

*Full Length Research Paper***Urban Poverty and Health in India – Challenges and Strategies****Divya.S¹ and Chandrashekara.B²**¹*Research Scholar, DOS in Geography, University of Mysore, Mysore*²*Associate Professor, DOS in Geography, University of Mysore, Mysore***Corresponding Author: Divya. S***Abstract**

One of the most dominant concerns of the present age is improving the living conditions of the rapidly increasing population living in cities. For the first time in human history in the beginning of 2007, more than half of the World's population live in cities. The increasing urban population has been accompanied by poverty in urban areas. The effects of the urban poverty are multi-dimensional like deprivation of adequate income, health, education, security and empowerment, found much among the aged, women and children. Hence these groups are more vulnerable to the adverse effects of the poverty than any other group. The present article is confined to examine the health dimensions of urban poverty in Indian context. India's urban population has been rapidly increased in recent decades along with rapid urbanisation. Urban population in India has been increased from 19.90% in 1997 to 30.0% in 2011, only 8.3% of houses were reported kaccha and the access to water supply and toilet facility is very less with just 62% and 47% respectively among urban poor. This contributes to a high incidence of mortality among the urban poor. Infant mortality is 55 per 1000 live births and only 11% of mothers are getting antenatal care among urban poor. There is urgent need to revise the policy frame work for alleviating urban poverty and to improve health status.

Key Words: *Urbanization, Urban Poor, Infant Mortality, Antenatal care, Poverty Alleviation.*

Introduction

The urban population growth of India is significantly increasing at a greater rate though it is not as fast as the other Asian countries. In the meantime, the country has witnessed around 8 percent economic growth in the last couple of years. At present around 32 percent (2011) of India's population lives in Towns and cities and in absolute terms the urban population is 37.7 crores by which for the first time since the independence, the absolute increase in population is more in urban areas than in rural areas. This trend is attributed to the facts like migration from rural to urban areas in huge number, natural increase and inclusion of new areas under urban category. The phenomenon of rapid urbanisation growth rate is common among developing countries due to migration of illiterate, unskilled, poverty laden people in huge number from rural areas. Therefore, it results in poor quality of urbanization among such countries. India is not exceptional to this trend and hence the quality of Indian urbanization is so poor with greater proportion of people having poverty are settled in urban areas. This will create massive growth of slums followed by misery, poverty, unemployment, exploitation, inequalities, degradation in the quality of urban life. With this background the present paper attempts to examine the trend of urbanization, poverty and its health dimensional implications in urban setup of India.

Data Collection Method

The present study is based on secondary sources of information like the Population census 2001, Provisional population table 2011, Census of India, National Family Health Survey (NFHS) 2005-06, Annual report of Housing and urban poverty alleviation 2010-11.

Results and Discussion

India's urban population has been increasing rapidly in recent decades along with rapid urbanization. In 2001 India's Urban population had reached 286 million (28%) and the projections suggest it has reached 370 million in 2011. Population projection by the U.N indicate that by 2030, India's urban population will grow to 538 million with more than half of the total population is likely to concentrate in urban area.

Table 1: Trend of Urban Population Growth in India 1971 -2011

S. No.	Year	Total Population (in million)	Urban Population (in million)	Percent to total population
1.	1971	548.16	109.11	19.90
2.	1981	683.33	159.72	23.37
3.	1991	846.42	217.63	25.71
4.	2001	1028.74	286.15	27.83
5.	2011*	1210.19	370.00	30.0

Source: Census of India 1971 to 2011 (* 2011 data from provisional tables)

