PARTICIPATION AND DEVELOPMENT IN EASTERN AND SOUTHERN AFRICA

Florence Butegwa, Mpanjilwa P. Mulwanda and Jean Rutabanzibwa-Ngaiza
The International Development Research Centre is a public corporation created by the Parliament of Canada in 1970 to support research designed to adapt science and technology to the needs of developing countries. The Centre's activity is concentrated in six sectors: agriculture, food and nutrition sciences; health sciences; information sciences; social sciences; earth and engineering sciences; and communications. IDRC is financed solely by the Parliament of Canada; its policies, however, are set by an international Board of Governors. The Centre's headquarters are in Ottawa, Canada. Regional offices are located in Africa, Asia, Latin America, and the Middle East.

Le Centre de recherches pour le développement international, société publique créée en 1970 par une loi du Parlement canadien, a pour mission d'appuyer des recherches visant à adapter la science et la technologie aux besoins des pays en développement; il concentre son activité dans six secteurs : agriculture, alimentation et nutrition; information; santé; sciences sociales; sciences de la terre et du génie et communications. Le CRDI est financé entièrement par le Parlement canadien, mais c'est un Conseil des gouverneurs international qui en détermine l'orientation et les politiques. Établi à Ottawa (Canada), il a des bureaux régionaux en Afrique, en Asie, en Amérique latine et au Moyen-Orient.

El Centro Internacional de Investigaciones para el Desarrollo es una corporación pública creada en 1970 por el Parlamento de Canadá con el objeto de apoyar la investigación destinada a adaptar la ciencia y la tecnología a las necesidades de los países en desarrollo. Su actividad se concentra en seis sectores: ciencias agrícolas, alimentos y nutrición; ciencias de la salud; ciencias de la información; ciencias sociales; ciencias de la tierra e ingeniería; y comunicaciones. El Centro es financiado exclusivamente por el Parlamento de Canadá; sin embargo, sus políticas son trazadas por un Consejo de Gobernadores de carácter internacional. La sede del Centro está en Ottawa, Canadá, y sus oficinas regionales en América Latina, África, Asia y el Medio Oriente.

This series includes meeting documents, internal reports, and preliminary technical documents that may later form the basis of a formal publication. A Manuscript Report is given a small distribution to a highly specialized audience.

La présente série est réservée aux documents issus de colloques, aux rapports internes et aux documents techniques susceptibles d'être publiés plus tard dans une série de publications plus soignées. D'un tirage restreint, le rapport manuscrit est destiné à un public très spécialisé.

Esta serie incluye ponencias de reuniones, informes internos y documentos técnicos que pueden posteriormente conformar la base de una publicación formal. El informe recibe distribución limitada entre una audiencia altamente especializada.
PARTICIPATION AND DEVELOPMENT IN EASTERN AND SOUTHERN AFRICA

Florence Butegeva, Mpanjilwa P. Mulwanda and Jean Rutabanzibwa-Ngaiza
Since 1980 the International Development Research Centre and the Ford Foundation have provided joint financial support for training and research in social science in Eastern and Southern Africa. This arrangement has made possible awards of "small" research grants to young researchers in the region the aim of which is to provide them with opportunities to increase their research skills, while generating new knowledge about social phenomena in their region. The grants are awarded on a competitive basis, to the best research proposals submitted in selected areas in social science.

This publication is one in a series that puts together a selected number of reports from research carried out between 1986 and 1988 with such grants. Though each is a result of an independent activity, the reports have been grouped under five themes and published under the following titles:

   
   - John C. Kabagambe, "Eliminating Poverty Through Rural Development programmes in Swaziland."
   
   - J.E. Odada, "Rural Industrialization and the Employment problem in Kenya's Agricultural sector".

   - Hezekiel M. Mushala, "Land Management for Land-degradation Control in Central Tanzania".
   - Isaac Sindiga, "Trypanosomiasis in South Nyanza, Kenya".


   - Sipho R. Shabalala, "Private Enterprise in Zimbabwe".
   - Fanuel C. Shechambo, "Urban Demand of Charcoal in Tanzania".
   - Kinuthia Macharia, "The Role of Social Networks and the State in the Urban Informal Sector in Kenya".

- Mpanjilwa P. Mulwanda, "Industrial Democracy in Zambia: an Analysis of the Elected Membership to Workers Councils and Institutional Performance".
- Florence Butegwa, "Creating Awareness Among Kenyan Women of their Legal Rights".
- Jean Rutabanzibwa-Ngaiza, "Participation of Women in Primary Health Care in Swaziland".


The International development Research Centre and the Ford Foundation hope that these studies will be of interest to researchers and policy makers in Eastern and Southern Africa. Both wish to emphasize, however, that the views expressed in the studies are those of the authors; they do not necessarily reflect policies of either institution.

