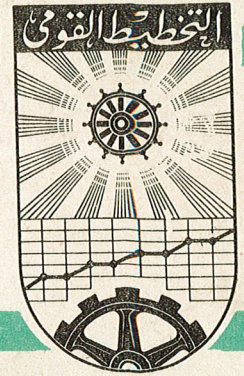


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A Social Typology of Human Settlements

By

Prof. Dr. W. A. Hassouna

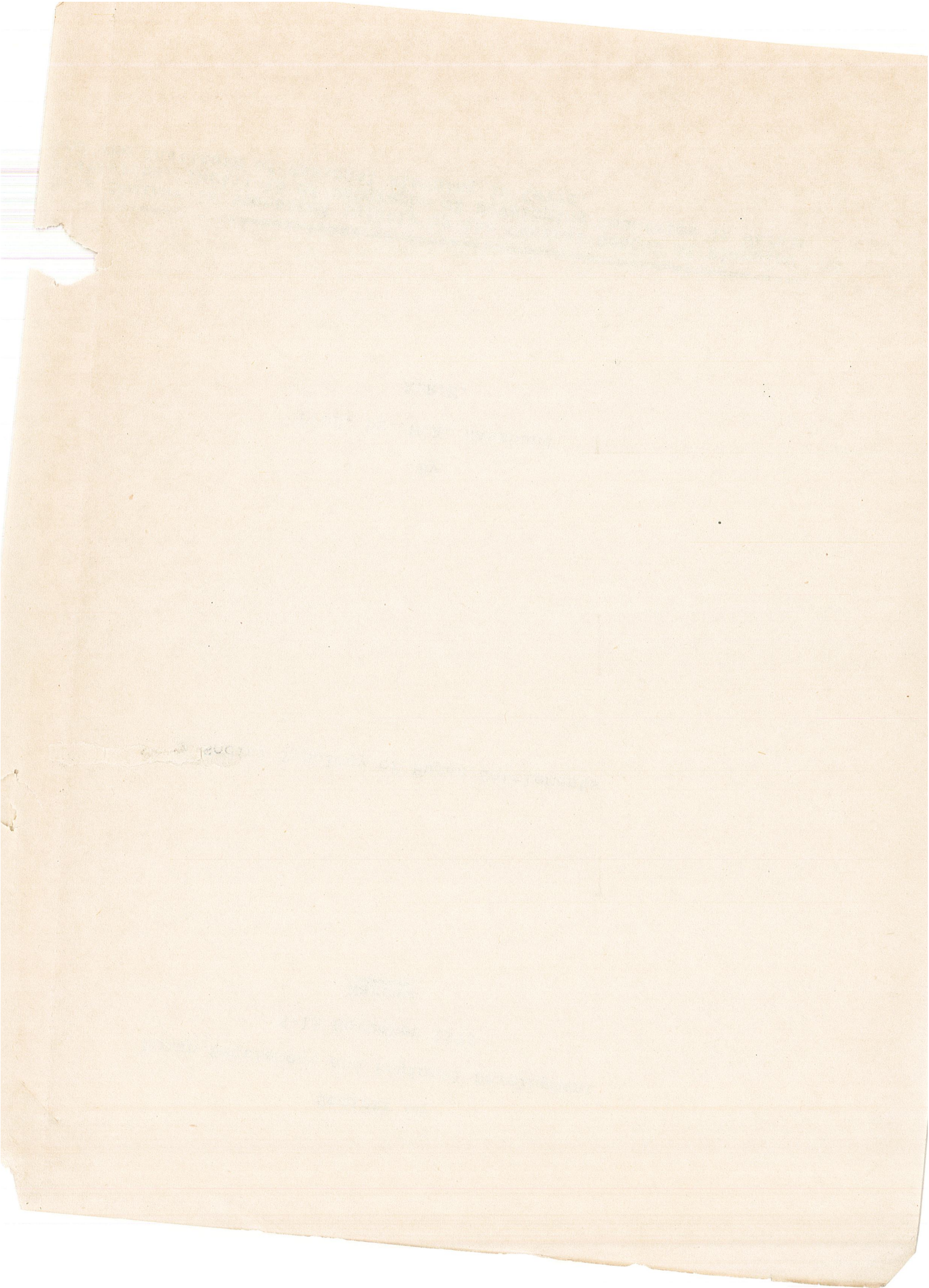
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A.R.E.

