# Qeios

### Short Communication

Building Laws and Public Health: An undergraduate elective pedagogy for architecture students sensitising on the role of building practitioners in preventing disease through the built environment.

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This short communication only describes an academic semester long choice based elective program that was offered to students of senior classes of bachelor of architecture. It is not in the form of a research study. The intent of this communication is to share the work so that it can be replicated and students of architecture and planning made aware as the world has a recent memory of the pandemic, when public health became all the more important. They were taught the role of building laws and building practitioners in preventing diseases through the built environment through peer reviewed scientific evidence. Various class exercises were performed in order to train the students to get a sensitivity towards heath of inhabitants while designing buildings. The course was structured into six exercises which were taught over a semester. This was also follwed by small scale research projects that students designed and undertook independently. This short communication is a description of the same and warrants further work to replicate and test the effectiveness of the same.

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# Background

In 1914 British India, the post of the sanitary commissioner was merged with the Director General of Indian Medical Service, which could have been linked to the reduction in importance of public health. This was a change from the post plague era where sanitary commissioners focussing on water quality, public sanitation and better housing were appointed. Their major job was to implement health measures establishing the link between environmental sanitation and diseases<sup>[1]</sup>. This was not an isolated step in India where public health and health services were merged in one way or the other. A similar action took across the world where there was divergence in urban planning and health<sup>[2][3]</sup>. But as modern architecture came, it was clear that sanitation played a key role in building design with wide windows, minimalist easy to clean design and a splurge of light and ventilation <sup>[4]</sup>, both an outcome of the sanitoria which coincided with the modern architecture times<sup>[5]</sup>. The above definitely points towards the direction of clear linkage between public health and the built environment. The important aspect to note here is the role played by the bye laws which play a direct role in controlling the public health of a space. To begin with, the genesis of modern building bye laws in India was after the 1914 All India Sanitary Conference which stated that there ought to be adequate provisions of light and ventilation in Indian Buildings and suggested a light plane of 63.5 degrees<sup>[6]</sup>. Outside of India, the 1901 tenement law of New York outlawed the type of tenements which did not cater to light and ventilation and mandated lighting, better ventilation and change in bathrooms<sup>[7][2]</sup>

In the above, the role of the upper hand of the law was crucial as it dictated the need for public health and the way to achieve was regulation. Mere assumption that people would automatically make houses which are suitable for them in terms of lighting, ventilation and sanitation may not have held true. In most places, this law is in the form of municipal building bye laws which control the height, habitability, ventilation, light and density in built environment.

### Introduction

That, the built environment can be modulated for public health, especially if the laws related to public health are taught to the creators of building. The primary among them are architects and the concept of building bye laws, its health perspective and other special laws in India aimed at public health are needed to be taught at the formative stages. This is in the mandate of an Architect<sup>[8]</sup> and is required all the more now, as we have just come out of the COVID-19 pandemic. The course was offered as an elective to undergarduate students and this paper describes the exercises done and talks about some research projects that the students undertook. It highlights the need for such work by architects and the need for training at undergraduate level to play an active role in the multidisciplinary area of public health.

# **Course Structure**

#### The Context of the Course

The course was offered to students of the 4th and 5th year of the five-year Bachelor of Architecture students of School of Planning and Architecture, New Delhi <sup>[9]</sup>At the end of the course, the students are registered by the Council of Architecture to become architects and practice in India. 16 students chose to take this elective which lasted for a semester, which is 12-16 weeks long with classes happening for 12 weeks, for two hours in a week. It is an internal only course where students are marked based on the classwork and there was no end of semester exam. The elective was among the many other electives that were available.

### The Building Laws Introduced

The major focus of this elective was to link the legal aspects of public health legilsation and its implementation through design to meet the ends of public health. For this the major laws that were taught were the building bye laws, the national building code (which is recommendatriy in nature, but is selectively mandatory as ratified by various building bye laws [10]) and other special laws which includes the anti-smoking law[11], the noise pollution law[12] and other environmental laws.

The focus was not on the theory of the law, or the jurisprudence, but on the implementatily of the law from the perspective of the built environment that too by building professionals like architects. While explaining the exercises, the laws were very subtly introduced to the students and not taught separately as theory.

#### About the Course

There was an initial plan which was updated and improvised with the final exercises that were developed based on the various factors. The various exercises performed in the semester are detailed in Table 1. The various reasons why these activities was developed is as follows:

- 1. The activities needed to relate to students pre-existing and current training, which is a strong sense of design and drawing as the mode of representation of the design.
- 2. Many students were keen on brushing up the various intricacies of the building bye laws as it would be of immediate use in the practice of architecture.

