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Urban Health:- A Challenge and Need Safeguard- (India & Odisha Scenario)

KEYWORDS

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Half the world's population now lives in cities. Throughout history, urban life, so concentrated with humanity, has been a catalyst for trade, ideas & opportunities, making cities engines of economic growth. Today, living in a city is widely regarded as the best way to find prosperity and escape poverty. In search of livelihood and better opportunity people migrate to urban areas. The population of India has crossed 121 crores with the urban population at 37.7cores which is 31.16% of the total population. As per the United Nations projections, if urbanization continues at the present rate, then 46% of the total population will be in urban regions of India by 2030(Census-2011).

Urban Health in Indian context-a situational analysis:

- U5MR of 72.7 against global urban average of 51.9%.
- 46% under-weight children among urban poor against urban average 32.8%.
- 46.8% women with no education against urban average 19.3%.
- 44.4% institutional deliveries against urban average 67.5%.
- 71.4% anaemic among urban poor against urban average 62.9%.
- 18.5% urban poor have access to piped water supply against urban average 50%.
- 60% miss total immunization before completing one year.
- Poor environmental condition with high population density which causes lung diseases, TB, etc.
- Poor access to safe water and sanitation – water-borne diseases, diarrhoea
- High incidence of vector borne diseases among urban poor

Constraints in availing & accessing health services:

Despite the supposed proximity of the urban poor to urban health facilities their access to them is severely restricted. This is on account of their being "crowded out" because of the inadequacy of the urban public health delivery system. Ineffective outreach and weak referral system also limits the access of urban poor to health care services. Social exclusion and lack of information and assistance at the secondary and tertiary hospitals makes them unfamiliar to the modern environment of hospitals, thus restricting their access. The lack of economic resources inhibits/restricts their access to the available private facilities. Further, the lack of standards and norms for the urban health delivery system when contrasted with the rural network makes the urban poor more vulnerable and worse off than their rural counterpart. Today, living in a city is widely regarded as the best way to find prosperity and escape poverty. The experience of childhood is increasingly urban. Over half the world's population including more than a billion children now live in cities and towns. Many children enjoy the advantages of urban life, including access to education, medical & recreational facilities. Too many, however are denied such essentials as electricity, clean water and health care-even though they may live close to these services. They live in ramshackle dwellings and overcrowded settlements that are accurately vulnerable to disease and disaster. Yet hidden inside cities, wrapped in cloak of statistics are millions of children struggling to survive. They are neither in rural areas nor in truly urban quarters. They live in squalor, on land where a city has outpaced itself, expanding in population but not in vital infrastructure or services. These are children in slums/street and deprived neighbourhoods, children shouldering the many burdens of living in that grey area between countryside & city, invisible to the authorities, lost in a hazy world.

The disease burden is high. Communicable, pregnancy-related, and childhood ailments account for about 65 percent of the diseases. The infant mortality rate is 46 (Family Welfare Statistics India-2011). The publicly provided health service outlets are available, more or less in accordance with the all-India norms, but factors such as low population density, geographic inaccessibility, cultural barriers, ignorance, poor service quality, and the deep-rooted influence of traditional healers make the overall outcome of service systems unsatisfactory. Public sector expenditure on health is about 1.2 per cent of the Gross State Domestic Product, and about 3 per cent of the annual budget. A large portion of the funds is spent in the tertiary sector. Allocation to health has remained low during the 1990s, and the sustained increase in the wage and salary component has made the non-salary portion shrink over the years. Coverage of preventive services, particularly immunisation, has been generally satisfactory during the last decade. Medical care is mainly publicly provided (90 percent), and the organised private sector is very thin.

Odisha at a glance:

Odisha is a major state in eastern India with an estimated population of 35 million people. The annual population growth is 1.83 per cent, which is lower than the all-India figure of 2.14. Scheduled Tribes and Scheduled Castes, mostly living below the poverty line, constitute nearly 41 per cent of the population. Approximately half of the state's people live below the poverty line, with limited access to exploitable resources due to a complex interplay of social, economic, and cultural dynamics. Odisha is highly prone to natural disasters. Frequent droughts, floods, and other natural calamities not only impoverish the people, but also make them morbidly stoic towards the pace of development. This results interstate, intrastate and out state migration to cities in search of livelihood. Despite some attempts by successive political leadership, fairness in resource distribution has evaded the disadvantaged groups. The inability of these groups to demand their own rights has not improved the situation.

There are 30 districts, 22 sub divisions, 223 towns of which

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107 statutory towns and 116 census towns. Nearly 7 million population are living in these 223 towns and cities. (Government of India 2012)1107 cities and towns are governed by Urban Local Bodies (ULB). Government of Odisha has recognized 107 as Urban Local Bodies. Presently, there are 3 Municipal Corporations, 37 Municipalities and 67 Notified Area Councils (NAC) in Odisha. Trends of Urban Population Odisha is predominantly a rural state.

