ESSENCE AND ROLES OF SANITARY INSPECTION IN NORTHERN NIGERIA

Professor John Ortyoyande
Department of Educational Foundations and General Studies
Federal University of Agriculture, Makurdi

Doki Patience Awashima
Department of Educational Foundations and General Studies
Federal University of Agriculture, Makurdi

Abstract
The paper described the major role in the health and well-being of the individual in the developing countries. Described the major causes of morbidity and mortality, the paper further went on to describe the purposes and objectives of sanitary inspection, sanitary requirements of living premises and recommended minimum number of latrines and toilets to the number of persons and philosophy of sanitary inspection. The paper concluded recommending that there is need to follow an approved protocol beginning with self, identification, followed by internal and external inspection of premises in question.

Keywords: Sanitary, Inspection, Living Premises

Introduction
The environment plays a major role in the health and well-being of the individual. Indeveloping countries, the major causes of morbidity and mortality are traceable to factors arising from poor environmental sanitation. Poor housing, coupled with rapid increase in population in the urban and rural centres have encouraged the occurrence of various environmental health hazards including, overcrowding in living accommodations, inadequate water supply, poor solid waste management and indiscriminate disposal of faeces. In some instances, reared animals co-habit the already overcrowded living accommodations with humans, thus promoting the spread of zoonotic infections.

Environmental health is basis of public health practice that is concerned with the technologies of promoting health, preventing disease, and prolonging life through well-organised integrated environmental interventions based on community participation, institutional efforts/support, and integrated research. It has components, like Health, Safety and Environment (HSE), epidemialogical investigation and control, water resources management and sanitation, environmental health control of housing and sanitation, food hygiene and safety, environmental health impact assessment, among others (Garba, 2015).

Adamu (2004) posited that, inspection of premises in environmental health practice is a fundamental oversight function of sanitarians. The overall purpose of this aspect of duties is to detect and abate nuisances with a view to promote health, prevent diseases and death. In environmentalhealth practice, the word 'premises' is used to describe passage, building, land, tenement, vehicle, van, ship or vessel and aircraft in any port or on any inland waters used or intended for use by man. In this unit, you will learn some concepts, definitions and other terminologies thatare used in the course of sanitary inspection of premises.

CORRESPONDING AUTHOR
Professor John Ortyoyande, Department of Educational Foundations and General Studies,
Federal University of Agriculture, Makurdi

Purposes and Objectives of Sanitary Inspection

A sanitary inspection is an on-site inspection and evaluation by qualified individuals ofall conditions, devices, and practices in the water-supply system that pose an actual or potential danger to the health and well-being of the consumer. According to La Fond (1991) it is a fact-finding activity that should identify system deficiencies—not only sources of actual contamination but also inadequacies and lack of integrity in the system that could lead to contamination.

The National Council on-Health during its meeting in Jos in 1991 recommended that all states in the federation should re-introduce house to house inspection (sanitary inspection of premises) in all local government areas as a means of raising the level of environmental sanitation in Nigeria. This was based on the recognition of the vital roles played by sanitary inspectors in ensuring general cleanliness in homes and communities during the colonial and immediate post-independence era. The call by the National Council on Health was further reinforced by the National Council on Environment, which also recommended during its meetings in Kano and Ilorin in September 2000 and December 2003 respectively, the re-introduction of house to house sanitary inspection in all the local government areas of the federation.

General purpose

1. To detect and abate all nuisances.
2. To conform to byelaws particularly health regulations and prevention of overcrowding,
3. To improve standard by having approved plans before buildings are constructed.
4. To allocate social amenities.

Objectives

1. To strengthen sanitary inspection of premises [house to house inspection) for detection
   and abatement of nuisances,!,
2. To promote clean and healthy environment for the populace.
3. To prevent sanitation related diseases, illness and injuries thus reduce poverty andincrease life expectancy.

Ibet-Iragunima (2006) asserted that, the type of building usually determines the type of material for construction, and the facilities to be provided. Houses that serve as shelter for human beings (living premises), a place for relaxation, are often constructed of durable materials. For every building, a file is to be opened by the environmental health officer who oversees the area in which the building is located. The approved building plan of such premises should also be included. This ideal practice is near absence in the northern Nigeria.

