Gender, Health, and Sustainable Development

Proceedings of a Workshop held in Nairobi, Kenya, 5–8 October 1993

Edited by Pandu Wijeyaratne, Lori Jones Arsenault, Janet Hatcher Roberts, and Jennifer Kitts
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Refugees, Gender and Health

Nkosazana Zuma

Introduction

Apartheid as a policy in South Africa has caused the most severe social and political unrest any country has ever seen under "peaceful" conditions. The entire society had to be reorganized in order to make sure that 87% of the land was occupied by "pure white". 87% of the population had to fit into 13% of the land, which consisted of scattered "black spots". This meant forced removals for millions of people. The migrant labour system dislocated families, and forced women to head their households and bring up children single-handedly in the rural areas. Men lived in single sex hostels under inhumane conditions.

The inequalities in the distribution of and access to resources was a source of poverty, unemployment, and intense hatred for the government. The Apartheid government met with very strong opposition from the oppressed. The government was intensely intolerant of this opposition.

There was extreme repression. Prisons were filled with political opponents, including children. Peaceful protests were met with live ammunition, activists were assassinated, people and homes were burnt. Apartheid as a policy had to be maintained through violence. There is therefore a long-standing culture of political violence in South Africa.

After the un-banning of the liberation movements - ANC, PAC and SACP - and the release of political leaders, there was immense optimism that violence would decrease and that a new dispensation was going to follow speedily. What was supposed to be an exciting, bright time, however, became the darkest hour before dawn, with South Africa seeing unprecedented levels of violence across the country.

The escalation of violence is largely the result of opposing forces. Those forces that want the process of change to be speeded up, to usher in a constitutional assembly and a democratic government, are finding much opposition from the forces that want to maintain the old order as long as possible. The so-called IFP-ANC conflict is a manifestation of these forces. The police and right wing are part of the forces together with Inkatha that do not want change because it will erode the power and privileges that they already enjoy under Apartheid. They fear the elections because they do not have a large following.

1Centre for Health and Social Studies, University of Natal, Durban, South Africa.
Since 1990, the violence has become less focused and is increasingly taking the form of massacres, indiscriminate shootings in trains, buses, taxis, shopping centres and funeral vigils. This is meant to instill fear and destabilise communities, so that there is no atmosphere of peace and stability to hold elections.

From the figures below you can see that from 1989-1990 the number of deaths more than doubled. About 7000 of these occurred in Natal alone.

<table>
<thead>
<tr>
<th>Year</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>1985</td>
<td>879</td>
</tr>
<tr>
<td>1986</td>
<td>1198</td>
</tr>
<tr>
<td>1987</td>
<td>661</td>
</tr>
<tr>
<td>1988</td>
<td>1149</td>
</tr>
<tr>
<td>1989</td>
<td>1403</td>
</tr>
<tr>
<td>1990</td>
<td>3699</td>
</tr>
<tr>
<td>1991</td>
<td>2240</td>
</tr>
<tr>
<td>Total</td>
<td>11229</td>
</tr>
</tbody>
</table>

(Figures from Critical Health, December 1992).

Statistics of the dead do not truly reflect the devastation and havoc brought to families by this violence. There are people who have been made homeless. Families have lost sole breadwinners. There has been irreparable schooling disruption. Families have been torn apart by war, and society has been brutalized.

Until 1989, the reported targets of violence were mostly men. In the 1990s, however, women and children are increasingly becoming targets of this violence, particularly when there are massacres. For example, in a settlement called Uganda in Umlazi, Durban, Natal on 13 March 1992, 22 of 23 victims were women and children.

Refugees

Refugees from the political violence come from various rural and urban areas. In 1992 in Natal alone, 1432 people were killed, but 11,000 people were reported to have lost their homes or have been forced to flee during some point that year. The disruption of society is far greater than the number of actual deaths, because for every person who dies, there are 9-10 people who are affected. Many of the refugees are women and children.

During 1992 at the height of violence there were some 3000 refugees in a number of refugee centres in Port Shepstone, Natal. At least 2000 of those were women and children under the age of 12 (Irish 1993).
Living Conditions of Refugees

Refugees all over Natal are housed in groups at churches, halls, schools, tents, hospitals and sometimes in the open air. They sleep packed like sardines on cement floors with only one or no blanket. There is no privacy. Sexual abuse and assaults are common. Relief workers tend to provide food and blankets and not look at specific needs of women, for example sanitary towels. Sometimes there is no milk or food for babies.

Health Problems

Very little research has been conducted amongst refugees to determine their health problems. Some research has been done on the psychological effects of such trauma on refugees, although this tends to be done much later. In 1992, a refugee camp in Isipingo (Natal), there was an outbreak of measles and a number of children died. In the same camp there was an outbreak of gastroenteritis amongst the children, and kerosene poisoning was common. This camp consisted of tents on a playground and water had to be brought in from outside. Children would mistake kerosene for water and drink it.