Paul B. Vitta
Senior Program Officer
International Development Research Centre
Nairobi.
CONTENTS

Foreword

PART I

Mpanjilwa P. Mulwanda

Industrial Democracy in Zambia: An Analysis of the Elected Membership to Workers' Councils and Institutional Performance

PART II

Florence Butegwa

Creating an Awareness Among Kenyan Women of their Legal Rights 117

PART III

Jean Rutabanibwa - Ngaiza

Participation of Women in Primary Health Care - Swaziland 175
PART I

INDUSTRIAL DEMOCRACY IN ZAMBIA: AN ANALYSIS OF THE ELECTED MEMBERSHIP TO WORKS COUNCILS AND INSTITUTIONAL PERFORMANCE

Mpanjilwa Pius Mulwanda

University of Zambia at Ndola
Kitwe

November, 1987

October 1986
ACKNOWLEDGEMENT

Special thanks to go to the enterprise and their employees who participated in this project. I would also like to thank Mr D A Banda, Lecturer of Labour Law; Mr S Sanga, former Lecturer of Finance; Mr M H Silengo, Lecturer of Planning; Mr R Kabwe, Lecturer of Mathematics and Statistics; Mr J Mwazembe, Mathematician and Computer Scientist and Mr Kasongo, Computer Programmer for the role they played in this project. I would also like to extend my thanks to Mr B Chimbwali formerly of the Department of Industrial Participatory Democracy and his colleagues who offered valuable information.

Special mention go to S Musukwa; Mr Mwanamoonga; Z Kapunga; M Sekalla; A Mbewe; M Changa; R Daka and all the numerous students at both the Lusaka and Ndola Campuses of the University of Zambia who helped in one way or another in making this report possible. Typing was done by Mrs B Kapolobwe and Messrs J Mbewe and Company.

My heartfelt thanks and gratitude go to the International Development Research Centre (IDRC) and Ford Foundation for awarding me a grant without which this project would not have become a reality. Last but not least, I thank Professor H Schmetzer, the Dean of the School of Environmental Studies for giving me the time to carry out the project which usually meant long period away from the station.

Mpanjilwa Pius Mulwanda

Kitwe, November, 1987
This work is dedicated - and fondly - to my
little one Nkandu Zondwayo Mulwanda
## CONTENTS

Acknowledgement ........................................... (i)
List of Tables ............................................. (iii)
Introduction .............................................. 1

THE EVOLVEMENT OF THE CONCEPT OF WORKERS' PARTICIPATION ........ 8
   A) The concept of worker participation ................. 8
   B) The participants in decision-making ............... 16

THE ADVENT OF TRADE UNIONISM ............................ 21

HISTORICAL DEVELOPMENT OF THE IDEA OF WORKERS' PARTICIPATION IN ZAMBIA ........................................ 31

Formation of work councils ................................ 41
Functions of work councils .................................. 45

ANALYSIS OF CHARACTERISTICS AND ATTITUDES RELATED TO THE RATES OF PARTICIPATION .................... 47
   A) The results .......................................... 48
      Education and participation .......................... 48
      Occupation and participation ....................... 48
      Age and participation ................................ 52
      Sex and participation ................................ 52
      Length of service and participation ................ 52
   B) Discussion ........................................... 58

INSTITUTIONAL PERFORMANCE ..................................... 67
   Union - council relationship ............................ 70

CONSTRAINTS TO EFFECTIVE PARTICIPATION ....................... 75
   Management attitude .................................... 75
   Works council legislation ................................ 77

FUTURE PROSPECTS AND CONCLUSION ............................. 81
   Worker participation: The new measures ................ 81
   Workers education ...................................... 86

Footnotes .................................................. 92
Bibliography ............................................... 94
Appendices .................................................. 98

(ii)
LIST OF TABLES

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Background information on works councillor in the Zambian case study</td>
<td>20</td>
</tr>
<tr>
<td>2</td>
<td>Cross tabulation of company by education</td>
<td>49</td>
</tr>
<tr>
<td>3</td>
<td>Cross tabulation of company by occupation</td>
<td>50</td>
</tr>
<tr>
<td>4</td>
<td>Cross tabulation of company by age</td>
<td>53</td>
</tr>
<tr>
<td>5</td>
<td>Cross tabulation of company by sex</td>
<td>55</td>
</tr>
<tr>
<td>6</td>
<td>Cross tabulation of company by length of service</td>
<td>56</td>
</tr>
</tbody>
</table>

(iii)
## LIST OF MAPS

<table>
<thead>
<tr>
<th>Map Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Copperbelt</td>
<td>(v)</td>
</tr>
<tr>
<td>Zambia</td>
<td>(vi)</td>
</tr>
</tbody>
</table>
The Copperbelt

INTRODUCTION

This study set out to test whether there were systematic differences in attitude among the different categories of employees in terms of their identification with the enterprise in which they work, their interest in its affairs and their reaction to the institution of participation in the enterprise. Factors like education, occupation, age, sex and length of service of individual members of works councils were tested to see whether they had an effect on employees' response to participation in decision-making.

Hypothesis

The study was based on six hypothesis:

1) Participation in decision-making is concentrated more in the highly educated.

