Among the world’s rapidly expanding urban populations, poverty is having catastrophic implications for millions of young children. However, in the context of good governance and well supported grassroots organizations, urban settings can also offer considerable advantages, allowing for economies of scale and proximity. In this article Dr Sheridan Bartlett of the International Institute for Environment and Development gives an overview of the scale and nature of the challenges and identifies the ways forward. (www.iied.org)

It’s common knowledge now that more than half the world’s population lives in towns and cities. We also all know that most cities have their slum areas, and that these can be very challenging places to live and raise children – we’ve seen Slumdog Millionaire. But how widespread is this phenomenon? Reliable figures are hard to come by, but a practical estimate suggests that fully a quarter of the children in the world live in poor urban settlements, and are growing up in conditions that challenge their resilience and that can consign them to lifelong poverty.

This sounds surprising. Don’t the figures tell us that poverty is more of a rural problem? They do, but the figures can be misleading. Poverty is usually defined in monetary terms, and it costs a lot more to live in an urban area. Households that are well above the national poverty line may be struggling to survive. The reliance of city dwellers on the cash economy, the density of population, the absence of protective infrastructure and services, and some of the social factors within poor urban areas all play a role in the vulnerability of the urban poor and especially their children.

We also hear more often about rural and urban averages than about the depth and scale and quality of deprivation. This focus on averages can also be misleading. Wealth is concentrated in cities, and average figures, whether for income or mortality or malnutrition or school attendance, can mask the extent of the disparities and the depth of the deprivation. Many of the poorest urban residents also remain invisible and uncounted when data is collected, living as they do outside formally recognized residential areas, in illegal settlements, under bridges, on sidewalks, next to railway lines.

No one really knows how many critically poor households or children there are in the world’s towns and cities. But when the cost of basic survival is taken into account, when urban averages are disaggregated to reveal the depth of poverty, and when attempts are made to count illegal residents, the number of urban residents acknowledged to be living in poverty begins to skyrocket. Un
Habitat estimates that one out of every six people in the world lives in deprivation in an urban slum. The demographics of poor countries and poor communities, where young children are a disproportionately large part of the population, leads to the estimate of approximately one young child in every four.

But it’s not just a question of numbers. It shouldn’t matter to us whether there are more deprived children in rural or in urban areas. The issue is to understand what poverty means in their lives, and to find ways to help their households and communities to protect their health, support their right to development, ensure that they have the tools to cope productively with the world they live in. Doing this means understanding more about the nature of poverty for children in different settings.

Not all of the urban poor live in slums and informal settlements; nor do all slum dwellers qualify as poor in income terms. But these settlements are for the most part the material expression of poverty in urban areas, and the quality of poverty can be uniquely challenging here. The lack of a formal address can mean no credit, no insurance, no access to government schools and health centers, or even to the vote. It can mean little protection against forced eviction, no rule of law, hazardous housing sites, and a lack of provision for any basic amenities – like sanitation, running water, waste removal or emergency services. The implications of extreme weather conditions in some of these areas are intense. Climate change is not something to worry about in the future – it’s here, and in many cites people living in flimsy shacks, crowded on steep hillsides or in flood plains with no drainage, are coping with extreme conditions in very immediate and often very frightening ways.

Sheer density changes the way that many deprivations are experienced. Toilets, ventilation, drainage, waste collection, open space for play, for instance, all become far more critical in the context of high density. All of these factors can contribute to the anger, frustration and high stress that is often manifested in higher urban rates of crime and violence. The intent here is not to downplay the realities of rural poverty, but to stress that urban deprivation and exclusion present some different challenges. The same standards for adequacy cannot be applied, nor are the same responses always appropriate.

**Comparing conditions in urban slums and poor villages**

On a recent trip to Kenya for the Aga Khan Foundation, I had the chance to spend time in households in very poor coastal villages and in Nairobi and Mombasa slums. It was a good reminder, once again, of how very particular the conditions are that shape the lives and prospects of young children.

In Kakayuni village, five year old twins, Naima and Abdullah live in a mud shack with an earth floor, along with their three cousins and their very overburdened grandmother. Their mother and their cousins’ parents are off working in the city, but times are hard and they seldom visit or send money. The household income is far below the international poverty line. The one-room shack is small, but the children spend most of their time outdoors in a shady compound surrounded by trees. Cooking, washing and social life all happen out there. There is no latrine – they just use the bush. Water is collected from a pond nearby – their grandmother can’t afford the kiosk water that is available in the village for a price.

