



Mental health effects of perceived living environment and neighborhood safety in urbanizing China



Juan Chen^{*}, Shuo Chen

Department of Applied Social Sciences, The Hong Kong Polytechnic University, Hung Hom, Kowloon, Hong Kong, China

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ABSTRACT

In the past three decades, the rapid migration and urbanization process in China has led to significant changes in urban neighborhood composition and characteristics, which have serious implications for individuals' mental health status. Using data from a 2011 national survey of urban China, we examine the associations of perceived living environment and neighborhood safety with CES-D depressive distress among urban residents, rural-to-urban migrants, and, for the first time, urbanized rural residents who have experienced in-situ urbanization. Contrary to our hypotheses, rural-to-urban migrants and in-situ urbanized rural residents do not perceive their living environment and neighborhood safety more negatively than urban residents after controlling for individual and household characteristics, county-level and prefectural socio-economic and safety measures, and provincial fixed effects. Moreover, the associations of perceived living environment and neighborhood safety with mental health are the most prominent among urban residents; no significant mental health effects are found for either rural-to-urban migrants or urbanized rural residents. As the urbanization of the countryside is outstripping the urbanization of people, the potential risks of this unprecedented urbanization of the world's most populous nation on mental health require further practice and policy attention.

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Introduction

In the past three decades, China has seen not only the largest human migration in history but also an accelerated process of urbanization (Chan, 2013; Yeh, Xu, & Liu, 2011). The expansion of Chinese cities has been dramatic: the urban population jumped from 17.9% of the total population in 1978 to 51.3% in 2011 (National Bureau of Statistics of China, 2012a). The scale and speed of China's urban growth has been primarily driven by rural industrialization, conversion of farmland, and rural-to-urban migration (Friedmann, 2005; Yeh et al., 2011). Of the 440 million people who account for the urban growth since 1979, about half are temporary rural-to-urban migrants. The rest are in-situ urbanized rural residents, that is, more than 200 million new urbanites have never left their native village; instead, the city came to them through the rapid expansion of urban centers into the surrounding countryside or through new city boundaries, which result in the replacement of

rural addresses with urban ones (Chan, 2013; National Bureau of Statistics of China, 2012b).

Since the 1950s, the Chinese government has relied on the household registration (*hukou*) system to restrict population mobility and rural residents' access to state-sponsored benefits (Cheng & Selden, 1994). During the massive migration and rapid urbanization process since the 1970s, *hukou* is often criticized as a discriminating institutional barrier, particularly for rural-to-urban migrants, to achieve equal rights of employment, education, housing, health care, and social services in cities (Solinger, 1999). For in-situ urbanized rural residents, changing their *hukou* from rural to urban is associated with receiving the health and social benefits as urban residents. However, because the current urbanization process is still very much an "urbanization of place" rather than an "urbanization of people", the *hukou* status change lags far behind the conversion of farmland (Xinhua Net, September 7, 2013).

The rapid migration and urbanization process in China has led to significant changes in urban neighborhood composition and characteristics, which have serious implications for individuals' mental health status. According to the statistics released by the National Center for Mental Health in 2009, more than 100 million Chinese

^{*} Corresponding author. Tel.: +852 3400 3689; fax: +852 2773 6558.
E-mail address: ssjuanc@polyu.edu.hk (J. Chen).

suffered from mental illnesses, that is, one in every 13 Chinese had a mental health problem (Yuen, July 29, 2013). Mental disorders have become a major public health concern of China: seven of the top 20 causes of years lived with disability (YLD) are mental disorders, among which major depressive disorder is the leading cause (Yang et al., 2013). Using data from a 2011 national survey of urban China, this study examines the effects of perceived living environment and neighborhood safety on the mental health of urban residents, rural-to-urban migrants, and, for the first time, urbanized rural residents who have experienced in-situ urbanization. The analysis attempts to answer two particular questions. First, how do urban residents, rural-to-urban migrants, and urbanized rural residents perceive their living environment and neighborhood safety differently? Second, how do the effects of perceived living environment and neighborhood safety on mental health, if there are any, differ among urban residents, rural-to-urban migrants, and urbanized rural residents?

The changing urban neighborhoods in China

The rapid migration and urbanization process has led to significant changes in urban neighborhood composition and characteristics (Chen, Wu, & Sung-Chan, 2012; Liu, He, Wu, & Webster, 2010). Comparative migration research shows that migrant integration into urban life follows multiple paths, straight-line or segmented (Kasarda & Crenshaw, 1991; Lall, Selod, & Shalizi, 2006; Massey, 1988). China-specific studies have consistently demonstrated that rural-to-urban migrants in China are more likely to experience segregation or malintegration (Mobrand, 2006; Solinger, 2006; Wang, 2008). Researchers have found that Chinese migrants often live in poor crowded enclaves characterized by cluttered surroundings, an unhealthy living environment, and associated security and social problems (Liu et al., 2010; Zhou & Cai, 2008). Moreover, migrants tend to interact and forge networks through their hometown ties and within their communities—“migrant villages” in the city (Xiang, 2000; Zhang, 2001). Many are not willing to move out of these migrant villages because of the low cost of living and support networks (Chen et al., 2012; Wu, Chen, & Sung-Chan, 2014). Given their current living conditions and the policy and structural barriers that migrants face, scholars fear that rural-to-urban migrants in China will form a new urban underclass with little hope of advancement (Solinger, 2006; Wang, 2008).