Sanitary Requirement of Living Premises

The following are the requirements of living premises as ascertained by Oluwagbemi (2003);

a. **Rooms:** The living room shall have not less than 12 square metres of floor area, an average height of not less than 2.7metres and width of not less than 2.4metres.
b. **Lighting**: Rooms shall be well lit.
c. **Ventilation**: Every living room shall contain at least one window in one wall opening directly to the external air. The total area of the window or windows in any one room

clear of the frames shall be equal to at least one-eighth of the floor area of the room. In addition, every room must have provision for cross ventilation in the form of either a second window or large ventilator in one of the other walls and this may open to an internal corridor ifthe latter is not ventilated at both ends. Properties shall not be kept in the room in such a manner as to obstruct the free flow of fresh air.

d. **Bathroom accommodation**: Adequate numbers of bathroom accommodation of not lessthan 1.5 square metres shall be provided for the occupiers of the building.

e. **Kitchen**: A kitchen of not less than 2.0 square metres of floor area shall be provided. The number of kitchens shall depend on the number of households in the building.

f. **Water supply:** Adequate water shall be provided for the use of occupants. The source of water supply shall be safe in quality and adequate in quantity. The source shall not be less than 30 metres away from any source of possible contamination.The Environmental Sanitation Authority shall ensure the regular monitoring of drinking water quality in its area of jurisdiction. It shall inspect regularly and register all water points from where water is collected for sale to the public. All water tankers used to convey water within its area of jurisdiction shall be registered with the Sanitation Authority. The water tanker owner shall ensure that such a tanker conforms to the standard requirement of the relevant authority. The owner of a borehole or other water points shall apply to the Sanitation Authority having jurisdiction in that area for registration of the water point from where water shall be sold to the public. John and Steven (1992), opined that, the environmental health officer shall inspect the location, collect samples of the water and send same for analysis in a government laboratory. Where no such laboratory exists in the area, a registered private laboratory may be used. The owner of the premises shall pay the cost of such analysis. The water so tested shall conform to the National Standard for Drinking Water Quality. The water point conforming to the required standard shall be licensed. Such a license shall be renewed every year. The water point shall be regularly monitored to ensure that high standard is maintained (Gemson, 2006).

g. **Refuse disposal**: Every household shall provide a covered bin or other receptacle into which household refuse is placed.Sheltered refuse collection points shall be provided in houses with more than four (4) floors.

h. **Excreta disposal:** Every house shall have suitable and adequate numbers of sanitary latrines/toilets. This shall be built of hygienic, easy to clean materials, accessible and designed to minimise the proliferation/harbourage of disease vectors.

The latrine/toilet shall provide adequate privacy for users. The latrine/toilet shall be located toavoid potential contamination of water sources and surface soil. There shall be no handling of freshfeaces (Unuraye and Olojoba, 2005).

It is a general recommendation that the following minimum number of latrines/toilets to thenumber of persons indicated below shall be accepted as ideal:

1 - 10 persons 1 toilet
11 - 20 persons2 toilets
21 - 40 persons 3 toilets
50 - 75 persons 4 toilets
75 - 100 persons 5 toilets

Over 100 persons, one toilet to every additional 30 persons

This is again an area that we have not fared well. In most homes in this part of the country the number of toilets to number of persons as indicated above is hardly complied with. This, to us is attributable to the deficient knowledge. In this regard education maybe more appropriatethan legislation (National Guidelines on Environmental Health practice in Nigeria).

The Legal Aspect of Sanitary Inspection

Okonkwo (2003) posited that, in order to define the principles of law upon which the activities of sanitary inspection rest, it is necessary to have clearly before us what the function of sanitary inspection is. A fairly definite conception of this function may be obtained from the knowledge that, in almost all government action concerned with the preservation of the public health, the idea of nuisance has assumed an important place. The field of activity of sanitary authorities, therefore, has been developed through legal precepts, which have restricted this field to the investigation of nuisances. This restriction is, of course, not a narrow one, since it permits of the control of practically all those elements which affect the health of the community.

A nuisance may be defined as any condition which annoys or gives trouble. In the more restricted phraseology of the law, it becomes anything which is detrimental to persons or property. The importance of a nuisance is determined usually by the number of persons whom it may affect. The simplicity of this fundamental principle of the law of nuisances is apparent.The complexity of current legal controversies into which local health authorities are frequently led rests more upon the inability to allocate the condition in question to the class of nuisance, than upon the failure to motivate the wheels of the courts (Wing, 2007).

