

# “Built Environment and Health” What We Create And How It Affects Us?

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## I. Introduction

Geography and health are closely linked. Where we are born, live, study and work directly influences our health. The natural and built environments affect our health and well being in ways that are directly relevant to health policy. Spatial location (the geographic context of places and the connectedness between places) plays a major role in shaping environmental risks as well as many other health effects. For example, locating health care facilities, targeting public health strategies or monitoring disease outbreaks all have a geographic context.

### Built Environment

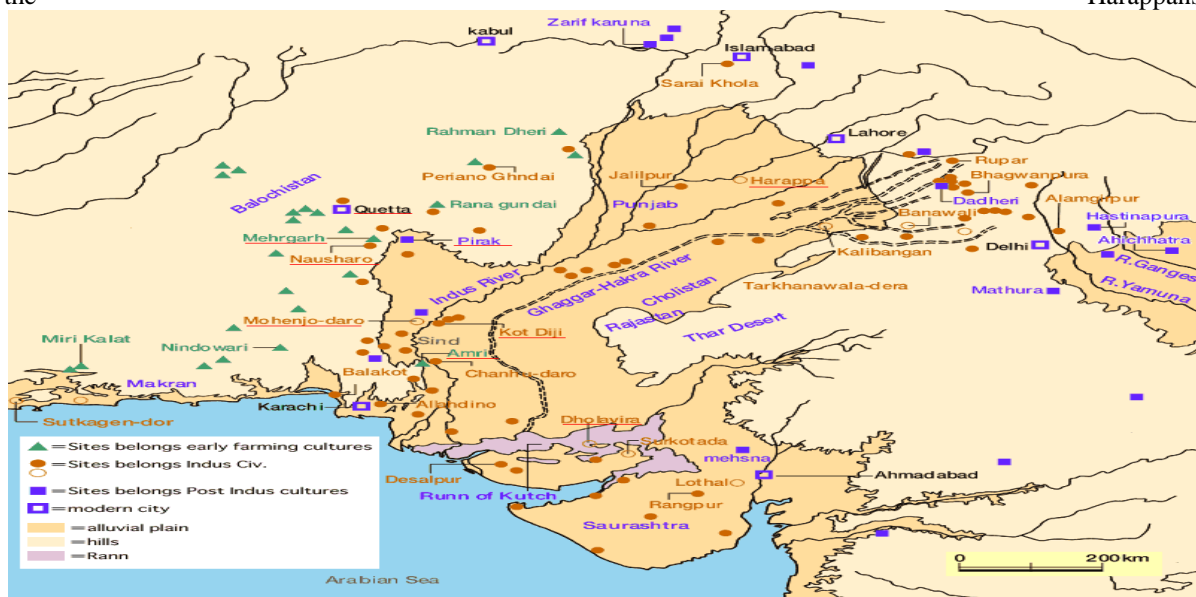
The term built environment refers to the human-made surroundings that provide the setting for human activity, ranging in scale from buildings and parks or green space to neighbourhoods and cities that can often include their supporting infrastructure, such as water supply or energy networks. The built environment is a material, spatial and cultural product of human labour that combines physical elements and energy in forms for living, working and playing. It has been defined as “the human made space in which people live, work and recreate on day to day basis.”

## II. History

Early concepts of built environment were introduced thousands of years ago. A sophisticated and technologically advanced urban culture is evident in the Indus Valley Civilization making them the first urban centres in the region. The quality of municipal town planning suggests the knowledge of urban planning and efficient municipal governments which placed a high priority on hygiene, or, alternatively, accessibility to the means of religious ritual.

As seen in Harappa, Mohenjo-Daro and the recently partially excavated Rakhigarhi, this urban plan included the world's first known urban sanitation systems. Within the city, individual homes or groups of homes obtained water from wells. From a room that appears to have been set aside for bathing, waste water was directed to covered drains, which lined the major streets. Houses opened only to inner courtyards and smaller lanes. The house-building in some villages in the region still resembles in some respects the house-building of the

Harappans.



Source- Google Images



The ancient Indus systems of sewerage and drainage that were developed and used in cities throughout the Indus region were far more advanced than any found in contemporary urban sites in the Middle East and even more efficient than those in many areas of Pakistan and India today. The advanced architecture of the Harappans is shown by their impressive dockyards, granaries, warehouses, brick platforms, and protective walls. Hippodamus of Miletos, is known as the Father of Urban Planning, developed Greek cities from 498 BC to 40 BC. These early city plans eventually gave way to the city beautiful movement in the late 1800s and early 1900s.

### **III. Modern Built Environment**

Currently built environments are typically used to describe the interdisciplinary field that addresses the design, construction, management and use of these man-made surroundings as an interrelated whole as well as their relationship to human activities over time.

