

# Poor health and poor housing sociology essay



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There is an abundance of evidence and a long established link to support that poor health and poor housing are inextricably linked. The World Health Organisations' definition of health (1946) is a: 'state of complete physical, mental and social well-being', demonstrating that health is as much a social issue as a biological issue.

Pevalin et al, 2008, explain that 'establishing that poor housing conditions are a cause of poor health rather than simply associated with poor health is inherently difficult because of the confounding effects of other variables that influence health'.

There are many factors that influence health – physical, physiological and environmental or social factors, all of which can be intertwined and interlinked in many different ways. Environmental factors include the natural environment – water and air quality, food production, the physical environment – housing, traffic, and the social environment – work and income, and social inequalities are all factors that influence health.

The relationship between housing and both physical and mental health has long been recognised and is now generally accepted. The relationship between poor health and poor housing is essentially self-evident, however, research into the relationship is not easy as the relationship is very complex and difficult to prove, as previously mentioned, and as Mant points out, 'inadequacy of housing is invariably associated with other hardships, such as poor nutrition, poor sanitation, curtailment of personal freedom all of which affect upon health'. (as cited in Burrige & Ormandy, 1993)

As Mant states it is, 'not necessary, nor desirable to untangle these threads of disadvantage', poor housing and poor health are 'inextricably' linked, and impossible to disentangle.

This essay will outline how housing affects health and the effects of poor housing and poor health will be critically evaluated in relation to both the 19th and 21st centuries.

## **How Housing can affect Health**

The 'housing effect', is particularly pronounced when it comes to health, the quality of our residential environment is a serious concern, as we spend so much time in our homes. A report conducted by Shelter (2006) claims that poor housing conditions increase the risk of severe ill-health or disability by up to twenty five per cent during childhood and early adulthood.

Shelter warns bad housing is also linked to a three to four times higher risk of mental health problems. Anxiety and depression increase with the number of housing problems, especially in women.

There is a serious correlation between poor housing and ill health, outlined below are some housing conditions which impact on health:

### **Damp, cold and poorly ventilated homes**

Results from epidemiological studies show that cold, damp and mouldy conditions in the home can exacerbate or even precipitate various symptoms and illness such as respiratory and cardiovascular disease, asthma, arthritis, etc. Children who sleep in damp homes are twice as likely to suffer from

wheezing and coughs and more likely to experience gastrointestinal upsets, fatigue, aches pains and nervousness, than those who sleep in dry homes.

The occurrence of illness appears to increase with the level of dampness. Cold and damp conditions aggravate circulatory diseases, which can lead to strokes and heart attacks or respiratory illnesses such as bronchitis or pneumonia.

Poorly ventilated homes increase the prevalence of house dust mites, mould or fungal growths result from dampness and/or high humidity. Airborne pollutants can trigger allergic symptoms such as rhinitis, conjunctivitis, eczema, cough and wheeze. Repeated exposure can lead to asthma, the severity of asthma intensifies with increasing humidity, house dust mite and mould levels. House dust mites and moulds flourish in damp or humid conditions, and their growth is also influenced by temperature.

Disrepair can also exacerbate coldness, as well as increase chances of injury.

## **Fuel poverty and affordable warmth**

Every year, nationally, the mortality rate amongst older people rises during the winter months with extra deaths, particularly in older age groups, from illnesses caused or exacerbated by exposure to the cold. One of the underlying reasons for excess winter deaths is cold, damp homes which exacerbate fuel poverty.

‘ Fuel poverty can damage people’s quality of life and health, as well as impose wider costs on the community. The likelihood of ill-health is

increased by cold homes, with illnesses such as influenza, heart disease, and strokes all exacerbated by the cold.' (<http://www2.warwick.ac.uk>)

A fuel poverty charity warned that a combination of high energy prices, low incomes and poor insulation will continue to pose a serious threat to the health of millions of people, especially pensioners.

NEA chief executive, said: ' The Government needs to step up action that will end these shameful statistics and comprehensibly tackle fuel poverty in the UK'. (National Energy Action (NEA) – <http://www.healthdirect.co.uk/2009/11/winter-nhs-deaths-rise-national-scandal.html>)

Even in 2009, fuel poverty is an important issue affecting thousands of vulnerable people, as they cannot afford to heat their homes, or have inadequate heating facilities.

## **Overcrowding**

The risks of overcrowding have been recognised since the 19th century as it was associated with the spread of deadly infectious diseases. Overcrowded, unsanitary conditions allowed outbreaks of cholera, typhoid, tuberculosis and other killer diseases to spread uncontrollably. Spread of these diseases was naturally accepted in the nineteenth century, whereas in contemporary Britain outbreaks of these diseases are no longer seen.

Recent studies revealed evidence of relationships between overcrowding and adult respiratory diseases, meningitis, tuberculosis (TB) and also child mortality has also been linked but this evidence is limited. ([www.communities.gov](http://www.communities.gov).)

