Social Science & Medicine 72 (2011) 1864–1872

Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

Housing and health in three contrasting neighbourhoods in Accra, Ghana

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ARTICLE INFO

Article history:
Available online 21 April 2011

Keywords:
Housing
Self reported health
Mental health
Ghana
Neighbourhoods

ABSTRACT

Although the literature on housing and health is extensive, most research comes from developed countries. Relatively little work on the topic has been done in developing countries such as Ghana where socio-economic and cultural characteristics are generally different. This paper reports on primary research that investigates the relationship between housing and self reported general and mental health in Accra, Ghana. The study focused on how the social and economic dimensions of housing, specifically, demand, control and material attributes (affordability, dwelling type) influence individuals' attachment to their home as a refuge for daily living. A cross-sectional survey was administered to a randomly selected sample ($n = 562$) in three contrasting neighbourhoods. Overall, housing conditions, demand and control residents have to where they live, emerged as significant predictors of self reported general and mental health status. The influence of these variables superseded well known correlates of health status, income and educational attainment, attesting to their importance in a worsening housing environment. The findings point to the need for policy that recognizes that housing is not only a physical shelter but also an important health resource.

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Introduction

Over the past several decades there has been a sustained interest in the relationship between housing, socio-economic status, and health status (see Cairney, 2005; Dunn, 2000, 2002; Evans, Wells, & Moch, 2003; Grove & Hughes, 1983; Howden-Chapman, 2004; Kearns, Hiscock, Ellaway, & Macintyre, 2000; Rauh, Landrigan, & Claudio, 2008; Smith, 1994). In particular, existing studies have focused on: the material aspect of housing on specific illnesses (Allen, 2000; Dunn, 2000); housing as a socio-economic factor and its implications on health (Macintyre, Ellaway, Der, Ford, & Hunt, 1998); the location of housing and its influence on health (Kawachi & Berkman, 2003); and more recently, studies have also examined housing in terms of its meaning to residents (Dunn, 2002; Dupuis & Thorns, 1998). Although studies have found it difficult to draw definitive conclusions, due to the presence of confounding variables, there seems to be a general agreement about housing as a significant predictor of various health outcomes, and hence a key health resource (Dunn, 2000; Kearns et al., 2000; Macintyre et al., 1998).

To date, however, most studies on housing and health have been conducted in developed countries, with a relatively smaller number focusing on developing countries (e.g., Lund et al., 2010). In fact, according to a World Health Organization (2003:4) report on *Housing and Health*, there has been no comprehensive assessment of housing impacts on health in several developing nations. Consequently, in these contexts, questions about the links between housing and health remain largely unexplored. The differences among countries in terms of home ownership rates, housing quality, housing prices, household sizes as well as values and meanings people attach to home, suggests that the relationship between housing and health status will most likely differ from place to place. For instance, in Ghana, urban population expansion fuelled by natural growth and internal rural-urban migration has made the country's already poor housing situation worse both in quality and quantity, hence raising concerns about the potential health impacts. The deficit in the housing sector is presently estimated at over 750,000 units, up from 500,000 in 2007 (Ghana Real Estate Development Association, 2009).

The generally worsening housing situation certainly calls for research on housing and health, including its geographical expression, given population growth and movement in the urban context. Although a few studies have discussed the economic and social aspects of housing in Ghana there has been no neighbourhood comparison to broaden our understanding of the relationship between housing and health (see Konadu-Agyemang, 2001; Tipple, Korboe, & Garrod, 1997; Yeboah, 2005). Further, no work in Ghana has looked at the theoretical constructs of housing demand and

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doi:10.1016/j.socscimed.2011.03.023

control. For example, a tenant has very little power to make changes in terms of renovations, repairs or other living arrangements to where they live, whereas owners have the privilege to do so. For home owners in Ghanaian culture, like most cultures, the home is one of the few places in an individual's everyday life where they may be socially (and legally) sanctioned to have complete control. It follows that a sense of control in the home has the potential to be associated with health status (see Dunn, 2002; Dunn & Hayes, 2006).

In response, this study is part of a larger project that seeks to investigate the relationship between housing and health in Ghana. The study focuses on the relationship between residents' health and the social and economic dimensions of housing, specifically looking at demand, control, and material attributes (affordability, dwelling type). It is hoped that empirical findings from this study will not only fill some of the gaps in the literature, but more importantly invigorate further studies, particularly in developing societies, with potential pointers to policy options.

Linking housing and health

Research linking housing and health in developed countries is extensive (see Cairney, 2005; Dunn, 2000, 2002; Howden-Chapman, 2004; Kearns et al., 2000; Macintyre et al., 1998; Pevalin, Taylor, & Todd, 2008; Shaw, 2004). One of the commonly discussed ways in which housing influences health is through human exposure to inadequate housing conditions including lack of safe drinking water, ineffective waste disposal, intrusion by diseases vectors, and inadequate food storage. Such conditions have been shown to increase the spread of infectious diseases such as tuberculosis and meningococcal disease, gastroenteritis, and other contagious diseases (Rauh et al., 2008). Crowded housing is also associated with higher rates of infectious transmission and has also been shown to have an impact on mental health (Baile & Wayte, 2006; Howden-Chapman, 2004). For example, in the United Kingdom, Barker, Coggon, Osmond, and Wickham (1990) found an association between domestic crowding in early life and stomach cancer. Similarly, short stature in adulthood (a risk factor for a number of diseases including heart disease) has been found to be associated with overcrowding in earlier life (Kuh & Wadsworth, 1989).

