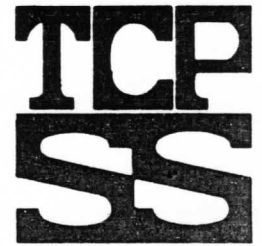


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Population problems in rural areas of the Third World – a challenge to planners*

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Overseas Development

THE world-wide problems created by excessive population growth are becoming more widely recognised at governmental and international level. A recent British Government Cabinet Office paper, for instance, concludes that 'continued rapid population growth in the immediate future is inevitable',¹ and that 'on the global scale the most urgent and important problem is the limitation of population growth'.² Indeed, having reviewed trends and prospects in the spheres of food, mineral resources, energy, pollution and economic aspects, the report goes so far as to say that, since population growth exacerbates all the developmental problems of the Third World and contributes to the widening gap between the rich and poor nations, 'unless there are resources transfers on a scale many times greater than at present, the effective check to world population will be the Malthusian trilogy of war, famine and disease'.³ This widely reported statement implies not only the transfer of resources between the rich and poor nations, but also between the more developed and the less developed areas of developing countries, and especially between the urban and rural areas. Not only are rural areas lagging behind the towns in the developmental process, but they are hampered in their struggle towards improved standards of living and quality of life by higher fertility rates combined with migration to the towns.

The rural/urban differential is a phenomenon common to both developing and more developed countries, irrespective of individual country levels of socio-economic development. Recent UN studies show that although differences between urban and rural population growth rates are variable both in space and time 'these growth differences are quite independent of growth rates in the total population, and of levels of urbanisation already attained. Observations for 24 world

regions, bear this out. Thus the urban/rural growth difference comes to a rate of 2.69 per cent per year for the more developed regions combined, and to 2.94 per cent for the less developed regions, not much different despite vast differences between the two sets of regions in rates of total population growth and in urbanisation levels so far attained'.⁴

The same report shows that between 1950 and 1970 urban populations in less developed regions grew 4.5 per cent per annum while rural populations grew by 1.5 per cent per annum.⁵ This means that despite rural/urban migration rural populations still continue to increase, and at present comprise in absolute terms 73 per cent of the total populations of developing countries. Trends projected for the future suggest that the world's rural population will continue to grow by an increased amount, despite the gathering momentum of urban growth, so that by the year 2,000 about 60 per cent of people in developing countries or three thousand million people will still live in the rural areas.⁶ The challenge which these trends represent to development planning are obvious, and require new emphasis in development strategies if the barriers to change and development in rural areas of the Third World are to be overcome.

Effects of population growth

Population growth, combined with migration to the towns, impedes the possibilities for development in rural areas in various ways, and contributes to the worsening situation of the very poor. Effects, however, differ in impact within different socio-economic, cultural and political systems. One effect of population pressure on land is the fragmentation of already small family holdings and the displacement of an increasing landless labour force.

The pressure of population growth also erodes any advances that are made in socio-economic development, and makes it increasingly difficult for governments to provide even the most basic of services in, for instance, education, housing and health. This

makes the improvement of basic living standards a receding reality. The repercussions of this are felt throughout the developing countries but most severely in the rural areas. In the field of education, for instance, UNESCO studies have shown that the costs of education in developing countries created by population growth are making it increasingly difficult to implement universal first level education,⁷ so that the proportion of school-age children for whom there is no place in school is constantly increasing. This is particularly true of rural areas and since the sex distribution is biased against girls the majority of rural women are illiterate.

In a period of population growth the age structure is biased towards the young so that in many developing countries nearly half the population are under 15 years old. The high ratio of dependants both young and old to adults in the productive age group is biased further in many rural areas by migration of young adults, especially male, to the towns to look for work. This often leaves mainly women and old people to continue subsistence farming and leads to a decline in agricultural production and a lowering of living standards. This relative neglect of the rural areas and the increasing proportion of young people looking for work in turn contributes to the deteriorating situation of rural unemployment and under-employment. Population growth therefore exacerbates poverty, malnutrition and disease and continues in a vicious cycle to push young migrants to the squatter settlements of the towns. These forces also threaten to break up families and communities and to destroy cultural ties and social norms, leaving the rural people with the worst of both the 'old' and 'new' worlds.

