

URBAN DIVIDE: HUNGER, HEALTH AND EDUCATION

In a bid to better understand the living conditions in urban areas, UN-HABITAT's new report, *State of the World Cities 2010/2011: Bridging the Urban Divide* analyzes the differences between rich and the poor over a range of data which includes income and consumption inequality; statistics on health, education, hunger, employment opportunities as well as spatial segregation.

The conclusion of the authors is that when comparing rural and urban communities, there is a distinct urban advantage. City dwellers are by definition surrounded by more resources and opportunities.

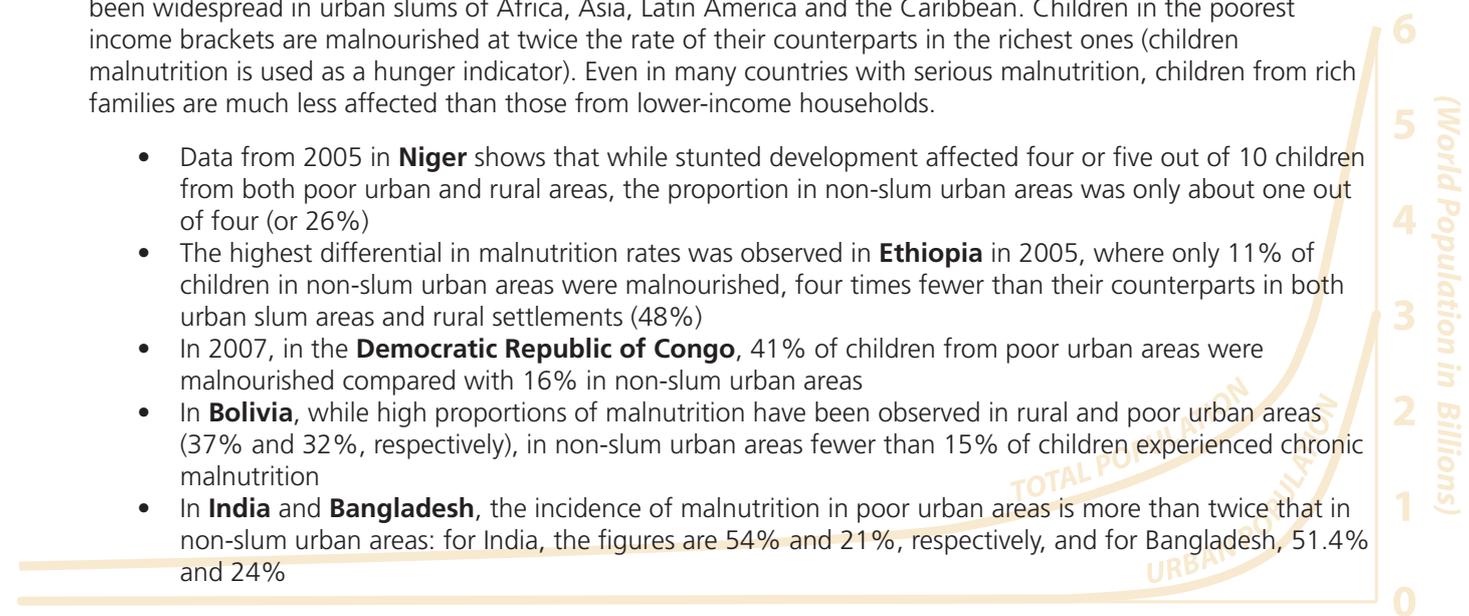
However, a systematic comparison of slum with non-slum populations within the same city, and groups of slum dwellers suffering from a variety of illnesses and discomforts associated with poor housing and living conditions provides clear evidence that access to quality health, education and food depends on social class. In many cities, the urban divide is a stark reality.

HIDDEN HUNGER

Increasingly, though, people in cities and towns are going to bed hungrier each night than their country folk, new UN-HABITAT data on malnutrition in urban areas – as measured by the incidence of underweight children – shows major differences in food security across socio-economic groups in cities. As food prices gallop in urban areas in the face of persistently low incomes, poor urban residents cannot afford to buy enough, and nutritionally good, food – even in countries that produce enough to feed their entire population. Just like poverty, hunger in cities is only an outcome of an inequitable distribution of available resources.

Demographic and health survey data collected between 1990 and 2007 shows that serious malnutrition has been widespread in urban slums of Africa, Asia, Latin America and the Caribbean. Children in the poorest income brackets are malnourished at twice the rate of their counterparts in the richest ones (children malnutrition is used as a hunger indicator). Even in many countries with serious malnutrition, children from rich families are much less affected than those from lower-income households.

