EDITORIAL

HEALTH AND URBAN POVERTY

Africa like most of the other third world countries is experiencing a very rapid and unplanned urbanisation. It is estimated that the urban population in sub-Saharan Africa will rise from its current level of 34% to the total population to 46% of its projected total of 929 million by 2020(1,2). This scenario has had and will continue to have many negative and adverse social, economic, political and health consequences. In nearly all these instances the realities act synergistically are interrelated, influence and affect each other. The current national thinking, development planning and social disposition in sub-Saharan Africa is disproportionately biased towards urbanisation and they are credited with 60% of the regions GDP(1,2). Based on our current thinking, urban centres particularly the major cities and towns are the centres for the bulk of opportunities for livelihood, decision-making, styles, education, medical care and many others. The urge and the pull for people to migrate to the urban centers are infinite, unlimited and irresistible at the same time new households indigenous to these urban areas are also swelling the population and demanding for additional services. The rural urban drift synonymously referred to as migration is therefore the testimony of a lopsided planning or no planning at all. It is also fact that urban culture in its current form as construed by western civilisation is a recent concept in sub-Saharan Africa and has not adequately rooted or rationally been applied. The urban informal settlements are places where inhabitants move in with their rural cultural heritage and social values. This style of settlement also describes their definition and cultural perception of health, illness, disease and appropriate response.

It must however be borne in mind that these urban centres have a limited holding capacity, for both the opportunities they offer and the minimum population they can adequately carry and cater for adequately. Therefore given the ratio between the urban populations and the available resources, it is clear that what is available cannot be sufficient for the rapidly growing population. Therefore the disproportionate size of the population against the available resources is one of the most powerful parameters that defines urban poverty and the plight of all the vulnerable people. The second elements to the primary responsibilities are those secondary responsibilities tied to the extended family system. This latter social system disproportionately shifts social responsibility, social and economic dependency ratio to just a few of the urban breadwinners. This phenomenon also shifts the relative index of poverty and increases the number of poor in the urban areas. On the shoulders of a few women and men lies an immense responsibility of addressing the livelihood needs of the majority of the population both in the urban and rural areas.

Poverty, which is the central theme to this debate, has several consequences, the core consequence being the steep and continuous deterioration of health and the inability of the prevailing systems to stem the tide. A vicious cycle of poverty worsening the state of human health and vice versa reigns supreme. In all the urban areas of Kenya, there has been a demonstrable increase in the index of poverty in the last 11 years. Mombasa and Nairobi has had their index rise from 23.60% and 20.80% in 1993 to 27.20% and 30.00% in 1998 respectively(3). This rise in the index of poverty has seen more people drop below the poverty line with an increased number of the middle class claim a larger share of the poor. The majority of the urban poor are the 80% inhabitants of the informal settlements for example, Kibera, line-saba, Mathare in Nairobi, Obunga and Manyatta in Kisumu and Kongowea in Mombasa among others. These settlements contribute to the high indices of poor health in the urban areas. Although area specific indices have not been measured and published, because of the presence of determinants of ill health, it follows that the key indices in urban areas reflect on them. These among others include the deterioration and the rising of the following: (i) the declining quality of life index and the increasing level of homelessness, stress, lack of dedicated time for pleasure and recreation; (ii) the rising level of insecurity with individuals constantly worried about it; (iii) the rising infant mortality rate worsened by the vicious cycle of HIV/AIDS and poverty; (iv) the rising under five mortality also worsened by the vicious cycle of HIV/AIDS and poverty; (v) the increasing maternal mortality rate, particularly that which is associated with unsafe abortion. Poor reproductive health programmes for adolescents and particularly the lack of a proactive adolescent sexuality education and contraceptive programme and support to safe elective abortion care worsen the index of maternal mortality. The HIV/AIDS and poverty further worsen the situation of the youth. Infanticide and Infant abandonment is also in the increase however no accurate figure exists.

AIDS specific mortality and morbidity. The increasing rise of orphans, particularly those associated with HIV/AIDS is one of the most critical issues of our time and a major base catalyst to long term poverty and continuous aggravation to ill health.

