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Health status in slums worse than in villages

Says Bangladesh Health Watch report

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Poor healthcare system along with water, sanitation and environmental pollution remains a major challenge in the rapidly growing cities of Bangladesh, says Bangladesh Health Watch Report (BHW) 2014.

The issue is of paramount importance given the fact that Bangladesh is going to be an urban country by 2039.

However, there is a huge rich-poor gap in the urban areas with the slum population facing serious consequences in terms of food, nutrition, water, sanitation and healthcare.

“Absence of basic amenities, all converge, is making the urban health status in the slums worse than that in the rural areas,” says the report.

Citing an example, the report says only 36.3 percent slum dwellers are food secured against 52.4 percent such people in rural areas.

The report styled “Urban Health Scenario: Looking Beyond 2015” further says approximately 30 to 45 percent of slum dwellers are ill and 60 percent of their children are chronically malnourished at any given time.

Prof Dr Malabika Sarker of James P Grant School of Public Health of BRAC University presented the report at a side event of an international health conference at a city hotel in Dhaka.

The Power and Participation Research Centre (PPRC) is organising the three-day event on Universal Health Coverage on April 9-11.

Bangladesh Health Watch Report is a civil society advocacy and monitoring initiative dedicated to improving the country's health system through critical review of policies and programmes.

Bangladesh had made a slow progress in reaching universal access to safe water and sanitation due to growing poverty in the urban areas, insufficient infrastructure and inadequate institutional responsibility, said Dr Malabika Sarker.

“Life in urban areas, especially in big cities like Dhaka and Chittagong, in Bangladesh is marred with air, noise and water pollution,” she observed.

It was giving rise to health hazards directly besides leaving indirect impacts on health due to largely unplanned use of land and water bodies, road-traffic and high population density, she added.

The report says ischemic heart disease, stroke, chronic obstructive pulmonary disease, lung cancer, acute lower respiratory infections in children, cardiovascular diseases, cognitive impairment, sleep disturbance, diarrhoea, jaundice, enteric fever may be caused by such pollution.

Due to poor planning, it is very common to find a residential zone or health and education facilities right next to a factory or a commercial hub. Also, housing in urban areas is featured by high population density, poor ventilation, and lack of open space for leisure or children's playgrounds, it reads.

“Large gaps exist regarding our knowledge of health hazards due to the effects of urbanisation, which need urgent attention,” Malabika said.

The report says the health ministry is responsible for providing secondary and tertiary healthcare services in urban areas, while the local government ministry is responsible for primary healthcare there.

However, the health needs of people, especially the urban poor, remain largely unmet due to communication gap between the two ministries and lack of financial as well as human resources.

Taking part in the discussion, urban expert Prof Nazrul Islam said Bangladesh needed urban-rural mix development planning given the country's rapid urbanisation.

“If we talk about health, we must have open space, playgrounds and open water bodies in the cities,” he said, adding that all city planning must consider health, environment and cultural options.

PPRC Executive Chairman Dr Hossain Zillur Rahman said the rural poor migrated to the cities looking for employment opportunities. Once they were in the cities, their income rose, but the social indicators -- health and education -- did not improve much, he added.

“Urban poverty, therefore, must be an important agenda [for the policymakers],” he noted.

Dhiraj Kumar Nath, former adviser to a caretaker government, and Syed Masud Ahmed of BRAC University also spoke.

In an earlier discussion, health experts presented findings on various health insurance schemes in India and Bangladesh and discussed various aspects of such schemes.

They emphasised reducing pocket health expenditures and improving healthcare qualities.