- Data from 2005 in **Niger** shows that while stunted development affected four or five out of 10 children from both poor urban and rural areas, the proportion in non-slum urban areas was only about one out of four (or 26%)
- The highest differential in malnutrition rates was observed in **Ethiopia** in 2005, where only 11% of children in non-slum urban areas were malnourished, four times fewer than their counterparts in both urban slum areas and rural settlements (48%)
- In 2007, in the **Democratic Republic of Congo**, 41% of children from poor urban areas were malnourished compared with 16% in non-slum urban areas
- In **Bolivia**, while high proportions of malnutrition have been observed in rural and poor urban areas (37% and 32%, respectively), in non-slum urban areas fewer than 15% of children experienced chronic malnutrition
- In **India** and **Bangladesh**, the incidence of malnutrition in poor urban areas is more than twice that in non-slum urban areas: for India, the figures are 54% and 21%, respectively, and for Bangladesh, 51.4% and 24%



HEALTH
Poor sanitation and hygiene, as well as unsafe water supply kill many slum dwellers each year. Many succumb to malaria, diarrhoeal and respiratory diseases. So, improving the quantity and quality of water for domestic use can significantly reduce such deaths. Crowded and poorly ventilated living conditions, so typical of slum and squatter

settlements, heighten the risk of spreading diseases to residents.

The report argues that in cities where a higher degree of equality prevails – including lower income disparities, lower incidence of slums and only small numbers of slum dwellers with various shelter deprivations – the occurrence of ill health tends to be noticeably less frequent. Conversely, public health is generally poorer in more unequal cities that feature stark material differences in housing and basic services. Better housing is, therefore, vital in ensuring a healthy population.

- In **Nepal**, lack of sanitation in overcrowded urban areas exposes children to diarrhoeal diseases at a higher rate (17.9%) than in the country's rural areas (12.6%) or its urban environments overall (10.3%). Where all four basic shelter services are lacking, the prevalence of diarrhoea rises to 20.8%
- In **India** as well, children from households without improved water and sanitation in poor housing conditions are exposed to a high prevalence of diarrhoea (16.7%)
- In **Namibia** and **Niger**, lack of sanitation and durable housing are also responsible for high rates of diarrhoeal diseases among children, with a prevalence of 17.6% in Namibia and 29.9% in Niger, compared with 11.6% and 16.7%, respectively, among children from non-slum households

EDUCATION: OPPORTUNITIES, INEQUALITIES

Access to education is greater in cities than in rural areas. In cities of most countries of the South, the “urban advantage” is clear for rich and poor. Although large majorities of children in most cities are enrolled in school, the differential between slum and non-slum areas remains clear. Social and cultural barriers continue to deny many slum dwellers the chance to enroll in school and complete primary education and youth living in the same communities plainly have slimmer prospects to attend secondary school than non-slum residents.

This report shows the particular challenges slum populations face with regard to this fundamental right, alerting us that if the urban/rural gap in education has been reduced over time, the divide between rich and poor populations has been widening, and is cause for great concern. The report also provides fresh data that shows social inequalities, in addition to class differences, are also gender biased.

- In **Tanzania**, for example, net enrolment ratios increased in both rural and non-slum urban areas, but actually decreased in slum areas. Similar patterns have been reported in **Zambia** and **Zimbabwe**, but are not confined to sub-Saharan Africa
- For instance in **Guatemala**, only 54% of children living in slums were enrolled in primary education in 1999, compared with 73% in non-slum urban areas and 61% in rural areas. **Brazil** also reported similar enrolment figures in the late 1990s
- In **Bangladesh**, **Nepal** and **Pakistan**, for example, fewer than 40% of children in the poorest socio-economic quintile complete primary school, compared with 70% to 80% in the richest quintile
- In **Sierra Leone**, the figures are 20% and 70%, respectively. Among slum communities in **Nigeria**, children are 35% less likely to attend school than those from non-slum areas
- In **Bolivia**, only 10% of children in the poorest quintile complete primary school, as compared with 40% of those in non-slum areas, and 55% of children in the richest quintile

SUGGESTED SOLUTIONS

The authors of the report argue that any solutions to this aspect of the urban divide must ensure that Slum upgrading is strongly linked to health and nutrition programmes. The fight against childhood diseases must look beyond the traditional realm of the household to encompass the modern environment of disease: the neighbourhood, and the city as a whole, with all their attendant risks.