3. Students were already doing a studio on Urban Design on rehabilitation of urban villages of Delhi. The exercises to be suggested needed to be in sync with the urban design studio work.

S. No.	Title of the Exercise	Description of the Exercise	
1.	Health in the House: Draw your house design	Students were asked to sketch the building plan of their own house and	
2.	Habitable Spaces and Setbacks: Upload the Building Bye-Laws.	In this students were asked to a. Upload the building bye laws of their city/state. b. From the bye laws, write the definition of habitable room/space as in the bye laws. o Find out the offsets for residential plotted development on the fronts and sides.	
3.	Light Plane	Students were asked to pick a street/multiple streets in a 'urban village' site they were already familiar with and measure the dimensions of the street with and the height of the building to find out the angles at which the light will reach the lower most point of the building on the street.	
4.	Three Epidemics: The College Canteen Assignment	Students were asked to sketch their canteen building plan. they were then asked to visualise epidemics whose causative diseases spread air, water and vector modes. They were asked to suggest methods where building level interventions (taken from peer reviewed science) could be integrated into design for prevention of these diseases and their future similar transmission diseases.	
5.	Search Terms for Review research.	The students were trained on finding out the latest evidence from databases on a topic of their interest related to built environment and public health. Certain topics related to concurrent public health matters were taken and by students and they were trained to make appropriate search terms so that they can write reviews, scoping reviews and systematic reviews.	
6.	Research Work	arch Work Students were asked to perform field research studies on topics related to the relation of buildings to public health. They were asked to use a research project format to frame their questions and perform a study and post it on an open peer review based portal. <sup>[13]</sup>	

Table 1: The title and the description of the various exercises performed by students in the semester.

### The Exercises

The First exercise under discussion was taken in the introductory class, where students were made to draw their own house plans and specific focus was made for them to highlight the possibility of interventions that may already be there or can be done in order to improve the public health of the inhabitants. Students highlighted the presence of doors, windows and other features of the envelope design. This is useful for the sake of finding out the state of light entry, ventilation and whether the window had a wire mesh or not. An open window may allow entry of sun and natural light, openable window is useful in ventilation and the wire mesh helps in prevention of vector-borne diseases. The students were asked to state whether there were openable areas for exercising around the house and whether there was general sanitation outside and within the house. Students marked their house building plans and made overlays with the interventions present.

The second exercise was about building byelaws and the local changes made to them, if any in the various cities from which the students came. Building bye laws owe their genesis to public health and sanitation<sup>[2]</sup>. The measures like setbacks, habitable dwelling units requirements, appropriate openings through doors and windows are in the same direction of sanitation and public health. Students were made to go through their local building bye laws and had to write the setbacks that existed along with the habitable space definition. This will not only serve as a ready recknoner for the students as they graduate and undertake building projects but is also useful to compare between the different cities and their different values for setbacks.

The third exercise was about measuring the light plane angle in a urban village setting. An urban village in Delhi is an area, for the purpose of our conversation, where the otherwise applicable building bye laws do not apply<sup>[14]</sup>. These areas are former village residential areas whose agricultural land was procured by the government to build a city, but whose residential area was retained as it is. Being in the centre of otherwise regulated urban space, these urban villages became hubs of economic activity and the traditionally modest and single or double storey houses became multistorey without any widening of the roads or the addition of any substantial civic infrastructure. These urban villages often have narrow streets abutting tall buildings on both sides, leading to a compromise on light reaching the lower most points of the buildings. Students were asked to do a calculation of the street width and the relation of the same with the height of the building. A standard light plane was made to show that the light may not reach the depths of the street.

The ollege canteen assignment was next and it was of particular importance as the students were much familiar with the canteen. The students had been taught the various evidence based design interventions through peer reviewed literature. They were then asked to imagine if three epidemics were to happen, what interventions were most important for a particular space, in this case the canteen. The first was an epidemic which would spread through the air borne transmission route. The second one was an epidemic which spread through vectors like fleas, mosquitoes or rats. The third one being an epidemic spread through water. The canteen being a place of eating, the students had access to the water cooler, the cleaning area, the cooking area, etc. and they could include into the drawings, the interventions that could prevent epidemic scale events that may spread in the space. For example, a cleaning area may need an efficient way of preventing water stagnation, which otherwise may become a breeding point for mosquitoes. For airborne diseases, the openings and the ventilation could be prescribed<sup>[15][16]</sup>, which the students made a note of in the sheets. For vectot borne diseases, wire mesh on openings<sup>[17][18]</sup>, lack of food source for vectors, and methods for their eradication could be included in a built space design and maitenance plan, both of which an architect can impact.