2) Participation in decision-making is concentrated more in those with higher education.

3) Participation in decision-making is concentrated more in the young adult age group.

4) Participation in decision-making is concentrated more in those with longer periods of service.

5) Participation in decision-making is concentrated more in the male than in female.

6) Participation of an institution has an influence on employees attitude towards that institution.
Sample size

For the purpose of testing the first five hypothesis, information on past and present works councillor vis-a-vis education, occupation, age, sex and length of service (where it was available) was obtained from the personal files in the personnel departments. All in all, data on 266 councillor was obtained and analyzed for statistical significance. To test the sixth and last hypothesis, information from questionnaires, and personal interviews used. Three hundred respondents were expected to participate in answering the questionnaires. However, because many enterprises declined to participate in the study, or because of the unreturned or returned unanswered questionnaires, it was only possible to include 170 respondents.

Data collection

Data was collected by conducting interviews, review of company records, library research and the use of questionnaires. Using an interview schedule, interviews were conducted with management officials, works councillors, trade union officials and the various categories of employees in enterprises. These interviews were conducted to supplement the main source of information, the questionnaire. Although the interviews were scheduled ahead of time, the principal researcher and his assistant tried to encourage the respondents to elaborate on subjects they felt competent and willing to discuss. This method was designed to avoid an impression of interrogation.
The following information was obtained: detailed account of employment history; aspirations and expectations of employee in his work and the factors which limit or restrict him in this regards; job preference and attitudes towards different aspects of his work environment; work motivation; meaning of participation; satisfaction with the institution of participation and the factors which lead to this; personal and group relations at work and so on.

From company records, where available, information was obtained relating to the entire work force, for instance numbers employed and job categories. The personnel department were asked to classify the employees in their various categories using job description and job specification indexes.

A number of enterprises that agreed to participate in this project did so on the understanding that they were not mentioned by name in the report. While others did not mind, it was decided that to keep uniformity, enterprises be given code letters.
DEFINITION OF KEY CONCEPTS

Industrial democracy
In this study it will mean the distribution of decision-making power in industry, that is, where it tends to be shared out among all those who are engaged in work rather than concentrating it in the hands of management. This entails the application of democratic principles in decision-making in industry.

Industrial Relations Act of 1971
This Act provides for the legislation of trade unions. The unions are: Zambia Congress of Trade Union, The Employers Association, and the Zambian Federation of Employers. It also provides for the establishment of works councils, collective agreements, the settlement of collective disputes and the establishment of an industrial relations Court. The act is further concerned with the repel of certain enactments relating to the trade unions and trade disputes and industrial reconciliation; and to provide for matters incidental to or connected with the foregoing.

Workers' participation
For the present purposes, this will be defined as a process which workers have in the decision-making functions of the enterprises through the institution of the Works Council.
Works council
Participation as it takes place in Zambia is affected by the organizational framework of institutions called works councils. These are joint management/worker bodies which were instituted by the law and validate the right of workers to be informed and consulted about management decisions.

Eligible employee
This refers to employees other than those serving a trial or probationary period or casual employees specifically engaged on a temporary basis for work of an intermittent or seasonal nature.

Skilled work
This involves a sequence of different tasks, requiring specific training and experience. The decisions a skilled work makes are based on knowledge and sound judgement.

Semi-skilled
Repetitive work, but with some variations in work, or between phases of the same task some decisions relying on instructions and experience have to be taken. Brief training required.

Unskilled work
Simple tasks of routine, repetitive nature, previously experience not required.
Management
This will be defined as a social process, composed of a series of decision-making activities, which lead to the identification and accomplishment of objectives. Management include leading as well as commanding, co-ordinating, organising, planning and controlling of enterprise.

Education
Will mean the highest level completed.

Trade union
This is a registered combination of employees whose constitution shows the main objective to be the organization and regulations with employer(s) and employee(s).

Age
For our present purposes age is according to the constitution of Zambia where a youth is one between 16 and 35 years of age.

Length of service
Will mean the number of years served in the enterprise.

Sex
Distinguishes male and female.
Limitations

The major problem was the lack of interest in the project by a number of enterprises which were approached. The majority failed to offer information to the researcher at the last minute after having made promises to him or his assistants. Every time those enterprises were visited, they promised that the information will be ready. A lot of money and energy was lost on these fruitless visits.

The purpose of this research was to help the management, workers, and the society at large understand the concept of workers participation and the factors that lead to participation. Without complete information, the research results may not reflect the true picture. Management and other agencies should therefore give support to such projects.
THE EVOLVEMENT OF THE CONCEPT OF WORKERS PARTICIPATION

A. The concept of worker participation

A popular theme in political economy literature in recent years has been the participation of man in the running of the affairs that directly concern him. This can be viewed in two directions. On the one hand is participation in the political life and on the other participation of the working man at his work place. The first type is very well developed and has been discussed extensively. However, the second type of participation is far less developed.

