

Impacts of urbanization on mental health and problem behaviour

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Abstract

Urbanization brings with it impacts pertaining to mental health and problem behaviour. There is strong evidence that urban people were much more likely to report mental illness and depressive symptoms than non-urban. Mental health problems in urban context, such as depression, aggression, anxiety, sadness, substance abuse, and personality disorders are caused by poverty, fear of crime and ethnicity. Behavioural problems such as sexual, gambling and corruption behaviour occur more frequently among people in urban areas. These impacts of urbanization affect the entire gamut of population, especially the vulnerable section: elderly, children and women.

Keywords: urbanization, mental health, problem behaviour, depressive symptom

1. Introduction

Urbanization brings with it a set of positive and negative impacts. It often creates its own set of problems pertaining to mental health and well-being. Mostly because of higher job opportunities and lots of living facilities provided, cities are growing more diverse in their population. Consequently, cultural factors have taken place in contributing urban mental health problems. The multiculturalism of modern cities in all over the world is usually associated with heightened social tension, interethnic clash and cultural conflicts among city dwellers. The range of disorders and deviancies came out in urban setting may include psychoses, depression, sociopathy, substance abuse, alcoholism, crime, delinquency, vandalism, family disintegration and alienation (Trivedi *et al.*, 2008) ^[1]. In addition, the urban people often face work-related stressors and unfavourable working environments. The elevated stress tends to put them at higher risks for stress-related health deficits (Lu, 2010) ^[2].

2. Materials and Method

The objective of the study is to determine the impacts of urbanization on mental health and problem behaviour, and factors associated with that. The research methodology used was exploratory and data collection design. The sources are mostly based on secondary data taken from journal articles and evidences found by researchers in many regions worldwide.

3. Results and Discussion

3.1 Factors Associated with Urban Mental Health

Poverty: Rapid urbanization has led to mental health due to poverty. Most migrants from rural areas bring their own values, beliefs and expectations that are often different from the ones they encounter in their new location. They need to adapt and acculturate not only to a new challenging urban environment, but also to social processes (Trivedi *et al.*, 2008) ^[1]. Numerous investigations have shown that poverty is associated with problems in peer relations, depression, somatic symptoms and conduct disorders as well as social maladaptation and psychological disorder (Taylor *et al.*, 2002) ^[3].

Fear of crime: Crime and neighbourhood disorder may negatively impact the health of urban residents. Curry *et al.* (2008) ^[4] have examined how neighbourhood problems, such as exposure to crime and vacant housing, might contribute to mental health that produces psychological distress. According to Whitley & Prince (2005) ^[5], fear of crime has a more impact on women and older people than men and younger people. Many vulnerable residents restricted their daily activities in order to lower risk, not to leave their houses after dark or not to walk through certain threatening areas. Research by Ozer & McDonald (2006) ^[6] has documented the impact of exposure to violence and daily hassles on mental health of urban youth associated with anxiety, depression, post-traumatic stress disorder and aggression.

Ethnicity and race: Urban ethnic minorities often face conditions and circumstances related to economically distress, crime, unemployment, and poor-quality life that maybe detrimental to their psychological and physical well-being (Taylor *et al.*, 2002) ^[3]. Ethnic identity, including family, socio-economic status, race, ethnicity and culture, is negatively related to depression, substance use and aggression. Lack of supportive parenting, less developed ethnic identity, and negative beliefs about one's ability to effectively handle stress are more likely to influence depressive symptoms (Swenson & Prelow, 2005) ^[7].

3.2 Impacts on Problem Behaviour

Sexual behaviour: Urban adolescents are likely to experience puberty (or even onset of sexual intercourse) earlier than nonurban (O'Sullivan & Meyer-Bahlburg, 2000) ^[8]. This behaviour gives high rates of teen pregnancy, sexually transmitted diseases and HIV spread (Gallup-Black & Weitzman, 2004) ^[9]. In metropolitan cities, life styles have undergone change and increased drug intake, alcoholism and prostitution. The condom which was being promoted as family planning device is now being propagated for safe sex to prevent AIDS. Mass media and sex technology have reached all age groups which were earlier taboo and eroded eastern values of

monogamy and morality (Mutatkar, 1995) ^[10]. Urban areas became the spread locus of HIV/AIDS due to high population density and mixing, transport hubs and prevalence of unemployed youth, migrant workers, commercial sex workers, truckers, drug users, etc.

