The Health of Urban Populations in Low- and Middle-Income Countries

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Outline

1. Putting Health in Context
2. Urban Poverty and Health: The Evidence Base
3. Under-Appreciated Urban Health Issues
4. Conclusions
Putting Health in Context:

### Millennium Development Goals
- Absolute poverty, in both rural and urban areas
- Target 11: Improving lives of slum-dwellers
- Unmet basic needs in water supply, sanitation, housing
- Child survival, maternal health, tuberculosis, HIV/AIDS

### Urban Demographic Transformation
- Migration versus natural increase; Large versus small cities and towns

### Decentralization
- Municipal and other sub-national tiers of government
Health: Look Beneath the Averages

Recognize the Diversity of City Populations

- **On average**, today’s urban residents enjoy better health than rural villagers (apart from HIV/AIDS)
- But **urban averages mask enormous within-city inequality**
- **Urban poor** often face health risks like those of rural villagers.
- Among urban poor, **slum-dwellers** can face risks well in excess of rural risks
Fewer Rural Poor, More Urban

$1 a Day Measure

![Graph showing the number of poor individuals in millions from 1993 to 2002. The graph is divided into two sections: Total Urban Poor and Total Rural Poor. The data is sourced from Ravallion et al. (2007).]
Little Progress in Reducing Urban Percentage Poor

Source: Ravallion et al. (2007)
The Urban Health System

Distinctive Features

- Risks from spatial concentration of population.
- Urban system is much more monetized than rural—those who lack cash are excluded.
- Private sector far more important.
- Do not assume that urban health services (public or private) are of minimally acceptable quality.
- Larger versus smaller cities—differences in managerial, technical abilities; health personnel; revenue-raising.
A small sample of results from the Demographic and Health Surveys program. Over 160 surveys now available. Only a selected few will be shown today.

- Urban households ranked relative to other urban households; rural households ranked relative to other rural.
- “Very poor” households are lowest 10 percent of households; “Poor” range from 11–25 percent; “Near-Poor” from 26–50 percent; and “Other” are the remaining households in the 51–100 percentile range.
Quality of Care: Prenatal Visits in Urban India

Told of Complications

Proportions Told of Pregnancy Complications

Not poor: 0.49
Poor: 0.38
Very Poor: 0.32

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Prenatal Care in Urban Philippines
Told of Complications and Where to Go

<table>
<thead>
<tr>
<th></th>
<th>Told of Complications</th>
<th>Told Where to Seek Care</th>
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<tbody>
<tr>
<td>Very Poor</td>
<td>0.42</td>
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<tr>
<td>Poor</td>
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<td>Not poor</td>
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Quality of Health Care in Delhi
Studies by Das and Hammer in 2007

“Money for Nothing”?  
- Public and private providers plentiful, readily accessible  
- But both score poorly on clinical knowledge (vignettes)  
- When observed with patients, they score even lower.  
- Private sector providers serving slums score badly—not surprisingly  
- The public sector does not assign its better providers to poorer neighborhoods
Attendance at Childbirth: Urban and Rural India
Trained Nurse-Midwife or Physician Present

![Bar chart showing the percentage of women attended by a trained nurse-midwife or physician during childbirth in urban and rural areas of Very Poor, Poor, Near Poor, and Other socioeconomic groups. The chart indicates a higher percentage of women being attended in urban areas compared to rural areas across all socioeconomic groups.]

Percentage Attended
Urban Rural
Very Poor 42.0 14.0
Poor 59.8 14.2
Near Poor 69.8 22.8
Other 87.2 45.8

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Children’s Malnutrition: Urban and Rural India

Percent Stunted—Much Too Short for Age

Urban

Very Poor: 52.6%
Poor: 41.1%
Near Poor: 39.3%
Other: 26.1%

Rural

Very Poor: 57.2%
Poor: 58.0%
Near Poor: 54.1%
Other: 40.8%
Child Mortality in Nairobi’s Slums

African Population and Health Research Center

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Urban Health

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What Urban Health Issues Are Being Overlooked?

Action Needed Across Sectors

- Mental health
- Intimate-partner violence and alcohol abuse; crime
- Traffic-related injuries and deaths
- Tuberculosis
- Health threats from outdoor and indoor air pollution
- Looming risks from climate change: Frequency of floods, heat waves, other extreme events
Women’s Mental Health

What Aspects?
Focus on depression, anxiety, fearfulness—common mental illnesses

Why?
- Women (in study after study) are more afflicted by anxieties, stress, and depression than men.
- Women bear the burden of safe-guarding the health of their families.
- Women also sustain much community organizational life.
- For poor women, mental ill-health saps sense of self-confidence needed to seek out health care for themselves and their families.
Contributing Factor: Intimate-Partner Violence

WHO (2005)

Percentage Experiencing Abuse

Bangladesh Brazil Namibia Peru Tanzania Thailand

Physical Abuse  
Sexual Abuse  
Either
Thoughts of Suicide, by Experience of Violence

Percentage with Suicidal Thoughts

Bangladesh Brazil Namibia Peru Tanzania Thailand
Ever Experienced Abuse Never Experienced Abuse

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But What Can Be Done?
Research by Patel, Harpham, others

Effective Local and Low-Cost Interventions Exist:

- Individual and group discussions with empathetic counselors, from the community, with training
- Treatment with inexpensive, well-known drug therapies
Upcoming Risks from Climate Change
Research by Satterthwaite, Huq, McGranahan, others

Which Risks?
- More frequent extreme-weather events (e.g., hurricanes)
- Storm surges, flooding
- Heat waves
- Eventually, sea-level rise
The Urban Adaptation Agenda

Good Policies are Consistent with Development

- Urgent need to invest in better drainage, sanitation—already priorities for poor city neighborhoods, emphasized in MDGs
- Work in concert with multiple levels of government and NGOs on emergency preparedness, emergency response
- Build and safeguard “lifeline” infrastructure—communication, transport
- Use census data and city-level surveys to pinpoint neighborhoods at greatest risk
Conclusions: Putting Urban Health on the Agenda

“Joined-Up” Government

- Urban health cannot be left to the public health sector alone—concerted action across agencies
- Urban private sector will be an enduring presence
- Must not assume that health services are of adequate quality, in the private or the public sectors

Information Needs

- What percentage of urban poor live in slums? What percentage live elsewhere? What percent in the urban periphery, outside scope of municipal governments?
- Examine smaller cities and towns—these are where the majority of urban residents live