The idea of participation of workers in decision-making in enterprise was expressed in some of the social doctrines that emerged in the 19th Century. But it was only towards the end of the First World War that it took broad practical shape with the establishment of joint committees and councils. However, after existing for some years, the movement for institutional forms of participation lost much of its drive.

The idea of workers' participation in decision-making in enterprise gained prominence once again during and after the Second World War. It was during this period that works councils or committees were established or re-established, by law or by agreement, in several European Countries.

The idea of workers control in the management of enterprise
can be traced back to the Industrial Revolution. It was advocated by the Utopian socialists of the time who sought to regulate the property rights of the capitalists in order to minimize the social disorder and economic exploitations that were and are still inherent in the capitalist system. The Utopian socialists advocated that the control of social affairs should be in the hands of producers. However, in this category they also included capitalist employers. In other words, they were seeking palliatives for a disease that they were not really prepared to cure - they presupposed the capitalist system and sought to merely reduce some of its more glaring vagaries. The aim of the Utopian socialists was to humanise capitalist enterprise.

After the Utopian socialists, we had the Syndicalists who envisaged a society in which each industry would be managed by its own workers. They thought society would function best both for the individual member as well as society as a whole. Guilds socialism was centred on the idea that guilds - constituting of all the workers - would ultimately control industry but with due regard for the interests of 'other sections' of the community.

These ideas began to receive both widespread expression as well as concrete experimentation at the end of World War One for several reasons. Firstly, the bourgeois were anxious to demonstrate that capitalism did not have interests that were completely hostile to those of workers. Secondly, that there did exist in capitalist societies a democracy which permeated not only the political arena but also the economic field.
With the growing contradictions within the capitalist system, there was a greater need to regulate industrial conflicts. The development of consciousness among the working people tremendously increased the urgency with which the capitalists had to maintain good industrial relations. Participation of workers in management decision-making was seen as a tool for foreseeing and even forestalling critical periods. Also the growth of monopoly called for more rational management system that would ensure maximum productivity and initiative of the working force.

Workers participation in decision-making is perceived as one factor in job satisfaction and general adjustment of the worker. The argument centres on the question of increased productivity and greater efficiency. There are two lines of thought: firstly, it is expected that democratic measures will arouse the employees interest and co-operation; and secondly, it is hoped that if employees play a greater part in running the enterprises, it will be easier to tap their resources of expertise, knowledge and ideas. In the final analysis, this should provide the employee with greater opportunity for personal development and education. It is also envisaged that workers participation will drastically reduce industrial conflict and thus contribute to industrial peace.

There is substantial literature supporting the above conclusions. For example, Bavel (1946) conducted a study in a garment factory in which he compared efficiency of workers who were allowed to discuss and decide upon production with those
allowed only to discuss. He concluded that the discussion and decision group was clearly the more efficient. Lawrence and Smith (1955) compared efficiency of workers who were allowed to discuss and decide upon production with those only allowed to discuss. Their conclusion is that the discussion and decision group increased production to statistically significant levels over its own pre-agreemental level and over that of the discussion group only. Coch and French (1948) compared morale and efficiency of groups who were given different degrees of authority to participate in decisions relating to changes in work organization. They concluded that success in bringing about job changes both in terms of productivity and worker satisfaction was directly proportional to the amount of worker participation permitted. Total participation groups had higher productivity and morale while lower participation groups the lowest.

Mose and Reimer (1956) studied office workers in a large insurance company. In two sections, workers power of decision-making was substantially increased, while in two other sections power of decision-making was substantially decreased. Substantial significant changes from the pre-experimental situation was observed. Workers in the hierarchically controlled sections experienced statistically significant decreases in feeling of self actualization on the job; satisfaction with supervisors at all levels, satisfaction with company and work satisfaction.

French (1950) conducted an experiment on production workers.
The experimental group was given power of participation in certain areas of management decision-making with respect to the production process. Compared with control groups, experimental groups were no more productive than control groups but satisfaction with the company and attitudes towards labour relations tended to be higher within the experimental groups. Those whose attitudes had changed also tended to believe that participation was a legitimate workers' right.

Blumberg (1968) claims that there is hardly any study in the entire literature of participation which fails to demonstrate that satisfaction in work is enhanced or that generally acknowledged beneficial consequences accrue from a genuine increase in decision-making power. Blumberg says that it is not really difficult to explain why participation works. He says that it is almost a matter of common sense that men will take greater pride and pleasure in their work if they are allowed to participate in shaping the policies and decisions which affect that work. He argues that a participating worker is an involved worker, for his job becomes an extension of himself and by his decisions he is creating his work, modifying and regulating it. Blumberg argues that as a worker is more involved in his work, he derives more satisfaction from it.

Thus various forms of workers participation have evolved in western countries notably Finland, France, the Federal Republic of Germany, the Netherlands, Norway, Sweden and the United Kingdom. In the Union of Soviet Socialist Russia (USSR) and
other planned economy countries of Eastern Europe, economic reforms have drastically contributed to the enhancement of participation by workers and their representatives in decision-making.

