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Rural Urban Migration: Their Consequence

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Abstract:

Urban migration is one of the most prevalent types of human movement. The study of the process of rural to urban migration and its biological effects is important for four reasons_ First, it entails movement into a habitat: and an ecological niche—the city—that is evolutionally ne'e' for our species. Secondly, it is the most common type migration that has occurred in all periods of recorded history. Thirdly. It is occurring more rapidly today than ever before, especially in the least developed flattens of the world. Fourthly, we understand relatively little .id-out the long-term effects of this migration on human biology.

KEYWORDS:

Urban, Migration, Human, Biological, Genetic, Population.

INTRODUCTION:

The following section divides the information or rural to urban migration into four areas these are: (1) growth and development, (2) fertility and demography (3) morbidity and mortality and (1) the biology of the rural non-migrating population. The issue of biological seievtion of urban migrants, e.g. Do only taller, less fertile people migrates?' is discussed, as appropriate, in each of these areas. The literature covered is for voluntary mig-snons only. Forced migrations due to natural disasters. hunianly caused disasters, social and political repression and war require separate treatment.

The genetic consequences of urban migration are not discussed, since adequate coverage of this topic anoears lsewhere finally, a tentative explanation for the patterns of biological change and adaptation to the urban environment is offered. This tentative explanation may serve as the basis for developing testable hypotheses that will allow us to predict and, where necessary, alter the long-term biological consequences of rural-to-urban migration.

2. EXTENT OF URBANISATION:

Let us first consider the extent of rural-to-urban migration thought the historic period and even back to its archaeological context. It is logical to assume that urban migration

began at the time when cities came into astence this is not true, however. Sometime before 310 BC: urban centres appear in ancient Starner. These 'crnes' developed from villages, which in turn had gown small agricultural settlements. Though these cties represented -a new magnitude in human settlement their growth was slow and they were still consider as an extension of the agricultural settlement. Ancient and medieval cities of Europe and Asia continued the practice of mixing settlements of houses, government buildings and religious edifices with orchards, vineyards and gardens. Urbanites in these cities still practiced a rural lifestyle a daily basis. A clear distinction between city and countryside and a clear conception of rural-to-urban migration is not nparen: historical records or in literature until the late seventh century.

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Population size of the medieval city was small by modern standards. The typical size of the city ranged from 2,000 to 10,000 inhabitants until the end of the sixteenth century. Limited urban population growth may have been determined by two factors, disease and rural in-migration. McNeill takes a novel approach to history and migration studies. He views much of history and most of migration as driven by disease. A concentration of large and dense human populations in an urban area establishes the conditions for the communication of infectious disease from one person to another. Settled village life had set up the conditions for the infection of anthrax, brucellosis and *S. tuberculosis* in human populations. Urban life increased the chances for the spread of more devastating epidemic diseases such as cholera, smallpox and plague in earlier days but today urban life style spreading the diseases like (T.B, Malaria, HIV/AIDS). Hypotension sugar Rural in-migration was necessary to maintain urban population growth. Why people would want to move into an urban death-trap is unclear. Large families, exclusion of all but the first-born son from inheritance of land and the lack of rural opportunities for wage-earning employment resulted in massive urban migration prior to the famines of 1845-1848. Even today, these reasons, plus the urban 'Pull' of an expected higher standard of living in the city, are sufficient to explain rural-to-urban migration in the least developed countries. These urban migrants believe life will be better, even as they move into an urban shantytown with high rates of unemployment and poverty.

The today's modern cities like metro and cosmopolitan cities, no longer required in-migration from the countryside to be sustained but rural-to-urban migration continued unabated. The political, economic and social practices of mill owners in the cities and landowners in the countryside in the pre-1750 period were still 'pushing people from the country-and 'pulling' them into the city in the two centuries that followed. Between 1750 and 1950, the bulk of rural-to-urban migration took place in what are now the developed nations. There was also a great deal of international migration, especially from the Old World to the Americas. Many of these migrants moved from the rural villages of the 'Old Country' to the cities of the New World. By 1950, 53 per cent of the population of the more developed nations was urbanites, compared with only 16.7 per cent of the population of the less developed countries. By the year 2,000 the percentage for all less developed countries will still not exceed 50 per cent (44.5 per cent is the estimate), but the developed nation figure will be about 79 per cent. Therefore, the biological consequences of living in cities, as we know them today, may be more readily observable in the populations of the developed countries, we can also use the past experience of the developed nations to construct explanations and hypotheses about present-day urban migration that may be tested with the more recent data from the less developed countries. Most of the post-World War II increase in rural-to-urban migration has occurred in the less developed countries of the Third World, since 1975, for the first time in history. The majority of the world's urban population lives in the cities of the Third World nations of the 1.8 billion urban dwellers of 1980, 1.1 billion of them live in these cities this number represents 34 per cent of the total population of the less developed nations. In 1960, only about 26 per cent of the population in the less developed countries lived in urban areas. This 31 per cent rise in urban population translates into 260 million more people living in the cities than if the 1960 percentage had remained constant. By the end of this century, migration and natural increase will result in three-quarters of the world's 20 largest cities being located in the less developed countries. Large populations, dense populations and high rates of in-migration are the most important characteristics of cities today. These characteristics lead to several types of problems for humans. These include the technological problems of water supply, pollution, waste management; socio-economic problems of poverty, unemployment and social conflict; and biological problems of disease and ill health'. It is to these biological problems that we now turn our attention.