Assault, accidents, homicide, suicide are also critical indicators of social change, poverty and ill health.

The continued breakdown in families, divorce and family abandonment. This has led to an increasing number of street children, street families and adult destitute. This breakdown is associated with the continued breakdown in the social safety net due to the disintegrating social support network and systems. Mortality and morbidity related to drug use and abuse. This is directly linked to Mental health deterioration worsened by drug and alcohol use and abuse.

The following indices are influenced by a continuous and dynamic interaction between poverty, urbanisation and ill health. As the level of poverty rises so does the ill health both forming a vicious cycle that continually contribute to and worsen each other.

How does one define urban poverty? Poverty in general is the state of want. Poverty can be relative or absolute. The latter is the state of extreme want where individuals have no access to the basic necessities for life. Urban poverty can therefore be defined, as the lack of access to basic needs particularly food, shelter, health, security, basic hygiene, sanitation and water in addition to economic or monetary security. This definition is not unique to the urban setting but equally applies to rural areas. Urban poverty is a vicious cycle created by the demand and supply of essential resources; the essential trigger has been the increasing migration of rural people in search of livelihood opportunities in urban centers. Usually this rural urban migration is aimed at securing wage employment and a livelihood. With the diminishing capacity of the urban formal job sector to absorb the large number of employment seekers. These job seekers are migrants from the rural areas and the increasing number of households from stable urban settlers. The remaining option for employment seekers who have a predilection to a honest living has been to join the informal sector. Street vending of food is one common informal sector, which has direct bearing to problems of typhoid, amoebiasis, cholera, food poisoning and other gastrointestinal ailments. Evidence to typhoid factor, has been reported by Muleta and Ashenafi(4) in Addis Ababa. This unprecedented and dramatic movement directly affects the provision of adequate basic services, for example, proper and adequate housing, schools, clean wholesome water, health care, food security, social security, basic recreation. Therefore many people migrating into the urban setting find their way into informal settlements. It is estimated that his informal settlements in Nairobi hold approximately 80% of the urban settlement but occupy less than 10% of the urban land space. With such high concentration of populations in small and always non-allocated and non-serviced land spaces, the density alone has a very strong negative impact on the health of these informal settlement inhabitants. These spark out the vicious cycle of poverty and ill health. For the urban poor, the following factors contribute to the increasing poverty:

(i) Lack of security of income and property. This makes people insecure and unable to focus on real development. It also makes them unable to accumulate capital for investment.

(ii) Lack of social inclusiveness in the decision making in matters that concern individual and social welfare in the urban settings. This omission of the urban poor input, puts them in positions of social predicament, where issues which directly affect their health and wellbeing is omitted in major decision and planning processes.

(iii) Poor access to resources and services these include access to health care, affordable and wholesome water, proper sanitation. With this regard we are reminded of the flying toilets of Kibera and other urban slum settlement. Due to the absence of toilets, people use plastic bags to empty their bowel at night. They dispose of these bags by throwing them outside of the rooftops of houses. Occassionally they land on an unsuspecting passerby when still in "mid-flight". Problems that accompany this include severe water borne diseases and gastro-intestinal problems. Other important problems include the enforcement of basic hygiene rules, particularly the maintenance of food hygiene during vending.

(iv) Lack of adequate and proper housing. This not only impacts directly on the physical health and hygiene, it dehumanises families and has often led to poor mental hygiene. The youth in these households cannot develop adequately due to lack of privacy, their sexual growth and development is grossly interfered with. There have been increased reported cases of rape and incest(5).