This has had a spill out effect on the Third World countries where interest in the concept has of late grown tremendously and has resulted in the adoption of one form of worker participation or the other. Thus in many Third World countries decisions have been made requiring workers to be represented in various ways on management bodies. For example, Angola, Algeria, Congo, Egypt, Malagasy, Mali, Mozambique, Somalia, Tanzania and Zambia in Africa. In Latin America, Peru and Venezuela have taken the lead while in Southern Asia, India, Pakistan and Sri Lanka are notable examples. With Iraq, Syria and Democratic Yemen representing the Middle East.

Unlike in the industrialized countries, the call for workers participation in the Third World has not come as a result of conflict between labour and capital. Rather, the initiative has been taken by the governments who view themselves as the vehicles for development.

However, participation has proved difficult to achieve both in the West and in the East. The private ownership of the means of production has been identified as the major obstacle to a socialised form of management. Kolaja (1961) conducted field studies on operation of workers' councils in two Yugoslav companies. He says that the genuine participation in the
management on the part of non-management members of the workers' councils was limited mostly to personal affairs. The real financial and technological problems of management were handled by management with the formal approval of non-management personnel. Kolaja's conclusion is that the Yugoslav workers' council legislation had not given the workers more autonomy because production problems of the enterprise are still handled by the management team, which he says as a result of decentralization policies in Yugoslavia has gained more autonomy.

Two extensive scientific surveys Potthoff et al, (1962); Voigt and Weddigen, (1962) on co-determination in German noted that the mass of employees remain relatively indifferent to the institution of participation. This failure to involve or interest the greater majority of employees suggests that works councils have been mainly concerned with matters arising from the contract of employment rather than with the work itself and its outcome conclude the studies. Emery and Thorsrud (1964) on co-determination in West German noted that from the point of view of industrial democracy, the works councils do not appear to have made any major direct contribution to the actual sharing of the management authority that is involved in the line of command. Critics of workers' participation as against workers control argue that the involvement by management of workers in the decision-making process of their industries was just another artifact in the search for profit maximization. They argue that this involvement of the workers in management decision-making is
a gimmick to hoodwink the working class into thinking that they have won the class struggle thus postponing the destruction of the capitalist system of industrial organization.

In the developing countries the relationship between management and labour is even more repressive and authoritative because of the foreign ownership of capital. The most important decisions in the enterprises are rarely taken within the developing countries in which the enterprises operate. Thus the development of the radical concept of self-management in developing countries is complicated by the situation of dependence in which these countries find themselves as a result of colonialism. Political independence does not bring in its train economic independence and for this reason these countries remain tied economically to their former colonizers against their better judgement. During the colonial period, these countries specialized in the production of raw materials to feed the industries of their colonial masters who in turn sold them their industrial and consumer goods requirements at exploitative prices. Because the colonial policy did not encourage the development of primary industries in the colonies, these countries continue to depend on their former masters for markets for their raw materials and for the supply of their industrial and consumer goods requirements.

It is to these same countries that the developing countries turn for loans to finance their development programmes. The desire of these former colonies to industrialise quickly has
increased their dependence on western capital, technology and expertise further tying them to the West. This dependency has become an obstacle to revolutionary development in Third World countries. This is because international capital will not allow any ideas to surface which might threaten its position in these countries. The political implication of this state of affairs is that international capital will not hesitate to dispose or destabilize any Third World government which it views as working against the interest of capital. 

It is evident from the above that the concept of workers participation is not functioning according to expectations. It is also evident that the task of revolutionizing of industrial organization is made difficult in developing countries by the embarrassing situation of dependence on international capital and expertise in which these countries find themselves. The implication of this state of dependence is that as long as western capital remain entrenched in Africa and elsewhere, full and effective participation of the working class will remain an unattainable dream.

B. The Participants in Decision-making

Who then participates in decision-making and what factors influence the desire to participate in the affairs of the enterprise? Kolaja (1961) states that the majority of members of the workers' councils in the companies he studied in Yugoslavia were skilled personnel who worked as foremen or held other lower
or middle supervisory positions within the social structure of the factory. He also states that the majority of employees, the semi-skilled or unskilled groups displayed significantly different attitudes as compared to the managerial personnel and the middle level group. Kolaja says that although not antagonistic, those attitudes were characterised by a certain lukewarmness and lack of interest in the enterprise. On the degree of influence exerted by the workers', Kolaja reports that management personnel dominate. However, in one company where greater participation by non-management personnel was noted, this was attributed to education.

Vitak (1971) basing his conclusions from an analysis of elected membership of the works council reported that 70.3 per cent of the council members turned out to be technicians, 24.3 per cent manual workers and 5.4 per cent administrative staff. Vitak noted that since at least two thirds of the voters were manual workers, many must have cast their votes for candidates who were technicians. Figures for skill and education follow the same pattern, of the worker members. Sixty six per cent were regarded as highly skilled, while 55 per cent of the technicians were highly qualified, 26 per cent of council members were university trained, 20 per cent had higher secondary education. Election results also showed that people voted for candidates they know well and who know the enterprise and its problems.