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A SOCIAL TYPOLOGY OF HUMAN SETTLEMENTS

By

W.A. Hassouna
Director Social and Cultural
Planning Center

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I. INTRODUCTION

I.1. Human Settlements

The complexity of the topic "social aspects of human settlements" is such that in order to consider the various interactions and implications involved it is necessary to construct a central theme around which the various different approaches to solving many of the related problems can be brought together in an integrated, comprehensive way.

One of the more focal issues around which social problems have been observed to revolve is the imbalance that exists or which often develops, between population and the organizational, technological, human and monetary resources that are involved in improving the quality of life of that population. It is through these two fundamental forces that help shape the nature of human settlements that this paper will consider the problem of health and habitat.

Throughout the world recent history has been characterised by an increasing disparity between population growth and the development and utilization of the resources required to meet the different needs of those populations. Internal and externally-oriented migration has been one of the more manifest results of such disparities, while in turn, movement of large groups of people from one area to another has had inevitable health and social consequences.

Traditionally, the rate of population growth in most societies has been slightly above replacement level. With declining mortality rates, however, this growth in population has accelerated. This has been particularly so in economically less prosperous countries, where growth rates of 2.5% to 3% have been observed. In more developed countries, on the other hand, population growth has been of a significantly lower order, suggesting that an almost inverse relationship may exist between population and resource growth.

I.1.1. Migration

Migration has evolved as one of the alternative courses of action that man has used to meet this dilemma and improve his living conditions. In most such endeavours, he has succeeded, but in others, migration has had a variety of negative implications for both the and the human settlement to which he migrated. Where social and economic barriers have limited integration within host communities, squatter settlements and shanty towns have mushroomed. Decaying parts of cities have been given over to economically and socially depressed groups, and

slum settlements have often developed within the framework of existing communities. In large cities, this has in turn been associated with further outward movement of upper and middle class groups to settle in suburban centers away from the congested and deteriorated city. Where they have tended to become economically and socially self-contained, their relationship to the city has become purely occupational.

Thus, in cases where population movement to other settlements is not associated with economic and social mobility,¹ existing settlements are liable to suffer, while the benefits to the incoming migrant remain doubtful; e.g., migration from villages to cities in developing countries.

Where population movement is associated with economic and social mobility, on the other hand, there can be mutual benefits for both the migrant and the settlement to which he moves.

I.1.2. Moving groups

Similar problems have been associated with what will here be termed "moving groups" (tourists, national and international seasonal workers, pilgrims, nomads, etc.).

Developments in mass transportation have not only accelerated the movement of many such groups, but have also made temporary movement a possibility for larger proportions of the world population than ever before. Aside from the economic, social, and political significance of this, the implications for health of such a phenomenon are broad.

I.1.3. New settlements

Development of new settlement communities associated with the exploitation of resources also calls for consideration from health planners. Usually planned in advance, they are of special interest because:

1. They represent a spearhead for the planning and design of the settlements of the future;
2. They provide the health sector with a unique opportunity for better planning and management of health delivery and social services systems as an integral part of an overall development strategy.

1. In economic terms, mobility means the movement from less to more attractive jobs or employment.

I.1.4. Displaced groups

Settlements for displaced persons and groups result from dramatic changes in the natural or socio-political environment; floods, famine, and wars bring about acute needs and produce quite specific health problems. Over the long term, however, these needs and conditions may be less problematical than those that are experienced by settlements generated through the displacement of population groups for developmental purposes.

