

Impact of Urbanization on Healthy Lifestyle

Dr. Richa Sangwan; Dr. Yashna Bawa

Assistant Professor, Department of Home Science,
Sanatan Dharma College, Ambala Cantt, Haryana, India

Abstract

Chronic diseases, which are frequently classified as a significant component of non-communicable diseases (NCDs), usually impact middle-aged or older individuals following extended exposure to unhealthy lifestyles that are mainly associated with economic transition, rapid urbanization, and 21st-century lifestyles, such as long office work hours, tobacco use, harmful alcohol consumption, unhealthy fast food diets, and insufficient physical activity.

The World Health Organization (WHO) estimates that there were around 57 million deaths worldwide in 2008, with non-communicable diseases (NCDs), namely diabetes, cancer, cardiovascular ailments, and chronic lung diseases, accounting for 36 million deaths, or nearly two thirds [1]. The leading NCD risk factors globally in terms of potential mortality are high blood pressure (13%), tobacco use (9%), diabetes (6%), inactivity (6%), and obesity (5%).

Lifestyle problems are becoming increasingly prevalent these days, particularly among young people living in cities [1]. According to reports, the median age group at risk may move from the fifth to the fourth or even younger decade of life. One of the main causes of avoidable death globally is a sedentary lifestyle, which is characterized by a lack of physical activity.

This type of physiologically stressed lifestyle results in elevated levels of risk factors, including hypertension (high blood pressure), dyslipidemia (abnormal amounts of lipids, primarily cholesterol or fats in the blood), diabetes (high blood glucose), respiratory disorders, and obesity (abnormal or excessive body fat accumulation) [1-3]. Lifestyle-related disorders, along with other infectious diseases, are typically more common in developing countries [4].

Keywords: Health, Nutrition, Chronic Disease

Introduction

A healthy lifestyle is recognized as an important factor in maintaining human health and preventing various diseases in modern society. The concept of a healthy lifestyle includes not only physical activity, but also proper nutrition, maintaining mental stability, getting enough sleep, and giving up harmful habits. Studies show that among individuals who adhere to a healthy lifestyle, the risk of chronic diseases such as heart and vascular diseases, diabetes, and obesity is significantly reduced. A healthy lifestyle also has a positive effect on a person's psychological state. Regular physical exercise and a balanced diet reduce stress levels, improve sleep quality, and increase the overall quality of life. This also helps to increase a person's social activity and work efficiency. Currently, promoting a healthy lifestyle is considered an important part of national health strategies.

The prevalence of chronic lifestyle diseases is rising worldwide, endangering the capacity of developing countries to enhance population health. These illnesses are responsible for half of the health burden [5]. Previously believed to be diseases of the wealthy, lifestyle disorders now afflict disadvantaged people equally [6, 7]. This is demonstrated by the sharp increase in the prevalence of type II diabetes, obesity, cardiovascular diseases (CVDs), and other lifestyle disorders in developing and recently developed countries, especially in Asia and the Pacific and Indian Ocean region [8].

The epidemic of lifestyle diseases affects the Swahili people in Mombasa County, Kenya [9]. This community is made up of people from various ethnic backgrounds who live on East African islands and coastal regions and speak closely related Bantu languages [10]. The prevalence of lifestyle diseases varies between populations within the same country as well as between nations in the same region. This is due to the fact that individual differences in settings influence how populations interact with factors that

contribute to overweight and obesity [11]. Those who are overweight or obese are more likely to develop chronic lifestyle diseases [12].

The Effects of Urbanization on Health Worldwide

1. Definition and Trends in Urbanization Worldwide

Urbanization is the term used to describe the growing number of people moving from rural to urban areas, along with the expansion of cities and towns. This trend is a global phenomenon driven by factors such as **economic opportunities, employment, and improved living standards** in urban areas.

- **Global Trends:**

Urbanization is happening quickly, especially in developing nations where cities are growing at a never-before-seen pace. The United Nations estimates that by 2050, 68% of people on the planet would live in cities, up from 56% in 2020. In regions such as **Africa and Asia**, the pace of urbanization is particularly high, with cities like **Lagos, Beijing, and Mumbai** experiencing significant population growth.