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A report by Shelter reviewed research into the effects of poor housing on children it states that living in damp and overcrowded surroundings puts children at a higher risk of viral or bacterial infections, including bacterial meningitis.

‘ Children living in poor or overcrowded conditions are more likely to have respiratory problems, to be at risk of infections, and have mental health problems. Housing that is in poor condition or overcrowded also threatens children’s safety. The impact on children’s development is both immediate and long term; growing up in poor or overcrowded housing has been found to have a lasting impact on a child’s health and well-being throughout their life.’ Shelter (2006)

Table 813: Number of children in poor housing (DSO indicator 2. 9)

### **Estimated number of children in:**

**2006**

**2007**

**2008**

**thousands**

/a

Overcrowded homes – all tenures

983

1, 037

••

/b

Temporary accommodation - all tenures (i. e. no. of children in TA under homelessness legislation)

131

120

107

/c

Non-decent social housing or in vulnerable households living in non-decent private accommodation

1, 201

1, 158

••

/d

Total

2, 315

2, 314

••

/e

Adjustment for double-counting (children in homes that meet at least two of the above criteria)

-317

-343

..

/f

## **Total number of children in poor housing**

**1, 998**

**1, 971**

..

Source – <http://www.communities.gov>.

[uk/housing/housingresearch/housingstatistics/housingstatisticsby/householdcharacteristics/livatables](http://www.communities.gov/housing/housingresearch/housingstatistics/housingstatisticsby/householdcharacteristics/livatables)

The report from Shelter, also cites research showing one in three people who had lived in overcrowded housing at the age of seven suffered from a respiratory disease at the age of 33.

## **19th Century Housing and Health**

Towns had been dirty and unsanitary for centuries and all societies throughout history have been concerned with Public health issues. However, the industrial revolution by the beginning of the 19th century had led to rapid urbanisation, (Ashton, 2006), and public health issues became an increasing problem for society.



Various demographic factors including the rapid growth of population, the size, distribution, movement and composition of the population all had a massive impact on housing need and requirements and posed massive housing problems, as previously the population had been spread thinly over rural locations before the industrial revolution. The population doubled between 1801 and 1851, then doubled again over the next sixty years. (Fraser, 2009)

‘ Push factors from the rural areas (poverty, disease, changes in agriculture, displacement of peasant farmers) and pull factors from the cities (industrialisation and the growth of Empire) led to huge urban growth in places like Liverpool, Manchester, York, and Birmingham. The result of all these processes in places like Liverpool was the growth of slums and parishes of enormous density.’ (Ashton, 2006)

Most working class housing was appalling, it was overcrowded and unsanitary, conditions had always been bad, however, things grew much worse when vast numbers of people lived together in small areas.

Fraser (2009), explains how unused cellars and attics were filled with people and then private enterprise began to provide cheap housing for the new industrial workers, who had to live within close proximity to work due to the absence of transport.

The process of residential zoning typical of industrial cities began to take effect with workers and the poor living in the smoke and appalling overcrowded housing conditions, and the middle classes in better quality larger housing away from the polluted air.

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The national death rate increased, which had been falling in the 18th century, Fraser states that this was due to the pace of urban growth that brought with it insanitary housing conditions.

These factors all contributed to the increased levels of disease in the 19th century, these problems are now controlled by provision of public health and environmental services in contemporary Britain.

Doctors became increasingly aware that urban life had serious health implications during the first half of the century. Fraser (2009) explains how cholera, water borne disease, created the biggest scare as it affected the 'middle-classes' too, although generalised domestic fevers were killing over 50, 000 people annually. Other diseases accepted by familiarity, included typhus and tuberculosis had frequent epidemics, which were associated with cramped insanitary conditions and known almost exclusively as a 'poor mans disease'.

By the late 1830's the link between poor environment and disease was becoming widely recognised. In 1842, Edwin Chadwick published the 'Report on the Sanitary Condition of the Labouring Population of Great Britain'

'The report exposed its audience to what physicians working among the urban poor, poor law officials, and the poor themselves already knew: that working-class neighbourhoods and streets were appallingly and dangerously filthy, that the poor were getting sicker more frequently and dying at a younger age than the better-off, and that "filth and disease" were causally related. Chadwick untiringly argued that all the causes of filth, and therefore

much of the disease, were “ preventable.” (www2. ucsc. edu/dickens/OMF/joshi. html)

Joshi discusses how the causes were disputed by Friedrich Engels’s in ‘ The Condition of the Working Class in England (1845) which used Chadwick’s text as a source, but arrived at strikingly different conclusions. While Engels also noted the horrifying conditions in which the working class lived, he identified the source of much of the filth as the factories and mills that surrounded poor neighbourhoods, blanketing them in smoke and transforming the rivers into foul streams’. (www2. ucsc. edu/dickens/OMF/joshi. html)

Disraeli supported public health reform eventually pg94

In 1875 the Artisan’s Dwellings Act was passed which gave councils the power to demolish slums but large scale slum clearance did not begin till the 20th century.

