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A GLOBE SCAN OF URBAN INFRASTRUCTURE IN THIRD WORLD COUNTRIES

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ABSTRACT

Urban living is the keystone of modern human ecology. Cities have multiplied and expanded rapidly world-wide over the past two centuries. Cities are sources of creativity and technology, and they are the engines for economic growth. However, they are also sources of poverty, inequality, and health hazards from the environment. Urban populations have long been incubators and gateways for infectious diseases. The early industrializing period of unplanned growth and laissez-faire economic activity in cities in industrialized countries has been superseded by the rise of collective management of the urban environment. This occurred in response to environmental blight, increasing literacy, the development of democratic government, and the collective accrual of wealth. In many low income countries, this process is being slowed by the pressures and priorities of economic globalization. Beyond the traditional risks of diarrhoea disease and respiratory infections in the urban poor and the adaptation of various vector-borne infections to urbanization, the urban environment poses various physicochemical hazards.

KEYWORDS :

INTRODUCTION

Urban living is the keystone of modern human ecology. Cities have multiplied and expanded rapidly worldwide over the past two centuries-Cities are sources of creativity and technology, and they are the engines for economic growth. However, they are also sources of poverty, inequality, and health hazards from the environment. Urban populations have long been incubators and gateways for infectious diseases. The early industrializing period of unplanned growth and laissez-faire economic activity in cities in industrialized countries has been superseded by the rise of collective management of the urban environment. This occurred in response to environmental blight, increasing literacy, the development of democratic government, and the collective accrual of wealth. In many low income countries, this process is being slowed by the pressures and priorities of economic globalization. Beyond the traditional risks of diarrhea disease and respiratory infections in the urban poor and the adaptation of various vector-borne infections to urbanization, the urban environment poses various physicochemical hazards. These include exposure to lead, air pollution, traffic hazards, and the "urban heat island" amplification of heat waves. As the number of urban consumers and their material expectations rise and as the use of fossil fuels increases, cities contribute to the large-scale pressures on the biosphere including climate change. We must develop policies that ameliorate the existing, and usually unequally distributed, urban environmental health hazards and larger-scale environmental problems.

Introduction Homo sapiens is undergoing a radical transformation of its ecology The proportion of the world's population living in large towns or cities has grown from around 5% to 50% over the past two centuries. Demographers estimate that by

2030 approximately two-thirds of all people will live in large towns or cities. The human population is thus becoming urbanized. In future, urban populations will have a distinctly higher proportion of older people than they do today. Urban migration reflects many things: the advent of industrialization, insecurity about the availability of food in rural areas, the search for refuge from conflict and environmental damage and the lure of jobs, amenities and stimulation. Africa, where the relation between economic development and urbanization is weaker than in other regions, is currently the least urbanized major region in the world. Nevertheless, it is also the most rapidly urbanizing region. In sub-Saharan Africa much of the rapid growth in the urban population reflects a combination of flight from rural poverty and high fertility rates in urban areas.

In Latin America, in contrast, urban growth has been driven more by the pull of industrialization and economic opportunity. Hence, urban growth has slowed in Mexico City, São Paulo and Buenos Aires during the past decade of economic recession (1). Historical perspective Cities have historically been associated with the evolution of ideas of public health and practice. The modern public health revolution began in European cities in the

19th century where, under the pressures of industrialization, poverty, crowding and the breakdown of traditional ways of living, the conditions of daily life had deteriorated for most people. The economic historian Szreter argues that in England, which led the industrial revolution, rapid economic growth in the first half of the 19th century disrupted traditional structures of authority, social relationships and ideologies.

This caused urban environmental blight, the flight to the outer suburbs by the economically better off, further worsening of deprivation in inner urban areas, and increases in disease and death (2). In mid-19th century England those in the suburbs largely ignored the plight of the urban poor. The resultant policy stasis and the growing crisis of urban poverty, disease and overflowing workhouses precipitated Chadwick's report on the conditions of workers (3). Chadwick argued that averting additional environmental degradation would remedy the social crisis more effectively than would further workhouse "relief under the provisions of the Poor Law of 1834, the law that required the unemployed poor to work for their daily subsistence.

Even so, within the prevailing laissez-faire ethos, the struggling middleclass representatives of inner urban electorates were too preoccupied with the immediacies of their own commercial survival to embrace grander urban improvement schemes. Hence, Chadwick's centrally controlled programme to develop a network of local boards of health, established under the 1848

Public Health Act, met with widespread resistance from unsympathetic local politicians. The composite problem of economic deprivation, urban squalor and severe health inequalities was eventually remedied by devolving sanitary powers to local municipalities through the Sanitation Act of 1866 (2, 4). Over the next three decades urban authorities in England, using new sanitary technologies and public borrowing, transformed sewage and water services from private enterprises to public services. There is a contemporary relevance to this historical account: the failure of many

large cities in low-income countries to implement similar changes has left them with problems of environmental blight, inadequate housing, poverty and disease.

CONCLUSION

For similar reasons, including poor sanitary facilities, filariasis, another vector-borne infection, (also known as elephantiasis and spread by a culicine mosquito that breeds in contaminated pools of water) has been spreading in towns in Recife, in north-eastern Brazil (21). Yellow fever, plague (especially in Madagascar), Lyme disease and cutaneous leishmaniasis have all become more urban in their distribution, reflecting ongoing changes in human demography and behaviour and in the environment as urbanization proceeds (22). A new concern is that as global temperatures continue to rise, which they have done over the past quarter of a century, mosquito-borne infections, such as malaria, will become more prevalent in highland cities in low-latitude countries (such as Nairobi and Harare).



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