- **Urbanization and Infrastructure:**

The rapid growth of cities often outpaces the development of necessary **urban infrastructure** such as **healthcare facilities, public transportation, housing, and sanitation**. This can create **health challenges** related to **overcrowding, poor living conditions, and limited access to healthcare**.

2. The Connection between Urbanization and the Rise of Non-Communicable Diseases (NCDs)

Urbanization has been closely linked to the **rise of non-communicable diseases (NCDs)** such as **cardiovascular diseases, diabetes, obesity, and cancer**. The shift to urban living often brings changes in **lifestyle, diet, and physical activity** that contribute to the prevalence of these diseases.

- **Changes in Diet:**

Urban areas tend to have increased **access to processed foods, sugary drinks, and high-fat diets**, which contribute to higher rates of **obesity, hypertension, and diabetes**. The rise of **fast food chains, street food vendors, and supermarkets** in urban areas has made unhealthy food more accessible and

affordable, particularly among **low-income populations**.

- **Physical Inactivity:**

Urbanization often leads to **reduced physical activity** due to **sedentary lifestyles** associated with **long working hours, increased reliance on cars, and lack of green spaces**. This can raise the chance of stroke, heart disease, and **musculoskeletal disorders**. Additionally, the **stress** of living in urban environments, combined with **poor air quality**, can exacerbate these health issues.

- **Environmental Factors:**

Urban environments are often associated with **air pollution, noise pollution, and poor sanitation**, which contribute to **respiratory problems, cardiovascular diseases, and mental health issues**. Poor access to clean water, waste management, and green spaces can exacerbate these health risks, particularly in **slums and informal settlements**.

Example: High prevalence of respiratory disorders, including chronic obstructive pulmonary disease (COPD) and asthma are a result of air pollution in Delhi, India, which is caused by car exhaust and industrial pollutants.

3. The Socio-Economic Factors Contributing to Lifestyle Diseases in Urban Areas

Several **socio-economic factors** in urban areas contribute to the rise of **lifestyle diseases**. These include **income inequality, education levels, employment status, and access to healthcare**.

- **Income Inequality and Access to Healthy Foods:**

In many urban areas, there is a stark contrast between the **wealthy** and the **poor**, with wealthier individuals having better access to **nutritious foods, healthcare services, and physical activity** options. In contrast, **low-income** urban populations often live in areas with **limited access to healthy foods, unsafe environments, and poor healthcare access**, contributing to the higher prevalence of **obesity, hypertension, and diabetes**.

- **Education and Health Literacy:**

Urban populations often have greater **access to education and health information**, which can promote **healthier lifestyle choices**. However, **lower levels of education and health literacy** in disadvantaged communities may prevent

individuals from understanding the risks associated with **poor diets, lack of exercise, and tobacco use.**

- **Social and Cultural Norms:**

Urbanization can change **social norms**, particularly regarding **diet, physical activity, and alcohol consumption.** In many cities, the rise of **work cultures** that emphasize **long working hours** and **stressful environments** contributes to **poor eating habits, lack of exercise, and substance abuse**, all of which are risk factors for NCDs.

- **Urban Poverty and Access to Health Services:**

Poverty is a significant risk factor for **lifestyle diseases** in urban areas. Poor access to **healthcare services, unhealthy living conditions, and limited job security** can increase the vulnerability of urban populations to **chronic diseases.** Many **informal workers** in cities lack **health insurance**, leading to delays in **diagnosis and treatment** for NCDs. Health is significantly impacted by urbanization, especially in light of the rise in non-communicable diseases (NCDs) like cancer, diabetes, and heart disease.

The **changes in lifestyle** brought on by urbanization, including **poor diets, physical inactivity, and exposure to environmental risks**, contribute to the increasing burden of NCDs. Socio-economic factors such as **income inequality, education levels, and access to healthcare** play a significant role in shaping the prevalence of lifestyle diseases in urban areas. To address these challenges, urban planning should prioritize **healthier environments, improved access to healthcare, and public health campaigns** aimed at promoting **healthy lifestyles** for all residents.

Risk Factors for Lifestyle Diseases in Urban Environments

1. Poor Dietary Habits and the Rise of Processed Foods

Urbanization has brought about significant changes in **dietary patterns**, with **processed foods** becoming more readily available and **convenient** for urban residents. Lifestyle disorders like obesity, hypertension, diabetes, and cardiovascular diseases are on the rise as a result of these eating habits.