For health care they rely on the local dispensary, which is free but not always staffed. When the dispensary runs out of medicines, people have to travel to the nearest town, an expensive trip. But the twins are not often sick, says their grandmother, although they have skin and eye problems sometimes, and they get stomach aches from worms. Food is a real concern though; she owns no fertile land, but works whenever she has the chance: ploughing or weeding for other people. She prepares one meal a day, and the rest of the time the children forage for whatever they can find – mangoes when they are ripe, the kindness of neighbours. The older grandchildren sometimes bring home boiled maize to share from the school.
feeding programme. They look a lot more robust than the skinny twins.

In Mombasa, six-year-old Salim lives in rented accommodations with his parents and three siblings just off Mwembe Kuku street, a very busy hawking and vending area. Their one small room has a cement floor and they have an electric fan. They share a latrine and a space for cooking in the hallway with the five other families in the building, and there is piped water from the municipality. Salim's father earns about USD 300 a month at a regular job and his employer provides free health care for his family at a hospital near where he works. There is a community ECD centre down the alleyway in the local madrasa, and Salim attends every day. By almost any standard – income, consumption, material assets, access to services – Salim is far less deprived than Naima and Abdullah, who would certainly qualify as the poorest of the poor.

But it's not clear that Salim is actually any better off. He is all eyes and bones, as is his year-old sister, and they both cough constantly – a problem that their mother says is chronic. Both children have malarial fevers about three times a month, and each time it takes a few days to recover. There is a screen on their one small window and they sleep under a treated net, but the narrow alleyways that are the only space between buildings are filled with fetid standing water and mosquitoes breed freely. The free health care at the hospital is a boon, but it's so far away that transport costs more than just going to a local pharmacist.

The latrine is close by, but shared latrines are always hard to maintain, and this one badly needs emptying. The children in any case are frightened to use the dark smelly space with its large hole. They squat in the alley and their mother cleans up after them. The municipal water piped to the building for USD 4 a month is a convenience that is unusual for many urban dwellers, but it is not safe to drink, and drinking water costs another 50 cents a day. Rent, water and electricity add up fast, and all food must of course be purchased. The family has nowhere to store food, so they buy it in small quantities as they use it – not the most economical way to do it. ECD costs another USD 3 a month, and then there are school fees for the older boys, rent, transport. According to Salim's father, it's barely possible to survive on what he earns.

They're very lucky to have the madrasa down the alleyway. Salim's father is the caretaker, and the space makes a huge difference to their lives. Their own room, about 8 by 8 feet, is virtually filled by the double bed and the wardrobe where all the family's possessions are kept. But Salim's older brothers can do their homework in the madrasa and sleep there on the floor, if they wait until 8 pm when the space is no longer being used either for classes or meetings. The other great asset in their life is the social cohesiveness in their neighbourhood. All their
neighbours come from the same coastal area, and there are none of the social tensions that so often characterize life in poor urban areas. Neighbours are cooperative and friendly, and they count on each other a lot.

One of the biggest differences between Salim’s life and the twins’ is the quality of their play. Except for the couple of hours each day when ECD is in session, Salim is restricted to the bed in their room, and to the narrow alleyways outside, filled with murky water and construction debris. When there is heavy rain, a more and more frequent occurrence, the alleyways are impossible, and water even comes into the house. Salim’s father says the boy will have to be quite a bit older before he can go out alone to the busy street 100 feet away – there are just too many risks for a young child, not only the heavy traffic, but the unpredictable anger and aggression that can flare up between people. Salim’s year-old sister spends all her time either on the bed or on her mother’s hip – there’s no place to put her down. Generally she is too miserable with her coughs and fevers to be put down anyway – she just clings to her mother.

The twins, by contrast, have a large dirt yard to play in with trees and shrubs all around and paths leading to neighbours’ houses. While I was visiting, they chased each other around, played with their two-year-old cousin on a mound of dirt, and built a little house out of sticks. It was breezy and pleasant under the huge shade trees. Salim’s house, even then in the coolest part of the year, was stifling and it apparently becomes almost unbearable when the weather is hot. They have the fan and they keep the door and window open, but everything is so tight and close, there is no way for air really to move around.

