



Urban poor children

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EDITORIAL

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Abstract

One-half of the world's population lives in cities and towns; this is expected to increase to 70% by 2050. One in three urban dwellers lives in slums. As the urban population grows, so does the number of urban poor. Out of a billion children living in urban areas, approximately 300 million are suffering from exclusion or are at risk of exclusion. Urban poor children are devoid of basic rights of survival, development and protection and are marginalised in challenging conditions in overcrowded settlements. Rapid urbanisation and the consequent increase in urban population is one of the biggest challenges that developing countries, including India are facing. Thirty per cent (that is, 367.5 million) of India's population of 1.23 billion live in urban areas. Moreover, this figure is increasing rapidly and is expected to reach 432 million (40%) by 2021. Rapid urbanisation has unfortunately outpaced development, and a large proportion (43 million) live in substandard conditions in slums. Now is the time to pay attention to the basic rights of the urban poor, especially the urban poor children, the most vulnerable group at the launching of 12th Five-Year Plan & National Urban Health Mission (NUHM) in India.

Key Words

Urban poor, slum children, urban children

Introduction

One-half of the world's population lives in cities and towns; this is expected to increase to 70% by 2050. One in three urban dwellers lives in slums. As the urban population grows, so does the number of urban poor. Children are the

most vulnerable portion of urban poor population. Out of a billion children living in urban areas, approximately 300 million are suffering from exclusion or are at risk of exclusion.¹ Urban poor children are devoid of basic rights of survival, development and protection, and are marginalised in challenging conditions in overcrowded settlements; they also face the constant threat of eviction. They suffer exclusion from essential services like health care, clean water, sanitation, education, electricity, etc. Their existence is not acknowledged, as neither their births nor deaths are registered. They are the favourite prey of disease and disasters. Childhood to them is a mere nightmare. They are the victims of crime and exploitation, and some of them may become criminals as they learn to live in that situation. They are trapped in the vicious cycle of exploitation and crime. They are prone to addiction. They may get engaged in prostitution and suffer from teenage pregnancy, illegitimate births, HIV infection, etc. Apart from these physical factors, social determinants are equally important. A study from the slums of Surat city of India reveals that social determinants like social exclusion, stress and lack of social support are significantly associated with morbidity.² The hardships endured by children in poor communities are often concealed and perpetuated by the statistical averages on which the decisions about resource allocation are based. As these average figures are lumped together, the poverty of some is obscured by the wealth of others. One consequence is that already deprived children remain excluded from essential services. Urban-rural disparity has long been felt, but the disparity that exists among the children of cities has been neglected.¹ The challenge of inclusion of the urban poor is stated directly in the Millennium Development Goals (MDG): "Achieve significant improvement in the lives of at least 100 million slum dwellers by 2020". Moreover, other MDG-related goals regarding drinking water, poverty reduction, child mortality reduction, maternal health improvement, and environmental sustainability are also a dream unless the urban poor are given due priority.³

Indian perspective

Thirty per cent of the Indian population (that is, 367.5 million) of 1.23 billion live in urban areas. Moreover, this figure is increasing rapidly, and is expected to reach 432



million (40%) by 2021. Rapid urbanisation has unfortunately outpaced development, and a large proportion (43 million) live in substandard conditions in slums.¹

There are more than two million births annually among India's urban poor, and the health indicators in this group are poor. Fifty-six per cent of deliveries among the urban poor take place at home. Under five mortality of the urban poor population of India is very high of 72.7 per thousand live births. In addition, several health indicators among the urban poor are significantly worse than their rural counterparts. Sixty per cent of urban poor children do not receive complete immunisation as compared to 58% in rural areas; 47.1% of urban poor children <3 are underweight compared to 45% of the children in rural areas.⁴ Ignorance and difficult life conditions, improper food habits, low health care use and hygiene awareness, and lack of knowledge of the origin of sickness and proper measures for cure are some of the factors leading to urban poor children being at risk of malnutrition.⁵ The invisibility of the urban poor has contributed to their systemic exclusion from the public health care system. Factors such as lack of economic resources restrict the urban poor's access to private facilities. Illegal status, poor environmental conditions, overcrowding, and environmental pollution have further contributed to their poor health status. Living conditions in slums are very inhumane and only 54% of India's urban population have access to improved sanitation.⁶

The first step of a stakeholder's dedication to serve urban poor children should be an honest and accurate assessment of poverty and exclusion. The slums are an accepted reality and efforts are being made to provide better quality of service to the urban poor. The Government of India launched the Jawaharlal Nehru National Urban Health Mission (JnNURM) on 3 December 2005, to address deficiencies in urban infrastructure and service delivery. This program aims to encourage urban reforms, fast track planned development of identified cities with a focus on efficiency in urban infrastructure and service delivery mechanisms, community participation, and accountability of urban local bodies towards citizens. JnNURM has two sub-missions of 'Urban infrastructure & Governance' and 'Basic services to urban poor'.⁷ However, in the last six years since its inception, the circumstances for the urban poor have not changed much. The sub-mission 'Basic service to urban poor' is significantly lagging behind the 'Urban Infrastructure & Governance' as security of tenure, improved housing, water supply, sanitation, education, health and social security for the urban poor are still a daydream.

A successful urban program is to be tailored to meet the needs of the most vulnerable section and it should be sustainable in the long run. Factors contributing to its success include good data, urban champions (who advocate for and draw attention to health issues the urban poor face, and have access to both the urban poor and decision makers), community empowerment, coordination and linkages among stakeholders, pro-poor advocacy, and plans for sustainability at the outset.⁸

Recognising the seriousness of the problem, urban health will be taken as a thrust area for the 12th Five-Year Plan (2012-17). The National Urban Health Mission (NUHM) will be launched as a separate mission for urban areas with focus on slums and the urban poor. NUHM faces the great challenge of ensuring health services for all urban dwellers, including the urban poor population living in listed and unlisted slums, as well as all other vulnerable populations such as the homeless, rag pickers, street children, rickshaw pullers, and other temporary migrants.⁴

Conclusion

Looking at the severity of this global problem, "children in the urban world" must be the immediate priority. As far as India is concerned, the situation is getting worse day by day. Out of 21 megacities (cities with populations greater than 20 million) three are in India: Delhi, Mumbai and Kolkata, which are the major hubs of slums.¹ The five key areas in which action is required if the needs and rights of the urban poor children are to be fulfilled, are: 1) to develop accurate data to understand the scale of problem; 2) to identify and remove the barriers of inclusion; 3) to put children first by broadly pursuing equity in urban planning, infrastructure development, governance and service delivery; 4) to promote partnerships between the urban poor and the government; and 5) to ensure that everyone works together to achieve results for children.

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