Studies have also looked at various ways in which housing acts as a socio-economic factor, whereby housing tenure (homeownership status) and homelessness may influence social gradient in health (Dunn, 2000; 2002; Dunn & Hayes, 2006). For example, a study carried out in two Vancouver neighbourhoods found that owner-occupiers were significantly more likely to report better self-rated and mental health status than renters (Dunn, 2002). Other studies, especially in Britain found that people in rented properties, particularly those in the public-rental sector, have higher death rates than people in owner-occupied households, even after other key socio-economic variables were considered (Macintyre et al., 1998). This is, in part, due to the degree of security and control that homeowners have relative to renters. Home ownership is also known to provide a secure sense of home - that is crucial to wellbeing. Home owners are capable of modernizing and customizing their dwellings which ultimately enhances their perception of home. In contrast, renters are not only restricted in what they can do to their property, but their dwellings can also be repossessed at any time, a scenario particularly true in that segment of the rental sector characterised by small landlord/individual proprietor holdings (e.g., Kearns et al., 2000; Luginaah, Arku, & Baiden, 2010; Rohe & Stegman, 1994). Such vulnerability to relocation and repossession contributes to perceived insecurity among renters which can then predispose them to stress and stress-related illnesses.

Regarding the locational aspects of housing, the neighbourhood in which one lives may exert a direct or indirect influence on health outcomes such as adult physical health and premature mortality (e.g. Cummins, Stafford, Macintyre, Marmot, & Ellaway, 2005; Kawachi & Berkman, 2003; Ross, Tremblay, & Graham, 2004; Shaw, 2004; Veenstra et al., 2005). Aspects of neighbourhoods that are thought to influence health include the presence or absence of local amenities, "incivilities", garbage accumulation, and broken windows; the perception of a neighbourhood as being "safe" and under effective informal social controls; and the number of social organizations (Howden-Chapman, 2004; Veenstra et al., 2005). Multilevel analyses using area-based measures have shown that neighbourhood characteristics have significant impacts on morbidity and mortality (Cohen et al., 2003), self reported health status (Malmström, Sundquist, & Johansson, 1999), diseases such as gonorrhoea, as well as being a risk factor for low birth weight (Krieger et al., 2003). Neighbourhood characteristics may also affect the health of residents indirectly by influencing health risk behaviours (e.g. smoking, drug and alcohol use, diet and nutrition) that in turn can impact health.

Saunders (1989) argues that a home functions as a secure base where people can relax, feel free of social constraints, and feel safe from socio-economic unpredictability. Similarly, Dupuis and Thorns (1998) suggest that the home confers "ontological security", providing a place of constancy in the material and social environment, a place in which the day-to-day routines of human existence are performed, a place where people feel most in control of their lives because they feel free from the surveillance that characterizes life elsewhere, and a place that is a secure base around which their identities are constructed (see also Curtis, 2010; Giddens, 1991; Saunders, 1989). Furthermore, other authors (e.g. Dunn, 2002) note that the home is one of the few spaces that owners or tenants can use exclusively to construct their identities. Rapoport (1995) observed that home is a special kind of place or setting with certain attributes, characteristics and ambience; and defined by systems of activities, which may draw attention to certain psychological, temporal, economic, affective, behavioural characteristics of the people in the setting. Also, home has a dual significance, both internal and external, that may be referred to as its psychosocial and socio-spatial relevance (Benjamin, Stea, & Saile, 1995).

As previously indicated, while the literature on housing and health are well formed in developed countries, the same cannot be said of developing countries. Yet the initial evidence suggests that the impacts of housing on health in developing societies may be more severe as a result of the generally declining socio-economic conditions, increasing inequalities and rapid urbanization (see Grant & Yankson, 2003; Konadu-Agyemang, 2001). The theoretical constructs used in housing research in developed nations has the potential to increase our understanding of the complex associations between housing and health in developing countries. For instance, housing ownership, demand and control issues are important dimensions of the housing and health relationship that has not been elucidated in developing countries. Hence, an investigation of the linkages between housing and health in these contexts is timely.

The hypotheses which are put forward and tested in this study are as follows: (1) social and economic dimensions of housing (demand, control, and material (affordability, dwelling type) are significant predictors of self reported and mental health; (2) residents in poor neighbourhoods are more likely to report poor self-rated and mental health; and (3) residents living in homes with multiple occupation or shared dwellings (commonly called compound houses in Ghana) and housing that needs repairs are more likely to report poor self-rated and mental health, even after controlling for other Socio-Economic Status (SES) and demographic variables.

While the challenges in applying the literature mainly from developed countries to developing countries must be acknowledged,

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