The members were divided according to length of employment as follows: 72 per cent with 10 and more years of employment, over
30 per cent with 15 years of employment and only 4 per cent with less than 5 years of employment. Age was, however, not equated with wisdom and experience. Of the successful candidates, 71 per cent were between the ages 35 and 49 years.

Sturmthal (1964) studied workplace organization in France, Germany, Yugoslavia and Poland and came up with conclusions which to a greater extent confirmed the findings of Kolaja and Vitak. Sturmthal observed that lack of sufficient training and education among the workers has been a contributing cause of failure of plant committees in France. He says that it is significant in this context that committees of white collar employees have functioned relatively better than those composed of a majority of blue collar workers. In respect to German, Sturmthal reports that generally speaking, the older generation provided the great majority of the council members and the majority had been with the company for a long time and in most cases have been on the council since the beginning of operations.

Sturmthal reports that an official study for Yugoslavia in 1956 shows that one quarter of the council members represented white collar employees. Of the others, slightly more than half were skilled workers. Highly skilled workers formed less than one fifth of the council membership on the side of the workers. The typical council member was male (84.3 per cent) and those between 26 and 35 years of age made up 45.3 per cent, while the council presidents were slightly older (46.9 per cent). Those
between 26 and 35 years of age made up 30.8 per cent and those between 36 and 45 years only 4.4 per cent.

In professional skill, the presidents ranked far higher than ordinary members, 86.7 per cent belonged to the two highest skill groups as compared with 70.5 per cent of the council members. Only about 10 per cent had secondary school or university education. Sturmthal reports that in Poland, two thirds of the council members must be manual workers (rather than white collar employees). However, he notes that this regulation has notably been rarely observed. On the average, he reports that only half of the council members are production workers; the remainder are white collar employees like engineers and technicians. He observes that the election of large numbers of the white collar employees to the council in Poland by the blue collar workers shows that they are obviously aware of the need for technical competence in management.

The above cases show that differences in education and skill and the type of work are decisive in determining the involvement and the influence of employees in company affairs regardless of the representative system that is adopted. But what is the situation like in Zambia? This study will try to test whether education, skill, age, length of service and sex determine the involvement and influence of employees in the affairs of their enterprises. However, before an analysis of the findings is presented, an account of the historical development of the
concept of workers participation in Zambia and the rationale for the adoption of workers participation in decision-making in enterprise is in order.

<table>
<thead>
<tr>
<th>VAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EDUCATION</th>
<th>OCCUPATION</th>
<th>AGE</th>
<th>SEX</th>
<th>L/SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td>PRIM</td>
<td>COLL</td>
<td>UN/SKILL</td>
<td>S/SKILL</td>
</tr>
<tr>
<td>A</td>
<td>2</td>
<td>5</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>B</td>
<td>0</td>
<td>8</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>C</td>
<td>0</td>
<td>1</td>
<td>14</td>
<td>10</td>
</tr>
<tr>
<td>D</td>
<td>0</td>
<td>4</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>E</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>F</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>G</td>
<td>0</td>
<td>2</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>H</td>
<td>0</td>
<td>5</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>I</td>
<td>0</td>
<td>4</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>J</td>
<td>0</td>
<td>3</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>K</td>
<td>0</td>
<td>5</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>L</td>
<td>0</td>
<td>0</td>
<td>13</td>
<td>10</td>
</tr>
<tr>
<td>M</td>
<td>0</td>
<td>6</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>N</td>
<td>0</td>
<td>6</td>
<td>4</td>
<td>6</td>
</tr>
</tbody>
</table>

Table 1.1 Background Information on Works Councillors in the Zambian Case Study
THE ADVENT OF TRADE UNIONISM

Introduction

Collective bargaining is considered a form of workers' participation. It would therefore not be wrong to say that Zambia's experience in this respect dates back to the colonial period when trade unionism was first introduced. Zambia is one of the industrialized and urbanised countries in Africa with a wage-earning sector larger than most and a relatively high wage economy. A study of Zambia must acknowledge the central position within the economy of the copper mining industry which was the basis of the colonial economy, on which the country remains overwhelmingly dependent and which has had a major influence upon the development of industrial relations.

The development of the copper industry transformed Zambia into one of the most rapidly growing economies in the world. The growth of an urban working class was a direct consequence of the growth of the industry. It was the mines which pioneered industrial action and established the militant tradition which has characterised the labour movement and out of which grew one of Africa's most powerful industrial unions. The mining industry in addition has had a major influence upon wage movements which have produced the country's high wage economy. The growth of the industrial sector outside mining was primarily a consequence of
and remains largely dependent upon the mining industry.

