Urban spaces and health inequity

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ABSTRACT

In the recent urban era, health inequity is a major challenge faced by planners and policy makers. With the increasing trend of people moving to urban zones and areas in the search of better stature of life and job opportunities, increased pressure and load on the already fragile urban infrastructure is visible resulting in social, cultural and economic inequities. Whereas health inequities are a major consequence of socio-cultural and economic inequalities in our society resulting in poor health services and amenities to the economically week, racial, ethnic and religious minorities and migrants. This paper mainly focuses on the inclusion of the planned urban spaces with the heath inequity problems such that the socially excluded and weaker section of the society thrive harmoniously. We suggest that an integrated approach in defining and developing urban spaces and areas with proper actions to deal with health inequity can magnify other steps and policies to deal with the health inequity present in our society and which is the need of the 21st century. We close with the suggestions to improve research and development in the field of environmental conditions, changing patterns in the urban environment and health inequity in the modern-day society to cope up with the problem of security that must be available to all. These practices may include urban slum upgradation and rejuvenation, participatory and integrated public approach, epidemic control and urban ecosystem services of health. We conclude that if the national and international communities and agencies are serious about the SDGs, stronger efforts and actions should be taken to improve the urban spaces, living conditions, socio-economic conditions which can promote health equity to all.

Keywords Urbanization, Equity, Health, Vulnerability, Urban poor

1. INTRODUCTION

Healthy wellbeing in an urban environment depends upon the geography and topography of any particular place. While some places tend to bear large vulnerability against climatic change and health hazards, others do not. In other words, vulnerability to heath occurs in specific geographical areas which are also the sites influenced by man-made activities. Most of the people in the world living now reside in the urban environment [1]. Still, we do not have a complete vision of how a complex urban environment affects human health.

Health equity in the modern context asks for equalizing the conditions, availability of health services to all [2]. Especially for the economically poor and socially excluded. Health equity, in this context, does not mean 'equality to all' but states prioritizing the need of the hour to ensure that who needs the health facilities first and utmost and can get the essential aid at the earliest without any social, cultural or economic constraints. In other words, health equity is to provide the needy with the help he/she needs and to define about what quantity of help a particular person needs, without any partiality and with complete fairness to all.

The place you live in, who governs that space, services, and amenities provided in that area can govern whether you will get sick or not, whether you get the necessary aid or die prematurely [3]. Living in an urban area is beneficial in terms of health facilities, education, sanitation services, etc. but not all can enjoy the benefits of these services as socially marginalized, excluded and poor population are generally devoid of these basic services in a way or other by poor planning and decision making by policymakers. These people generally live environmentally hazardous spaces and health vulnerable zones which are often deemed unfit for habitation leading to a high number of causalities in case of an epidemic or disease outbreak.

UN habitat and WHO wrote in their report, Hidden cities (2010): "Health inequities are the result of the circumstances in which people grow, live, work and age, and the health systems they can access, which in turn are shaped by broader political, social and economic forces. They are not distributed randomly,

but rather show a consistent pattern across the population, often by socioeconomic status or geographical location. No city—large or small, rich or poor, east or west, north or south—has been shown to be immune to the problem of health inequity." [4]

We believe that an integrated approach between urban spaces and health can help in finding out 'who' is affected the most and 'why' in any urban fringe. These also deal with the geographical approach towards health policy planning, slum upgradation, and environmental adaptive planning.

2. THINKING ABOVE THE BUILT ENVIRONMENT
Environmental scholars and urban health enthusiast differentiate the spaces into the natural and built environment [6]. The study of natural and man-made environments might also suggest that the cities and the built environment are the reasons for the dilapidation of nature and the natural cycles while all the species are relying on the natural environment for their survival [7]. As environmentalist William Cronon said, idealizing nature and the natural forms most commonly mean the disregard of the built environment we live in [8]. This can result in policies which ignore the natural environment and healthcare need of the urban poor [9]. Rather than idealizing and romanticizing about nature and ignoring the urban spaces, we should focus on the amalgamation of both and the complexity of urban spaces. This amalgamation includes the spatial interaction between the physical and natural environment and how the complexity of the interaction between them creates the environment in which we reside [10].

A feature of the public health includes that the health services and amenities provided in any built environment of any urban area are the intrinsic factors of public health and well-being [11]. Therefore physical, social, political aspects and features should be taken into account as a determining factor of public health equity.

Urban places are an amalgamation of the physical aspects such as buildings, roads, landscapes, etc. with the assigning of meanings and emotions done which make the place more familiar and habitable. This type of complex emotional and physical interlinkages define and decide the health and sense of belonging to a place [10]. Thus, in a way how people interact with their environment, we come to know that there is no single place with a certain set of characteristics which can be defined as 'healthy' or 'unhealthy'.

This relational view helps us in determining the interdependency of the built environment, neighbourhood, urban design and its impact on social health. For example, certain studies tend to observe certain parameters regarding obesity in any particular urban area. But these types of studies often tend to ignore many cultural and social aspects which may or may not define the cause of obesity in particular class and section of the society as they may or may not have the opportunity of any physical activity. Studies on food environment also do not consider the transportation costs and economic problems which may or may not lead an individual to eat food present outside their neighbourhood, cultural and religious aspects related to certain kind of food items and products, etc. [12].

