



Urbanisation as a Social Determinant of Health Imperative: Addressing Spatial Inequality while meeting Rapid Urbanisation –Who gets left out?

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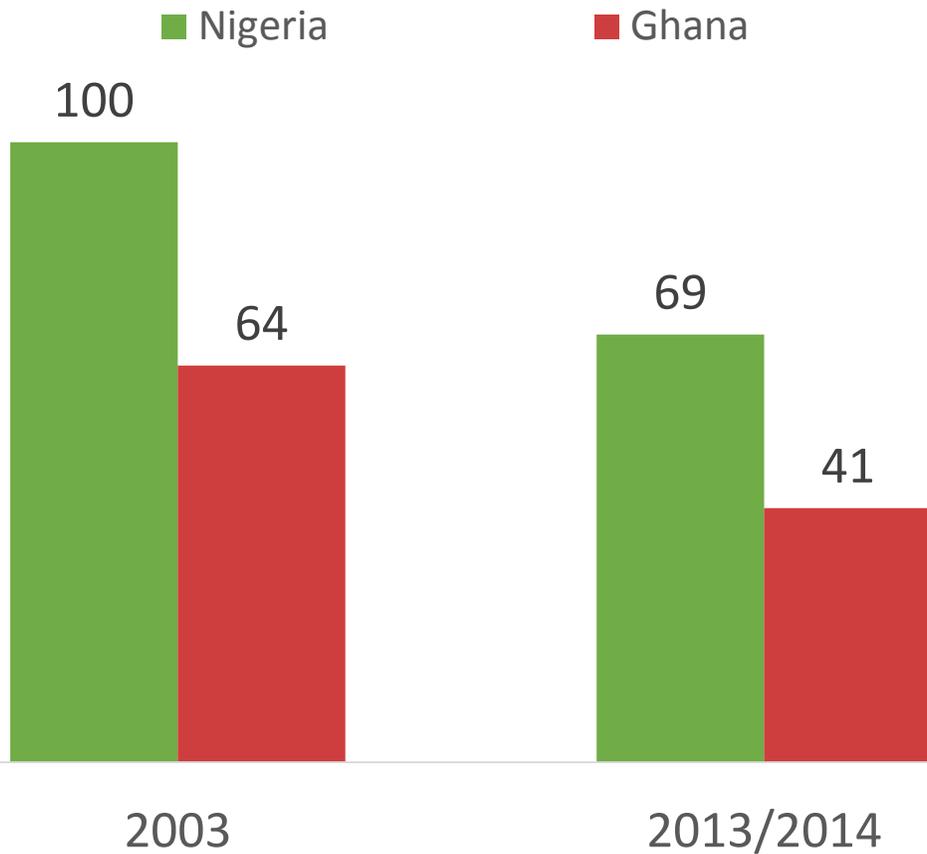
Introduction

Health inequities exist between and within countries

These *inequities*, which are avoidable, are a result of a combination of poor social policies and programmes, and unfair economic and social arrangements¹

Introduction (contd.)

Infant mortality rate (IMR)



DHS Year	NIGERIA			
	Urban	Rural	Poor	Rich
2003	81	121	133	52
2013	60	86	92	48

DHS Year	GHANA			
	Urban	Rural	Poor	Rich
2003	55	70	61	58
2013	49	46	55	51

Introduction (contd.)

WHO Commission on Social Determinants of Health (CSDH:2005-2008)

CSDH posits that health inequities exist **because of** the conditions in which people are **born, grow, work, live, and age**. These conditions are shaped by the **wider set of forces and systems** (CSDH 2008)

And in 2009, the World Health Assembly passed a resolution on **reducing health inequities through action on the social determinants of health based on the work of CSDH** ²

Where people live

Living conditions, health and lifestyle are significantly associated with place of residence³⁴⁵⁶.

People living in the same area are likely to have comparable opportunities, risks and vulnerabilities.

Assumption

There is comparative advantage of urban residence over rural residence with regards to health outcomes

Conditions that influence health, including health care services, water and sanitation infrastructure, and good housing, have been more common in urban than in rural areas

Where people live and Health

However,

The increased movement of people from rural areas to cities and the resulting growth of urban areas, which affects both the physical and social environment are changing the assumption and the story...^{7,8,9}

There is rapid urbanization

Urbanization

There is a major transition from predominantly rural to urban living: rural-urban migration

2007-	Urban population: 50%	Rural population: 50%
2050-	Urban population: 75%	Rural population: 25%

According to United Nations (2011)¹⁰

In four decades the population growth of the world is expected to occur in most urban centre because of the attraction for wealth generation and economic development

Rapid urbanization and urban growth is expected to occur more in less developed regions of the world. Cities are growing rapidly in Asia and Africa.