The 1890 Housing Act made local councils responsible to provide decent accommodation for local people, things gradually improved but remained bad well into the 20th century. (www. portcities. org. uk)

## **21st Century Housing and Health**

Most contemporary western states accept that it is in the public interest to ensure that all housing meets certain basic standards of public health, development of public health departments now cover a wide remit.

‘ Since 1997, the government’s flagship decent homes programme has made strides towards getting social housing to the point where homes contribute positively to tenants’ health and well-being. Ministers say they expect 95 per  
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cent of social homes to be ' warm and weatherproof' by 2010. And by ensuring homes have ' reasonably modern facilities' the hope is to reduce the likelihood of neighbourhoods spiralling into deprivation which limits or denies healthy living.

However, more than two-thirds of the population own their own homes and another 10 per cent privately rent, health concerns have now shifted to the private sector. Industry body the Chartered Institute of Environmental Health is calling on ministers to spend unused housing grant on repairing and improving existing homes in the private sector.' (www. insidehousing. co. uk)

The Government believes that everyone should have the opportunity to have a decent home. It is aiming to make all council and housing association housing decent and also wants to improve conditions for vulnerable households in privately owned housing, particularly those with children.

In order to be decent a home should be warm, weatherproof and have reasonably modern facilities. This far from describes the living conditions in the 19th century, however, considerable housing and health problems still exist.

Research demonstrates ' improvements in the physical fabric and facilities of a dwelling may have a greater impact on mental health. ' Home as a haven,' with a sense of security and modern facilities which promote inclusion into mainstream society – all contribute to an individual's health and well-being. In turn better health enhances the economic and social prospects of social housing estates, helping their integration into the mainstream life of the

city'. [http://www2.warwick.ac.](http://www2.warwick.ac.uk/fac/soc/law/research/centres/whocc/sdh_hia_report.pdf)

[uk/fac/soc/law/research/centres/whocc/sdh\\_hia\\_report.pdf](http://www2.warwick.ac.uk/fac/soc/law/research/centres/whocc/sdh_hia_report.pdf)

In 1997 there were 2.1 million houses owned by local authorities and housing associations that did not meet the decent homes standard. Local authorities had a £19 bn backlog of repairs and improvements

Despite Government efforts research demonstrates that children living in bed and breakfast accommodation (temporary housing, often with relatively poor cooking and washing facilities) were at increased risk of behavioural problems, stress, poor sleep, infections, and gastrointestinal problems.

(Mayor)

The health of the many elderly people who live alone in old, damp, and cold homes was also at risk, said the report. The authors suggested that the health of some of the most vulnerable groups in society was being adversely affected by living in damp, cold, overcrowded homes, often in socially excluded areas.

## **Conclusion**

Poor health and poor housing are inextricably linked, however, there is a stark contrast between the appalling, unsanitary living conditions endured by most of the population in the 19th century, in comparison to comfortable living conditions in contemporary Britain, with basics of water, gas, electricity, drainage and sewerage systems available to almost everyone.

The role of government, with regard to public health has also changed considerably over the centuries, with the 'laissez faire' ideology and the lack

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of provision of public health services, being replaced with much more government intervention to take appropriate measures to protect the health of the public.

Public Health services including environmental services that oversee building regulations, re-cycling and refuse collections, and problems such as pollution and vermin control are taken for granted in contemporary society, services that were not available in the 19th century. There are also services that oversee our general health - child welfare services and clinics, district nursing services, vaccination programmes etc. Water supply, drainage and sewage now come under the control of United Utilities, rather than the town.

Various government interventions or housing policies such as introducing the Decent Homes Standard, HHRSR, Choice Based Letting Schemes, new Energy Efficiency schemes have also been introduced as Wilkinson (2000) points out, Britain has some of the least thermally efficient housing in Northern Europe, and stresses that the priority of any government strategy must be aimed at 'reducing the burden of ill-health associated with poor housing' and housing policy should be firmly based on the protection of public health.

In the nineteenth century housing conditions were horrific, illnesses suffered due to poor housing today seem relatively insignificant as high mortality rates, infant deaths outbreaks of deadly diseases were everyday occurrences and were not seen as out of the ordinary. However, the health of any nation is shaped by the traits of the surrounding society, people judge their health relative to others and the cultural aspects of health have changed over time,

for example, asthma is seen as a serious condition today, whereas cholera or typhoid was common in the 19th century.

Public health has improved immensely since the 19th century and contemporary society no longer suffers from medical conditions like cholera, typhoid and typhus. However, despite government efforts and policies, poor housing and homelessness still exist in contemporary society affecting individuals physical and mental health. This is especially true for vulnerable people, as Mayer (2003) states, ' Poor housing continues to adversely affect health of vulnerable groups', and health inequalities still very much exist.