Within the field of public health, built environments are referred to as building or renovating areas in an effort to improve the community's well being through construction of aesthetically health improved and environmentally improved landscapes and living structures. Conceptually Built Environment includes all the physical structures engineered and built by people or modified by people to satisfy their needs and desires- the places where we live, work, and play. More comprehensively, it may be defined by four interrelated characteristics First, it is extensive; it is everywhere; it provides the context for all human endeavours. Second, it is the creation of human minds and the result of human purposes; it is intended to serve human needs, wants, and values. Third, much of it is created to help us deal with, and to protect us from the overall environment, to mediate or change this environment for our comfort and well-being. Fourth, an obvious but often forgotten characteristic is that every component of the built environment is defined and shaped by context; each and all of the individual elements contribute either positively or negatively to the overall quality of environments both built and natural and to human – environment relationships.

There is growing recognition that the built environment affects individual health as well as population well-being. A number of elements in the built environment including buildings, places, streets, housing type and quality, neighbourhood quality, noise, crowding, indoor air quality, and light have strong influence on the health profile of the people. Moreover, various components within the built environment may exacerbate the leading causes of illness and death including heart disease, cancer, cardio-vascular diseases, chronic lower respiratory diseases and injuries. Indirectly, the built environment may also influence development and maintenance of socially supportive networks within a community.

The relationship between the built environment and human health is complex and operates through many mediating factors such as socio- demographic characteristics, personal and cultural variables, safety and

security, and time allocation. The purpose of this study is to contribute to the debate on this issue by examining the association between built environment and human health with special reference to housing and indoor environmental condition.





**Aspects of Built Environment**



**Health Geography**

Health Geography is a sub discipline of Human Geography, which deals with the interaction between people and the environment. Health geography views health from a holistic perspective encompassing society and space, and it conceptualizes the role of place, location and geography in health, well-being and disease. Health Geography seeks to explore the social, cultural and political contexts for health within a framework of spatial organisation.

There are three themes in the geography of the healthcare or medical geography-

- 1) Disease Ecology – involves the study of diseases including spatial distributions of meteorological, biological and cultural phenomena associated with disease, as well as the social, political and economic barriers to positive change.
- 2) Health Care Delivery - the study of health care delivery includes spatial pattern of health care provision and patient behaviour and includes issues like inequalities and health (health status and accessibility).
- 3) Environment and health - this includes environmental risks assessment, as well as the physical and psycho-social health impacts of environmental contaminations.

Medical geography uses the concepts and techniques of geography to investigate health related issues.

### **History of Health Geography**

Health geography has a long history, since the time of Greek Geographer/ physician like Hippocrates (5<sup>th</sup> to 4<sup>th</sup> centuries BCE). People have studied the effects of location on one's health. The term “Health Geography” originated in a series of articles written by Robin Kearns in the 1990s arguing that Medical Geography should be resituated within Social Geography. In his initial paper he wrote: “Rather than advocating a renaming of medical geography, I suggest that two interrelated streams be identified within the medicine/health geography nexus: Medical Geography and Geography of Health.” The concerns of the former are well known and involve spatial and ecological perspectives on diseases and health care delivery. The concerns of the latter would consider the dynamic relationship between health and place and the impacts of both health services and the health of population groups on the vitality of the places.

**According to WHO** – “Health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity.”

### **Physical Health**

Traditional definitions of **physical health** prior to the onset of modern medicine would have considered someone physically healthy if he or she was not stricken with a serious illness. With modern medical innovations came longer lifespans, which changed the way we define physical health. Today's definition can consider everything ranging from the absence of disease to **fitness** level.

While physical health consists of many components, the following is a brief list of the key areas that should be addressed:

- *Physical Activity*: Includes strength, flexibility and endurance
- *Nutrition and Diet*: Includes nutrient intake, fluid intake and healthy digestion
- *Alcohol and Drugs*: Includes the abstinence from or reduced consumption of these substances
- *Medical Self Care*: Includes addressing minor ailments or injuries and seeking emergency care as necessary
- *Rest and Sleep*: Includes periodic rest and relaxation, along with high quality sleep

### **Mental Health**

Predominantly when people think of Mental Health they think of it in a negative association. However this is not the case.

**Mental health** is not just the absence of mental illness. It is defined as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. (WHO, 2007)

Mental illness results from complex interactions between the mind, body and environment.

### **Social Well Being**

Social well-being is an end state in which basic human needs are met and people are able to coexist peacefully in communities with opportunities for advancement. This end state is characterized by equal access to and delivery of basic needs services (water, food, shelter, and health services), the provision of primary and secondary education, the return or resettlement of those displaced by violent conflict, and the restoration of social fabric and community life. Social well-being is a necessary end state because peace cannot be sustained over the long term without addressing the social well-being of a population .

## **IV. Believe It Or Not**

Our every day newspapers are full of examples and facts related to accidents and mishaps in buildings, on roads, mental status of the people from top to bottom and social competence and restlessness, they all support the fact that built environment has impact on Physical, Mental and Social health of dwellers.

**“Health is all around us: the water we drink, the air we breathe, the environment in which we live in, thus has to be used and managed with whole consciousness.”**

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