart from ensuring that minimum requirements are met before construction, it also makes for effective control of the development of slums.

The non-susceptibility of most premises to dampness (79%) should normally be expected to contribute to the enhancement of better sanitary conditions of the premises. This is in view of the fact that it would limit the occurrence of nuisances within the premises as such

Table 1: Adequacy of selected indices in the dwellings

Indices of fitness	Adequate (%)	Inadequate (%)	Total
Approved building plan	162(69.0)	72(31.0)	234
Adequate accessibility	87(37.2)	147(62.8)	234
Adequate spacing	66(28.2)	168(71.8)	234
Damp free in-door environment	185(79.1)	49(20.9)	234
Adequate sewage disposal	147(70.8)	87(29.2)	234
Adequate solid waste disposal facility	92(39.3)	142(60.7)	234
Adequate water supplies	124(53.0)	110(47.0)	234
Mosquito proofing of openings	107(45.7)	127(54.3)	234
Adequate drainage	129(55.1)	105(44.9)	234
Regular sanitary inspection by EHOs.	64(27.4)	170(72.6)	234

Table 2: Factors influencing Sanitary status of the Premises

Specific factors	Status of the factor	No. of Houses in	No. of houses in non	Total
		satisfactory condition (%)	satisfactory condition (%)	
Literacy	Educated	45(57)	12(7.7)	57(24.4)
	Not educated	34(43)	143(92.3)	177(75.6)
Economic status of household (Income per month)	Above N5000	62(78.5)	42(27.1)	104(44.4)
	Below N5000	17(21.5)	113(72.9)	130(55.6)
Regular sanitary inspection of premises in last one month	Yes	64(81)	25(16.1)	89(57.4)
	No	15(19)	190(83.9)	145(42.6)

houses are expected to limit the proliferation of house dust mite, among other things^[12]. Though most dwellings were not damp, they were also difficult to be kept clean.

The general state of cleanliness was poor as evident from the inadequacy of waste disposal facilities in most of the buildings. Excreta disposal facilities had a higher coverage in the city as most premises (70.8%) had at least one form of toilets or the other within a reasonable distance from the premises while about 29% had no form of toilet at all. This is similar to what was recorded in a study carried out in some small towns in Nigeria in 1999^[2] in which 25% of houses were found not to have any form of toilet but contrary to a similar observation of 15% in a study carried out in Lagos^[13]. The presence of toilets alone may not be able to actualise the objectives of health protection as the necessary complementing hygiene education as regards correct and exclusive use of latrines are equally important.

Regular sanitary inspection by the local health authority was found unbelievably low (27.4%) in the city. A situation where most premises were not inspected for the purpose of detecting and abating nuisances at least once in two months leave much to be desired. The reasons for this may be varied but generally the country is known to have acute shortage of Environmental Health Officers (Sanitary Officers) working in the local governments areas. There is therefore the need to vigorously pursue the objectives of housing inspection

so that the existence of conditions unfavourable for healthy living within living premises could be detected on time and abated summarily within the provisions of relevant regulations. One fundamental step in this direction would be to make available a sizeable number of sanitary officers to engage in routine inspection of premises.

Considering the influence of some specific factors on the sanitary conditions of the premises (Table 2), literacy level on the part owners/occupiers was found to have significantly influenced the level of the overall hygiene conditions of the premises as only 7.7% of the premises of literate people were not found in sanitary condition as opposed to 92% in non literate occupier or owners ($p < 0.05$). This is not too surprising as access to education determine to a large extent access to relevant information which ultimately influence level of awareness of implications of insanitary conditions in living premises. The study location being a university town, educational status determine to a large extent the chance of securing a salaried job with regular income which has been found to have significantly influenced the level of sanitary conditions as well. This finding corroborated the conclusion drawn by Martin^[11] in which he concluded that a wide range of socio-economic factors influence greatly the conditions of houses and their ultimate effects on health.

It was observed that the more economically viable a house owner is, the better is the sanitary conditions in the house and the more likely is the provision of necessary facilities that will enhance sanitary maintenance of the premises. Improving housing condition and promoting health would therefore require a radical approach targeted towards social and economic upliftment. It is becoming increasingly clear that it may not be easy to provide basic facilities in homes and also ensure continuous maintenance of the hygiene of the premises if people's access to regular and sustainable income is not guaranteed. Also important is the fact that access to both formal and informal education must be increased in the interest of public health and safety especially in homes.

