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How is Rapid Urbanization in India Affecting Human Health? Findings from a Case Study in Pune

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Summary

Rapid urbanization in Africa and Asia is currently changing environmental and societal living conditions for a large number of people. In urban India specifically, the deterioration of local natural environments, the inadequate provision of infrastructure, and socioeconomic disparities are collectively resulting in a “double burden” of disease — namely, high morbidity from both communicable diseases and from environment- and lifestyle-related non-communicable ones. Using the example of Pune, the paper illustrates intra-urban differences in health status and access to healthcare by analyzing: a) the prevalence of diabetes and associated risk factors and b) access to healthcare services.

The analysis of the prevalence of diabetes among different socioeconomic groups reveals that although the disease is currently still more common among the more affluent members of the Indian population, those from poorer backgrounds are also now demonstrating an increasing susceptibility to it due to recent changes in their behavioral choices. The course of the disease also differs across social levels, with a much higher number of complications and comorbidities being found among the lower socioeconomic groups. One reason for this lies in the major disparities that exist in access to adequate healthcare services. Pune’s healthcare system is scarcely able to meet the challenge posed by a growth in population occurring alongside simultaneous changes in local epidemiological patterns. Major barriers to healthcare access exist in terms of affordability and awareness. These intra-urban differences in exposure to health risks and the varied ability to cope with ill health are now resulting in an epidemiological diversification within Indian urban society. Targeted interventions aimed at different social levels are thus needed if the urban health situation in India is to improve.

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