Gambling behaviour: Youth in urban environment are more likely to gamble. Martins *et al.* (2007) ^[11] found that emotional problems (depression and anxiety symptoms) and behavioural problems (childhood aggression, impulsivity and hyperactivity) are dominant factors of being a gambler among youth growing up in urban area. High levels of depressive, anxious feelings and illegal use of tobacco, alcohol and drug, were more in adolescent gamblers. People might gamble to alleviate anxiety, but gambling was still associated with mental health and behavioural disturbance. Zaranaek & Lichtenberg (2008) ^[12] found that city residents were more likely to be probable pathological gamblers. Substance use, depression, suicide, personality disorders and social consequences have co-occurred with pathological gambling.

Corruption behaviour: Corruption is a salient issue in the context of urban development. It is defined as the use of public resources for private purposes. In its rapid economic growth, the city must be seen as a huge centre of income and as an arena of numerous entry points for corruption. Server (1996) ^[13] observed various sectors in the city's management and administrative systems that may contain opportunities for corruption. An official, who uses his status, prestige and or authority for personal profit or for their family and friends, is using a public resource for private gain. This includes 'petty' corruption and serious larger scale corruption that affect development in a significant manner.

3.3 Impacts Based on Family Context

Impacts to elderly: Old-age person will be altered the most by urbanization, especially where joint family and kinship orientation is giving way to industrial interest orientation. In the villages, old people are respected for their experience. But recently, rapid urbanization has created a huge number of older men and women left to fend for themselves in the rural areas. They were left by their descendants who had moved to the city (Mutatkar, 1995) ^[10]. This could be big problems, because they would have less availability of caregivers, especially when they fall ill. Study of rural-urban migration showed that older people and those of low socio-economic supports were likely to report depressive symptoms (Lu, 2010) ^[2].

Impacts to children: Children in deprived urban areas are often drawn to anti-social behaviour, including child abuse, child labour and delinquency. Many urban children work in juice bars, hotels, garages, polishing shoes, collecting garbage and work as drug pedlars (Mutatkar, 1995) ^[10]. Structurally disadvantaged urban settings and behavioural predispositions lead to juvenile delinquency (Sampson & Laub, 1994) ^[14]. One of the most distinct urban problems is the increasing number of street children and most of them are involved in illegal activities (Trivedi *et al.*, 2008) ^[1]. Urban children experienced in poverty are related to internal symptoms, including anxiety, sadness, depression and dependency (Taylor *et al.*, 2002) ^[3] and physical symptoms, e.g. body, head or stomach aches, nausea, cries without provocation, and nervous tics like muscle-twitching, eye-blinking, nail-biting, hand-wringing (LeClair, 2001) ^[15].

Impacts to women: Women are vulnerable by urbanization. In rural setup, women mostly work at homes, but in urban setup they bear the burden of being wives, mothers, educators, and careers at the same time (Trivedi *et al.*, 2008) ^[1]. Some women work as maidservants, sales girls and in construction industry that may be abused by men (Mutatkar, 1995) ^[10]. Gender discrimination, malnutrition, overworks, domestic and sexual violence add up to the problems of women's mental disorder. Social support and presence of close relationship (more commonly observed in rural society) appear to be missing due to high force of individualism. Women had higher rates of neuroses, affective disorders, organic psychoses and suicide than men (Trivedi *et al.*, 2008) ^[1]. Mariam & Srinivasan (2009) ^[16] found that majority of women with postnatal depression belong to urban backgrounds with low-middle socio-economic strata.

4. Conclusion

Urbanization brought impacts pertaining to mental health and problem behaviour. There is strong evidence that urban people were much more likely to report mental illness than non-urban. Numerous factors, such as poverty, are associated with depression, somatic symptoms, social maladaptation and psychological disorder. Fear of crime and exposure to violence was also a powerful predictor of depressive symptoms, post-traumatic stress disorder and aggression. Ethnic identity, including family, socio-economic status, race, ethnicity and culture, is negatively related to depression, substance use and aggression.

Behavioural problems occur more frequently among people in urban areas. For example in sexual behaviour, urban adolescents are found earlier in puberty and higher prevalent of teen pregnancy, sexually transmitted diseases and HIV-AIDS. Youth in urban environment are also more likely to have gambling behaviour. Corruption behaviour may also become a salient issue in the context of urban development because of rapid economic growth and numerous opportunities provided by the urban city,

Urbanization affects the entire gamut of population, especially the vulnerable section: elderly, children, and women. A study of rural-urban migration showed that older people were likely to report depressive symptoms. In the most highly urban areas, children are prevalent in problem behaviour, somatoform disorders, depressed mood, anxiety and physical symptoms. Women may also be threatened by gender discrimination, malnutrition, overworks, economic disadvantage, domestic and sexual violence, and postnatal depression.

5. References

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