

# URBAN SAFETY ISSUES

- To Start Off

No problem can be solved, unless properly defined and described as the first step!

So...

- Urban safety is an important political, social and economic issue of today.

Problem increased by:

- an aging population
- increase in crime
- appearance of megacities
- Multiculturality due to migration

# A particularly multifaceted & complex issue

- A new major concern: FEAR / SOCIAL INSECURITY
- Increase in BOTH large-scale & petty crime
- Antisocial behaviour on the rise (Social Crisis)
- More social groups living on the margin
- Health issues
- Mental illnesses
- Substance abuse
- Violent crime

# WE & THEM, Part I: WE

The big cities' population tends to be divided in two social categories that are distinct from each other.

The main difference lies in the elements that the one category takes for granted:

- Housing
- Health Care
- Access to basic public services
- Access to potable water
- Transportation
- Waste disposal



# WE & THEM, Part II: THEM

Those living in marginal poor zones usually receive an **extra** dose of environmental **pollution**, since many industries tend to cluster in outlying areas where regulations are **lax**.

Living in poor conditions eg; settlements that are usually:

- Unregulated
- Precarious
- Overcrowded
- Exposed to multiple hazards
- Insecure tenure



# Risks associated with rudimentary living

## HEALTH:

- Injuries
- Respiratory problems
- Infectious diseases
- Mental health issues

## SAFETY:

- violence
- crime
- Drug culture
- No protection for the weaker social groups (e.g. elderly, children, women)
- Unemployment

# Let's meet the **roots** of the problem!....

- Social exclusion
- Persistent unemployment
- Changes in the family unit
- Urban policy inadequacies
- Poverty
- Lack of integration of immigrant population



# MIGRATION

- Globally, we are witnessing a periods of extreme migration.
- The 2015 European migrant crisis is still going strong.

Notable differences:

- Cultural
- Political
- Religious
- Financial
- Linguistic

# **URBANIZATION:**

It contributes to **two** major global trends:

## **1. City poverty**

- Food & water contamination
  - Air & noise pollution
  - Disease outbreaks

# URBANIZATION:

It contributes to **two** major global trends:

## 2. RISE OF CHRONIC DISEASES

- Heart disease
- Stroke
- Cancers
- Obesity
- Type II diabetes

### Why? Due to:

- Promotion of unhealthy lifestyles
- Fast-foods & Processed foods
- Sedentary behavior
- substance abuse

# Contagious / Infectious diseases are spread

- Pneumonia
- Tuberculosis
- Bubonic/Numonic plague
- Parasitic diseases

The governments' inability to keep up with the pace of urbanization leads to **inadequate health services & poor sanitation.**

# THE MOTOR PLAGUE

MOTOR VEHICLES are a significant source of air pollution.

- Nitrogen oxides
- Hydrocarbons
- Ozone
- Particulate matter

They have increased morbidity and mortality, according to epidemiological studies.

Additionally, they cause pedestrian injuries and fatalities.

They largely aggravate the obesity epidemic.

# HEALTH & THE WORKPLACE

Deprived urban areas more likely to contain workplaces with health hazards.

- Toxic products
- Injury & ergonomic hazards
- Noise
- External pollution
- Traffic generation

# Approaching the issue...

- Given the serious health effects of urbanization, it is essential to include health considerations into policy making.
- If we consider all migration-related or migration-aggravated health problems as one, then we can honestly talk about an epidemic.
- If we are to effectively deal with it, we need to:
  - (a) find practical solutions, and
  - (b) take rapid action to apply them.

# Achieving HEALTH EQUITY

It can only be achieved by:

(a) bettering living conditions for the poor, and

(b) diminishing the existing differentiation in exposure and vulnerability among the sexes and the different age groups in society.

Modern cities can improve health via their **material, service-provision, cultural, and aesthetic attributes.**



UN - Habitats Safer Cities  
Programme, 1996

# **Solutions** (actions to be taken)

- Supply of clean drinking water
- Provision of proper sanitation
- Promotion of cottage industries
- Availability and accessibility of public transportation
- Adoption of broad environmental health policies
- Creation of a sustainable food supply chain

