



## **CIPRIANI COLLEGE** OF LABOUR AND CO-OPERATIVE STUDIES

### **URBANIZATION AND MENTAL HEALTH**

The late calypsonian the Mighty Spoiler, in his vintage calypso, ‘Trinidad is my land a place of which I am proud and glad. Nostalgic memories of times gone by when you could have left your doors and windows open to get the breeze and take in the sunlight. You would go to the ‘Chinese man’ shop for salt fish, pigtails, and salt butter. Those days and times disappeared and we are faced with an urbanized country with an increase in the number of towns and urban centers.

Populations in Trinidad and Tobago’s communities have increased exponentially in a short period. This increase has exacerbated the incidences of violence and this situation has led to negative impacts on social, economic, and psychological characteristics of people and groups living in the towns and urban centers. I believed that social, economic, and political factors are key variables for the relationship between the urbanization process and mental health of the populations.

Urbanization involves social drift and social residue concepts that may explain the prevalence of the urban ill-mental health. Social drift is defined as the tendency of certain individuals to migrate to certain areas, whereas social residue expresses residual groups remaining in certain areas after the migration of the population. The relative impact of these concepts depends on the push and pull factors associated with migration. Individuals in the lower socio-economic groups are more vulnerable to the effects of poverty in rural areas or due to lack of job opportunities, and the vagaries of migration to urban centers.

The main force of migration (internal and external) in Trinidad and Tobago are dependent on socio-economic factors. The choice of relocation is determined by the push-pull factors, which are further influenced by endogenous and extraneous factors.

We need to be cognizant of the factors that influence people to migrate from rural areas to urban centers, such as education, health, employment opportunities, and higher living standards. As the factors that push people from rural areas to cities do not depend solely on an individual’s preference, these factors need to be evaluated independently and communally to determine the extent of the impact on the socio-economic and mental health of the migrants.

Our ancestors created a balance formed over hundreds of years (at the very least) in the life of a rural person who comes under the risk of decaying through immigration to town. A rural individual, who tries to express his/her personality in town, and to behave independently, however, mostly fails to obtain what he/she wants and becomes unhappy. Such a failure

causes both psychosocial and economic distress. Lack of harmony resulting from an isolated lifestyle in town is accepted as the augments of behavioral diseases. Briefly, a rural person has an “identity” and it is important for him. Conversely, the urban person because of his/her cultural socialization develops a ‘beating system tenacity’.

Urbanization is today inversely related to stress, especially in the lower socio-economic groups in the society. Income inequality causes health and social problems due to ‘status anxiety’. Income inequality is harmful because it places people in a hierarchy that increases status competition arguably leading to poor health and other negative outcomes.

The ‘ecology’ within which people live will have a psycho-social impact on them, over and above their individual and communal circumstances. Poverty and individual income affect outcomes from an early age and in a variety of ways. To be sure, parental income is an important determinant of whether a child attend school, at what age he/she leaves, levels of nutrition and wellness, among other factors. Parental education makes some difference, but it is parental income that has a stronger effect on the life chances of the child. Evidence has highlighted the fact that children from poorer backgrounds are much less likely to experience a rich home-learning environment, which in turn negatively affects their education and life chances; thus, further exacerbating economic inequality in the society.

In the stress paradigm, disadvantaged socio-economic status is both a source of adversity and a drain on the capacity of the individual to cope. Given these circumstances, smoking, overeating, and inactivity represent forms of pleasure and relaxation that help regulate the mood among the disadvantaged, as coping mechanisms.

Those deprived economically and living in disadvantaged neighborhoods/realities face a variety of chronic challenges and stressors in daily living. They struggle to make ends meet; have few opportunities to achieve positive goals; experience more negative life events such as unemployment, marital disruption, and financial loss; and must deal with discrimination, marginality, isolation, and powerlessness.

In terms of diet, family poverty status is associated with the increasing overweight prevalence in our society. Further, studies give support to stress arguments by showing higher smoking among persons in positions of high stress, including unemployed workers, poor single women with childrearing duties, those from disadvantaged backgrounds, and residents of deprived neighborhoods.

Finally, there is evidence that workers who report higher job stress also report different types of substance abuse with increasing frequency, as many equate managing and coping with stress with the use of such substances.

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