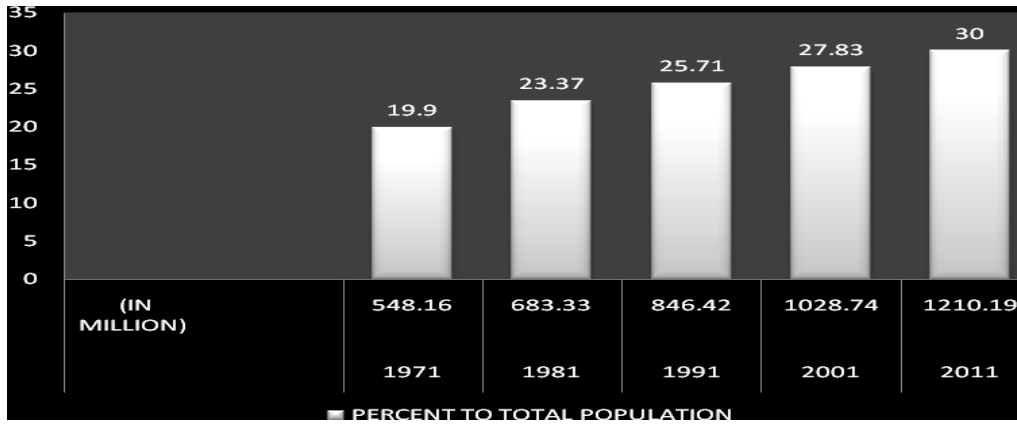


Fig 1: Growth of population in India 1971 - 2011

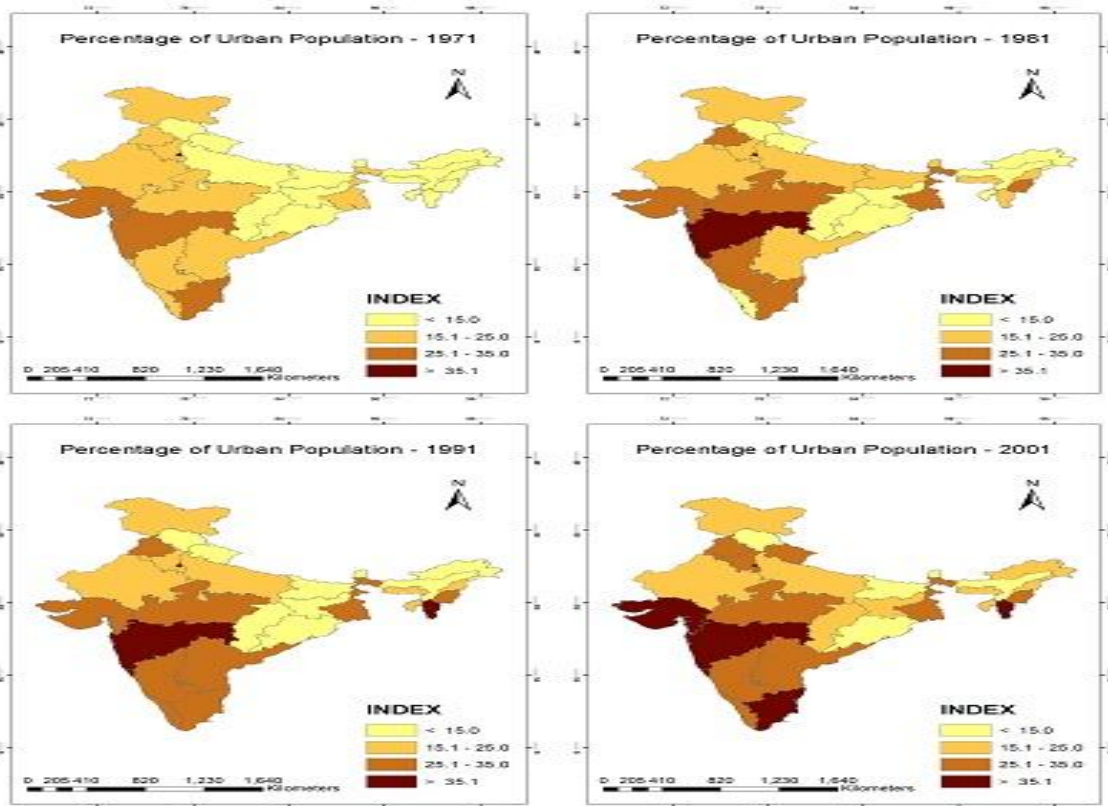


Fig 2: Percentage of Urban Population

The increasing urban population has been accompanied by poverty in urban areas. Poverty implies deprivation or human needs that are not met. It is generally understood to arise from a lack of income or assets, which means that people are unable to meet basic physical needs such as adequate diet and decent housing. It is estimated that around 80 million persons in urban areas live below poverty line with the per month consumption of less than Rs.538. During the last three decades the urban population living below poverty line has decreased from 49 percent in 1973-74 to 25 percent in 2004-05 (Table 2).

