

Effect of Rapid Urbanization in Health and Environment



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Introduction:- "In the beginning, there was desire which was the first seed of mind," says Rig-Veda, which probably is the earliest piece of literature known to mankind. This desire for a healthy family, healthy society and a healthy country drives individuals and governments alike. The government is supposed to create settings that will provide equal opportunity for an individual to fulfil these desires. There is an undisputed association between this social equality, social integration and health. The effect of social integration on health is conclusively documented in the theory of 'social support'

This focus on the environmental and social determinants of health has accompanied a rapid change in rates of urban populations across the world. The rapid urbanization of the 20th century reflects changes in global political, economic, and social forces. Thus, the health of urban populations has changed as cities have evolved. As more people worldwide live in cities, it is imperative to understand how urban living affects population health. Does urban living negatively affect health? Can urban living enhance population health and well-being?

This article first examines determinants of health in urban versus rural contexts and then outlines several emerging problems caused by rapid urbanization. In recent years there has been a renewal of interest in geographic characteristics within public health, particularly in the areas of international health and community development.

Urban Context :- The social environment: Urban environments are more likely to see large disparities in socioeconomic status, higher rates of crime and violence, the presence of marginalized populations (e.g., sex workers) with high risk behaviours, and a higher prevalence of psychological stressors that accompany the increased density and diversity of cities.

The physical environment: -In densely populated urban areas, there is often a lack of facilities and outdoor areas for exercise and recreation. In addition, air quality is often lower in urban environments which can contribute to chronic diseases such as asthma. In the developing world, urban dwellers often live in large slums which lack basic sanitation and

utilities such as water and electricity. Lack of basic infrastructure can exacerbate rates of infectious disease and further perpetuate the cycle of poverty.

Access to health and social service: -Persons of lower socioeconomic status and minority populations are more likely to live in urban areas and are more likely to lack health insurance. Thus, these populations face barriers to care, receive poorer quality care, and disproportionately use emergency systems.

Rural Context:- The social environment: In the India, rural elders have significantly poorer health status than urban elders. Also, rural residents smoke more, exercise less, have less nutritional diets, and are more likely to be obese than suburban residents. "Health educators are increasingly aware of the need for culturally sensitive approaches to modifying unhealthy behaviour, but few rural health researchers and policymakers are asking the relevant cultural question, 'Why does rural residence (culture, community, and environment) reinforce negative health behaviours?'" In fact, many of the major public health problems faced in rural areas (e.g., obesity, tobacco use,) are not likely to respond to an increased presence of general practitioners, physician specialists, or physician extenders. Instead, these challenges call for a social perspective with a focus on prevention and a healthy lifestyle.

The physical environment: -Rural women in the India, especially less educated women, are more sedentary than urban women. Rural individuals are less likely to report sidewalks, streetlights, high crime, access to facilities, and frequently seeing others exercise in their neighbourhood. While poor air quality and crime rates are likely to be less of an issue in rural areas, insufficiencies in the built environment make it difficult for rural residents to exercise and maintain healthy habits. Access to health and social service: Evidence indicates that rural residents have limited access to health care and that rural areas are underserved by primary care physicians. In the developing and developed world, many rural individuals must travel substantial distances for primary medical care, requiring significantly longer travel times to reach care than their urban counterparts.

Unequal Distribution of Healthcare Resources India. In India healthcare has been a neglected area by the government. That is evident from the fact that in 2002 investment in healthcare was only 0.9% of the total GDP. India is a country where people are treated for the most basic diseases. In 2010 the patients treated for malaria were 1.65 million, for leprosy there were 2.4 million people and there were 214 cases of polio.

The cases for each disease have reduced significantly over a number of years but still even after so much technological development the diseases continue to exist. Also the number of cases for AIDS and cancer has emerged as a major concern for health authorities. There has been a definite growth in the overall healthcare resources and health related manpower in the last decade. The number of hospitals grew from 11,174 hospitals in 1991 (57% private) to 18,218 (75% private) in 2000. In 2000, the country had 1.25 million doctors and 0.8 million nurses. That translates into one doctor for every 1800 people. If other systems including Indigenous System of Medicine (ISM) and homeopathic medicine are considered, there is one doctor per 800 people. It not only satisfies but also betters the required estimate of one doctor for 1500 population.

Problems of Rapid Urbanization:- More than 50% of the world's population now lives in urban areas. Urbanization implies "considerable changes in the ways in which people live, how they earn their livelihoods, the food which they eat, and the wide range of environmental factors to which they are exposed." There is an underlying assumption that urban populations will be healthier than their rural counterparts and that urbanization equates with modernization. However, this is rarely true. Research about the features of urban areas that influence health has been relatively sparse but often indicates increased health hazards. While this transition does exist in some extent, today it is more appropriate to talk about a "double burden" of disease, both infectious and chronic.

Access Difficulties to Health Care:- Universal access to healthcare is a norm in most of the developed countries and some developing countries (Cuba, Thailand and others). In India though, pre-existing inequality in the healthcare provisions is further enhanced by difficulties in accessing it. These access difficulties can be either due to

1. Geographical distance
2. Socio-economic distance
3. Gender distance

The issue of geographic distance is important in a large country like India with limited means of communication. Direct effect of distance of a given population from primary healthcare centre on the childhood mortality is well documented. It has been shown that the effect of difficult access to health centres' is more pronounced for mothers with less education. The same study also states that distance from private hospitals does not affect the health parameters but the distance from public health centre does. Those who live in remote areas with poor transportation facilities are often removed from the reach of health systems.

A different aspect of healthcare access problem is noticed in cases of 'urban poor'. Data from urban slums show that infant and under-five mortality rates for the poorest 40% of the urban population are as high as the rural areas. People in urban slums are particularly affected due to lack of good housing, proper sanitation, and proper education. Economically they do not have back-up savings, large food stocks that they can draw down over time. Urban slums are also home to a wide array of infectious diseases (including HIV/AIDS, tuberculosis, hepatitis, dengue fever, pneumonia, cholera, and malaria) that easily spread in highly concentrated populations where water and sanitation services are non-existent. The third most important access difficulty is due to gender related distance. It is said that health of society is reflected from the health of its female population. That is completely disregarded in many of the south Asian countries including India. Gender discrimination makes women more vulnerable to various diseases and associated morbidity and mortality.

Conclusions:- Effect of Rapid Urbanization in Health and Environmental are profound. In a large, overpopulated country like India with its complex social architecture and economic extremes, the effect on health system is multifold. Unequal distribution of resources is a reflection of this inequality and adversely affects the health of under-privileged population. The socially under-privileged are unable to access the healthcare due to geographical, social, economic or gender related distances. Burgeoning but unregulated private healthcare sector makes the gap between rich and poor more apparent.

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