1.0. INTRODUCTION

An anthropological focus on urban health is a necessary part of an in-depth understanding of the ways that social and cultural factors affect humans and human behavior in the urban environment (Obrist, et al., 2003a; 2003b). Anthropology is the study of human evolution, variation, and behavior in an environmental context (Campbell and Loy, 2000). The various aspects of anthropology (biological, cultural, linguistic, and archaeological) share a core focus on human thought and behavior and together attempt to create an integrated perspective on human experience. Medical anthropology and human biology in particular have focused on bringing the theoretical and methodological perspectives of anthropology at large into the public discourse on health, medicine, healthcare, wellness, and illness.

Anthropology can have a significant impact on urban health by providing a theoretical perspective on human prehistoric environments and through the employment of methods used commonly by anthropologists, especially in the fields of cultural and medical anthropology. Whereas for most of human history as a species we have adapted to a broad range of ecological situations, only recently have human beings had to cope with the various stressors (and resources) of urban living (Satterthwaite, 2000; Obrist, et al., 2003b).

In this chapter, we will first discuss how human adaptation to prehistoric environments affects our ability to function in the present-day urbanized context. Second, we will show how anthropology provides a unique combination of theory and practice at the nexus of culture and biology that may help us understand the variation we observe in heterogeneous modern urban environments. Third, we will explore ways that race categories are used in urban health research, noting the pitfalls that such received categories create.

Anthropologic field methods incorporate qualitative and quantitative methods for studying health. In doing so, anthropologic methods offer ways to understand
the context in which health and illness occur as well as the distribution and frequency of different illnesses in the urban setting. We conclude this chapter with several examples of mixed-methods studies that demonstrate how blending methods can enhance the understanding of health in urban areas.

2.0. HUMAN ADAPTATION

2.1. Changes in Human Settlement Patterns

Ongoing massive migration into the world’s cities during the 20th and early 21st centuries has resulted in a major shift in human settlement patterns. There is a significant difference between the manner in which human populations lived during the last 50,000 years, and present-day settlement patterns. Humans did not evolve in the context of urban environments. Over the last several tens of thousands of years, our human ancestors have had to cope with a variety of environmental constraints arising from changes in both the climate and in human cultural evolution.

As of about 12,000 years ago, when humans practiced a variety of food acquisition strategies that often involved some amount of travel on a seasonal basis, humans began using agricultural techniques that increased the reliability of the food supply, enabling some populations to settle in a single location. Over the past 12,000 years, depending on their environmental and cultural context, human populations have slowly shifted, from a generally hunting and gathering lifestyle to one which relied more heavily on management of livestock, often in the context of a nomadic lifestyle. In many populations, this combination of nomadism and pastoralism has slowly yielded to an increased reliance on agricultural products and a more settled lifestyle. Thus, a great deal of environmental and cultural change has occurred in little more than ten thousand years.

At the beginning of the 21st century, humans, as a species, live predominantly in cities (Vlahov and Galea, 2002). Moreover, the majority of the urbanization has occurred in the last 100 years, and by the end of the first decade of the 21st century the majority of the world’s population will be living in cities (Obrist, et al., 2003b). In essence, this means that from now on, the majority of human beings will be living in a type of environment for which they are not adapted, in the evolutionary sense. This is important because in thinking about the effects of living in urban environments, anthropologists need to take into account not just direct costs and stressors, but also those that are built into our human biology. People living in urban environments have direct stressors to cope with, as well as the indirect – and perhaps more cryptic – costs of being organisms adapted to a significantly different environment. There is, then, an implicit tension between the urban environment and the set of current human cultural and biological adaptations. It is hard for evolution, in the form of genetics, to ‘catch up’ with this change from humans as hunter-gatherers to humans as predominantly urban residents. Certainly changes in the cultural context can take place relatively rapidly to help people work with, understand, and adapt to their surroundings. This is not true of human biology, which is not able to change radically with great shifts in the environment. Although it has taken place over thousands of years, the transition in human settlement patterns from low population density to high population density and from rural to urban settings, has affected a shift from a pre-modern diet to a modernized diet that has greatly affected human health. It is the results of this shift itself, and the underlying tension with human biology, that current work in urban health needs to address. Urban health and anthropology can address together how this complex of biology and culture affects human life and health presently.