The history of Zambia's labour movement goes back to the 1930's when industrial action was started by the miners. Copper created the Zambian working class. When the colonial office took over the administration of Northern Rhodesia from the British South African Company in 1924, the potential of the country's copper deposits was unknown. Apart from a small lead and zinc mine in Broken Hills (Kabwe), Zambia was essentially rural. Within a few years the situation changed. Rich copper deposits were found near the Congo (Zaire) border. This was made possible by two international mining groups - the Selection Trust and the Anglo-American Corporation which between 1928-30 began to exploit the copper deposits and a new mining industry was swiftly established on the copperbelt. The industry was centred on the four major mines: Mufulira, Nchanga (Chingola), Nkana (Kitwe) and Roan (Luanshya). The first copper was produced at Roan Antelope in 1931, and at Nkana a year later. Despite many setbacks during the depression the Copperbelt was able to supply 9 per cent of the world's output during the Second World War. By 1960, Copperbelt production accounted for 15 per cent of the world production and Northern Rhodesia became the world's largest exporter of copper!

The greater part of the labour force was in those years migratory and seasonal, working on short contracts. It was drawn from all parts of the country and so reflected the ethnically heterogeneous society. A serious shortage of African labour was
predicted when the development of the Copperbelt began in 1926. The population density of the area was so low, averaging 2.2 persons per square mile, that no local labour was available. A tradition of migrant labour existed in several parts of the country, but the new mines had to compete with long established labour routes.

The mines at first secured the major part of their labour force by recruiting in distant regions, usually east of Fort Rosbery (Mansa) area and by offering contracts of 180 days work. This same area was also a favourite of Congo recruiters. In 1930 they joined together to form a recruiting organization, The Native Labour Association, but the high level of unemployment caused by the depression soon made it unnecessary. By early 1927, there were about 8,500 workers on all mines and concessions in the territory. At the end of 1928 the figure had risen to 16,073; to 22,341 at the end of 1929; to 29,689 at the end of 1930.2

The mine also brought into the country a small but significant white labouring class which in all ways occupied a privileged position. Racial discrimination was from the outset a characteristic of the mines, and there were startling differences between the average bash wage of African and that of the European. Poverty and the struggle to provide even the barest necessities of life were thus a constant feature of the experience of the average African urban workers. As a result Africans from an early date found the question of wages a focus
for discontent.

The first time that Africans demonstrated against these conditions was in 1935 and again in 1940. Both these two major expressions of labour discontent, were characterised by an organised manner of protest and by the violence in which Africans lost their lives. While they pre-dated the establishment of formal labour organizations, both occasions demonstrated the ability of Africans to organise themselves in defence of their industrial interests and made it clear that they regarded themselves as industrial workers. On both occasions, leadership emerged from the new urban industrial situation. These leaders were not the tribal elders who had been set up by the mining companies to provide communication between labour and management.

In 1935 the miners leaders were drawn from the Mbeni Dance Society, one of those new-style urban African associations that had sprung up to meet the needs of the urban Africans. In 1940 the miners elected a strike committee of seventeen which was drawn from the new African supervisors or boss boys recently instituted by the mining companies. Members were also drawn from the new African intelligentsia, that is, clerks and more educated men who had been a moving force behind the growth of the welfare associations that had also sprung up in the urban setting. The leadership therefore, which was radical and capable of articulating miners grievances and also controlling and directing their actions, was provided by new men in the society. Similar perceptions of their common interests underlay the early
industrial action by African railway workers. Their first strike in 1945 was organised in the absence of any labour organization by the leaders of the Lozi Welfare Society. Thus, the leadership emerged from the new educated and new functional groups in urban society. In both cases, therefore, the foundations for an organised labour movement were based on perception of common interests and among men drawn from a variety of ethnic/regional backgrounds. This was essential for the growth of a labour movement that has been for the most part characterised by the absence of ethnic cleavages.

In 1940, the Northern Rhodesian Government believed that the formation of trade unions for African workers, most of whom were illiterate migrant labour, would be premature. Only a few observers believed that Africans in Northern Rhodesia should be introduced to trade unionism. However, the disturbances in 1940 forced on the government a close examination of the problems of industrial representation. Although the 'elders' system was hastily reinforced at all the mines, difficulties raised by the lack of more sophisticated machinery for representing grievances were brought to light. The strikes at Nkana and Mufulira revealed long standing complaints over pay and promotion prospects, but workers returned to work only after troops opened fire on the disorderly crowd at Nkana and little progress in reconciliation had been made.

Despite this unsettled background, the administration maintained a conservative attitude towards labour representation
until after World War Two. The only major change was the settling up of boss boys committees at the mines for the senior Africans who supervised gangs of labourers. This was done in 1942 at the motivation of the recently established labour department, which had to overcome some hesitancy on the part of management and the African workers themselves.