3. TODAY'S CITIES GOOD OR BAD FOR PEOPLE'S SETTLEMENT

There are several different lines of reasoning that lead us to suspect, a priori, that urban living should be deleterious to human biology. This evidence includes consideration of Education Humans evolved as nomadic hunters and gatherers. Living in small band populations Cities are composed of sedentary, industrially and technologically employed peoples living in large groups. Humans are capable of a great range of adaptive responses to new environmental stress, but the genetic limits of this range are determined by the nature of adaptation to past environments. Development People develop phenotypic adaptations to the local environments. These include the irreversible changes in growth that occur during childhood and adolescence as well as the development of disease immunities that occur even in adulthood. Adaptation to local diets and activity patterns also shape human physiological adaptations.

Bio-social adaptation Band. Tribal and chiefdom society were the basis of human social organization for 99 per cent of our evolutionary history that preceded the appearance of the first cities. These social groups are characterized by kinship (biological and fictive) as the organizing principle of society. However, kinship is less of a determinant of urban population structure. The large, dense

Populated conglomerates of cities require different patterns of social organisation. When these rural peoples migrate to the city they may be forced into rapid social change these rural-to-urban migration may lead to a considerable reduction in the 'fitness' of human populations, as reflected in reduced fertility, poor growth and development, poor health and greater mortality at all ages. The prevalence of disease and mortality in the pre-modern city has already been discussed, but what of the modern city? In an essay on the historical development of the modern city. Tuan explores the idea that 'cities are artifacts and worlds of artifice placed at varying distances from human conditions close to nature.

To counteract the pernicious effects of over-urbanisation, some researchers write about 'optimal city size' and place that size at 250,000 to 500,000 people. There is little hard evidence that large modern cities are in themselves harmful to people. These 'optimal' numbers are calculated in terms of economic factors, not in terms of social or biological realities. The reality is that 'life in the city implies first and foremost a regular supply of goods and services and the existence of institutions associated with this provision'. In the countryside of the less developed countries, the rhythm of nature means that prior to the harvest, people may go without adequate food. Water may be contaminated by disease organisms, especially in the rainy season. Work Loads are heavy, even for children and pregnant or lactating mothers.

Social, economic and health support services are rare. In the cities of these developing nations, food storage and distribution services provide a supply of food throughout the year. Treated water is available. The physical demands of labour are often less than those of rural agriculture. The largest health, educational and welfare facilities are in the city. Of course, not all of the people of the city share equally in these services and benefits. But the slums and suffering that exist in the city are not the fault of urbanisation per se; they are the fault of our whole society.

Perhaps at this point it is best to counter, the view that cities are bad for people with the notion that the city 'is the product of human society and arises from human social nature'. The city is not artificial. As we will see in the sections to follow, the biological consequences of living in the city are not deleterious. Most empirical studies of rural-to-urban migration find that the health of migrants is better, their mortality is lower, their children grow taller and their fertility is lower than for rural sedentes. By evolutionary, developmental and biosocial criteria, both rural-born and city-born people usually adapt successfully to the urban environment. Migration studies were of sporadic interest through the 1960s in the late 1960s the International Biological Programme was established and one of its aims was to consider human biology in various environments.

The earliest studies of the biology of urban migrants deal with physical growth so. It is appropriate to begin the review with these works. Measures of physical growth and development are often used to assess the overall quality of the environment in which children live and the health and nutritional status of the population of which they are members. For example:- Steegmann found in a study of eighteenth century British military records that the stature of rural-born recruits averaged 168.6 cm and the urban-born recruits averaged 167.5 cm, a statistically significant difference. By 1930 this pattern was reversed and urban children were consistently taller and heavier than rural children. These studies give us some ideas about changes in the rural and urban environment at the turn of the century.

