

# The Health of Urban Populations in Developing Countries

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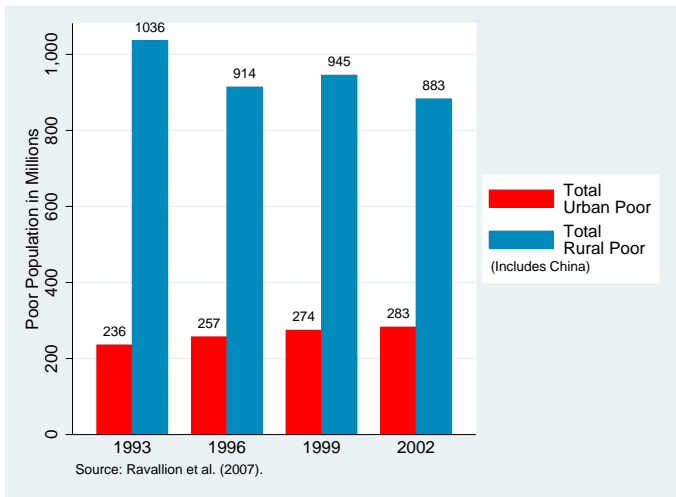
# Outline

- 1 Why Single Out Urban Poverty?
- 2 Urban Poverty and Health: Looking Beneath the Averages
- 3 Under-Appreciated Urban Health Issues

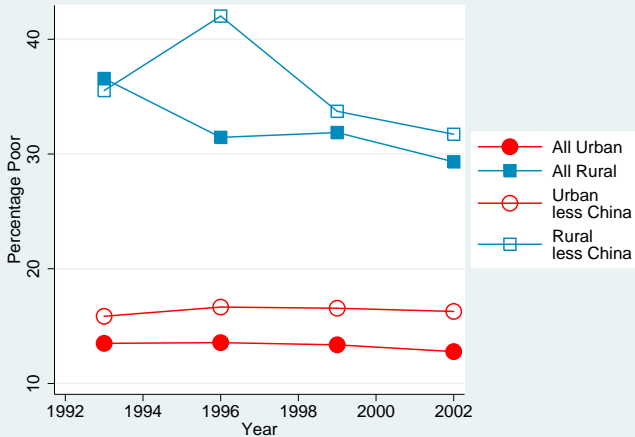
## Urban Population and Poverty: Definitional Problems

- It is well known that developing countries differ greatly in their city and urban definitions—inducing non-comparability over countries, over time, and even across cities in a given country at a point in time.
- It is less well known that similar problems plague definitions of poverty, even those based on the “\$1-a-day” basic needs measure employed by the World Bank.
- These definitional problems **interact**:

# LDC Urban and Rural Poverty Totals (\$1.08 version)



# LDC Poverty "Headcounts"—Note China Effect



Source: Ravallion et al. (2007)

## Why Single Out Urban Poverty?

Urban Poverty and Health: Looking Beneath the Averages  
Under-Appreciated Urban Health Issues



## Health: Looking Beneath the Averages

- **On average**, modern-day urban residents enjoy better health than rural villagers (apart from HIV/AIDS)
- But urban averages mask substantial **within-city inequality**
- Urban poor often face health risks like those of rural villagers. Similar gaps in knowledge of prevention and treatment. Access to health services more difficult for urban poor than commonly realized
- Among urban poor, those living in “slums” can face risks well in excess of rural risks





## Biases in Our Knowledge of Urban Health

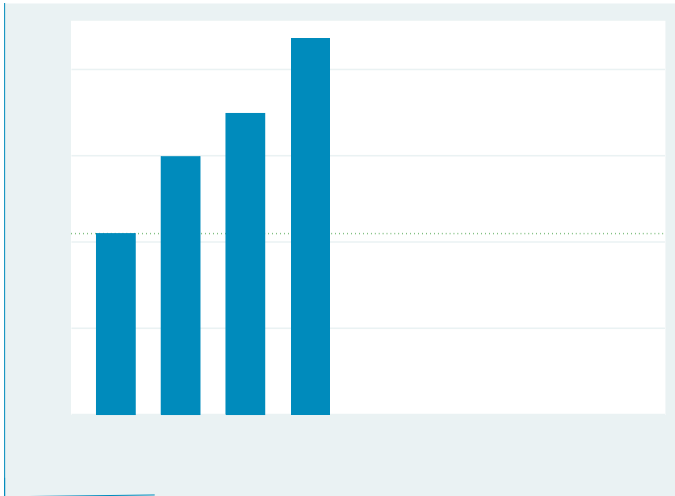
Much of what we know (outside Latin America) is drawn from demographic sample surveys (Demographic and Health Surveys, Multiple Indicator Cluster Surveys):

## Inadequate Measurement of Living Standards

- Survey samples too small for city-specific measurement
- Demographic surveys seldom provide location of respondents—not even the name of the city is given in the DHS and the MICS!
- No reliable information on consumption expenditures or incomes
- Proxy measures of living standards based on ownership of consumer durables, public services, producer durables
- Difficult to distinguish “slums” from other neighborhoods with survey data alone



## Attendance at Delivery: Urban and Rural India







## Composition? Neighborhood Effects? Social Epidemiology?

How to interpret elevated risk in slums?