Inspection of premises for the purpose of detecting and abating nuisances seem to have positively influenced the sanitation of living premises as 81% of those sanitarly maintained premises were inspected at least once within the last one month preceding the study. This claim could be justified based on the fact that about 84% of the insanitary premises were never inspected during the same period. The public health significance of housing inspection cannot be over emphasised. This is in view of its helping to identify conditions prejudicial to health of

the occupants and rectifying the situation in line with the provisions of the existing health regulations.

The authenticity of the information offered by the respondents as to whether the premises were inspected in the last one month or not could not be established as there were no proof of such inspection in the premises neither could that be corroborated from the records of the local health office as their routine inspection book did not indicate the address of each premises. The availability of home-based records in which health profile of every household could be entered is in this instance indicated. At the inception of Primary Health Care (PHC) implementation in the country in the late 1980's, it was contemplated that a home based record would be placed on the door steps of every household which could facilitate the entry of some health and related events including date of sanitary inspection and the summary of the status of such inspection. PHC programmers in the LGAs might need to reconsider the value of providing such home-based records to facilitate effective monitoring of health of the people and their places of abode. It could also be suggested that necessary legislative provisions be made to ensure that houses are inspected routinely and regularly and a certificate of fitness issued by the local authority in the interest of public health and general safety.

CONCLUSION

Housing status is generally poor in the town as most houses fell short of minimum standards of fitness. Though the study could not assess the adverse affects of such inadequacies on health of the inhabitants, the short and long term effects on health could be assumed to be enormous. With about 71% of the residential premises which were in sanitarily maintained, housing condition is not only poor but it is grossly inadequate.

Specific socio-economic factors were found to have association with the observed status, economic status and the regularity of inspection by the EHOs to detect nuisances.

Improving housing conditions in the country would require first a systematic approach directed towards general, social and economic improvement. In doing this specific attention must be given to awareness creation as regards the implications of unhygienic environment as well as promoting general improvement in the socio-economic lives of the people. Also important is the need to increase access to education (formal and informal)

so that the necessary supportive environment to actualise and sustain sanitation and hygienic maintenance of dwellings could be established. It would also be necessary for local health authorities to develop a system whereby it will be possible to monitor health conditions of dwellings on a continuous basis. In this regard, the use of home based health and sanitation monitoring cards could be explored.

REFERENCES

1. Sholamith, K., 2000. United Nations Committee on Economic, Social, Cultural Development and Commitments made at Earth Summit in Rio. The People's Movement for Human Right Education (PDHRE).
2. UNICEF., 2001. Children's and Women's Right in Nigeria: A Wake Up Call. UNICEF Publication on Situational Assessment and Analysis, UNICEF, pp: 98-110.
3. Azubuike, J.C. and O. Nkanginiemu, 1999. Paediatrics and Child Health in Tropical Region. African Educational Services.
4. Lucas, A.O., 1990. Short Textbook of Preventive and Social Medicine for Tropics, 3rd Eds. Edward Arnold.
5. Adeniyi, E.O., 1972. Housing in Nigeria national development. Nig. J. Economic and Social Studies, 14: 315-326.
6. Jackson, M.H., 1989. Environmental Health Reference Book. Butterworth Heinemann London.
7. UNCSD, 1997. Human Settlement: A Paper Presented by Nigerian Government to the 5th Session of United Nations Commission on Sustainable Development, April 1997, pp: 7-13.
8. North Carolina State, 1999. Minimum Standards for Dwellings. North Carolina Building Code Article II Div. 2.
9. Public Health Laws of Nigeria. Cap. 103 of 1959.
10. Mathews Nick, 2003. Housing Conditions Survey. Housing Renewal Team Report, Southampton City Council, pp: 1-5.
11. Martin, C.J., 1999. Housing condition and Ill Health. Br. Med. J., 294: 1125-1127.
12. Lukiesh, M., 1944. The Science of Seeing. Norstrand Co Inc. N.Y.
13. Stoveland, S., 2000. Status of water supply and sanitation in 37 small towns in Nigeria. Conference Paper-Donor Conference, Abuja 2-4 February, 2000.