Rapid Urbanization and Urban Slums

With Rapid urbanization comes different levels of socioeconomic development, uneven distribution of resources and different standard of living

Many poor groups live in overcrowded urban slums and shanty towns, where they are exposed to a multitude of health challenges.

Insufficient basic infrastructure, inadequate access to safe water, poor structural quality of housing and suboptimal sanitation, inadequate access to health facilities, resource constraints and low utilization of available health facilities¹¹

Urban slum¹¹ has two major identities: Urban poverty & urban inequality which produce unacceptable health outcomes.



IBADAN URBAN SLUM

<http://www.nairaland.com/3213004/photos-ibadan-more-developed-than/2>

Facts: urban settings as a social determinant of health

WHO. Facts: urban settings as a social determinant of health.

(http://who.int/social_determinants/publications)

Approximately one-third of the developing world's urban population lives in slums, accounting for close to one-quarter of the total global urban population.

Children in the poorest 20% urban households of Africa, Americas, Asia and Europe are at least twice as likely to die before their fifth birthday than children in the richest quintile.

The prevalence of stunting (moderate or severe) among the poorest 20% urban children is four times greater than among the richest 20% urban children in the Americas (including eight countries). In other regions, too, children in the poorest urban households are 2–3 times as likely to be stunted as children in the richest urban households.

Although coverage of sanitation in urban areas has increased in the last decade, the population without sanitation in urban areas actually increased significantly by 215 million to 756 million in 2012, due to population growth outpacing the number of people who gained access to sanitation.

Urban slum dwellers and health risk

Overcrowded living condition and exposure to pollution: increased risk of acute respiratory infections, asthma, lead poisoning and tuberculosis

Burden of infectious diseases because of slum culture and lifestyle: HIV/AIDS, Tuberculosis and high risk for co-infection, malaria, diarrhea

Shifts in physical activities and dietary patterns increased risk of non-communicable diseases such as diabetes, hypertension, obesity and cardiovascular diseases.

Insecure residential area, violence and gangs related health risk

Spatial inequality

Rapid urbanization has indirectly created spatial inequality which can affect health outcome of the population

Spatial Inequality is based on physical proximity to infrastructure, services and socioeconomic development and can happen anywhere: within city, rural-urban....⁹

In urban areas, it is also “linked to the development over time of distinct areas of urban deprivation that undermines the benefits of physical proximity that urban residence may offer ”⁹

Socioeconomic differences exist in access to material resources, health-promoting resources, and in exposure to risk factors¹⁸.

