Editorial

URBAN HEALTH ISSUES IN INDIA- NEED OF THE DAY
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Across the globe around there is a steady increase in people residing in urban area, about one third of these urban dwellers, which amount to nearly one billion people, majority of them live in urban slums, informal settings or sidewalk tents. In addition to rapid population growth, India is also witnessing an explosive growth in the population residing in the urban areas. It is estimated that of the nearly 30 % of India’s population or about 300 million people live in towns and cities. Mathematical modeling reveals that this population may up to reach 534 million by 2026. In India in line with rest of the world, more rapid growth of population residing in slums is also witnessed. Nearly one-third of India’s urban population or nearly 100 million live in slums which are characterized by overcrowding, poor hygiene and sanitation and the absence of proper civic services.

Health of the urban poor is as worse as the rural population. While the characteristics of each city may vary by local context, common urban health and social challenges include: overcrowding; air pollution; rising levels of risk factors like tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol; road traffic injuries; inadequate infrastructure, transport facilities, poor solid waste management systems, and insufficient access to health facilities in slum areas. Most of these cities also face various health challenges of communicable diseases, non communicable diseases, maternal and child health problems, natural calamities and threat of reemerging and emerging diseases. As per the UHRC-India one in every ten children in slums do not live to see their fifth birthday. Only 42 % of slum children receive all the recommended vaccinations. Over half (56 %) of child births take place at home in slums putting the life of both the mother and new born to serious risk. Poor sanitation conditions in slums contribute to the high burden of disease in slums. Two-thirds of urban poor households do not have access to toilets and nearly 40 % do not have piped water supply at home.

Health system in India is more focused towards the rural areas having a organizational structure right from grass root to tertiary care and are managed by dedicated staff. However there is a huge deficiency of any such health care structure in the urban areas. To add to this a very rapid growth of urban population has over burdened existing health care system. Majority of health care in urban area is served by the private sector but its costing, distance and many other factors make private sector facilities out of reach of most urban poor residents.

A debate is presently generated on ways to improve the Urban health scenario, one of the emphasis made by Director General of WHO on eve of World Health Day 2010 was improved urban health governance matters, in developing countries, the best urban governance can help produce 75 years or more of life expectancy. Good urban health governance helps ensure that opportunities and advantages are more evenly distributed, and that access to health care is fair and affordable. WHO has appealed for helping the Urban health matters, in critical ways, for more and more people and has requested support for promoting urban planning for healthy behaviors and safety; improvement of urban living conditions; ensuring participatory urban governance; building inclusive cities that are accessible and age friendly; and, making urban areas resilient to emergencies and disasters.

As a researcher there is an urgent need to take up quality research to generate and systematize knowledge to address the many existing information gaps like potential advantages of urbanization and urban growth; the inequities of health disaggregated by intra-urban area; the effectiveness of proactive approaches to deal with health inequity in cities; and, the importance of involving all citizens in the decisions that affect their habitat and their health.

Also needed is to maintain this momentum of creating clean, green and healthy cities to live in and Urban health advocates should identify successful city experiences/models to be shared as menus of policy options and models of good practice.

REFERENCES

1. www.uhrc.com
2. www.who.org

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