Consequently, the growth and migration of populations accelerates the widening disparities in development of the urban and rural areas, and accentuates the existing maldistribution of resources and services. Certain aspects of socio-economic development have their own momentum which encourage urbanisation and make it increasingly obvious that: 'The visible differentiation of territory between the urban and rural is actually a physical manifestation of the differentiation of economic activities'.⁸ The emphasis in the past on economic growth and economic development, often at the expense of social development, has highlighted this and has led to the locating of services and facilities, as well as other employment and income-generating projects, in

*The views contained in this paper are those of the author, writing as a social anthropologist, and are not necessarily the views of the Ministry of Overseas Development.

centres which were already relatively developed.

The structural imbalance created acts as a continuing constraint, and the forces of change tend to accentuate its effect, particularly since urban areas gain a political importance and are the base of élite identification. Allocation of resources, opportunities and services has tended in most countries to follow this pattern, with a consequent impact on population growth and distribution.

Health-care facilities

Health-care facilities (which might include family planning) have, for instance, until very recently been largely inaccessible to the majority of rural populations. 'It might be argued that urban hospitals and doctors provide important referral services for the rural areas, but in fact they are usually lightly used for this purpose. Urban facilities generally serve urban needs and the distribution is usually skewed so heavily in favour of the large urban cities as to reflect outright negligence of the rest of the country'.⁹ Yet in many senses the health needs of rural populations are particularly pressing. This is particularly true of the vulnerable group of mothers and young children.

The health problems created by excessive childbearing and over-large families have been well documented and are receiving increasing attention from developing-country governments and international agencies such as WHO and UNFPA. The World Health Annual Report for 1974 in the section on Family Health summarises the situation thus: 'The interrelation of malnutrition, infection and consequences of ill-timed and over frequent pregnancies continues to exacerbate the health problems of mothers and children especially in association with adverse social and environmental conditions and scarcity of health care'.¹⁰ High rates of maternal and infant morbidity and mortality are characteristic of many poor rural areas and can be taken as an index of under-development. Water-borne and parasitic diseases, for instance, often prove fatal to children or pregnant women who are already weakened by malnutrition. Diarrhoeal and intestinal diseases are major causes of infant deaths,¹¹ especially in poor rural areas which are less likely than towns to have supplies of clean and safe drinking water and adequate sanitation.

Where hospitals exist maternity admissions are usually the largest single group of hospital in-patients, and in rural areas women and children usually comprise about 75 per cent of all clinic

cases. There is a demonstrable need for decentralisation of health services to the rural areas. This will reduce per capita cost and bring more efficient services closer to patients' homes. There is a related need to improve the environmental health of rural areas. A number of studies, including one in Kerala, India, suggest that 'the development of public health measures contribute more to the early fall in mortality rates than the extension of the medical care delivery system'.¹² This includes the eradication and control of communicable diseases, and the improvement of sanitation, water supply and personal and environmental hygiene.

The importance for population and development of improving such services as health-care delivery systems and environmental health is threefold. Apart from contributing to individual and family well-being, such services are a pre-condition of rural development by helping to raise general levels of living. Others may include agricultural extension, rural roads, credit facilities, marketing systems and elementary education. Thirdly, the improved health of rural populations, particularly mothers and children, is likely over time to be associated with motivation to smaller, better spaced families and hence a demand for family planning. Higher rates of infant mortality and a constant sense of risk in bearing and raising children helps to keep fertility rates high as an 'insurance' against loss. Consequently health services, particularly for women and children, have an essential part to play in the reduction of fertility by first reducing infant mortality and encouraging trust in basic health services. Into these health services family planning services may then be integrated, along with nutritional and health education programmes. An increasing number of developing country governments are recognising this and are setting up 'integrated' maternal and child health and family planning programmes.

However, it is also increasingly recognised that improved health and family-planning facilities alone will not reduce fertility rates, especially in rural areas where low standards of living and cultural constraints operate to keep fertility rates high. What is needed is an improvement of general socio-economic conditions in which ordinary families live, encouraging motivations and aspirations which will find expression in smaller, healthier, better-planned families. Family-planning programmes have an important role to play, but in addition 'a wider range of measures is often needed to provide a vigorous promotion of social change sufficiently

radically to alter reproductive values and bring them into accord with nationally defined objectives for social and economic development'.¹³ Although the type of radical social change involved in the Chinese programme, which even includes group planning of births, is obviously possible only within a particular kind of political system, a number of developing countries are now beginning to tackle in their own ways some of the necessary social reforms which affect family life and family planning.