Table 2: Urban Poor in India 1973-2005

S. No.	Year	Urban Poor Population (in million)	Percent of Urban Poor
1	1973-74	60.6	49.01
2	1977-78	64.6	45.24
3	1983	70.9	40.79
4	1987-88	75.2	38.20
5	1993-94	76.3	32.36
6	2004-05	80.8	25.7

Source: Table 7 from GOI, M/O HUPA 2009e:17

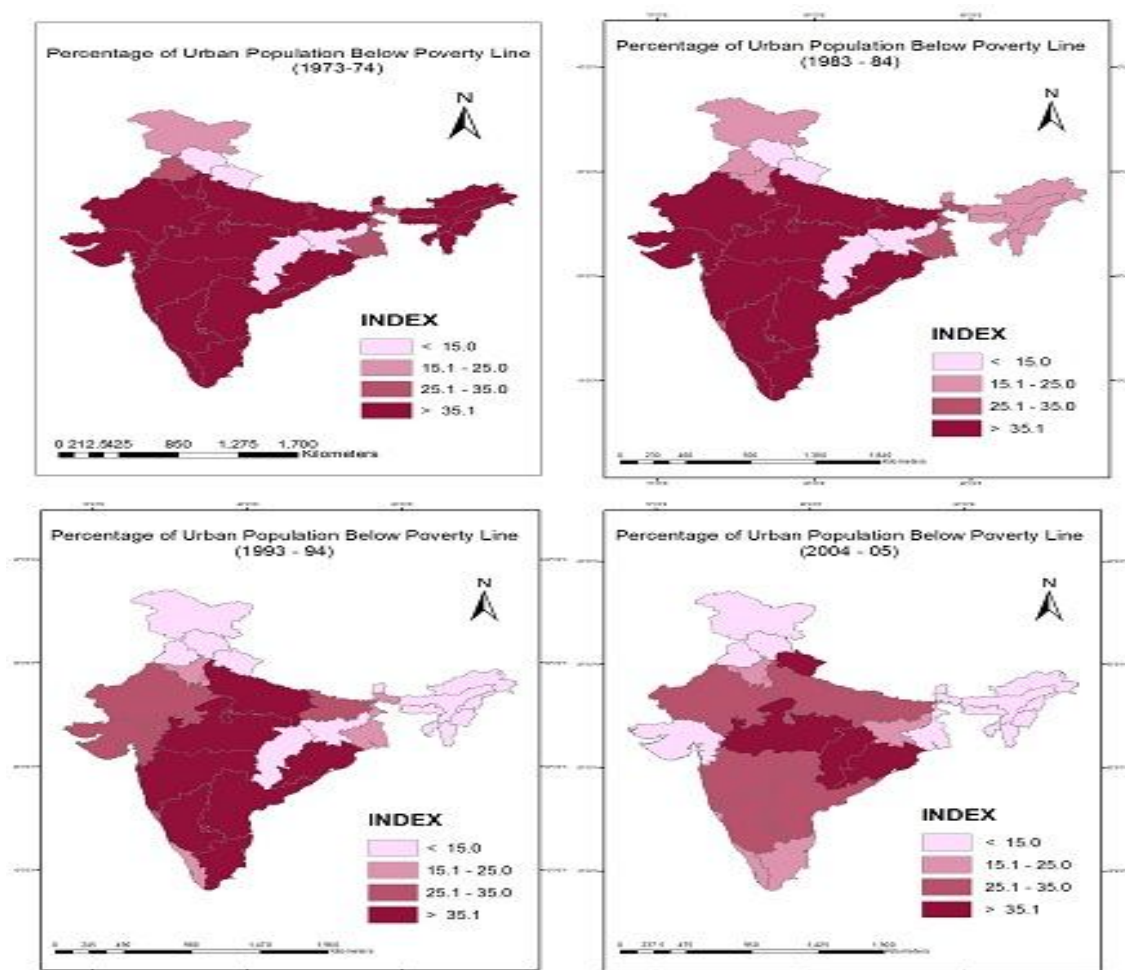


Fig 3: Percentage of Urban Population below Poverty Line

Though these figures indicate a steady decline in urban poverty in India over the decades, still the problem of poverty is severe because it alone has world's 28 percent of poor people in it. Hence, the present trend of urbanization has resulted in the "urbanization of poverty".

At present our political and administrative authorities are unprepared to provide adequate governance and ability to provide basic support services to ensure a decent quality of life for urban residents. This problem is felt more severe and vicious among poor people of the urban society who do not have access to minimum basic services like water, sanitation, adequate dwellings, health and education. The effects of the urban poverty are multi-dimensional, like income, health, education, security and empowerment, found much among the aged, women and children population, hence these group of people are more vulnerable to the adverse effects of the poverty than any other group. The present article is confined to examine the health dimensions of urban poverty in Indian context.