I.2. Health implications of human settlements

I.2.1. A typology of human settlements

Any discussion of the health implications of human settlements will be shaped by the way we view human settlements. The view that human settlements are simply a variety of population numbers living on various sizes of settlements inevitably leads to an over-simplified approach that perceives health problems of human settlements as essentially problems of density and crowding. Solution by those who follow this approach will be sought in the search for optimal numbers of people to services. Likewise, the provision and location of health services will follow similar principles in order to maximize the utilization of services through the purely economic tools of staffing/population ratio and optimal location.

The above view completely ignores the essential role of human values both at individual and societal levels. The main emphasis is directed towards the perfection of physical aspects of human settlements based on the fallacious assumption that desired behavioral changes will certainly follow. It has been proven beyond doubt that such an approach is insufficient, and that a comprehensive view of human settlements which incorporates physical, social, cultural, and political factors which influence human values and behavior, is much more realistic in understanding and solving the problems of human settlements.

In a comprehensive approach, health implications of human settlements are viewed as reflections of the process of man's adaptation to the many elements that make up his physical and/or social environment. And since human settlements in this approach are viewed as variations of resource, population mixes, it is possible to conceptualize health implications of

human settlements as varying both between and with different types of settlement. In order to expand upon this approach and to examine the health implications and the role of health services in human settlements, a typology has been constructed.

This typology was developed on the basis of a number of settlement criteria and given an analysis of the resettlement process. The desirability of a dynamic approach in looking at this problem is emphasized. It classifies human settlements into the following six main groups:

1. Settlements which result from rural-to-urban migration;
2. traditional villages;
3. existing cities (traditional);
4. human settlements which result from government or private sector development efforts;
5. settlements for moving groups;
6. settlements for displaced persons and groups.

1.2.2. The present health situation in human settlements

Little is known about the relationship between health status and the different physical and social characteristics of various human living environments throughout the world. Some case studies and analyses related to this subject are available, but on the whole, the data are not cross-culturally comparable and it is difficult to establish general principles concerning the relationship of health status to physical and social environment.

The problems of environmental health--water supply, waste disposal, poor qualities of housing, vector control, soil, air and water pollution, food hygiene, radiation control, occupational health--are almost invariably associated with specific types of human settlements. And, in turn, crowding, inadequate personal hygiene, poor housing, poor nutrition, and lack of education are known to be associated with the high morbidity and infant mortality that occur in certain types of human settlements.

Because of their typically poor living conditions, low incomes, poor access to services, and knowledge about health care facilities in the particular setting in which they find themselves, migrant communities, too, are often at high risk of communicable diseases, presenting a problem not only for the group itself, but also the host society in which they are located. Problems of mental health have also been observed to be related to migrant groups, suggesting that the stresses involved in

family disruption and cultural dislocation may go on to generate specific mental health conditions.

Large numbers of people in small spaces predispose to epidemics of infectious disease. Psychosomatic and social problems such as juvenile delinquency and drug taking have similarly been observed in some such settings. This, however, is not necessarily universal. Some cultures have solved such problems more effectively than others, while in yet other cases problems of this nature may simply not have arisen.

Rapidly changing social conditions have been the cause of problems in certain parts of the world. Influx of foreign migrants with different concepts of social values, technological developments such as television which alter leisure patterns, or the increased use of motorized transport, which, while increasing mobility, may tend to break up family groups, are all examples of the way in which change may affect health.

Economic factors, too, have an important effect on health. Poverty leads to malnutrition, communicable disease, and high rates of infant, child, and general mortality. It may also predispose to fatigue, frustration, and distress. Affluence, on the other hand, appears to be more closely associated with chronic diseases such as heart problems, alcoholism, depression, and suicide. Again, the effects of both poverty and affluence can be largely mitigated by cultural patterns, which provide both challenge and hope to the populace.

Social isolation, resulting from the loss of family and friends, can be an important factor in the development of many depressive conditions, while making groups susceptible to certain communicable diseases. The epidemics that spread among Eskimo populations when they were first exposed to visitors from the outside world are typical of this.

