

Urbanization and Health — Impacts of Changed Life Style on Migrant Population's Health^{*}

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Abstract: Urbanization is the inevitable result of social and economic development, in which process migrant population experience the greatest impacts, especially the dramatic change of life style. As far as their health level is concerned, although better medical conditions can be provided in big cities, the general health condition decreases because of various urban diseases. This paper expounds advantages and disadvantages of changed life style, analyzes corresponding impacts on migrant population's health level, and puts forward effective and feasible suggestions on how to improve it by the questionnaire survey of 300 immigrants in Xi'an city. And it also provides people with a reference about lifestyle changes and health improvement, helps migrant population to have healthier habits and lives a better life in urbanization.

Key words: urbanization; health; lifestyle; migrant population

JEL: O15

1. Introduction

1.1 Research Background and Problems

With the development of society and economy, urbanization has become an inevitable result. China's urbanization rate has been greatly accelerated since reform and opening-up, increasing from 17.9% in 1978 to 54.77% in 2014, in which process a large number of non-urban population rush into cities and migrant population experience the greatest impacts, especially the dramatic change of life style. World Health Organization(WHO) has reported 60% of people's health depends on life style, 15% the genetic factors, 10% the social conditions, 8% the medical conditions, and 7% the natural environment (Lu, Zhou & Liu, 2012). It is obvious life style is a vital factor for health.

1.2 Literature Review

In 1970s, Preston and Grossman proposed the increase in income was helpful to people's health. Urbanization enables migrants to get higher income. The survey results of the Third National Health Services show that comparing with rural areas, health and financial investment are evidently higher in urban areas, especially the government resources usually focusing on large cities (Cheng, 2008). Thus, urbanization provides a more favorable condition for our health. In 1957, three diseases with top mortality rates of Chinese urban

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residents are respiratory diseases (16.86%), acute infectious diseases (7.93%), and pulmonary tuberculosis (7.51%). In 2002, the survey of *Chinese Residents Nutrition and Health* showed 1/3-1/2 of senior citizens suffered from high blood pressure, nearly 1/10 of citizens suffered from diabetes and nearly 3/10 of citizens suffered from dyslipidemia. In 2013, the three diseases with top mortality rates of urban residents are malignant tumor (24.82%), cerebrovascular disease (23.25%), heart disease (19.66%) (Lu, Zhou & Liu, 2012). Citizens' disease types have changed.

1.3 Research Purpose

To analyze the change of lifestyle and disease category of migrants in urbanization; explain advantages and disadvantages of changed life style; put forward effective and feasible suggestions on how to improve the health level of migrants.

2. Methods

The research methods are literature reading and questionnaire survey. The participants of the survey are those people who used to live in rural areas now in Xi'an city.

300 questionnaires are sent to three groups of people at different ages in Xi'an City. The first group is college students, aged between 18-25 years old, whose migration reasons are generally college study. The second group is young people aged between 24-35 years old, who have graduated and begun working. Most of them come to Xi'an for better development. The third group is the middle-aged (their age is over 35 years old) who have stable work and family and most of them have been immigrants for many years.

The questionnaires show the migrants' changes after migration from two aspects, physiology and psychology, including 15 questions about diet, rest and exercise. The purpose of question 1 is to know whether migrants have better living and medical conditions after migration. The purpose of questions 2-5 is about the diet changes. The purpose of questions 6-7 is about the rest changes. The purpose of questions 8-10 is about the exercise changes. The purpose of questions 11-14 is about the psychology changes. The purpose of question 15 is about present situation of hypertension, hyperglycemia and hyperlipidemia of migrants.

3. Results

The data of question 1 show migrants have better living and medical conditions compared with the situation before migration. The data of questions 2-5 show migrants' diet structure has changed greatly. The meat content of food is obviously increased. 70% people often eat those food with abundant fat and protein. Meanwhile, many people rely on fast food and frozen food because they are convenient and time-saving. 52% people haven't regular meals, and half of them don't have breakfast; some eat too much for supper; some often eat and drink too much. The data of questions 6-7 show 81% people often stay up late and 40% people haven't enough sleep. The data of questions 8-10 show only 10% people often exercise and 40% people are sedentary. When going out, most of people often use vehicle instead of walking. The data of questions 11-14 show 90% people think life pace is faster and 80% people feel stressful and dysphoric more than often. The data of question 15 show 30% of the third group (aged over 35) have different level of hypertension and diabetes, which are typical lifestyle diseases.

4. Conclusion and Discussion

Migrants have better living and medical conditions in urbanization, in which process their lifestyles become changed. At the same time, fast pace of urban life leads to unbearable pressure. Types of disease have changed. The incidence of infectious diseases (caused by viruses, bacteria and parasites) is reduced while the incidence of chronic non-communicable diseases is increased, which are mainly caused by the unscientific lifestyles and unbearable pressure (Xia, Guan, 2010).

Under this circumstance, migrants should change in order to reduce lifestyle diseases. In dietary respect they should pay more attention to nutrient balance, less meat, more cereals, fruits, and vegetables; drink 1500 to 1700 ml water per day (small quantities each time but higher frequency). Good rest is a prerequisite for energy. A suitable exercise plan should be developed, such as walking in nature. At the same time, people should control desire, build up confidence, communicate with positive people, and maintain an optimistic and peaceful attitude towards life (Tian, Ma, 2004).

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Appendix Questionnaire

1. Compared with the situation before migration, do you have better living and medical conditions now?
A. yes B. no
2. Compared with the situation before migration, do you eat more meat now?
A. yes B. no
3. Compared with the situation before migration, do you eat more fruits and vegetables now?
A. yes B. no
4. Compared with the situation before migration, are your meals regular now? If not, please illustrate. _____
A. yes B. no
5. Compared with the situation before migration, do you often eat fast and frozen food? Why? _____
A. yes B. no
6. Compared with the situation before migration, do you often stay up late at night now?
A. yes B. no
7. Compared with the situation before migration, do you have enough sleep now?
A. yes, always B. yes, sometimes C. no, hardly D. no, never
8. Compared with the situation before migration, how often do you exercise now?
A. more than five times a week B. twice to four times a week C. below twice a week
9. Compared with the situation before migration, do you often use vehicle instead of walking in short distance now?
A. yes B. no
10. Compared with the situation before migration, are you more sedentary now?
A. yes B. no
11. Compared with the situation before migration, do you think life pace is faster now?
A. yes B. no
12. Compared with the situation before migration, do you feel more stressful now?
A. yes B. no
13. Compared with the situation before migration, are you more anxious and dysphoric?
A. yes B. no
14. Compared with the situation before migration, are you more depressed?
A. yes B. no
15. Do you have hypertension, hyperglycemia or hyperlipidemia now?
A. yes, serious B. yes, not serious C. no