Rapid urbanization

Inadequate urban planning

Limited infrastructure / service provision

Spatial Inequality

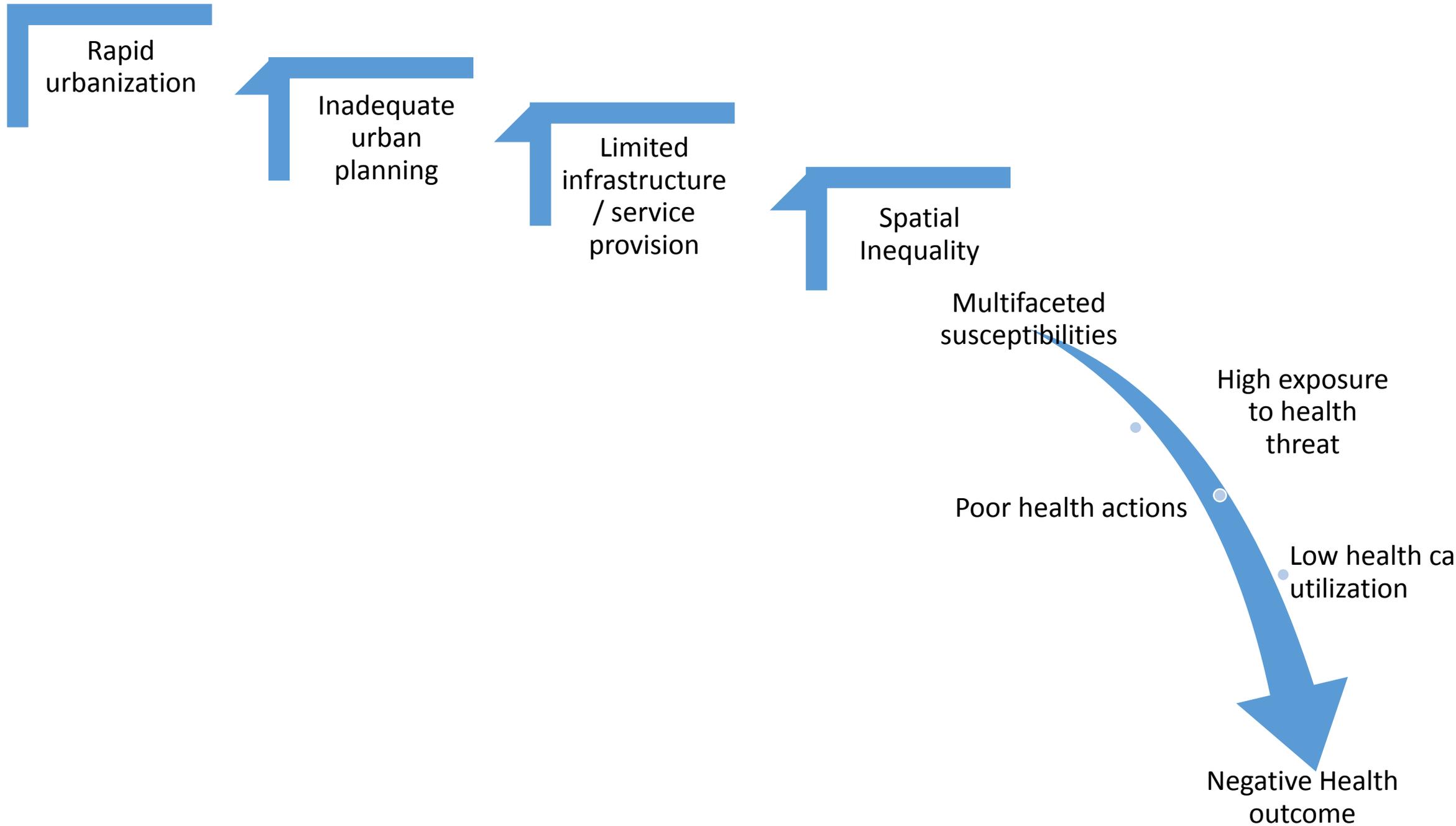
Multifaceted susceptibilities

Poor health actions

High exposure to health threat

Low health care utilization

Negative Health outcome



Who gets left out?

“Understanding urban health begins with knowing which city dwellers are affected by which health issues, and why” (WHO 2010)¹⁹



Who gets left out? Children

Population Characteristic	Health issues in Urban slum	Addressing Spatial Inequality
Children	Deaths of children due to occurrence and severity of diarrhoeal and related diseases.	safe and improved drinking water solid waste management
	Pneumonia in urban settings due to overcrowding and indoor air pollution	Urban planning and access to health care
	Susceptible to death from malaria and vaccine-preventable illnesses such as measles.	Immunization coverage Functional and affordable Primary Health Care Centre
	Road traffic injuries among children are of significant concern in urban areas	Urban and transportation planning

Source: Extracted from reviews of References 1-19

Who gets left out? The Aged

Population Characteristic	Health issues in Urban slum	Addressing Spatial Inequality
The Aged	Physical impairments; high risk of fall and injury	Urban and transportation planning
	Higher risk of diabetes, hypertension, obesity and cardiovascular diseases because of their physiological features	Functional and affordable Primary Health Care Centre Social support and welfare services

Source: Extracted from reviews of References 1-19

Who gets left out? Women

Population Characteristic	Health issues in Urban slum	Addressing Spatial Inequality
Women	Maternal morbidity and mortality due to pregnancy related complications	Functional and affordable Primary Health Care Centre Immunization coverage
	High risk of physical and sexual violence (e.g. rape) because of the neighborhood violence and gang activities	Availability of civil security Educational institution
	High rate of teens and adolescent pregnancy with subsequent complications	Youth Friendly Centres

Source: Extracted from reviews of References 1-19

Who gets left out? People with disabilities

Population Characteristic	Health issues in Urban slum	Addressing Spatial Inequality
People with disabilities	Disabled because of occupational hazard and unaffordable health care	Functional and affordable Primary Health Care Centre Educational institution Skill acquisition centres
	Physical and social environment undermine independence and psychological health of people with disabilities	Urban planning and availability of Disability-friendly transport systems, sidewalks and pedestrian crossings Social support and welfare services

Source: Extracted from reviews of References 1-19

In Foko, grime, poverty, death mix well

*...In Nigeria's megacities, where state governors have introduced **massive scale of beautification projects**, behind those curtains are lives filled with grime, death and poverty... (<http://tribuneonlineng.com/foko-grime-poverty-death-mix-well/>)*

“Maimunat’s daughter, Aisha, was a bright and bubbly child by all accounts. At least that was what her father, Ahmed said. “I knew without a doubt that Aisha had a bright future ahead of her. She was a bright pupil in a neighbourhood school. She was so full of life, very eager to help her mother in the kitchen and very friendly with children around,” Ahmed said in Yoruba. Tragically, Aisha died of cholera three years ago. “She would have been seven years old today,” Maimunat said, with tears in her eyes, holding an old picture of her beautiful daughter. Aisha was not the only under-five year-old whose life was lost to cholera in that year, Maimunat said. Three more mothers lost their children within a week on her street alone, she said and she blamed living conditions and lack of access to clean and safe water as the reason for deaths in the area”

In Foko, grime, poverty, death mix well (contd.)