It is important too, to note that social institutions are changing rapidly in concert with population trends. The family, at one time largely responsible for taking care of both the physically as well as the mentally ill, has tended to be broken up by industrialization and urbanization, leaving a gap in health care which is not being adequately replaced by alternative institutions.

Culture inevitably plays an important role in health, determining the way in which people perceive their environment and their quality of life. It is characterized by customs and beliefs which in turn influence sanitary habits, personal hygiene, diet, the preparation of

food, type of housing, and need for privacy, etc. The potential role of the community itself, in taking care of the chronically sick and the aged is enormous. Unfortunately, rapid social changes lead to changes in cultural and traditional approaches that were once used to deal with problems. These traditional solutions are disappearing and are not being replaced by new ones.

I.3. The role of health services in human settlements

I.3.1. Comprehensive approach

Based on the view that health implications of human settlements are reflections of the process of adaptation and adjustment to the physical and social environment, health services in human settlements should be designed to enable man to achieve a better level of adaptation and adjustment. This requires a more comprehensive approach to health than the limited disease-oriented role which has prevailed previously. A new orientation and fundamental changes in attitudes of health workers, their training, and the planning and delivery of health services are thus necessary.

I.3.2. Reducing resource/population imbalances

Following the basic hypothesis that resource/population imbalances are the fundamental cause of the present deterioration in quality of life and health status in human settlements, any overall approach to improving these conditions should first aim at removing such disequilibrium. Health action can only be meaningful if it becomes an integral part of an overall strategy, policy, and plan to deal with the problems of man in his environment. This requires an understanding of how health considerations can be aligned with the values of other sectors associated with development.

In this report an attempt is made to demonstrate the role of health in improving resource population imbalances through resource and population activities. Three basic resource activities are mentioned; i.e.:

1. improving utilization and maintenance of available resources;
2. exploiting unutilized potential resources;
3. seeking new resources.

On the population side, health action to improve imbalances is delineated in three areas:

1. manpower development;

2. reducing disparities in living standards;
3. popular participation.

1.3.3. Justification of health services

Lack of coordination and collaboration between sectors involved in development leads to the health sector being left with fewer resources than it needs. Characteristically, the attitudes of governments towards health issues have centered on the allocation of resources required to deal with problems on a residual basis. The use of cost-benefit approaches may help justify some requests, but the application of rigorous economic analysis to many health activities is extremely difficult if even desirable. This difficulty contributes to the tendency to assign low priorities to the unmeasurable impacts of health in spite of their great significance for development. The argument of the productive role of health, for example, does not hold in many settlement situations where labor surplus, unemployment, and underemployment are fairly high. On the other hand, the argument for the educative role of health, which is extremely important in precisely these same settlement situations, is almost always ignored because it is not as easily subject to quantification and is hence accorded a lower priority.

1.3.4. Planning considerations

In considering these approaches, planners of health delivery services should take into account the fundamental differences that exist between physical, social, economic, and cultural aspects of various communities and the extent to which these differences influence the nature of health needs and the services that can meet them. All too often they have been ignored, and health service models have been introduced irrespective of their pertinence to the needs of specific communities.

The utilization of health services is basically a function of their physical, social, and economic accessibility. In many cases, however, social acceptability is the most important factor. Selection, training, and assignment of health workers is thus crucial to successful utilization.

Contemporary health technology is such that in the case of many health problems people from the community can be trained to meet the level of competence required to perform most of the tasks. Empirical studies have consistently verified the fact that health workers are viewed as social change agents. Successful health workers dealing directly with

the public should be of the same origin and background as their clients on all variables except technical competence, in order to achieve acceptance among their clients.

Health services through community development is the approach that is singled out in this paper as an advantageous means for integrating social action programs.

The following features should be considered fundamental to health interventions in human settlements.