A mere definition of terms, however, does not clarify sufficiently the legal concept of nuisance which every health officer should have as it is ascertained by Okonkwo (2006). We must employ some yardstick, some measure, however qualitative, other than that of the chronic pessimist to whom everything and everybody is a nuisance, or of a Ruskin who view the entire industrial environment as one despicable, though massive, nuisance. For the purpose of our present discussion the simplest summary of nuisances resolves itself to contrasting types. Of the first type, the so-called legalized nuisances are to be considered. This class rests for its sanction upon "the principle ofthe greatest good of the greatest number." According to Osamor (2004), acts which come in this sanction are protected usually against indictment or civil suit. Although legislatures may not arbitrarily violate rights of private persons, they may and sometimes do secure a public benefit, even though at some sacrifice of individual comfort and convenience. On the other hand, legislative enactments often come to our aid through the authorization to local bodies to declare acts, practices or things to be nuisances.

The Philosophy of Sanitary Inspection

As a particular field of sanitation develops, it is often of value to view its problems in retrospect in order to plan their solution for the future, in many discussions of sanitary inspection this failure to review and to plan, upon the basis of history, results in immeasurable loss to all concerned. The problems of sanitary inspection have much in common with those that have arisen in other fields. Garba (2004) maintained that, analysis should lead to a philosophy of action, just as the analysis of a problem of calculus leads to its solution. Let us attempt such an analytical study.

The problems which are under discussion have passed or are still passing through one of three stages. A primary stage of recognition, a secondary of technical

development, and a tertiary of activity of application of the solutions developed in the second. Before sanitary inspection could exist, it was necessary for people to recognize that there were problems of excreta disposal, of bad water supply, and of malaria control. As long, as the memory of man will go, the problems of sanitary inspection have been accepted (Robin et al., 1991).

As our knowledge advances, the recognition of new problems of public health will advance. Following close upon the recognition of problems, there comes their technical solution. As the writer has already attempted to show, these technical solutions will be in process of study forever, but enough are already available for the level of intensive application. It Is apparent, therefore, that, although each of these three phases of sanitary inspection may, chronologically,merge into each other, yet we may safely conclude that today only the third phase, of application, is of prime importance to the practical health officer. The public at largehas not yet reached completely the first phase, that of recognition. The research student is submerged in the second, the technical; while the health officer, the advance guard should enter the third stage to bring about the adoption of scientific methods for the elimination of disease.

Now that we have definitely located or oriented ourselves in our own microcosm of sanitation, let us proceed upon our task of formulating a philosophy, a future policy or basis of sanitary inspection. Inthe past we have been concerned with standards of design and construction. Our mental energies have been focused upon problems of materials, of things, of structures. At many times, in our haste to formulate new designs, to install more privies, to make more housing regulations have we not forgotten our real standards? Now often do standards of design conceal the only standards worthwhile, those of accomplishment? And here it is well to recall that the velocity of sanitary privy construction does not always measure the amount of fruitful work accomplished. For construction and use, alas, are not synonymous.

La fond (1991) obtained that, the literature of sanitary inspection is filled with excellent and valuable pages concerned with the privy, but how little do we see of the analysis of the people who are to use them! In the health officer's interminable search for the one best privy, does he often stop by the wayside toponder upon the frailty of human nature? Most often he worries about the weakness of the E type in contrast with the A or the B. It is by no means a strange or startling statement to make at this time that after all the type of privy means little or nothing in the progress of sanitation. The human type is the important element and not the privy, or the manure pile, or the fly.

These latter elements are environmental only. How useless It is to attempt to controlthese, when these in turn are controlled by man, who alone is not subjected to study, to analysis,to minute design and re-design, to modification after modification. Attention is showered uponthe material, while the family remains an appendage, an incidental. As long as the sanitary inspector views man as a stubborn obstacle standing in the way of sanitary progress, rather than a living organism, blindly groping for brilliant sunlight, just so long will real progress be slow, difficult and disheartening. Just so long as the engineer permits the slope of a sewer line to assume more importance in his calculations than the weaknesses and the instincts of human beings, that is how long our road will seem dark and dreary. For after all, are sewer lines' and privies and plumbing codes our only concern?