Consumption of Processed Foods:

Urban areas are often characterized by the widespread availability of **fast food, snacks, and sugary beverages**, which are high in **calories, fats, sugar, and salt.** These foods are often consumed in place of **nutritious, whole foods** like **fruits, vegetables, and whole grains.**

- **Eating Out and Convenience Foods:**

The urban lifestyle, with long working hours and high levels of **stress**, often leads to **eating out** or relying on **pre-packaged and takeaway meals**, which are usually **nutrient-poor** and **high in unhealthy fats.** This contributes to **poor nutrition**, increasing the risk of **lifestyle diseases.**

2. Physical Inactivity and Sedentary Lifestyles

Urbanization has contributed to a rise in **sedentary lifestyles**, where many people have limited opportunities for **physical activity.** The lack of **green spaces, safe walking areas, and accessible recreational facilities** in many cities has led to increased rates of **physical inactivity**, which is a major risk factor for **lifestyle diseases** such as **obesity, heart disease, and type 2 diabetes.**

- **Lack of Physical Activity:**

Urban living often involves long hours spent in **office jobs, commuting, and screen time** (such as **television and smartphones**), leading to decreased **physical activity.** As a result, urban populations face higher rates of **obesity and musculoskeletal disorders.**

- **Limited Access to Green Spaces:**

Urban sprawl often leads to a lack of **parks, bicycle lanes, and walking paths** in densely populated areas. Without **safe spaces for exercise and physical activity**, many urban dwellers struggle to incorporate **exercise** into their daily routines, contributing to **poor health outcomes.**

3. Environmental Factors: Air Pollution, Noise, and Overcrowding

Urban environments are often associated with **environmental stressors** that contribute to **lifestyle diseases.** These include **air pollution, noise pollution, and overcrowding**, all of which can have serious effects on both **physical and mental health.**

- **Air Pollution:**

Air pollution in cities, caused by **vehicle emissions, industrial activity, and construction**, is a major risk factor for lung cancer, asthma, and chronic obstructive pulmonary disease (COPD), among other respiratory conditions. Additionally, prolonged exposure to air pollution can raise the risk of stroke and cardiovascular disorders.

- **Noise Pollution:**

Noise pollution from traffic, **construction sites**, and **industrial activities** in urban areas has been associated with **increased stress levels, sleep disturbances, and higher blood pressure**, may raise the risk of stroke, high blood pressure, and heart disease.

- **Overcrowding:**

Overcrowding in cities leads to increased stress, lack of privacy, and **poor living conditions**, which can affect mental health. Overcrowded areas often suffer from inadequate **sanitation, poor air quality, and lack of basic amenities**, contributing to the spread of **infectious diseases and chronic health problems**.

4. Psychological Factors: Stress, Socio-Economic Disparities, and Mental Health

Urban environments, particularly in **low-income or overcrowded** areas, can contribute to **psychological stress**, which, in turn, increases the risk of **lifestyle diseases**. Factors such as **job insecurity, economic disparity, social isolation, and lack of mental health support** can lead to chronic stress, which is associated with conditions such as **heart disease, hypertension, depression, and anxiety**.

- **Urban Stress:**

The **stress** of living in a fast-paced urban environment, with concerns about **job security, high cost of living, and economic pressure**, can lead to **unhealthy coping mechanisms** such as **poor dietary choices, excessive alcohol consumption, and lack of physical activity**. These variables raise the chance of developing long-term conditions like obesity, type 2 diabetes, and heart disease over time.

- **Socio-Economic Disparities:**

Economic inequality in urban areas contributes to poor **health outcomes**, as lower-income populations are more likely to have **limited access to healthy food, healthcare, and safe living conditions**. This

contributes to the higher prevalence of **lifestyle diseases** among urban poor.

- **Mental Health and Lifestyle Diseases:**

The **mental health challenges** faced by urban residents, including **stress, anxiety, and depression**, are also linked to **poor physical health**. The **lack of access to mental health**

care in many urban settings exacerbates these issues, increasing the risk of **substance abuse and chronic diseases**.