The effects of poor living conditions
Salim’s experience is repeated over and over again, with variations, in cities around the world. Yet this global emergency has not been a high priority
Children living in urban poverty: A global emergency, a low priority

for governments or aid agencies. The problems of an estimated billion slum dwellers are clearly key to eradicating global poverty and urban children are central to this struggle. Most investment in children focuses on increasing their human capital through education and health services. Yet inadequate living conditions are the most pervasive violation of children’s rights worldwide, and can exacerbate and underpin the failure to realize many other rights. The principles of non-discrimination and best interests call for attention to the environments of poor urban children, taking account of their particular needs and of the fact that their rights are independent of those of adults.

We know more about the impacts of slum dwelling for the health of young children than for their well being in other areas. There is copious documentation of the implications of overcrowding and a lack of provision of basic amenities and services for rates of diarrheal disease, other water and food borne illnesses, respiratory illness, worms, skin and eye conditions and malnutrition. The burdens are highest by far for young children – over 80 percent of all diarrheal disease, for instance, affects children under five. A growing body of evidence also points to the high toll of injuries, most apparent in the alarming increase in rates of road traffic injuries, with urban child pedestrians the most likely to be the victims. But burns and falls are also common for young children living in crowded homes and congested neighborhoods. Extreme weather also takes the most serious toll on small children, who are at higher risk of heat stroke, drowning, illness, injury and death.

Aggregate figures generally point to better health and survival rates for children in urban areas, thereby encouraging health policy objectives to focus on the very considerable rural problems. But in a growing number of countries, this gap is narrowing, and we increasingly see an ‘urban penalty’ associated with the growing numbers of the urban poor and the consequently deteriorating urban conditions. The infant survival advantage in big cities in Latin America and the Caribbean, for instance, disappeared by the early 1990s. The same thing is happening now in sub-Saharan Africa. While rural child mortality rates drop, sometimes quite dramatically, urban averages hold steady or grow worse. In the rare cases where datasets allow for a comparative focus on urban slums, the evidence indicates, and has for some time, that mortality and morbidity rates for children in slums are worse than national averages, and considerably worse in other parts of cities.

A common response to the environmental causes of poor health, given the expense and complexity of proper provision, is to focus on care giving practices and hygiene – boiling water, disposing of excrement, keeping small hands clean. These measures are effective, but can be very time
consuming and even unrealistic. Difficult living conditions almost inevitably mean some level of neglect for young children. Exhausted, frustrated caregivers are more likely to compromise in their desire to do their best for their children. A lack of sanitation, long distances to water points, unsafe cooking equipment in crowded rooms, dilapidated housing, an absence of safe play space often occur in clusters; overburdened caregivers can be forced to leave children unsupervised and to cut corners.

Health is not all that’s at stake. The close links between disease, malnutrition and children’s cognitive and social development have been well documented for many years. More recent research looks at the toxic effects of poverty-related stress for children’s brain development and cognitive capacity, especially where poverty is of long duration. There is little child-focused research from low income countries on the cognitive and psychological impacts of the everyday environments of poverty, but the evidence we have is that ‘environmental chaos’ (overcrowding, high levels of noise and a lot of people coming and going) contributes to stress and affects not only children’s attention and motivation, but even the architecture of their brains.

Mental and social development also depend on available opportunities. Violence and insecurity at neighborhood level contribute to the challenges, restricting mobility and eroding the rights of children to play, associate with others, and take part in the lives of their communities. The emotional impact of violence is also undeniable, not only for children themselves, but for the adults whose capacity to nurture can be undermined by the stress and anxiety of their lives. There is increasing awareness of the extent of stress-related mental health issues especially for poor urban women.

The same measures that provide more protection for children’s health – adequate housing, good drainage, reliable water supplies and sanitation – are also the kinds of support that reduce stress generally and help families climb out of poverty. (They also, conveniently, offer the most effective protection from the impacts of climate change.) There is also plenty of evidence that reasonable solutions can be found in the course of upgrading to children’s need for play and stimulation when people put their minds together on this.

Living in urban poverty does not necessarily doom children to spend their early lives on a bed. But the alternatives have to be a priority for everyone. With the awareness, support and involvement of their communities, it should be possible for them to enjoy the richness, excitement and companionship of urban living without putting their lives and their futures on the line.