Rural versus urban differences in growth (height, weight, body proportions), body composition (lean and fat body mass) and maturation (skeletal age, menarche) have been summarised by Tanner and Eveleth, Meredith and Susanne. Despite dozens of studies on urban versus rural populations there are only a few that treat rural-to-urban migrants. Livi and Ammon that treat urban migrants. Livi found that the children of urban migrants in Italy were taller than rural sedentes. Livi believed the reason for this was heterosis, the marriage of urban migrants from different rural regions leading to 'genetic vitality' in their offspring. Ammon also found the children of migrants to be taller than rural sedentes. But he argued for the action of natural selection to explain this. Perhaps he meant that in the rigours of the urban environment only the 'fittest' (the tallest?) would survive.

A nearly ideal study of rural-to-urban migration and growth was carried out in Poland. A new industrial town was created on the outskirts of Cracow in 1949. In 1965 the population reached 1,599 persons per square kilometre. Similar to many European cities. Most of the population growth was due to migration from rural villages. The children and youths measured for the study had been born in the new city or had lived there at least 10 years. The children living in the 'new city' were. On average, five to six centimetres taller and one to two kilograms heavier than the rural sedentes and similar is the case in urban city context. The urban children matured earlier, both for tooth eruption and age of menarche. Children living in the cities of the less developed countries are usually taller and mature earlier than their rural age peers. But, migrants to urban slums in these countries do not usually experience the benefits of the urban environment, In Asia, Africa and Latin America these slums are often on the outskirts of the cities. As squatter settlements they have no official access to city services and facilities. Not surprisingly, the growth of migrant children living in these slums is not significantly different from that of children living in the

impoverished rural areas.

Based on a retrospective study of 14 different ethnic groups. Kaplan found that migration was selective for physical type. Growth differences between migrants and sedentes were found too soon after migration to be due to an environmental change. However, no account of age of migration or the pre-migration environment was given. Finlay's on and Thompson studied migrants into and out of Aberdeen, Scotland. They found that all migrants were taller than rural or urban sedentes. Migrants had generally better health than sedentes. Migrant women had lower rates of low-birth weight and perinatal death for their children. Finally, migrants were generally of higher socio-economic status than sedentes. The migrants were of higher socio-economic status and were taller than the eastern European sedentes. Mascie-Taylor reviewed geographic and social mobility in England and found that the effects of selection are additive; migrants tended to be the taller individuals of any geographic area and the taller individuals within any social class.

4. DEMOGRAPHY OF MIGRANTS

There are two major questions relating to the demographic consequences of rural-to-urban migration. The first is: what is the most important reason for the phenomenal growth of urban populations? Rural-to-urban migration is certainly important, but the rate of migration sets only the level of urbanisation. It cannot account for all of urban population growth. Reclassification of rural lands and peoples surrounding metropolitan areas also increases the urban population, but this has only a minimal effect. The second question is: who are the more fertile, urban natives or the urban migrants? Most existing research finds that migrant women have lower fertility than rural sedentes. Some studies find that migrants have lower fertility than urban natives. Other research finds migrants have higher fertility than the urban-born.

The data are consistent with regard to rural versus urban differences. Urban fertility rates (and mortality rates) are lower than rural rates everywhere: in the world today There are several factors associated with cities their have been cited for lowering women's fertility. These are:

- higher socio-economic status,
- increased education,
- Low infant and childhood mortality.
- Age at migration and marriage.
- Greater labour force participation.
- modernisation and political liberalisation
- A high personal achievement orientation and value --system.
- Lack of desire to achieve the parenthood among the carbonates and
- A high infertility among the urban people because environmental and other facts.

All of these factors are associated with urban living However, some studies find that ever. After these factor: (such as age, education, occupation) and other influences on fertility (such as parity) are controlled, urban living itself still accounts for a significant reduction in fertility.

Even though fertility in urban areas is lower than that in rural areas there are a number of theoretical reasons as to why the fertility of rural-to-urban migrant might increase. The most important reasons relate to the opportunities for better health care, nutrition and social services in the city. Healthier people are likely to be either more fertile, or be able to carry a pregnancy to term and support an infant. Also, as shown in the previous section, the urban environment promotes faster growth and earlier maturation.