Urbanization has significantly impacted public health, contributing to the rise of **lifestyle diseases** such as **cardiovascular diseases, diabetes, and obesity**. **Poor dietary habits, physical inactivity, environmental factors, and psychological stress** are the primary risk factors contributing to these health issues. To address these challenges, urban planning should focus on **improving access to healthy food, creating green spaces, providing mental health support, and reducing pollution**. Additionally, **health education and policy changes** are needed to promote **healthy lifestyles** in urban populations, reducing the burden of **lifestyle diseases** and improving overall public health.

Conclusion

The study unequivocally shows how important dietary habits and nutrition are in preventing diseases linked to lifestyle choices. The risk of obesity, diabetes, cardiovascular disease, and hypertension is considerably decreased by eating a healthy, balanced diet full of whole foods, fruits, vegetables, lean proteins, and healthy fats. On the other hand, poor health outcomes are closely linked to diets heavy in processed foods, sweets, and harmful fats.

Promoting healthy dietary behaviors through nutrition education, policy interventions, and community-based programs is essential for reducing the growing burden of lifestyle-related disorders. Sustainable dietary practices tailored to cultural and regional contexts can contribute to long-term public health improvement and enhanced quality of life.

References

1. WHO, 2011. Global status report on non-communicable diseases 2010. World Health Organization http://www.who.int/nmh/publications/ncd_report_full_en.pdf

2. Rosenstock L, Cullen M, Fingerhut M. Chapter 60- Occupational Health. Disease Control Priorities in Developing Countries. 2nd edition. Jamison DT, Breman JG, Measham AR, et al., editors. Washington (DC), USA. World Bank 2006.
3. Willett WC, Koplan JP, Nugent R, Dusenbury C, Puska P, Gaziano TA. Chapter 44 Prevention of Chronic Disease by Means of Diet and Lifestyle Changes. Disease Control Priorities in Developing Countries. 2nd edition. Jamison DT, Breman JG, Measham AR, et al., editors. Washington (DC), USA. World Bank 2006. <http://www.ncbi.nlm.nih.gov/books/NBK11795/>
4. Pappachan MJ. Increasing prevalence of lifestyle diseases: High time for action. *Indian J Med Res.* 2011. 134: 143-145
5. Jamison DT, Breman JG, Measham AR, Alleyne G, Claeson M, Evans DB, Jha P, Mills A and P Musgrove Disease Control Priorities in Developing Countries, 2006; Washington (DC): World Bank.
6. World Health Organization. Global Status Report on Non-Communicable Diseases, 2011; Geneva: World Health Organization.
7. Lopez AD, Mathers CD, Ezzati M, Jamison DT and CJ Murray Global Burden of Disease and Risk Factors. Oxford University Press and World Bank, Washington DC. 2006.
8. Zimmet PZ The pathogenesis and prevention of diabetes in adults: genes, autoimmunity, and demography. *Diabetes Care.* 1995; 18:1050–1064.
9. Tawa N, Waggie F and M Frantz Risk factors for chronic non communicable diseases in Mombasa, Kenya: epidemiological study using WHO stepwise approach. 2011; URI: <http://hdl.handle.net/10566/1477> Accessed on 19/1/15.
10. Bakari MM The Customs of the Swahili People. Berkeley: University of California Press, 1981.
11. Swinburn BA, Sacks G, Hall KD, McPherson K, Finegood DT, Moodie ML and SL Gortmaker The global obesity pandemic: shaped by global drivers and local environments. *Lancet Series,* 2011; DOI: [http://dx.doi.org/10.1016/S0140-6736\(11\)60813-1](http://dx.doi.org/10.1016/S0140-6736(11)60813-1) Accessed on 28/3/16.
12. Crino M, Sacks G, Vandevijvere S, Swinburn B and B Neal The Influence on Population Weight Gain and Obesity of the Macronutrient Composition and Energy Density of the Food Supply. *Current Obesity Reports,* 2015; 4: 1. DOI: 10.1007/s13679-014-0134-7.
13. Ali, I. 2024. Urbanization and the Rise of Lifestyle Diseases. *International journal of medical and health sciences archives.* 03(2). <http://ijmhsa.com/>
14. Swarnkar, M. 2025. Role of Nutrition and Dietary Patterns in the Prevention of Lifestyle-Related Disorders. *Concsion MediResearch Journal of Health Sciences.* 01(05). <https://mediresearchjournal.com>