Ormandy and Burridge (1988) opined that, whether we believe in trade unions or open shop, in bolshevism or monarchy we must recognize their existence if we are to carry forward our work. The day is definitely passed when the only factors in

sanitary Inspection are legal and technical. To this category must now be added a new phase, the human side. The old science, to paraphrase Dr. Osier, must be linked with the new humanities. We have long recognized the primary elements of design, now we must begin to study just as closely the primary instincts of people. Our progress depends upon the recognition of the existence of factors other than those of the science of structures. It has been a source of curiosity to the writers as to how often so-called privy campaigns are predicated on a study of the psychological, physiological, and economic conditions of a community. Are there any instances where the nature of peoples has predetermined the line of attack, rather than theexisting standards of design? Does the sanitary inspector vary his privy design for Pole, Jew, Irish or Italian? Obviously the demands of these races are different, their reactions are varied, and their tempers innumerable.

It is difficult to expect centuries of custom to give way to two weeks of Yankee privy campaign, no matter how well planned and conducted. If privy design is not varied, and human nature is untouched, why should failures surprise? When this socialization of viewpoint appears, when society becomes more than a mere hunting ground for nuisances, then it is believed a newer and better philosophy of sanitary inspection will appear.

Conclusion

The essence and role sanitary inspection of premises in our communities and hospitals cannot be overemphasized, there Is need to follow an approved protocol. This begins with self-identification, followed by external and internal inspection of the premises in question. The need to master all the key areas that would require attention during such inspection is apt.

We are all aware that good health is a pre-requisite for economic prosperity. Therefore, governments should focus attention on preventive health measures rather than curative health, which in any case is more expensive. In this respect a clean environment is important in the promotion of basic health services. Citizens are requested to partner with government in the prevention of diseases through our programme of sanitation and preventive health. Therefore, all hands must be on deck to ensure the enhancement of a clean and sustainable environment.

Recommendations

Based on the findings of the study the following recommendations are made:

1. There should be need to follow an approved protocol beginning with self-identification, following internal and external inspection.
2. All states in the federation should re-introduce house to house inspection (sanitary inspection of premises) in all local government areas as means of raising the level of environmental sanitation in Nigeria.
3. Every household should provide a covered bin or other receptacle into which household refuse should be placed.
4. Every house should have suitable and adequate number of sanitary latrines/toilets which shall be built in a hygienic way, easy to clean materials, accessible and designed to maximize the proliferation of disease vectors.

References

Adamu, A. (2004) Address at the flag-off of Sanitary Inspection in Nasarawa State.

Gemson, G.S. (2006). *Concise Public Health Laws and History for Developed Countries*. Takum, Taraba State: Sani Printing Press.

Ibet-Iragunima, M. W. (2006). *Fundamentals of Primary Health Care.* Port Harcourt: Paulimaly Printers.

John, D. C. & Steven, C.H. (1992). *Environmental Problems/Behavioural Solution*. California: Brooks/Coles.

La Fond, A. (1991). *Sustaining Primary Health Care.* London: Earthscan.

Okonkwo, C. O. (2003). *Okonkwo and Nash on Criminal Law in Nigeria.* Ibadan: Spectrum Books Limited.

Oluwagbemi, B. F. (2003). *Themes and Issues in Occupational Health and Safety.* Ibadan: Hure Prints.

Oluwagbemi, B. F. [2003). *Themes and Issues in Occupational Health and Safety,* Ibadan: Hure Prints.

Ormandy, D. & Burridge, R. (1988). *Environmental Health Standards in Housing.* London: Sweet & Maxwell.

Osamor, B. (2004). *Fundamentals of Criminal Procedure Law in Nigeria*. Dee-Sage Nigeria Limited.

Robin, C., John, G. & Warren, M.L. (1991). *Law, Policy and the Environment.* Wales: Basil Blackwell.

Sani G. (2004). *Environmental Health in Nigeria, Yesterday, Today and Tomorrow*;

Unuraye, L.O. & Olojoba, A.O. (2005). *Occupational Safety and Environmental Health Management*. Ughelli, Delta State: Amaohor Printing Press

Wing, K. R. (2007). *Public Health Law*. Public Health Law. Library of Congress Cataloging-in-Publication.

"Policy Guidelines on Sanitary Inspection of Premises," Developed by Federal Ministry of Environment, Abuja, January 2005.

"National Guidelines on Environmental Health Practice in Nigeria." (2007). Abuja: EHORECON.