1. environmental factors of a physical nature, such as housing, water supply, sewage and solid waste disposal, pollution, occupational hazards, lack of recreational space, crowding, population density, location, and climate;
2. environmental factors of a social nature such as disruption of family, isolation, culture conflict, attitude of host or receiving settlement, socioeconomic level of receiving settlement and of new settlers;
3. health delivery system factors such as efficiency, effectiveness, availability, accessibility, and acceptability.

2. HUMAN SETTLEMENTS--A TYPOLOGY

2.1. The conceptual framework

The settlement of human beings in small or large groups, whether scattered or condensed, results in human environment interactions which invariably affect man's quality of life. Health, an important component of the quality of life, is influenced by the interaction, and hence, the importance of dealing with the subject from the health point of view. Health problems of human settlements are viewed as reflections of the inability of man to adapt and/or adjust to various factors which constitute his physical and/or social environment.

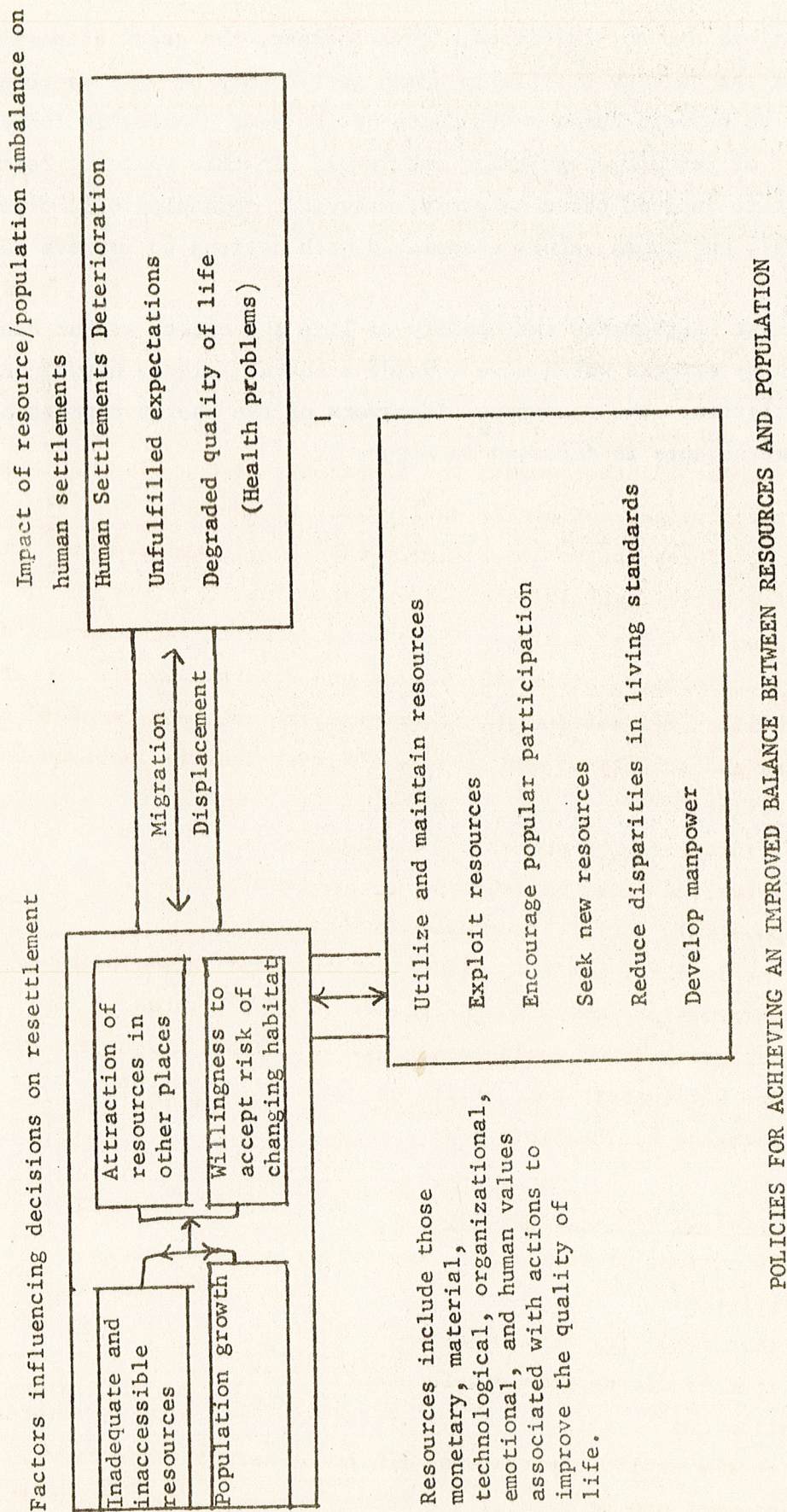
The deteriorated and deteriorating conditions of many human settlements of the world result from the failure of society to provide appropriate facilities and services for people in response to population growth and movement. As a consequence, millions of people experience deprivation of food, shelter, clothing, employment, health services, and other attributes of the quality of life.

