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Urbanisation and health

T P Lam 林大邦

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Urban living, if regulated and co-ordinated properly, has many advantages but it also has many drawbacks. Rossi-Espagnet *et al*, in their 1991 WHO report said: "All too often urban development is associated with destructive effects on the physical environment and the resource base needed for *sustainable development*, leading to illness, accidents, crime and other social pathologies".¹

In Hong Kong, good economic growth in the past few decades means that the Government has had the economic resources to provide adequate water supply and sanitation, which is often a major source of health problem in the poorer countries.² However, over-crowding and pollution have taken over to be the leading challenges in our city which has a very high population density.

The environmental problems of urbanisation have received due attention in Hong Kong in recent years. In the Chief Executive's 2000 Policy Address, Mr Tung Chee Hwa again emphasised the quality of our environment and his Government's commitment to introduce new initiatives to prevent and reduce environment pollution. He stated, "As a modern city, it is only right that the people of Hong Kong should be able to enjoy a better environment..."

Apart from the physical environmental pollution, there are also other close associations between urbanisation and health because urbanisation creates cities which are often big, complex and heterogeneous. Hong Kong is again a good example. Health and health-related conditions often vary widely between geographical areas³ and between socio-economic groups.^{4,5} National health statistics may not reveal these differences, and so do not generate awareness of the health problems of the disadvantaged, or stimulate and guide appropriate action in their favour. Studies have shown that health statistics tended to obscure the enormous difference which may exist between the socially disadvantaged and the middle-to-high income families.⁶ There is therefore a need to collect and provide information on variation within our city in health conditions, health-related factors and the availability and utilisation of health services. To make this possible, information should be collected using approaches that will permit analysis by geographical areas and by relevant social and economic characteristics.⁷ Let us hope that the upcoming Census to be conducted early next year will provide more information on these often neglected factors.

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In 1938, Taylor used the term "suburban neurosis" to describe the stresses associated with urbanisation, for example, higher expenses, social isolation, distance from employment and loss of familiar surroundings.⁸ Previous studies in Hong Kong also showed that the urbanisation process of the 1950s and 1960s was generating a high level of emotional strain leading to increasing demand for psychiatric care.⁹ This is consistent with the findings of density-pathology research that dense living conditions have "pathological" effects on the inhabitants of urban areas. However, it has been pointed out that density (number of persons per dwelling unit) is different from crowding (excessive demands on available space) which is strongly influenced by psychosocial factors.¹⁰ Except in extreme cases, the amount of space per person is less important for mental health than lack of personal control over space, with the accompanying disordered social relationships. Most studies have also confirmed increased prevalence of social and psychological illnesses with urbanisation and urban migration,¹¹ for example depressive illness,¹² substance abuse and suicide.¹³ This is not unexpected considering that many of the migrating groups were long-established communities, with a characteristic culture of their own and important social networks which could never be reproduced artificially. It has been increasingly recognised in recent years that the social support derived from these networks is of fundamental importance in the maintenance of mental health.¹ The new residential areas usually lack the established kinship and mutual-help networks of older communities and most occupants tend to place greater emphasis on their domestic privacy, in place of social interactions with their neighbours.¹⁴

In addition to psychosocial problems, many studies have shown a positive relationship between the prevalence of common physical illnesses for example diabetes and hypertension, and urbanisation.¹⁵ The relationship between air pollution and respiratory illnesses in different districts in Hong Kong has also been investigated in recent years.¹⁶ Chronic and degenerative "Western"

diseases (diseases of affluence) already predominate in Hong Kong, instead of infectious diseases.¹⁷

In conclusion, there is little doubt that a lot can be gained from urbanisation but we must constantly be on the guard so that the price we pay for these gains are not too detrimental to the general well-being of the majority of people in Hong Kong. The public, the doctors and the Government must all work together to ensure our ever continuing urbanisation will result in overall benefits for all of us. ■

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