Other diseases that flourish in conditions of overcrowding and high levels of stress, include poor nutrition, like tuberculosis, skin diseases, and eye conditions. Little is known, however, of the extent of these problems.

Pregnancy and STDs

There has been a large-scale breakdown in family discipline. Furthermore, pregnancies and STDs amongst teenagers have increased. In a 1991 survey of attitudes to family planning in Natal/KwaZulu it was found that 42% of women sampled were first pregnant between the ages of 11 and 17 (Smit and Venter 1991).

HIV is highest in Natal, and the seroprevalence rate has increased over the past 2 years:

<table>
<thead>
<tr>
<th>Date</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>November/December 1990</td>
<td>1.2%</td>
</tr>
<tr>
<td>June/July 1991</td>
<td>2.5%</td>
</tr>
<tr>
<td>June/July 1992</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

(Abdool Karim et al, MRC Natal, 1992)

The 1992 rate for women is 5.7% compared to 3.8% in men. National seroprevalence rates were 0.6% in 1990, 1.4% in 1991 and 2.69% in 1992. The Cape Province is 33 months behind Natal, the Transvaal is 14 months behind and the Orange Free State is 9 months behind in terms of seroprevalence rates. (NHPD statistics 1993). The reasons for this are a combination of migrant labour system, violence and poor socio-economic conditions. The impact of AIDS will be seen in a number of years to come.
Mental Health

There has been an increase in substance abuse, particularly amongst the youth. A Medical Research Council study in the Cape Town Metropolitan Area revealed that 60% of non-fatal injuries due to interpersonal violence were alcohol related. Another study of 7340 students, again in the Western Cape, showed that 20% of students smoked cigarettes daily, 15% had been on an alcoholic binge in the last 2 weeks, 10% had physically injured another person or been injured at school, and 10% carried knives at school (Yach 1993).

Emotional and Social Consequences

Political, social and family violence has affected millions of individuals in this country, and sometimes whole communities (Simpson 1992). Victims, witnesses and sometimes perpetrators of violence may suffer from post traumatic stress (PTS) - the inability of people to concentrate and function effectively in society (Eagles 1992). PTS is associated with powerlessness and can take the form of alcohol and drug abuse, wife battery, and chronic anxiety. Social consequences of trauma can be seen in the large numbers of youth who have left school, are now unemployed, have no means of making a living, and have no stake in the future.

Rape

Reported cases of child rape increased from 1707 in 1988 to 2915 in 1991, an increase of 72%. In 1991, 22,765 rapes of women were reported, which is an increase of 12% over the 1990-1991 period. Although this seems startling, the majority of rapes are still not reported for fear of the consequences. NICRO believes that only 1 in 20 rapes is reported, and they estimate that 300,000 rapes take place every year.

Domestic Violence

The family is part of society and the ills of society are often reflected in the family. Where violence has become a social norm it is expected that domestic violence will escalate. It is estimated that 1 in 4 women in South Africa are regularly beaten by their male partners (Angless 1992).

Access to Health Services

Refugees often have no access to health services. Services may be far away, they may not have money, or they may be scared. For instance, ANC refugees may not feel safe because they may be victimized. Sometimes they are frightened to venture out of their refugee centres for fear of being attacked.
Conclusion

There is very little information on the impact of political violence on the health of refugees, and even less about the way it affects men and women differently. This may be one of the gaps in research. Of course, violence will persist for some time beyond the elections since some of the violence is related to socio-economic conditions. Hostels are being used as springboards for violent attacks against township residents, particularly in the Transvaal. Unemployed youth who have no stake in the future contribute to this spiral of violence. Lack of housing is another factor. Until we can transform our country by first giving people hope, restoring their dignity, and improving their material conditions, violence, and refugee problems, will continue.

References


Discussion

- Very little research is being done on refugees. This major public health area receives very little attention. Given the dearth of data, the presenter was questioned about how she was able to get the statistics that she highlighted in her presentation. She responded that most of her figures on refugees, violence and deaths, were from independent researchers. Independent monitors have done the work that government won’t do. She emphasized that they may not be accurate. AIDS statistics were obtained from government sources.

- A number of difficulties in gaining information on health and refugees were discussed. To begin with, if a researcher intervenes, she or he needs to be able to help and not just ask questions. Also, a major problem when working with refugees is that they tend not to be in the same place for very long. For example, they may initially stay at a church, and then move to another shelter. They are never in the same place long enough to put in adequate infrastructure.

- There was a discussion concerning the devastating psychological effects that the culture of violence has had on young women and men. For many years, men and women have engaged in the liberation struggle. Arms are easily obtained and quite common. As a result, youths feel very little stake in the future. They have little prospect of obtaining a job and no social security. She mentioned that the National Youth Services is currently looking at developing skill training programs for youth. It is hoped that these programmes might help to reintegrate youths into their communities, and help to restore their dignity.