While social exclusion and its effects to the health of the people does not depend upon any single constraints rather in multiple interrelated causes such as education, type of employment, racism, places of living, housing typology, food, and social supports. Thus, in a wide understanding, we should know that urban space and the health associated with it are a result of

interlinkages of many factors and their complexity in the whole of the urban scale and not just in any particular neighbourhood [5].
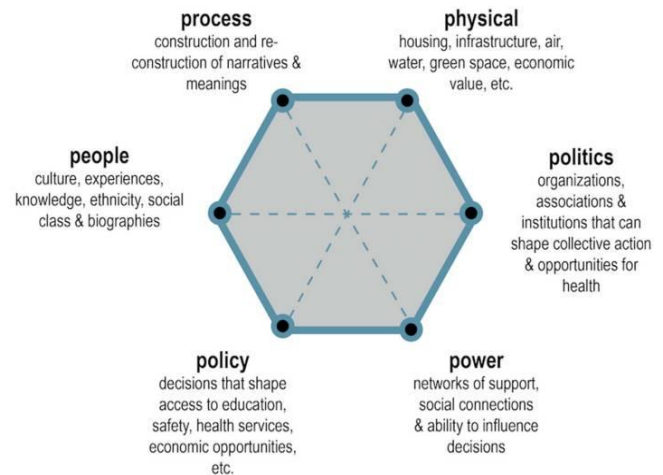

Fig. 1: Diagram showing interdependency of urban health on various factors

The above said relation effects the human body biologically in a number of ways. For example, Nancy Krieger has stated, "a person is not one day African American, another day born low birth weight, another day raised in a home bearing remnants of lead paint, another day subjected to racial discrimination at work (and in a job that does not provide health insurance), and still another day living in a racially segregated neighbourhood without a supermarket but with many fast food restaurants. The body does not neatly partition these experiences—all of which may serve to increase risk of uncontrolled hypertension, and some of which may likewise lead to comorbidity, for example, diabetes, thereby further worsening health status" [13].

3. URBAN SPACES AND HEALTH EQUITY
3.1 Community-led mapping
Now the question arises that what are the practices that can help to gain the knowledge about the complexity of an urban area and that can promote health equity? One example of such practice can be the community mapping of space to define the vulnerability of that particular place using detailed study and visualize the map and recommend proposals for their own well-being [14]. The people at ground level provide with information, problems and insights from the root as they are living in that particular area which when comes to the vision of the planners and policy makers gives them a clearer vision of where to work and how to work. It also helps in prioritizing the work and creates a hierarchy of the work to be done. It also helps in identifying the vulnerable zones and pockets in any urban area leading to proper future-based solutions.

3.2 Urban policies
Urban policies as given by the government should focus on, the well-being of socially marginalized, economically poor and culturally excluded section of the society with dedicated efforts and services concentrated in the well-being of such people such that they can also have basic health security. Also, the government and its policies must include in providing such people with employment and should work in their capacity generation such that these people can thrive on their own economically and socially. These policies also should dictate and mandate the basic education to all and must ensure basic quality education with educational services and institutes to all.

3.3 Urban ecosystem and health
Cities and governance are of utmost importance of the sustenance and well-being of any urban fringe [15]. An amendment to

prevent ecosystem and environment most often helps in promoting the environment and health of an area. [16]. Wetland planning in cities can help in minimizing the risk of flooding and water logging in any urban scenario while environmental management and planning in the areas which are prone to floods and landslides might help the people residing at the lower contour of that spaces which are most commonly the urban poor who are often forced to live in such a vulnerable place due to social and economic constraints [17]. Planning of health and the equitable urban city can focus of distributing the health-promoting services to all especially who are hard hit by the environmental and climatic change and also to the vulnerable urban poor population of a place [18].

3.4 Slum upgradation
Slum being an integral part of any urban ecosystem cannot be detached from the complexity of any urban fringe. While slum location lacks in sanitation and sewerage facilities and provides unhabitable hygienic conditions susceptible to health hazards, is very important for an urban area as they provide a place to live for the economically poor people, migrants and socially excluded. While slum also provides job opportunities to many and is a primary source of income for many household workers and small-scale industries running from slum itself. People residing in informal settlements usually face multiple risks due to (1) Poor housing and environmental conditions; (2) No accessibility to drinkable clean water, basic sanitation, sewage and garbage disposal systems; (3) insecurity of housing and employment; (4) exclusion from healthcare and educational facilities due to social and cultural issues; (5) zoning and segregation; (6) violence; and (7) neglection from authorities [19]. Slum upgradation, rejuvenation, and renewal has been an integral part of many urban policies but have not been applied satisfactorily. People residing in slums are more prone to health issues are they are bound to live in a place with unhygienic conditions, lack of sewage and sanitation facilities and lack of health care facilities due to economic and social constraints. By providing health facilities (as Mohalla clinics in New Delhi), Educational institutes, drainage systems, sewage systems, solid waste management systems in such places we ensure that these socially excluded people who are at great risk of health hazard are taken care of.

4. CONCLUSION
Equitable health solutions for all is the need of the hour. Instead of focusing only on the built environments or single risk factors multiple risk factors must be considered to get a clear perspective of the health hazard that the people are facing. By incorporating the multi-factors in relation to public health we can get the places to be worked upon and the population which will be affected by it. This exercise increases the efficiency of the urban policy as it targets the core of the problem and might help in not only controlling but eradicating the problem from its core.

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