The next exercise involved drafting search terms for appropriate searching from peer reviewed databases like PubMed. The students were asked to choose topics that they would perform a short research on and do a literature review<sup>[19]</sup> They were taught operators such as AND and OR and NOT and were asked to make a comprehensive list of keywords which would include all facets of the work, including allied areas and also including adjectives, different spellings for the same things and differents ways of referring to one thing.

The last exercise was research work. The students took some topics where some relation between built environment and public health was to be performed. They were taught about limitations and to take up studies which do not involve any human participants, including no questionnaire and no communication with any human subject. They were asked to looked at buildings, locations and collect performance based data. The students took some projects are are listed in Table 2 below:

S. No.	Title	Description	Remarks
1	Research question: What effect does vegetation have on sound pollution in Delhi?	The paper was intended to see the relation of vegetation based buffer between a road and an educational building.	The work requires further fundamental changes.
2	Study of diffused light levels in an institutional common eating area in New Delhi	The paper used smartphone based lux meter to create a grid based analysis of the light levels within the canteen of the college in order to find out the relation with window distance and such basic inferences.	The work is not fully complete and requires further improvement.
3	The Condition of Cigarettes and Other Tobacco Products Act: Case Example of IP Estate Precinct, New Delhi	This study used a map to point out the tobacco vendors in an institutional area in Delhi, as there were many higher educational institutes nearby. This was to check the compliance of the anti-smoking law in India. <sup>[20]</sup>	The study needs further work by authors as it needs to be detailed out and proximity analysis needs to be done.
4	Insufficient Daylighting in a Residence in New Delhi	This was a basic study performed in the room of a student using smartphone lux meter.	The study requires a more detailed methodology and further work.

Table 2: The list of the projects performed by students independently which were submitted to Open PeerReview platform-Qeios for initial peer review for students to make improvements.

The students were asked to put the projects on an Open Peer Review based publication platform Qeios<sup>[21]</sup>. This gave students early access to peer review as most will not at this stage be able to post a paper to a traditional journal. Most got critical comments on the paper posted, with some comments challenging the structure and the fundamental methods of the study. This was important as pedagogy method by exposing students to real world peer review, where improvements can be made. The students posted the papers on Qeios at the end of the semester with minimum discussion and are encouraged to keep improving the paper. This also means that the peer review platform has certain advantages in terms of providing expert feedback to students.

# **Discussion and Endnote**

The semester long progam is a starting point for more such programs that may be performed by architecture colleges across the world. This is all the more so important as we have dealt with the COVID-19 pandemic and post pandemic design requires a multi disciplinary approach with architects being an important part of the process.

What is important to note is the building law perspective which is included in the title of the course. In all the exercises performed by the students, the compenent of law was taught to the students along with its design integration. With respect to light levels, the National Building Code 2016<sup>[22]</sup> an SP: 41 Handbook on Functional requirements of buildings<sup>[23]</sup> was taught and its integration at various points in the building bye-laws was explained. With respect to noise and the effect of vegetation, performed as a project, the students needed to know about the Notification to the environmental law which has made the limits to sound levels around educational institutes <sup>[12]</sup>. For the smoking compliance, the anti smoking law<sup>[20] [11]</sup> with its various notifications related to educational institutions was to be taught. In subtle ways, the students were taught about few laws that had a direct connection with the built environment as well as public health.

The exercises were intended to captivate the design centric minds of architecture students and introduce them to laws related to public health and to elements of basic research.

This work may be replicated across architecture colleges in India as an elective so that this work can be made available to architects who have a role to play in building healthy spaces. The further work in this requires the effectiveness of this pedagogy to be tested and further enhanced.

### Acknowledgements:

The author is most indebted to the Department of Architecture, School of Planning and Architecture, New Delhi for providing an opportunity to offer this elective to the students. Most thankful to Prof. Dr. Anil Dewan, Professor and Head of the Department for the warm support and encouragement. Thanks to the elective coordinator and the studio director for their support. Thanks to all the students who chose the elective and responded well to new areas of study. Special thanks to Tathatara Foundation (<u>mail@tathatara.org</u>) and ISAC Centre for Built Environment Policy. Cover image: DSP

### Declarations:

No specific funding was taken for this study. The author declares no conflict of interest. The study is exempt from any ethical clearance as no human participant is involved and as the study describes a pedagogy technique.

