



EFFECT OF URBANIZATION ON STRUCTURE OF DIETS, PHYSICAL ACTIVITY PATTERN AND HEALTH

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ABSTRACT

This paper explores the effect of urbanization on structure of diets, physical activity pattern and health. The surveys has proven that rising urbanization has positive effects on the obesity level. People in urban areas are inclined more towards junk food due to modernization. This is not the case in rural areas. This paper also reveals a nutrition transition towards a dietary pattern consisting of more fat and protein intake. Due to increase in population in urban areas, the dietary structure has changed a lot. On the other hand, importance of physical activity has increased and more and more people focus on physical activity nowadays to keep themselves fit. In this paper, the different effects of urbanization on diet, health and exercise has been explained. The paper also mentions some real life results based on different real-life surveys. Effects of urbanization on different aspects of health have been explained in this paper. Physical activity and diet play an important part in one's health. Proper amount of diet and good exercise leads to a healthy body.

Keywords: Urbanization, diet, health, physical activity

INTRODUCTION

Urbanization refers to the population shift from rural to urban areas, "the gradual increase in the proportion of people living in urban areas", and the ways in which each society adapts to the change. Urbanization has led to a lot of people to shift to urban areas majorly due to employment and

education. This has led to a rapid increase in major problems such as pollution, health, lifestyle and many more. The concept of the nutrition transition relates to the sense that the underlying shifts in economic, demographic, and related forces that affect fertility, mortality, and disease patterns also affect the structure of



diet, physical activity, and body composition trends.

Effects of Urbanization

1.1 Effect on structure of diet

People living in urban areas consume diets distinctly different from those of their rural counterparts and the general shifts in their diets enhance energy and fat density and lead to great potential for chronic disease-related health problems. A large descriptive literature on comparisons of urban and rural diets can be summarized as urban diets show trends toward consumption of superior grains (e.g., rice or wheat, rather than corn or millet); more milled and polished grains (e.g., rice, wheat); food higher in fat; more animal products; more sugar; more food prepared away from the home; and more processed foods

These contrasts between urban and rural eating patterns are more marked in lower income than in higher income countries. In higher income countries, market penetration into rural areas is

common, and national integrated food distribution systems exist. Nearly half the world's population now lives in urban settlements. Rapid and often unplanned urban growth is often associated with poverty, environmental degradation and population demands that outstrip service capacity. Human health is at risk due to these reasons. Reliable urban health statistics are largely unavailable throughout the world. Data that are available indicate a range of urban health hazards and associated health risks: substandard housing, crowding, air pollution, insufficient or contaminated drinking water, inadequate sanitation and solid waste disposal services, vector-borne diseases, industrial waste, increased motor vehicle traffic, stress associated with poverty and unemployment, among others. Local and national governments and multilateral organizations are all grappling with the challenges of urbanization.



Analyzing the impact of urbanization on diet structure is a key public health issue. Urbanization and economic growth, closely linked since the industrial revolution, give every sign of becoming dissociated. In the past rapid urban growth was concurrent with economic growth, but now urban growth dominates most low-income countries.

A survey in China proved that the dietary pattern included more of protein and fats. Thus leading to increasing obesity among a large proportion of the population. This change in dietary pattern has effect of change in income as well. As incomes rise, consumption of non-grain products (fruit, vegetables, meat, fish, eggs, milk, edible oils, et alia) rise disproportionately, compared with grains and other starchy staples (per the internationally verified statistical regularity, “Bennett’s Law”. According to a rigorous studies in China, it was found that diets in urban areas in China were more

rapidly becoming diverse and shifting to what would be termed the Western-diet, higher in meats, edible oils, and other fats and refined carbohydrates and lower in fiber. While the traditional Chinese diet was felt to be a low-fat one, only a small and rapidly diminishing proportion of the population now follows this traditional low-fat pattern and an ever-increasing proportion is consuming more than 30% of their energy from fat. This high-fat diet was significantly more common in urban and higher income populations than in rural and lower-income ones.

1.2 Effect on physical activity pattern

A major change in economic structure associated with the nutrition transition is the shift from a preindustrial economy to industrialization. The changes in nutrition transition are also related to changes in women’s roles in income patterns, in household food-preparation technology, in food production and processing technology, and in family and



household composition. Due to urbanization, employment has increased in rural areas. The percentage of sedentary jobs have increased in urban areas whereas rural areas are mostly based on agricultural sector jobs. These jobs have a direct effect on the physical activity in day-to-day life.

One of the most inexorable shifts with modernization and industrialization is the reduced use of human energy to produce goods and services. The result is obviously a marked shift in activity patterns at work, a trend particularly associated with our shift into increasingly capital intensive production and increasingly sedentary service and commercial work in more urbanized populations. In rural areas, due to more opportunities in agricultural sector rather than manufacturing sector, people tend to perform more physical activity which helps in keeping them healthy. On the other hand, the sedentary jobs in urban areas, tend to make people more lazy and prone to a lot of health

issues such as increase in cholesterol content, heart problems, back problems and so many more. Fortunately, people have become more aware of these side-effects of urban life and hence they do focus on the physical exercises.

1.3 Effect on health

A range of changes in health accompany the nutrition transition in urban areas. Most immediate seems to be the emerging epidemic of non-insulin-dependent diabetes mellitus (NIDDM). There is a growing literature that documents rapid increases in NIDDM in many lower-income countries. Apart from these, other cardiovascular conditions related to NIDDM such as hypertension, dyslipidemia, and atherosclerosis, are increasing rapidly. Many young aged adults face these serious issues due to their work structure and modernized lifestyle. Cancer is also documented to a reason of the hectic work-life.

The conditions that are leading to the rapid change in diet, activity,



and obesity are linked with many chronic diseases. Together these effects are leading to a rapid shift in the composition of disease in lower-income countries. Unlike infectious and childhood disorders, these chronic diseases are very medical care-intensive and these emerging disease patterns have important implications for health care costs for many decades into the future. They also can have important effects on productivity, morbidity patterns, and a wide range of measures of quality of life. A related clinical and epidemiological literature highlights the importance of the same factors noted as being central to the nutrition transition-diet shifts, reduced physical activity, and obesity as also being critical determinants of NIDDM.

In the urban context income does not matter and either formal education or access to information is each independently and inversely related to overweight. In other words, on the national level in urban Brazil the more educated are

less likely to be overweight than the less educated.

CONCLUSION

This paper extends to the analysis of gender and regional differences, which reveals more specific demographic patterns of obesity level in the scenario of urbanization. The empirical findings confirm the hypothesis that urbanization induces a nutrition transition towards more fat and protein intake, and higher obesity level in Chinese population.

As we can see from the findings of this paper, urbanization comes at a price, considering the health outcomes, as obesity levels rise. For China, there should be something to be done in the policy agenda concerning the overweight and obesity issues in the urbanization scenario. Also, it is the case for other countries that are undergoing a rapid urbanization progress to take more policy considerations on dynamics of obesity levels. Given the serious effects that urbanization can have



on health, it is essential to include health considerations into policy making. Because many of the negative effects are suffered more acutely by the poor, migrants and minorities, it is important to adequately assess their needs.

Thus, it is very important to induce healthy diet in our daily routine. It is crucial to inculcate the habit of eating healthy food among kids from their childhood itself. Everyone needs to become more careful regarding their weight and thus take care of the diet and physical fitness together. This paper proves that dietary structure and physical fitness go hand-in-hand in terms of health. Both these terms are inter-dependent and thus should be balanced.

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