# Entities that must come together

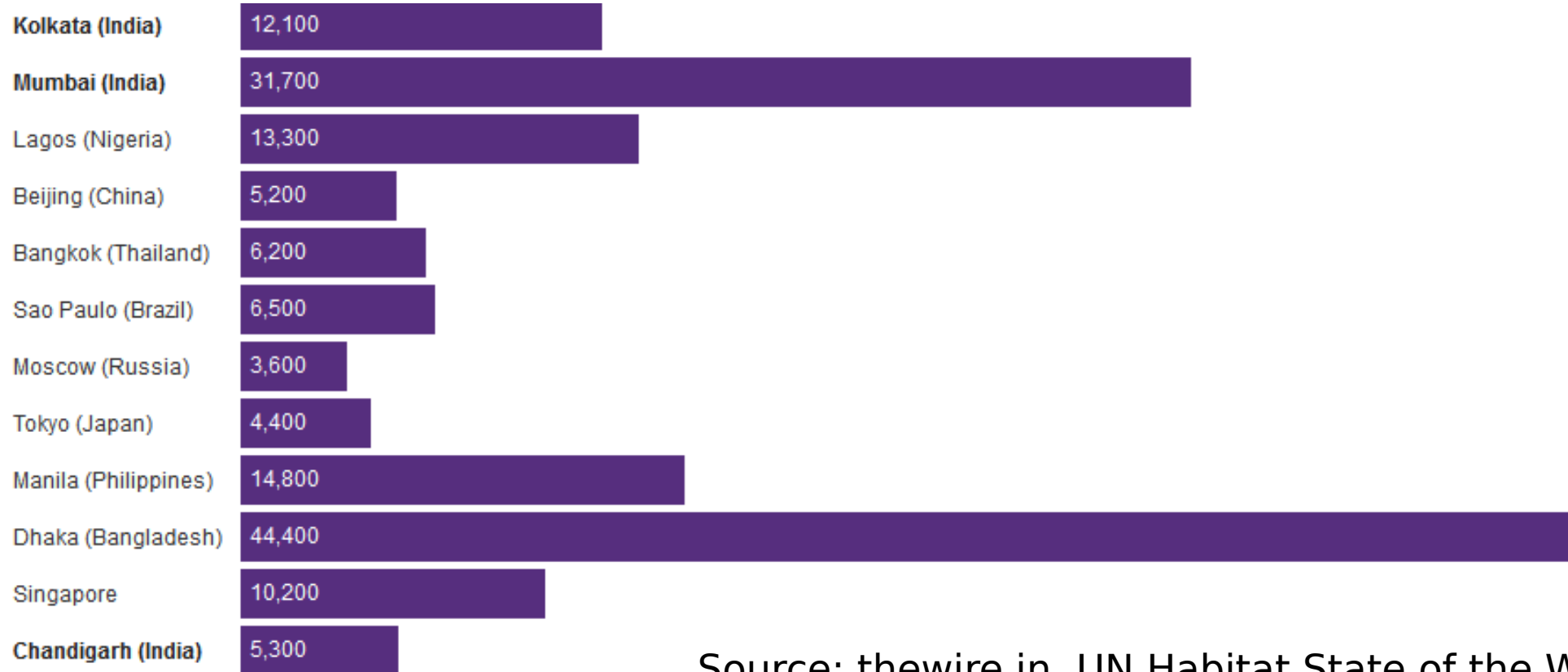
- Ministries of Health
- Local governments
- Urban planners
- International health agencies
- Researchers
- The citizens

# Percentage of urban population in slums



Source: thewire.in, UN Habitat State of the World's Cities 2012/2013

# Population density of cities globally



Source: thewire.in, UN Habitat State of the World's Cities 2012/2013

The case of  
urbanization in  
India

Year	Urban Population	Total population <small>In million</small>
1800	2%	140
1950	30%	360
2000	47%	1027
2008	~50%	1160
2030	~ 60%	2050

Source: UN, Urbanization prospects, the  
1999 revision

# Child Survival Indicators of Urban Poor in India: NFHS 3

Indicators	Urban Poor	Urban Non Poor	Overall Urban	Overall Rural	All India	Urban Poor NFHS 2
Children completely immunized (%)	39.9	65.4	57.6	38.6	43.5	40.3
Children under 5 year's breastfed within one hour of birth (%)	27.3	31.5	30.3	22.4	24.5	17.7
Children age 0-5 months exclusively breastfed (%)	44.7	38.6	40.7	48.6	46.4	44.3
Children age 6-9 months receiving solid or semi-solid food and breast milk (%)	56.2	66.1	63.1	54.7	56.7	52.7
Children who are stunted (%)	54.2	33.2	39.6	50.7	48.0	52.5
Children who are underweight (%)	47.1	26.2	32.7	45.6	42.5	48.0
Children with anaemia (%)	71.4	59.0	63.0	71.5	69.5	79.0
Neonatal Mortality	34.9	25.5	28.7	42.5	39.0	45.5
Infant Mortality	54.6	35.5	41.7	62.1	57.0	69.8
Under-5 Mortality	72.7	41.8	51.9	81.9	74.3	102.0

Source: Centre For Community Medicine - AIIMS

# Environmental Conditions, Infectious Diseases and access to Health Care in Urban Poor : NFHS 3

Indicators	Urban Poor	Urban Non Poor	Overall Urban	Overall Rural	All India	Urban poor NFHS 2
Households with access to piped water supply at home (%)	18.5	62.2	50.7	11.8	24.5	13.2
Households accessing public tap / hand pump for drinking water (%)	72.4	30.7	41.6	69.3	42.0	72.4
Household using a sanitary facility for the disposal of excreta (flush / pit toilet) (%)	47.2	95.9	83.2	26.0	44.7	40.5
Prevalence of medically treated TB (per 100,000 persons)	461	258	307	469	418	535
Women (age 15-49) who have heard of AIDS	63.4	89.1	83.2	50.0	60.9	42.1
Prevalence of HIV among adult population (age 15-49)	0.47	0.31	0.35	0.25	0.28	na
Children under age six living in enumeration areas covered by an AWC (%)	53.3	49.1	50.4	91.6	81.1	na
Women who had at least one contact with a health worker in the last three months (%)	10.1	5.8	6.8	14.2	11.8	16.7

Source: Centre For Community Medicine - AIIMS



# The recent case of Nigeria

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- According to the Amnesty International 2017 *“Between 2000 and 2009, authorities across Nigeria forcibly evicted over 2 million peoples... In the Ilubirin community, Lagos state authorities, officers of the Nigeria Police Force and unidentified armed men forcibly evicted approximately 823 residents on four occasions: 19 March 2016; 26 September 2016; 15 October 2016; and on 21 and 22 April 2017”*.
- Lagos’ teeming population and in combination with comparatively small land mass pose a significant housing challenge for the authorities.
- Massive housing deficit, slum houses, overcrowding.
- Insecure land tenure system.
- Legal Dispute, Human rights?