As per census 2011 census the percentage of slum households in proportion to total urban households in Odisha is 23.09 percent. Out of the total slum population in Odisha, 32.7 per cent live in semi-permanent or temporary houses where they face evacuation on regular basis. 49.8 per cent of the slum households use grass wood, thatch, metal, asbestos sheets as material for roof and 28 per cent have mud walls. These materials are temporary and do not guard against extremities of weather. Only 38 per cent of the houses are in 'good' condition according to Census figures. It gives a picture where children are mostly neglected. 10 to15 percent children of Odisha are living in slums (Census 2011).

The 2011 Census has stated that 39 percent of the households living in slums have a one-room dwelling and 34 percent have two rooms. An overwhelming 49.6 percent of the households do not have any kind of bathing facility and about 1.7 lakh households (48.33 percent) or 8.5 lakh people of the slum defecate in the open. 53.9 percent of the households do not have any drainage connectivity for waste water. In terms of per capita income, the State has lagged behind the national average. In 2011-12 the per capita income of Odisha is Rs.26,900/- at constant price (2004-05 Prices) whereas the national figure is Rs.38,005/-. State per capita income is 70.8 percent of national average in the year 2011-12. State Un-employment rate irrespective of the category of worker the state's employment rate has always remained higher than the national rate. The urban unemployment rate is higher than the rural unemployment rate. The urban poverty is characterized by exclusion like inadequate and insecure housing and basic services, limited access to services like health, nutrition, water, sanitation etc. If not all but majority of urban poor live in slums. In urban areas slum housing lacks in term of tenure, structure, access to services and therefore deprived of civic amenities. There is a limited access to safe drinking water, sanitation and health services for urban poor.

The impacts of unsafe sanitation conditions and behaviour are immense that adversely affect the urban poor, women and children. Besides poverty, lack of tenure, housing and environmental conditions in slum etc., constrains the urban poor households from gaining access to safe sanitation.

Major challenges of urban slums in accessing good health:

The challenges are greatest in low and middle income countries, where rapid urban population growth is seldom accompanied by adequate investment in infrastructure and services.Slum house- holds lack following minimum facilities

- Access to improved water (An adequate quantity of water that is affordable and available without excessive physical effort and time).
- Access to improved sanitation(Access to private toilet or a public toilet shared and well maintained by a reasonable number of people)
- Security of tenure(Evidence or documentation that can be used as proof of secure tenure status or for secure tenure status or for protection from forced evictions
- Durability of houses (permanent and adequate structure in a non-hazardous location. Protecting its inhabitants from the extremes of climatic conditions such as rain, heat, cold or humidity).
- Sufficient living area(not more than three people sharing the same room)

(Source: The United Nations Human Settlements Programme (UN-Habitat))

NUHM aims to improve the health status of the urban population in general particularly that of the poor and other disadvantaged sections. This could be achieved through facilitating equitable access to quality health care, through a revamped primary public health care system, targeted outreach services and involvement of the community & urban local bodies. As per census 2011, out of the existing 223 cities/towns, 107 cities and towns are governed by ULBs in the State, of which, only 42 cities/towns qualify for NUHM. This includes State headquarter Bhubaneswar, 30 district headquarter city/towns, 11 other cities / towns having more than 50,000 population. Public sector expenditure on health in Odisha is about 1.2 per cent of the Gross State Domestic Product, and about 3 per cent of the annual budget. A large portion of the funds is spent in the tertiary sector. Allocation to health has remained low during the 1990s, and the sustained increase in the wage and salary component has made the non-salary portion shrink over the years. Coverage of preventive services, particularly immunisation, has been generally satisfactory during the last decade.

In highest rate of urban poverty in India Odisha is coming 2nd with 36.7% after Bihar(* source; Expert group-Planning commission).

In recent years, practical programming aimed at fulfilling rights has been focused on the pursuit of MDGs, all of which have relevant implications on urban poverty.

There are following health care issues which need to be address in order to achieve the target of MDGs.

- Maternal & New born health care(Ante natal & Post-natal care)
- Breast feeding
- Immunization
- Nutrition
- Respiratory illness
- HIV/AIDS
- Mental health
- Preventive care
- Family planning
- Adolescent Sexual Reproductive Health(ASRH)
- Prevention and treatment of accidental cases
- Hygiene & environmental sanitation

Thus, the urban environment need not harm people's health. In addition to change in individual behaviour, broader social policy prioritizing adequate housing: water & sanitation, food security, efficient waste management systems, safer places to live can effectively reduce health risk factors. Good governance that enables families from all urban strata to access high quality services-education, health, public transportation, and child care etc. can play a major role in safeguarding the health in urban environment.