

## Understanding the Health and Welfare of People who Live in Slums.



### Background

- Over the last 50 years there has been massive urban growth in low- and middle-income countries (LMICs), with large slums now being major features in many cities.
- The number of people living in slums has also grown – by 2030 it is estimated that around a quarter of the world’s population (2 billion from a population of 8.1 billion) will live in slums.
- There is increased international interest, and the United Nations *Sustainable Development Goals* has set a target to address the “plight of slums”.
- These two papers looked at how this could be addressed with respect to health.
- Paper 1 discusses the health problems faced by people living in slums.
- Paper 2 looks at what can be done to improve health and health care in slums.

### Paper 1. History, Geography, Sociology and Health Problems

- The growth of slums is a dynamic process, This is a result of people moving to and from rural and urban areas, conversion of city districts and peripheral land sites to slums, and the balance of births and deaths within the slums.
- People living in slums have much worse health outcomes than people in non-slums. They also often suffer poverty, job insecurity, their property may be taken by the government (expropriation), displacement, poor transport networks, stigmatisation, highly varied social structures, and denial of access to basic services.
- Slums are also likely to be affected by *neighbourhood effects*, arising from
  - poor sanitation and drainage leading to pollution from human waste,
  - accumulation of rubbish,
  - stagnant water,
  - overcrowding,
  - contaminated water supplies,
  - physical hazards (such as floods, fires, subsidence),
  - air pollution.

This results in high incidence of diseases, such as diarrhoea, typhoid, hookworm, cholera, and dengue.

- Children are particularly vulnerable in slums – they are more susceptible to infections that can inflict long-term consequences, such as stunted growth or impaired cognitive development (which may affect memory, decision-making, problem-solving skills, etc.).
- There is also inadequate attention given to mental health and non-communicable diseases (such as heart disease, cancer, diabetes, etc.) in slums, or how slum characteristics can affect health outcomes.
- Slum health is a neglected topic. What literature exists only makes up a small percentage of studies of LMICs, and any interventions often use slums as a convenience sample for vaccines, rather than aiming to examine or improve health.

Turn over to find out more...

## Paper 2. Improving Health and Welfare

- Sanitation (clean drinking water and adequate sewage disposal) is a key neighbourhood challenge in slums.
- People need to be able to access health services – distance and cost, for example, need to be considered.
- Health services need to be pro-active in health protection, for example promoting hand-washing, providing education about the risks from indoor cooking, offering immunisation, and identifying childhood malnutrition.
- It is usually better to improve existing slums, rather than relocating people to new slums. Examples of improvement includes installing water pipes and/or latrines, installing raised flooring in homes, improving street lighting and paving, and removing rubbish. However, very few large-scale studies have been conducted in slum settings.
- People and organisations who live and operate in slums should have an active say in interventions – the prioritisation, design, implementation and evaluation.
- The neighbourhood effects in slums offer economies of scale and investment as one intervention can improve a large number of lives in a densely-packed community.
- Slums are rarely noted in censuses and are often missing from the data that influences research and policy. Reliably identifying slums will enable clearer understanding of neighbourhood effects and local priorities for action.



## Recommendations

- There should be a concerted and sustained effort to provide effective interventions to improve health of people in slums, especially children, such as vaccinations, water and sanitation, nutrition, and safe, non-polluting cook stoves.
- Slum health should be distinguished from urban health, and mainstreamed in the implementation of the United Nations' Sustainable Development Goals and the New Urban Agenda.
- Considerably more research is needed on improving slum health, and a larger percentage of this should use multi-centre studies and contemporaneous controls (i.e. studied at the same time). There is also a need to develop capacity for research into slum health and for it to become an academic speciality.

## References

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Lilford RJ\*, Oyebode O, Satterthwaite D, Chen YF\*, Mberu B, Watson SI\*, Sartori J, Ndugwa R, Caiassa W, Melendez-Torres GJ, Haregu T, Capon A, Saith A, Ezeh A. **Improving the Health and Welfare of People who Live in Slums.** *Lancet.* 2017; 389: 559-70.

\* author supported by CLAHRC WM

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The Collaboration for Leadership in Applied Health Research and Care West Midlands (CLAHRC WM) is a partnership between universities (Birmingham, Warwick and Keele) and a number of health and social care organisations in the West Midlands. We are funded by the National Institute for Health Research (NIHR) with a mission to undertake high-quality applied health research focused on the needs of patients to improve health services locally and beyond.

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