The social impact of these conditions is exacerbated by (a) increasing awareness of potentially better life style, because of the development of modern information media, and (b) the frustrations which result when the

expectations are not fulfilled. Nevertheless, the great disparity in the range of the quality of life in human settlements of various countries as well as between human settlements of the same country is fundamentally a result of resource/population imbalance. In this context, resource is meant to include those monetary, material, technological, organizational, emotional, and human values associated with actions to improve the quality of life.

In most settlements the quality of life and health status can be improved by efforts which move towards a better balance between resources and population. The conceptual framework of the health aspects of human settlements is depicted in Figure 1.

FIGURE 1: CONCEPTUAL FRAMEWORK OF THE HEALTH ASPECTS OF HUMAN SETTLEMENTS



2.2. The resettlement process

The resettlement process is defined as the moving of people from one habitat to settle in another. It is formed of three main components, which are defined as (a) factors contributing to the decision to resettle; (b) type of resettlement; (c) adaptation and adjustment in the new habitat.

2.2.1. Reasons for leaving the original habitat

The basic reason for man to leave his current habitat is usually the inability to derive enough satisfaction for his perceived physical and emotional needs; in other words, the disparity between his aspirations and what the physical and social environment of the settlement is capable of offering. These motives may, in many cases, be translated into the seeking of a better material income; in other cases, it may be the desire to improve one's social status. Circumstances which threaten man's survival or dignity or inflict intolerable stress and distress on him are also prime compelling reasons for the movement. To this must be added the willingness and ability of man to take the risk that is involved in changing habitat.

These factors can be summarized as follows:

- (a) Perceived lack, inadequacy, or inaccessibility of or to physical, social, or emotional resources.
- (b) The level of man's knowledge and information (including misinformation) about the existence in other places of the resources which would enable him to achieve his objectives.
- (c) The willingness and ability of man to take the risk involved in changing his habitat.

2.2.2. Migration and displacement

For the purpose of this paper, two principal types of resettlement have been identified:

- (a) that resulting from migration
- (b) that resulting from displacement.

Migration can be defined as the wilful movement from one habitat to another for the explicit purpose of achieving certain objectives.

Displacement can be seen as the forced movement from one habitat to another. This may occur as a result of impinging natural forces, such as desertification or flooding or on the other hand, it may be the product

of planned environmental change, such as construction of dams. Within this same rubric, of course, must be included the influence of wars.

Both migration and displacement have much in common, and the distinction to be drawn between the two phenomena is often a fine one. It is not always evident, for example, where "push" factors and/or where "pull" factors begin. For analytical purposes, however, it is worthwhile making the distinction, for in terms of the health implication for the individual, family, and community, certain distinct implications often emerge.

Historically, migration has been principally characterized by the resettlement of groups in or around existing settlements that are perceived as offering economic, social, and cultural opportunities. In the contemporary setting, particularly in some developing countries, rural to urban migration, as one example of this phenomenon, is accelerating and urbanization is increasing at what have hitherto been unprecedented rates. Development of new settlements has also often been an outcome of some migratory movements.