It is well established fact that the poverty and health have a vicious relation each influencing on the other. As the livelihood depends on health it is an important economic asset to the human population. Good health contributes to development in a number of ways: it increases labour productivity, educational attainment and investment, and it facilitates in human welfare and wellbeing.

The urban poor are living in overcrowded and unhygienic conditions and are likely prone to industrial and traffic pollution. They are deprived of access to essential services and exposure to poor quality of air, water and sanitation leads to the cause of many diseases among them.

Housing, Physical environment and Living condition

The problem of urban poverty has many dimensional factors and situation affecting health vulnerability of poor population. Those factors are economic, social and psychological which adversely influence on employment, income, access to basic services, like education and sanitation and drinking. Due to combined effect of these factors the health status of the urban poor become worsens and its impact further intensifies the problem with the continued vicious cycle of poverty.

In India around 24.7 million urban housing shortages was reported during 2007; even the structure and quality of housing is not satisfactory. This is evident from the fact that around 8.3 percent of houses were reported Kutchha which are constructed with inferior wall, roof and floor materials. It indicates the acute housing shortage and inferior quality of housing in urban India due to poverty among urban population. The access to basic facilities like piped water supply at home and toilet are very less among the urban poor. Only one fourth of the urban poor have access to piped water supply at home which is comparatively less than the urban non poor (62percent). Even the access to toilet facility among urban poor is very less with just 47percent. In contrast 96 percent of the urban non poor have access to toilet facility. This poor state of water and sanitation contributes to a high incidence of mortality among the urban poor, especially in urban slums (Table -03).

Table 3: Access to Basic Services among Urban Poor in India

Access to piped water supply at home (%)	Accessing public tap/hand pump for drinking water	Sanitary facility for disposal of excreta (flush/pit toilet) (%)
Urban poor	19	72.0
Urban non poor	62	31.0
Overall urban	51	41.6
		47.0
		96.0
		83.0

Source: National family health survey -2005-06 (NFHS-3)

Health status

To examine the health status of urban poor the indicators like children health, maternal health, mortality and prevalence of infectious diseases are very important and useful. Therefore, the present study uses these indicators and compared with the non-urban population to understand the health status of the urban poor and compare them with health of the non-poor.

Children health

The health of the people is determined by a set of factors like biological, psychological, economical and social. If the parents are well enough in all these respects the children naturally healthier than the children of the poor. In India due to poor nutritional status and malnutrition about 40 percent of urban children are stunted or not having the normal physical (bodily) growth; it is highly prevalent among urban poor with 54 percent as against 33 percent among urban non poor. Further, half of the urban poor children are underweight with more than 71 percent of children suffering from Anaemia. Only 11 percent of urban poor children are completely immunized against different diseases but majority of them are left without any immunization in the country. Therefore, the infant mortality among urban poor in India is still at very high rate at around 55. However, the infant mortality is around 35 for every one thousand live births among urban non poor. The neo natal mortality is also very high at 35. These factual evidences reveal the health of the urban poor children is very critical and worst affected compared to the urban non poor and they

access to basic necessities and services very less due to their poverty. The poor nutrition and environmental conditions have contributed to high infant and child mortality (Table 4).

Table 4: Health and Nutritional Status of Children in India.

Status of children	Urban poor	Urban non poor	Overall urban
Children who are stunted (%)	55.0	33.0	40.0
Children who are under weight (%)	47.1	26.0	33.0
Children with Anaemia (%)	71.4	59.0	63.0
Children completely Immunized (%)	39.9	65.4	57.6

Source: National Family Health Survey -2005-06 (NFHS-3)

Maternal health

A large number of female population is deprived of maternity care in India especially it is very low among the urban poor. In India around 24 percent of mothers are getting antenatal care. However, it is even low among the urban poor with only 11 percent. The situation among the urban non poor is comparatively better than the national average and urban poor average with 30 percent.