All recent studies of rural versus urban physical maturation show that city-living girls reach menarche earlier than rural-living girls. Presumably the folk also achieve functional fertility earlier. Finally, many. Instances, more women than men migrate from rural areas to the city and most of these are young women this, the case for the recent migrations in the less developed countries and was true for migrations in Europe during the last Century. Thus, the potential for high migrant fertility is always present, but this potential is strongly countered by each of the factors listed above. Especially important are an average later age at first marriage, socio economic and cultural values that tend to delay births and increased awareness and availability of contraceptive techniques, which all tend to reduce fertility among urban migrants women developa nations to the less developed countries we should see. Similar results in the near future. In other words, sence the urban population will soon exceed the rural population in the less developed countries; urban migration should eventually lead to lower total fertility rates in these countries.

5. HELTH STATUS OF MIGRANTS:

Origin and their new environments. Migration from the countryside to the city represents a drastic change in the physical, social and cultural environment. It was noted long ago by Hippocrates that 'it is changes that are chiefly responsible for disease, especially the violent alteration- Thus, it is not surprising that many recent studies find that rural-to-urban migrants have higher rates of disease than urban natives. It has been noted that urban migrants have increased risks for the development of certain infectious diseases (e.g., tuberculosis), hypertension, coronary heart disease, type 2 diabetes (diabetes mellitus), gout and obesity. Other studies show that the health of urban migrants is better than that of the non-migrating rural population.

The evolution of human infectious disease is coincident with the development of cities. The low socioeconomic segments of the urban population were (and still are) also at risk for malnutrition and physically debilitating working conditions, especially for children. As a consequence, until the early part of this century city populations suffered higher infant, childhood and adult mortality than rural populations. For instance, between 1871 and 1880 infant mortality in Sweden was 193/1,000 in urban areas and 119/1,000 in rural areas. Swedish life expectancy at that time was 43.4 years in the city versus 51.6 years in rural areas.

Today, adaptations to the diseases of urbanisation, including genetic and physiological changes, public health programmes, child labour and education laws and medical treatment, result in generally better health in the urban versus rural areas of the developed and developing world. Rural poverty, malnutrition and high rates of infectious disease interact synergistically and result in higher rates of morbidity and mortality than in the city. At least this is true for sedentary populations.

Migrants to the city risked increased exposure to disease by their movement through different ecological zones (e.g., malaria when moving from high-to-low altitude in the tropics), contacting new groups of people, experiencing physical stress (e.g., fatigue, malnutrition) and through the increase in psychological stress related to problems of social adjustment. Prothero and Prior reviewed the general epidemiological importance of migration for human health. The remainder of this section provides a review of the effects of rural-to-urban migration on health, beginning with publications from about 1960 when it appears that interest in this area began.

Lifestyle changes associated with urban living seem to have been the culprit, since white-collar workers living in the city or in rural areas had more than twice the risk of coronary heart disease of blue-collar or agricultural workers. A rural North Carolina county was 'urbanised' by an influx of industry. The coronary heart disease rate for the original sedentary population rose following this influx as the native people were forced to alter their values and behavior. Rural people migrating to the city of Teheran, Iran, may not face many of the abrupt changes that other urban migrants experience. This is because Teheran is divided into various neighborhoods based on region of rural origin and length of residence in the city.

CONCLUSION

The rural to urban migration literature is replete with studies of the biological effects of migration on migrants after they have reached their destination. Some studies also consider the effects of immigration on the recipient population. Few studies examine the biological changes that occur in the non-migrating rural population. The social and economic literature on migration may serve as a starting point.

Rural-to-urban migrants are generally better educated, of higher socioeconomic status, younger and less traditional in cultural values than rural sedentary. It is well known that these social characteristics correlate with physical size, fertility, health and mortality. Because of this social selection, rural sedentary tend to be shorter and lighter, more fertile, suffer more from the diseases of poverty—malnutrition, preventable infectious diseases and parasitic diseases and experience higher mortality at all ages compared with urban migrants, but only after the migrants arrive and adapt to the lifestyle of the city.

The rural non-migrants of the developed nations have not become a homogeneous group for stature, fertility or total health characteristics. Pronounced variation at the genetic and phenotypic levels are still measurable—even in rural Ireland. Much of this variation is caused by the movement of people between rural areas, a topic that deserves its own treatment. It is also due to the spread of modernisation, urban values and some aspects of urban lifestyle into the countryside. As this occurs and the rural environment changes, especially in terms of diet and activity patterns for children, human biology changes as a result of our species' capacity for developmental plasticity.

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