MANCHESTER 1824
The University of Manchester

Global Urban Research Centre

A multidisciplinary centre focusing on global urbanization, poverty, inequality and exclusion

Briefing Paper 3
July 2011

Is cancer a slum health problem?

Caroline Moser

Key point:

- **Low-income households in low- and middle-income nations face many of the same health risks from non-communicable diseases such as cancer as higher-income groups, but cannot get appropriate treatment from public health care and cannot afford private treatment**

When we consider health problems in urban slums and peripheral human settlements, we most often focus on the persistent environmental health challenges relating to unsafe water, sanitation and hygiene, above all diarrhoeal diseases that particularly affect infants and children. And with good reason – these are still the urban killers across the world. As the World Health Organization has identified, 99.8 per cent of deaths associated with these conditions are in low- and middle-income nations, and 90 per cent are children (WHO 2002). But, as incomes improve and settlements are consolidated, the health focus expands beyond children to their mothers – and the Millennium Development Goal-identified setback of persistently high female mortality rates – to youth health issues associated with drug and alcohol abuse, as well as to the medical problems of older people, such as diabetes (although there is an increasing prevenlance among younger adults as well). Finally, climate change introduces new twenty-first century urban environmental heath challenges associated with flooding, high winds and drought (Wilbanks et al 2007). But what about cancer, also increasingly recognized as a global health problem – including breast cancer, which affects women as much as the prostate cancer that is a male killer? Is cancer also prevalent in the slums of today? Worldwide, breast cancer comprises 10.4 per cent of all cancer incidence among women, making it the most common type of non- skin cancer in women and the fifth most common cause of cancer death (WHO 2010).

Four decades ago, when I first lived in the *suburbios* of Guayaquil, Ecuador, outsiders would comment: "*They can't be poor if they have a TV*" – based on the assumption that the poor were not expect to have the same aspirations as their higher-income neighbours across town (Moser 2009). Today, in a very different globalized Internet world, and in a context where inequality as much as income poverty increasingly divides the city, such an understanding – in this case relating to cancer – would be seriously misplaced. There is far less distinction between the ailments of the rich and those of the poor; increasingly, both have sophisticated information about their health problems and the associated health solutions. The difference relates to the costs and networks for accessing such services. This is particularly poignant in Latin America, where countries such as Costa Rica, Nicaragua, Uruguay, Argentina, and indeed Ecuador, have become the private health care providers for middle-class American "medical tourists" seeking affordable medical treatments ranging from artery by-passes and cataracts through to plastic plastic and "nick-and-tuck" cosmetic surgery. It is maintained that services, such as

Photo of a woman in Calle K, Guayaquil, Ecuador (Moser 2009)

Global Urban Research Centre Briefing Papers present information, analysis, and policy recommendations on urban development topics.

This and other Global Urban Research Centre Briefing Papers are available from www.manchester.ac.uk/gurc

those advertised on the Internet, are the same if not better than in their own country, but at more reasonable prices.

A few month ago I heard that Emma Torres, a local community leader in the Indio Guayas community in Guayaquil, had been diagnosed with breast cancer. I have been undertaking longitudinal research in this community since 1978, and for more than 30 years Emma has inspired and taught me about the lives of poor urban households – indeed, I dedicated my recent book to her (Moser 2009). When her daughter e-mailed me about her mother's health, unable to judge the situation from afar, I visited Guayaquil. Back living in her house, I quickly realized that with the support of her two daughters, Emma is using the same strong determination she employed for decades to contest and negotiate for community infrastructure, and the identical, extraordinary recognition of the importance of political social networks, this time to try and save her life. She is not unique; as she explained, cancer is increasingly a recognized health concern in the community – rather than a taboo subject – particularly among the older population. But as is the case with all social sector services, private sector cancer treatment is far better and faster than state provision.

With no available mammogram service, Emma had no warning of her condition until an inflamed breast forced her to visit two state health institutions in turn, only to be put on a four-month waiting list for a diagnosis of her condition. Recognizing that with cancer time is of the essence, the very next day she switched to the private system, going to two different diagnostic clinics over a period of five days and paying for her consultation each time. She soon realized that she could not continue to pay the charges for a long-term medical problem, so the next day took her mammogram results to a private cancer institute that operates a sliding- scale payment system based on a patient's income level. Waiting patiently in line for up to eight hours a day, she used the same conviction that previously had so benefited her community, to address her problem. She continuously used local contacts – including those of her daughters – paid out the necessary tips and ceaselessly pressurized the medical professionals, in order to move up the queue as quickly as possible, see the appropriate doctor and get a hospital bed when required. Four months into her treatment, she has had a biopsy and undergone three rounds of chemotherapy, followed by an operation to remove a large tumour.

But having paid up-front the costs for each stage of treatment, to date this has cost her more than US$ 8,000. Her savings are gone, a sister living in Europe sends remittance support, and her daughters and friends are helping as much as they can. While Emma is philosophical, saying: "*You have to accept the will of God*", she also recognizes the unequal world in which she lives, identifying new friends made during her treatment who subsequently were unable to continue the long, costly process for lack of funds. Knowledge and action may not be enough. The difference that money makes between the haves and have-nots is never sharper than in the case of a disease such as cancer. As I left the *suburbios*, Emma was about to start the next round of chemotherapy, at US$ 550 a time, with radiotherapy still to follow. It is only possible to hope for a positive outcome.

This briefing paper was originally published by Caroline Moser in April 2011 as "Cancer notes from the slums" in Environment & Urbanization 23(1): 119-121.

Global Urban Research Centre

The University of Manchester,
Humanities Bridgeford Street Building,
Oxford Road,
Manchester,
M13 9PL,
United Kingdom

Tel +44 (0)161 306 6437

Fax +44 (0)161 275 893

Email:
gurc@manchester.ac.uk

References

Moser, C.O.M. (2009), *Ordinary Families, Extraordinary Lives: Assets and Poverty Reduction in Guayaquil 1978–2004*, Brookings Institution Press, Washington DC.

WHO (2002), *The World Health Report 2002: Reducing Risks, Promoting Healthy Life*, World Health Organization, Geneva.

WHO (2010). *World Health Organisation Fact sheet.* See: http://www.who.int/mediacentre/factsheets/fs297/en/

Wilbanks, T., P. Romero-Lankao, M. Bao, F. Berkhout, S. Cairncross, J-P. Ceron, M. Kapshe, R. Muir - Wood and R. Zapata-Marti (2007), "Industry, settlement and society", Chapter 7 in M.L. Parry, O.F. Canziani, J.P. Palutikof, P.J. van der Linden and C.E. Hanson (editors), *Climate Change 2007: Impacts, Adaptation and Vulnerability,* Cambridge University Press, Cambridge.