Table 5: Maternal Health Status in India

Maternity care	Urban poor	Urban non poor	Overall urban
Mothers who received complete ANC (%)	11.0	29.5	24.0
Births in health facilities (%)	44.0	78.0	67.0
Home deliveries (%)	56.0	21.5	32.5
Anaemia among women (age between 15-49) (%)	59.0	48.5	51.0

Source: National family health survey -2005-06 (NFHS-3)

In majority the deliveries in urban areas are made under medical care, but in India the situation is different with around 56 percent of urban poor women give birth to their baby in houses without proper medical care. This high proportion of birth in houses without any medical supervision leads to the prevalence of high mortality during the child birth both among the infants and mothers. Due to severe poverty and social imposition on women prevented from accessing to health care facilities and other basic necessities. This stigma against women has been resulted in nutritional deficiency in India to the extent of 51 percent of women aged between 15 to 49 years are anaemic.

Among the urban poor the problem of anaemia is much severely prevalent in more than 58 percent women. This has badly affecting the maternal health and consequently they are vulnerable very easily for many health disorders and leads to premature birth and low weight babies.

Challenges and Strategies:

Quality of Migration and Social Exclusion:

The greatest challenge in the context of urban poverty and its effects on poor state of health is the alarming increase in urban population through migration from rural areas in search of employment and better economic opportunities in the cities. Further, the increasing poor urban population in cities due to migration leads to the increasing number of slums which deteriorates the life quality by congestion, poor environmental sanitation, lack of access to health and basic services. Socially and politically these people are excluded away from the rest of the civil society as they are living in illegally occupied spaces in slums their tenure of housing is also insecure. Providing services to these communities is seen as illegal or against to the legal sanctity and hence the services remain outside the purview of services.

Poor Access to Health Services:

The public health services in India is over emphasised on rural health care with the dedicated primary health infrastructure, but it is absent in urban areas. The health facilities in the private sector have a wide presence in urban areas but they are not accessible to the poor because of the high cost. The poor are therefore forced to go for unqualified medical practitioners who provide poor quality of service.

Lack of Accountability and Coordination:

In addition to the limited infrastructure, there is lack of clarity of roles, coordination and accountability for providing services to the urban poor among the various service providers. There is considerable scope for improving coordination in the activities of different agencies by pooling and utilizing resources in a complementary manner.

Strategies

There are several challenges in the context of urban poverty and health of the poor in India, but these challenges are possible to tackle through appropriate strategies. There is an urgent need for policy and institutional reforms at the national as well as at the

city level in order to improve the conditions facing the poor. Programmes that can be directly benefiting the poor in the short to medium term should be taken up.

Increase Job Opportunities in Small and Medium Towns:

The present trend of rural-urban migration in India is favoured towards metropolitan cities due to the available economic opportunities. This indicates that the small and medium towns are failed to attract people to migrate towards them due to their inability to generate more employment locally. The urgent need is to enhance the job opportunities in low and medium sized cities and towns, through developing strong economic base to generate adequate resources, by which they can reduce the stress on metropolitan cities and reduce the increasing influx of poor rural population toward cities causing the squatter and slums in metropolitan cities.

Adequate Provision of Basic Services:

The vulnerability of the urban poor is high due to the inadequate provision of basic public services. Therefore, it is very important to provide adequate basic services to the urban poor at affordable costs. Further, there should be greater equity in the provision of basic services in the cities. This would increase the ability to access the basic needs such as health, education, housing, employment, recreation, safe drinking water which ultimately improves the life quality of the poor and make them healthier and they become productive to the society.

Urban Governance and Capacity Building:

Designing appropriate policy frameworks for urban poverty reduction and implementing them fairly and effectively requires good urban governance. Policy actions for good urban governance include accountability and responsiveness to the public, anti-corruption policies and practices, and measures to build capacity. Authorities must consult with the public about their needs, preferences and satisfaction with the services. Local capacity building is needed for several reasons. The city administrators may have little experience with participatory planning, decentralization and consequent challenges for local authorities; and a lack of experience and management capacity can also hinder their struggle against poverty. Capacity can be built by training local personnel and community leaders and giving them more access to national and international experience in relation to the policies and programmes against poverty.

Conclusion

The above facts have revealed that there is a rapid increase in urban population in India with increasing number of poverty. Due to the poverty a quarter of urban population are not able to have access to basic services and they are deprived from decent living. The most vulnerable population among the poor are the women and the children. The poor nourishment of women and children resulted in many health disorders; the decreased economic participation of the people reduces the productivity and income of an individual and the society as a whole.

Even after six decades of independence India is not able to achieve equity in the provision of basic services to the urban poor and make the people empowered. There is an urgent need to revise the policy frame work for alleviating urban poverty and to improve the health status; the mind-set of the planners should change focussing more on tackling urban poverty rather than focussing only rural poverty.

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