Displacement, on the other hand, may also lead to resettlement of population groups in or around existing human settlements or in areas where settlements did not exist before. In many cases, however, displacement leads to the establishment of temporary settlements designed to last until circumstances allow the return of these groups to their original habitat and often these temporary settlements have remained in existence so long that they even may be called permanent. The assumption that these settlements will be temporary tends to discourage responsible authorities from introducing fundamental resources compatible with the de facto permanency of these settlements, with the result that the quality of life in them is seriously affected. Permanent settlements for displaced groups are also seen to result from deliberate developmental efforts of man in introducing fundamental changes in the physical environment; e.g., man-made lakes resulting in permanent flooding of existing human settlements.

2.2.3. Adaptation and adjustment

Adaptation and adjustment are highly complex processes. In part, the success with which they can be carried out depends upon the ability to create necessary social institutions and have access to necessary and appropriately designed health and social services.

Failure to achieve integration into existing institutions, create new ones, or have access to services, can have serious implications for the health of migrants, and may result in continued social marginality and even eventual back-migration.

Provision of amenities, work opportunities, and other conditions that facilitate adjustment of migrants must thus be seen as a primary prerequisite for successful resettlement.

2.3. A typology for human settlements

A typology of human settlements has been developed based on the analysis of the resettlement process. The desirability of a dynamic approach in considering this problem is emphasized. Because of their relevance to health and their importance in determining policy to deal with health problems of settlements, migration and displacement figured prominently in structuring the typology.

2.3.1. Settlements which result from rural-to-urban migration

Urbanization has presented a complex and often contradictory picture. On the one hand, it has been a positive influence, providing a context in which better education, housing, health, and social services in general could be planned. To this extent, it has contributed to the development of an improved quality of life for many people.

At the same time, however, urbanization has also had negative impacts. It has promised a better way of life, it has raised hopes and attracted newcomers that it has frequently been unable to provide for. Rapid urban growth has precluded the possibility of planned and balanced development.

Historically, much of the growth of cities followed the need for labor in industry and mercantile activities. Migrants to the cities were integrated rapidly into the urban way of life; the growth of the city and industrial development was closely interrelated. In many developing countries today, the pace of urbanization has accelerated and is rapidly outstripping industrialization.

One of the dramatic consequences of this imbalance is that as migrants from rural communities come into the city, they increasingly have difficulty finding employment and housing. At the same time, already overburdened cities are unable to provide the type of services or amenities these migrants would require. As a result, much of the urban-

ization of recent decades has been characterized by the formation of shanty towns, squatter settlements, and general sub-satisfactory living conditions.

2.3.2. Traditional Villages

Rural-urban migrations, like all forms of migration, are selective processes. Not all people leave or are equipped to leave. Those who do so are usually the young and those with high levels of dissatisfaction and aspiration. What they deprive their communities of in leaving is not simply numerical representation, but often much-needed manpower potential, creativity, and a developmental force.

In many instances where rural communities have been so depleted their political representation has been equally reduced. Investment in them is not as attractive either in terms of services or financial development, and they are condemned to relatively insecure or stagnant forms of existence.

Rural-urban migration, then, while historically a basic contribution to development, has in recent years been the cause of overcrowding, poor living conditions, and frustration. To many rural communities, it has meant underpopulation and under-representation.

2.3.3. Existing cities

For reasons of economic pressure, rapid population growth and movement, natural physical deterioration, and changing social and economical circumstances, many large cities are today experiencing a profound deterioration. In terms of the physical and social amenities necessary for healthful living, they are no longer able to support their populations adequately.

As dilapidated sections are deserted for new neighborhoods and better physical surroundings, they are taken over by newcomers who invariably lack the economic or political resources necessary to improve or at least maintain them. Socially, these areas cease being able to provide the type of environment with which the city was originally equated, and in time this social blight is reflected in the health of the community, in its access to services, in its ability to determine its surroundings.