(v) Lack of food security, which is directly linked to income. Globally, 800 million people do not get enough food to eat and 500 million are chronically starved. More than 30% of under fives in urban areas are malnourished. The finding of the study of street children in Eldoret by Ayaya and Esamai(6) confirms this, in their study they found 31.1% and 41.9% of the children being stunted and underweight respectively(6). These observed high level of malnutrition is related to a cycle of poverty, disease and ignorance and predispose to other infections, including accelerating HIV/AIDS. The issue of food hunger has driven many adults to beg and many children into the streets to beg and live as street boys and girls. The impact of street living on the health of street people is multiple and encompasses both physical and mental health. Many of these children and young adults are driven to scavenging for food and other material valuables that can be traded for money in garbage dumps and land fills. The consequences include, skin diseases, chest problems, gastroenteritis, mental problems, diverse bacterial and viral infections and possibly HIV/AIDS, due to poor disposal of blood and blood products. The Eldoret study confirms some of these illnesses. 28.9% of the children presented with cough and 12.1% were diagnosed to have URTI. The most common disease category was skin diseases, diagnosed in 50.9% of the street children, this is related to poor skin hygiene and poverty(6).

Poor social support structure. This emanates from both lack of government social support programs and the loosened social ties and insurance that goes with the African family network.

Lack of security of tenure of the land those urban poor occupy. These people are subject to frequent evictions. Due to this lack of tenure the urban poor are unable to

focus on long term development and the improvement of their lot, particularly on issues which have direct benefit to health.

Lack of consideration of adequate transport of the poor in the urban settlements. This poor transport infrastructure makes the urban poor subject to vagaries of weather when they scale long distances on foot. A considerable proportion of their meager income is consumed by transportation needs.

All these factors touching poverty are issues of development and they equally impact on ill health and therefore a systematic response to their reversal can have a positive impact on the health of the urban poor.

The pattern and type of illnesses observed among the urban poor is more or less similar to the rural poor but with a slightly higher magnitude because of the prevailing unhealthy environment. In most of the slum areas there are no provisions of garbage disposal, human waste disposal and these have a direct contribution to the high incidences of diarrhea diseases which are frequently observed and reported within the catchment health institutions. There is a direct impact of poverty in the increase of HIV/AIDS, due to the temptation of trading sex for monetary gain or other favors. The poverty has given rise to increase in commercial sex work for both males and females.

Access to medical treatment is in itself a major problem due to numerous reasons including Lack of money to buy medical care. Under this there are no arrangement of health insurance for the poor. The inadequate provisions of health institutions and health manpower exist given the population to be served. This disparity is worsened by the commercialization of health. Inadequate participation in community based primary health care by the major providers of health care and by the poor also adds on to the problem.

Suggestions for the reversal: The major suggestions for the reversal are many, but they revolve around the elimination of urban poverty. Poverty elimination or alleviation as it is commonly refereed to must address the issue of equity achieved through a strong political commitment.

(i) The major issue is the removal of poverty through focussed poverty reduction programmes. This can be done through agitation for: Security of land tenure for the poor especially those affected, linked to succession plans of people with HIV/AIDS.
Promotion of individual and family rights to adequate housing and providing equal access to land. Allocated land should not be sold, it should only be surrendered back to the state for re-allocation. This is because irregular land dealings and speculations has made the land out of reach of the urban poor.
Promote access to basic services that goes with social development and eradication of poverty, including water, sanitation, health services with equal opportunities for a healthy and safe life.
Promotion of social interaction and social safety nets.
Promotion of gender equity and human settlement development with equal rights to all citizens regardless of sex religion race or ethnicity.
The development of adequate and accessible health financing schemes for the poor in society

(ii) Develop legal framework for the poor indigent and orphans. The promotion of legal rights of orphans and disadvantaged. This should include free access to legal representation in matters of rights for all and especially those for children orphaned by AIDS. This legal framework should be developed and linked to succession planning of people affected with AIDS.

(iii) The intervention in urban governance, to make it more transparent and accountable to the urban citizenry. Promote with other development partners transparent urban governance.

(iv) Financial and other material resource mobilisation. Through building communities and creating healing communities

(v) Develop mechanism for local resource mobilisation and a sustainable external resource mobilisation

(vi) Address the rural urban slum interface and linkage. The dynamics of these if addresses will influence the interface Reform then rural sector to reduce unnecessary urban migration Address issues at source in the rural areas. In this process urban settlers should truly make it their home. In stemming the migration tide, the provision of all basic amenities in the rural areas to also respond to achievement of the provision of basic needs.

Make education compulsory and universal to address the issues of those in want.

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