Increased opportunities for women

Measures taken to increase the educational and employment opportunities for women perhaps require special mention. Research has shown that, in general terms, where women are involved in productive roles outside the family they are more likely than in their traditional maternal roles to become motivated to family planning. At present there are few satisfying alternatives to motherhood available to village women; although a high proportion of women in many developing countries perform the majority of menial and back-breaking agricultural tasks. Where such women are beginning to have access to basic technology and agricultural training, as in parts of Africa,¹⁴ the effects are manifold. Women's burdens are lightened, their status is raised, agricultural production increases, and family well-being is improved.

Other measures affecting women and girls are beginning to be related to existing family-planning programmes in an attempt to develop essential conditions and motivation.

The Indian Minister of Health and Family Planning said in a recently published statement that, as part of a 'direct assault upon this problem' of population growth, minimum age at marriage will be increased, special measures will be taken to raise levels of female education 'especially in certain backward states', and voluntary organisations, particularly for youth and women are being involved, as well as the promotion of incentives and disincentives within an 'integrated package of health, family planning and nutrition'.¹⁵

Comprehensive rural development strategy

If the population problems of rural areas of the Third World are to be reduced, it is increasingly recognised that much wider socio-economic measures should form part of a

comprehensive rural development strategy, responsive to each social and cultural situation and part of an overall settlement planning policy. The maldistribution of resources, services and development benefits is not only social, but geographical, crystallising in disadvantaged rural areas which often represent the most isolated social as well as geographical groups. In this sense, rural communities represent special cases of poverty and under-privilege within developing countries. As development continues they tend to become relatively more disadvantaged, poorer and have less and less access both to what development offers, and to the decision-making machinery which decides what *direction* development will take.

If these grave disadvantages are to be overcome then a correspondingly greater effort to support and develop these areas will be needed by the governments of developing countries, donor governments and international agencies. In order to spread more widely the benefits of development, the emphasis of the British Aid programme has been shifted towards help for the poorest countries, as described in the recent White Paper,¹⁶ and towards increased help for the poorest people in those countries. Since the majority of the world's poor live in the rural areas 'integrated rural development' forms a focus for this emphasis. Assistance for population and family-planning activities is seen as a priority within this context as part of the attempt 'to improve living standards of the poorest sections of the community'.¹⁷

The UN Conference on Human Settlements has endorsed the view that population programmes and development planning are integrally related, and in one of the Recommendations for national action encourages governments to take account of population factors, and the WPPA, in their national settlement policies.¹⁸

With specific reference to rural areas the Recommendation states that:

'Planning for rural areas should aim to stimulate their economic and social institutions; improve general living conditions and overcome disadvantages of scattered populations'.¹⁹

The word 'stimulation' instead of 'revitalisation' was used deliberately since it was felt that some rural areas have not been 'vital' for a very long time, and that the necessary new approaches to their socio-economic development should take account of social and cultural as well as economic objectives.

New demands on planners

These 'new approaches' will make new demands on decision makers and planners, if the population problems of rural areas of the Third World are to be solved as part of a comprehensive rural development strategy. There is an increasing realisation that the process of institutional 'stimulation' must come at least in part from within the rural areas themselves, reflecting their needs and aspirations, and aided by responsive national and regional planning institutions which should not take the initiative out of rural hands. 'There should exist a form of social organisation at the national level that at the very least is not destructive of the possibilities of self-reliant village development'.²⁰ This is as true of health and social services and of family-planning as of agricultural production and technological development.

Before any 'sectoral' or 'intersectoral' planning is undertaken, it is essential that planners understand the local cultural values and social organisation for the repercussions of change through close-knit communities can be endless and often unforeseen. In addition, the areas of cultural resistance to change need to be understood in their socio-economic context, and dealt with sensitively in project design and implementation.

Does this mean that all planners, whether at national or local level, have to be sociologists as well as everything else? Obviously not, but they must be aware that additional expertise may be needed in the *early* stages of planning design so that the socially relevant questions are asked which may be answered in planning terms. Population is one of the areas, along with many others, in which for instance a knowledge of family structure, male/female roles, household economics and land tenure, is a prerequisite. For those who make decisions at any level the mobilising of *information* is a crucial skill.

In addition, institutional relationships should be improved or developed to facilitate the 'intersectoral' approach in both planning and implementation terms, particularly in situations of uncertainty.

'Some economic theorists today are beginning to pay serious attention to the beginnings of a theory of information, and increasing attention is being paid to the changing conditions under which information is collected and processed, and the manner in which institutional arrangements alter the way in which the future is viewed and attitudes towards uncertainty change'.²¹

The institutional flexibility and responsiveness required will make new demands upon a range of planning organisations and institutions, upon ministries and aid agencies which have traditionally been organised upon more 'sectoral' lines. Intersectoral communication and co-operation will become a matter of high priority if integrated rural development is to succeed.