It should be borne in mind then that within this overall typology the deteriorating city presents a unique problem, one that cannot be resolved in the absence of determined planning, continued investment, and vitalization.

2.3.4. Human settlements which result from government or private sector developmental efforts

This type of human settlement is of particular importance because it may in fact represent a prototype of the human settlements of the future. The location of such settlements can play a fundamental role in achieving the goals of an overall settlement policy. These settlements may be of an agricultural¹, industrial², commercial³, or mixed nature. It should be borne in mind that the health requirements and implications of various types of human settlements are different and while major economic contributions of these projects to the overall development of a country are likely to increase available resources for health, many of these resource development activities will inevitably lead to certain negative health and environmental health effects (i.e., schistosomiasis, onchocerciasis). The fact that human settlements around such projects can be planned in advance, however, provides a unique opportunity to avoid the mistakes that have characterized unplanned development.

The major reasons underlying the inadequacy and/or inappropriateness of planning for settlements can be summarized as follows:

1. The strong emphasis on physical planning and the neglect of social aspects of human settlements. The reasons behind this are numerous, among which one can mention the following:
 - a. The reluctance or avoidance of physical planners to invite social planners to participate as members of the planning team for human settlements;
 - b. the lack of operational social information which can be incorporated in the design of human settlements, and the lack of architectural prescriptions of the sort that are amenable for use by physical planners.
2. The lack of participation in the design of planned human settlements. This is one of the most effective ways to take social values into consideration in the design stage.
3. The tendency of physical planners to use inappropriate designs or materials for buildings for aesthetic reasons rather than to serve the needs of the settlers. There are many examples which demonstrate that, in the long run, the construction of such

1. E.g., land settlement projects.

2. E.g., mining, steel mills, etc.

3. E.g., suburban towns in affluent countries.

buildings is more costly, since the people either desert them or demand basic modifications which increase the total cost of the buildings.

It is important to note that in the early stages of these development type settlements, great numbers of migrant workers may temporarily settle around them, resulting in both permanent and temporary human settlements, which have different health requirements and implications. In many countries, resettlement projects are of paramount importance as a major component of a population policy designed to achieve better geographical population redistribution. Resettlement can accomplish two vital aims: it can (a) decrease urbanization pressures, and (b) increase productivity in agricultural-based economies.

Activities such as oil drilling, mining, space programs, etc., lead to the development of temporary and sometimes permanent human settlements, many of which are located in remote areas, difficult to reach, and often in severe climates. In addition to the health hazards in such settlements, isolation may present a risk of a variety of social and mental effects.

2.3.5. Settlements for moving groups

Under this classification are included settlements designed for migrant workers, nomads, semi-nomads, tourists, and pilgrims. Due to the improvements in transportation and communication, the numbers of people involved in such groups has increased markedly in recent decades. A salient feature of this type of settlement is that costs for facilities and services can often be apportioned between the transient groups, those that may benefit indirectly from the movement (i.e., industry, tourist establishments) and the government serving the location of the settlement.

From a health point of view, moving groups deserve special attention because of the high risk of their transmitting communicable diseases along the route of their travel, and also because of the difficulties often encountered in providing services to such groups as nomads and seasonal workers.

2.3.6. Settlements for displaced persons and groups

The need for human settlements for displaced persons and groups usually results from wars or natural disasters; e.g., floods, droughts. They are almost always of an emergency nature, are unplanned, and frequently woefully inadequate in terms of sanitary facilities and other

services. Displacement and the associated psychological suffering, moreover, creates attitudes which often hinder and delay adaptation and adjustment and interfere with the provision and acceptance of services, including health services.

Displaced persons and groups are at high risk for mental health problems, communicable diseases, and malnutrition.

Since human settlements resulting from displacement of groups due to developmental efforts are often planned ahead of time and the people involved are often compensated for their losses, this makes it more suitable to include these human settlements under the type discussed in Section 2.3.4. which deals with developmental efforts.

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