- Poor children more likely to die; slums composed of poor households
- Externalities I: In addition, spatial concentration of poverty heightens risks due to contagion



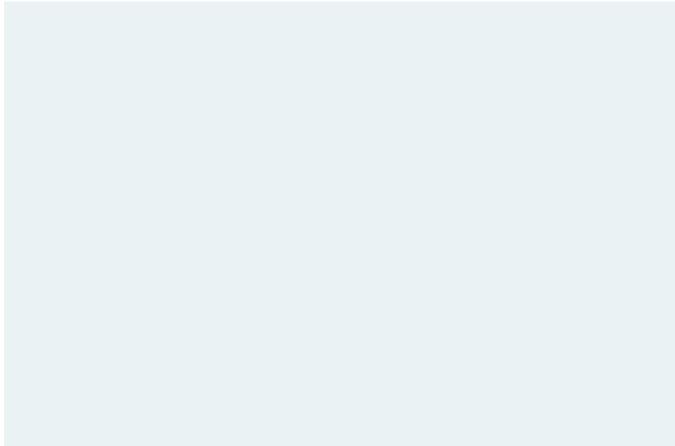
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# Evidence of Neighborhood Effects in Birth Attendance?



# Quality of Health Care: Prenatal Care in Urban Philippines



## The Das–Hammer (2007) Studies of Quality in Delhi

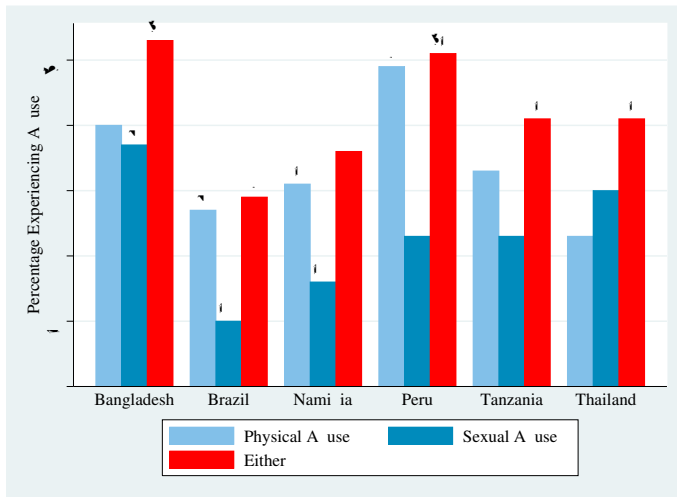
- Public and private providers easily accessible in poor and less-poor neighborhoods alike
- But both types of providers score low on (vignette-based) health knowledge
- When observed interacting with patients, score even lower.
- The public sector **does not** assign its better providers to poorer urban neighborhoods!
- All this amounts to “Money for Nothing”

## What Health Issues are Being Overlooked?

- Mental health
- Intimate-partner violence and alcohol abuse; crime
- Traffic-related accidents and deaths
- Urban tuberculosis
- Health threats from outdoor and indoor air pollution
- Upcoming risks from climate change: increases in frequency of floods, heat waves, other extreme events



# Intimate-Partner Violence: The WHO (2005) Study



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# Mental Health: The Subjective Experience of Inequity

- Individuals evaluate their own circumstances by comparing them with the observable circumstances of others. When consistently unfavorable, comparisons may provoke feelings of resentment and unjustified stress, anger and anxiety, paralysis.
- Important dimensions from U.S. literature on discrimination and racism:
  - Fair treatment or fair outcome?
  - About me or about people like me and my group?
  - Futile or implies need to re-evaluate effort?
- This has not been studied systematically for LDCs



Much of U.S literature examines whether relative deprivation interpreted in personal or group terms. Tyler and Lind (2002):

*If people feel that they are not doing well relative to other people, they [may] react in individualistic ways. If they think change is possible, they might go to school or work harder. If they think change is not possible, they might drink or use drugs. In either case, they respond to feelings of deprivation by taking individual actions. . . . In contrast, if people feel that their group is deprived relative to other groups, they are more likely to become involved in actions that focus on changing the situation of their group. It is of particular interest if they engage in collective behavior . . . .*



And on that depressing note . . . THANK YOU!