“We don’t have hospitals here. The other day, my pregnant wife fell ill and we had to rush her to Ibadan Central Hospital. Ibadan Central is like 45 minutes drive during peak hour. Blood was everywhere and I kept calling her name, begging her not to sleep before we got to the hospital. It was a really bad day for my wife and I, there was blood everywhere. After, I had to pay N5, 000 to wash the car that took her to the hospital. I thought she was going to die.

Needless to say, we lost the baby. When we got to the hospital, she won’t stop bleeding for several minutes, I was very scared. The doctor told us that her placenta had ruptured and we had to do an operation. I was just praying that my wife lives. I later found out that the maternity centre she was attending for ante natal did not have adequate equipment to take care of her prenatal needs....

Conclusion

Health inequities are the result of a combination of poor social policies and programmes, and unfair economic and social arrangements

Therefore,

Concerted and coordinated efforts at policy and action:

by all levels of government to

- Promote good urban planning for healthy behaviors and safety
- Ensure equal coverage of basic amenities for living
- Ensure participatory urban governance by encouraging public dialogue and involvement of community in decision making

by academia to

- increase the knowledge base on urban health and living that can inform policy makers on appropriate interventions

Selected References

1. CSDH (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization.
2. Marmot, Michael. "Global action on social determinants of health." *Bulletin of the World Health Organization* 89.10 (2011): 702-702.
3. Sampson, R. J., Morenoff, J. D., & Gannon-Rowley, T. (2002). Assessing "neighborhood effects": Social processes and new directions in research. *Annual review of sociology*, 443-478.
4. Montgomery, Mark R., and Paul C. Hewett. "Urban poverty and health in developing countries: household and neighborhood effects." *Demography* 42.3 (2005): 397-425.
5. Galea, S., & Vlahov, D. (2005). Urban health: evidence, challenges, and directions. *Annu. Rev. Public Health*, 26, 341-365.
6. Fotso, J. C., Ezeh, A., & Oronje, R. (2008). Provision and use of maternal health services among urban poor women in Kenya: what do we know and what can we do?. *Journal of Urban Health*, 85(3), 428-442.
7. Sastry, N. (2004). Trends in socioeconomic inequalities in mortality in developing countries: the case of child survival in Sao Paulo, Brazil. *Demography*, 41(3), 443-464.
8. Cohen, B. (2006). Urbanization in developing countries: Current trends, future projections, and key challenges for sustainability. *Technology in society*, 28(1), 63-80.
9. Grant, U. (2010). *Spatial inequality and urban poverty traps* (Vol. 326). Overseas Development Institute Working Paper.
10. United Nations Department of Economic and Social Affairs (2011). World urbanization prospects, the 2011 revision. *United Nations*, 505.
11. Un-Habitat. (2004). The challenge of slums: global report on human settlements 2003. *Management of Environmental Quality: An International Journal*, 15(3), 337-338.
12. Bruce, N., Perez-Padilla, R., & Albalak, R. (2000). Indoor air pollution in developing countries: a major environmental and public health challenge. *Bulletin of the World Health Organization*, 78(9), 1078-1092.
13. McMichael, A. J., & Kovats, R. S. (2000). Global environmental changes and health: approaches to assessing risks. *Ecosystem Health*, 6(1), 59-66.
14. Krieger, J., & Higgins, D. L. (2002). Housing and health: time again for public health action. *American journal of public health*, 92(5), 758-768.
15. Sclar, E. D., Garau, P., & Carolini, G. (2005). The 21st century health challenge of slums and cities. *The Lancet*, 365(9462), 901-903.
16. Mercado, S., Havemann, K., Sami, M., & Ueda, H. (2007). Urban poverty: an urgent public health issue. *Journal of Urban Health*, 84, 7-15.
17. Hargreaves, J. R., Boccia, D., Evans, C. A., Adato, M., Petticrew, M., & Porter, J. D. (2011). The social determinants of tuberculosis: from evidence to action. *American journal of public health*, 101(4), 654-662.
18. Tampe, T. C. (2016). *Urban Health Disparities in Sub-Saharan Africa and South Asia: Trends in Maternal and Child Health Care Access, Utilization and Outcomes among Urban Slum Residents* (Doctoral dissertation, The George Washington University).
19. World Health Organization. Centre for Health Development, & World Health Organization. (2010). *Hidden Cities: unmasking and overcoming health inequities in urban settings*. World Health Organization.

Thank you