# References

- 1. <sup>A</sup>K. Sujatha Rao. (2017). <u>Do We Care?</u> doi:10.1093/acprof:oso/9780199469543.001.0001.
- 2. <sup>a. b.</sup> <sup>c</sup>Russell Lopez. (2012). <u>Building American Public Health.</u> doi:10.1057/9781137002440.
- 3. <sup>△</sup>Jason Corburn. (2004). <u>Confronting the Challenges in Reconnecting Urban Planning and Public Health.</u> A m J Public Health, vol. 94 (4), 541-546. doi:10.2105/ajph.94.4.541.
- 4. <sup>△</sup>Monroe C. Beardsley, Ulrich Conrads, Michael Bullock. (1976). <u>Programs and Manifestoes on 20th-Century</u> <u>Architecture.</u> The Journal of Aesthetics and Art Criticism, vol. 34 (4), 516. doi:10.2307/430599.
- 5. <sup>^</sup>Margaret Campbell. (2005). <u>What Tuberculosis did for Modernism: The Influence of a Curative Environme</u> <u>nt on Modernist Design and Architecture.</u> Med. Hist., vol. 49 (4), 463-488. doi:10.1017/s0025727300009169.
- 6. <sup>*h*</sup>(1914). <u>Proceedings of the third all-India sanitary conference held at Lucknow, January 19th to 27th 1914.</u>
- 7. <sup>△</sup>L. Fisher, Lawrence Veiller. (1910). <u>Housing Reform: A Handbook for Practical Use in American Cities.</u> The E conomic Journal, vol. 20 (79), 413. doi:10.2307/2221038.
- 8. <u>^Council of Architecture: Comprehensive Architectural Services.</u>
- 9. <sup>△</sup>Department of Architecture, School of Planning and Architecture, New Delhi. <u>Syllabus for Bachelor of Arch</u> <u>itecture (Effective from Academic year 2016).</u>
- 10. <sup>△</sup>Singh, Raja; Mathur, Manoj; Dewan, Anil. (2022). <u>Analysis of the Delhi-Unified Buildings Bye Laws 2016 w</u> <u>ith respect to the integration of provisions of the National Building Code</u>. Shelter, vol. 23 . HUDCO HSMI.
- 11. <sup>a, b</sup>Government of India. (2003). <u>The Cigarettes and other Tobacco Products (Prohibition of Advertisement</u> <u>and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003.</u>
- 12. <sup>a, b</sup>Government of India. <u>The Noise Pollution (Regulation and Control) Rules, 2000.</u>
- 13. <sup>A</sup>Tony Ross-Hellauer. (2019). <u>Open Peer Review (OPR).</u> Qeios. doi:10.32388/002217.
- 14.  $\frac{h}{How}$  Urbanisation Went Wrong in Delhi's Lal Dora Villages. The Wire.
- 15. <sup>△</sup>Dr. Raja Singh. (2022). [Commentary] India's steps towards carbon dioxide monitoring in public assembly spaces for ventilation measurement for airborne infection control and other factors. Qeios. doi:10.32388/SQ 03IV.

- <sup>A</sup>Raja Singh, Anil Dewan. (2022). <u>Using global research on ventilation and airborne infection control for im</u> <u>pacting public policy through the Indian Judiciary.</u> Indoor and Built Environment, vol. 31 (5), 1438–1440. doi: 10.1177/1420326x211061997.
- 17. <sup>△</sup>Raja Singh, Nirupam Madaan, Ashwani Kumar, Jugal Kishore, et al. (2022). <u>Mosquito control intervention</u> s in the built environment: how the Delhi High Court supported the first step towards the wire mesh policy. Cities & amp; Health. doi:10.1080/23748834.2022.2102179.
- 18. <sup>△</sup>Raja Singh, Anil Dewan. (2022). <u>Openability of windows and presence of wire mesh in residences in a New</u> <u>Delhi neighbourhood as a factor of dilution ventilation required for prevention of airborne diseases and vec</u> <u>tor borne diseases.</u> Cities & amp; Health. doi:10.1080/23748834.2022.2036003.
- 19. <sup>A</sup>Indian Council of Medical Research. <u>Beginner's Guide for Systematic Reviews.</u>
- 20. <sup>a, b</sup>Dr. Raja Singh. (2023). <u>Signboards Prohibiting Tobacco Sale Within 100 Yards of Educational Institutes: T</u> <u>he Appraisal of Prohibition Compliance and On-Ground Status of the Anti-smoking Law in New Delhi's Maj</u> <u>or Administrative Precinct.</u> Qeios. doi:10.32388/KU2ZOX.3.
- 21. <sup>Alberto Bedogni</sup>, Giorgio Bedogni. (2018). <u>Qeios.</u> Qeios. doi:10.32388/873811.
- 22. <sup>A</sup>Bureau of Indian Standards. <u>National Building Code 2016.</u>
- 23. <sup>△</sup>Bureau of Indian Standards, Government of India. (1987). <u>SP: 41 Handbook on Functional requirement of B</u> <u>uildings (Other than Industrial Buildings).</u>

### Declarations

Funding: No specific funding was received for this work.

Potential competing interests: No potential competing interests to declare.