The benefits of the 'integrated' approach to socio-economic development in small close-knit rural communities are obvious because life as it is lived is 'integrated'. Indeed 'integrated' approaches are likely to be cost-effective as well as socially effective, and to help mobilise the total resources of the community. The importance of community participation and self-help is increasingly being recognised in all fields.

Health services

Of health services Oscar Gish suggests, that 'it may be that Ministries of Health can best facilitate the development of the health of national populations by (1) being supportive of the physical, social and environmental needs of (particularly rural) populations as they are now being met by other Ministries than health and (2) by helping to create conditions which allow people to care for themselves in a health promoting way'.²²

As part of this trend the development of accessible health field services is being increased, through the setting up of small, simple, labour- but not capital-intensive health centres within a structured system of referral to specialist institutions. The use of para-medical workers, as exemplified by the Chinese barefoot doctors, and the training of traditional healers and midwives, as in Indonesia, Malaysia and Mexico is becoming more widespread. Self-help in health is a very recent development, but one which, given trained manpower shortages, is gaining ground.

In addition, health and family-planning concerns are spilling over into other developmental fields and activities, such as the work of the 'Mothers' Clubs' in Korea, and the community-based distribution of contraceptives in Thailand, and even agricultural extension work. 'In the Philippines one agency has developed a teaching capability which uses agricultural images to explain how various contraceptives work. The result is that a rural farmer receives an explanation in language and images which he understands'.²³

development programmes. For though the problems of population growth in rural areas are very large scale problems, some of the solutions begin at the small-scale level of the family. The challenge to planners is finding new ways of relating the two.

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Chinese rural development

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CHINA is a large country. It has the largest population of any nation on earth; within its confines are more than 800 million people. It is a poor country in conventional economic terms, but has vast untapped resources; untapped because of the lack of capital. It is predominantly a peasant society yet, amongst the urbanised 15 per cent there are more industrial workers than in Great Britain. It is virtually self sufficient in foodstuffs, and each year is more able to deal with the vagaries of climate which, in the past, caused years and decades of drought, flood and famine.

How China overcame the ravages of war and civil war and became politically and economically independent is the history of the first twenty-five years of the dominance of the Chinese Communist Party under Mao Tse-tung and his war-proved comrades.

The acceptance of the new rulers, their new ways and their new values, by the mass of the Chinese people is not particularly remarkable. The new regime brought order out of the chaos of prolonged war, and was able to follow this by organising production to meet the expectations (admittedly modest) of a vast number of peasants

and a lesser number of more sophisticated factory workers. It is a remarkable feat that social and economic development, based on local material resources and, after the rift with the Soviet Union, on local capital, productive and organisational skills, could continue. This is no less true when it is accepted that insulation from the rest of the world played an important part in establishing that modesty of expectation which still characterises the frugal and diligent Chinese peasant and industrial worker.

Recent history

Traditional, imperial, China was a much sub-divided land in which peasant producers worked plots as small as a quarter hectare. Some owned their own land, but most rented, paying largely in kind to the landlord or, if he was one of the many absentees, to his agent. One-half of the plot's total agricultural production was commonly demanded, but rents of 75 per cent, or even 90 per cent, were paid. Money lenders, the providers of essential working capital in lean years, flourished by charging interest rates such as 100 per cent for twenty days.¹

Within such a society yields were low

and, even in good years, most of the poorer peasants did not manage to raise their family's consumption much above subsistence level. In bad years, millions starved or fled to other areas where they hoped for, but rarely found, better conditions.

In 1911 the Nationalist movement, led by Sun Yat-sen, overthrew the old feudal Chinese Empire but its promise to the peasants to grant 'equalisation in the rights in the land' was never fulfilled. Despite the disruption caused by the Japanese invasion and occupation of much of China (1931 to 1945) the traditional pattern of land ownership and tenure persisted, though landlords were expelled from the, so called, base areas of the Communist armies. In the event it took a further four years of civil war before the establishment of the People's Republic, in 1949, began to bring radical change to China's countryside.

As effective power passed to the People's Republic, land redistribution was undertaken with great zeal. Landlords were dispossessed. Where their record was bad, in terms of exploitation or collaboration with the Japanese, many were executed, or saved their lives by flight. Titles to land were transferred to cultivators, and redistribution of confiscated land to the formerly landless was completed throughout China by 1952. The old fragmentation of land which was agriculturally productive persisted and, even though the immediate ambition of