Meanwhile, the uncontrolled expansion of Chinese cities has rapidly devoured surrounding rural areas. Between 1981 and 1999, the annual extension of urban areas averaged 800 km²/annum. After 2000, the growth rate more than doubled to 1700 km²/annum (Yeh et al., 2011). In 2011, the total urban area was 43,603 km², almost six times of that in 1981 (Ministry of Housing and Urban-Rural Development of China, 2012). As urban boundaries expand, rural villages are subsumed. In large cities, the radial expansion of built-up areas produces “urban villages”—transitional neighborhoods characterized by tentative land rights and a mixture of rural and urban populations. The residents of these urban villages often rent their property as a second source of income, thus providing additional housing options for migrant populations (Chen et al., 2012; Liu et al., 2010). Urban villages are less prevalent in small and medium-sized cities, which have experienced the greatest population growth; in-situ urbanized rural residents represent a significant percentage of the new urbanites (Yeh et al., 2011). Many rural areas have become urban districts, but, due to the rapid progress of urbanization and the slow progress of bureaucracy, many residents have yet to change their household registration status from rural to urban, leaving them unable to receive the health and social benefits associated

with urban *hukou* (Xinhua Net, September 7, 2013). Many of them are still enrolled in the New Rural Cooperative Medical Scheme, which offers limited protection in type of care and reimbursement of health care costs (Wagstaff, Lindelow, Gao, Xu, & Qian, 2009; Yip & Hsiao, 2009).

Neighborhood effects on mental health

Changes in urban neighborhood composition and characteristics, together with marked inequalities in health-related resources associated with *hukou*, have serious implications for individuals' mental health status in China. The relationship between neighborhood contexts and individual health outcomes has been well documented in Western literature (Kawachi & Berkman, 2003; Macintyre, Ellaway, & Cummins, 2002; O'Campo, Salmon, & Burke, 2009). Investigations into neighborhood health effects have identified two broad domains of neighborhood attributes that may be relevant to health: features of the physical environment and features of the social environment. The physical environment includes not only aspects of the natural environment such as air quality but also aspects of the built environment such as land use, transportation, street design, urban design, public spaces, and access to resources such as healthy foods and recreational opportunities. The social environment is determined by the degree and nature of social connections between neighbors, the presence of social norms, levels of safety and violence, and various features of the social organization (Diez Roux & Mair, 2010).

Theoretically, physical and social features of neighborhoods may affect mental health by encouraging or discouraging health-related behaviors and by contributing to stress or mitigating its effects through social networks and support (Diez Roux & Mair, 2010). Research on the effects of neighborhoods on mental health has focused on the ways in which unfavorable neighborhood conditions operate as chronic stressors, triggering a psychological and physiological stress response that ultimately affects mental health outcomes (Elliott, 2000; Hill, Ross, & Angel, 2005; Matheson et al., 2006; Stockdale et al., 2007). Empirically, neighborhood characteristics have been linked to both physical and mental health outcomes in various Western countries. Studies have documented the effects on residents' health of the built environment (Galea, Ahern, Rudenstine, Zachary, & Vlahov, 2005), environmental hazards (Peek, Cutchin, Freeman, Stowe, & Goodwin, 2009), and neighborhood noise (King & Davis, 2003). When socially disorganized, the place in which a person lives can be a chronic stressor (Booth, Ayers, & Marsiglia, 2012). Studies report that social disorganization (manifest in low levels of neighborhood cohesion and neighborhood safety) is associated with an increased likelihood of poor health outcomes, including self-assessed health problems and elevated depressive symptoms (Baum, Ziersch, Zhang, & Osborne, 2009; Ellaway, Macintyre, & Kearns, 2001; Phongsavan, Chey, Bauman, Brooks, & Silove, 2006; Ross & Mirowsky, 2009; Sundquist et al., 2006; Whitley & Prince, 2005). Studies also reveal that mental health issues are more affected by the social, rather than the physical, features of the neighborhood environment: among the commonly examined neighborhood physical characteristics, only those associated with the built environment were consistently associated with depression (Mair, Roux, & Galea, 2008).

Both subjective and objective measures of neighborhood characteristics have been used in existing Western studies to test the relationship between neighborhood context and individual health. Weden, Carpiano, and Robert (2008) argue that subjective and objective constructs are both related to health. However, the subjective construct (perceived neighborhood quality) is most strongly associated with health and mediates associations between health

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