Further progress was hampered by the European mine workers union. In 1943 a rumour spread on the Copperbelt that the Colonial Office intended to bring a British trade unionist to organize African workers. In 1946 the Colonial Office sent an official from the Ministry of Labour, M.A. Bevan, to investigate the labour situation on the Copperbelt. He concluded that African workers were still not ready for trade unionism, but suggested that the existing boss boys committees should be reformed as broader works committees with representatives from all departments at the mines.³

Bevan's plan was discussed when the governor and representatives of Northern Rhodesia were in London for a constitutional conference on Northern Rhodesia held at the Colonial Office in June 1946. His transitional scheme was supported by the Colonial Office Labour Adviser, Major Orde Browner who felt that the development of trade unionism should not be artificially forced. Roy Welensky the leader of the unofficial members of the legislative council, and Sir Stewart Gore-Browne, a representative of African interests on the council, both believed that African workers were ready for some
form of industrial organization. Gore-Browne favoured the introduction of full trade unionism as soon as possible, while Welensky had accepted the idea of an interim organization. At a meeting of the Northern Rhodesian officials and the legislative council representatives, it was decided that trade unionism should be established as quickly as possible, and that a trade unionist from Britain should be invited to assist the Labour Department. The Colonial Office suggested that the Governor should discuss the decision about trade unionism with the boards of the mining companies while he was in London.

After the major policy decision had been taken, African trade unions were organised with remarkable speed. William Comrie, a member of the Transport and General Workers Union from Greenork Scotland, was sent out by the Colonial Office in 1947. Comrie found the most promising recruits among copperbelt shop assistants who had been receiving steady help from the Labour Department since 1942. They formed the first Trade Union in Northern Rhodesia, the Shop Assistants Union, in January 1948.

In 1949, when the Trade Union and Trade Disputes Ordinance was passed which recognised the right of Africans to form unions, in January 1948.

In 1949, when the Trade Union and Trade Disputes Ordinance was passed which recognised the right of Africans to form unions, Africans, who had struggled hard during the early forties to create new organizations to meet their needs and to use existing bodies like the Advisory Council to articulate their grievances,
now began to form trade unions. The years 1947 to 1957 saw the formation of African Trade Unions and the growth of militant unionism over the Copperbelt and the railways. The formation of African Trade Unions was the reaction of a new African urban society against harsh economic conditions and their determination to challenge racial privilege. By 1954 some sixteen unions had been formed. The key issues for which they organised were: increased wages, improved work conditions, African advancement and an end to the industrial colour bar.4

The first phase of union activity was one of increasing military and a succession of strike actions. Without exception the new unions encountered organizational and financial difficulties, and also problems of recognition from employers. The leadership was drawn from the new class of educated Africans, the clerks, or as in the railways, the messenger - interpreters, and again almost without exception it was subject to internal dissension which weakened organization. Membership was generally very small. Seven of the fourteen unions functioning in 1954 had fewer than 1000 members. Some of these unions survived only briefly. Nevertheless, this phase of union activity laid the foundations of four of today's key unions. The Shop Assistants Union, the first African union to be formed in 1947, and very active in those early years, is the union out of which today's National Union of Commercial and Industrial Workers (NUCIW) grew.

The General Workers Union, established in 1947 out of an earlier Artisans Association, would subsequently emerge, through
organization and amalgamation, into the National Union of Building, Engineering and General Workers (NUBEGW). The Northern Rhodesia African Railway Workers Trade Union (NRARWTU), was formed in 1950.

Undoubtedly however, the dominant Union by virtue of its size, its growing wealth and its industrial strength was the African Mine Workers Union (NRAMWU) established in 1949 by the amalgamation of four small unions from each of the four mines. At the end of 1949 the union claimed 19,000 members. In 1950, they signed an agreement with the mining companies which included the right to have union's dues deducted from wages. They also appointed their full time Secretary General and established a head office in Kitwe.

The African Mine Workers Union grew rapidly, but it had notable weaknesses. Comrie had to discourage a movement to form a separate African Staff Association by stressing the need for a united front against employers. The senior workers provided valuable leadership in the early days, but their interests were not identical with those of the unions large following. The organization also faced problems of administration and financial control, and very serious language difficulties. As a result the union was not strong enough in its early years to take up the cause of African advancement, which had been pressed in vain by the Government since the end of the Second World War.

The years from 1956 to 1964 were years of increased union activity. In the early sixties an increasing number of trade
union officials went abroad to Britain, West Africa and other European countries or to the new labour college in Kampala, Uganda for training. By 1961 there were eighteen African unions, with a membership of about 50,000. There followed a period of reorganization and amalgamation which lead to the significant expansion in size of the major unions. By 1964 the total membership of the twenty nine unions was 101,654, just under half of the total wage earning labour force. By that time the trade union movement had also made considerable progress in terms of recognition by employers, and union leaders had acquired important experience in negotiations.
Chapter Three

HISTORICAL DEVELOPMENT OF THE IDEA OF WORKERS' PARTICIPATION IN ZAMBIA

The most striking feature of the industrial organization in Zambia at independence was the separation of management from labour. The workers as such had no say in the management of their enterprises. The scope of workers' participation as we have seen in the last chapter was limited to the demand for higher wages and the freedom to obtain highly paid jobs that were under the control of expatriates. This organizational structure which gave monopoly of decision-making to the management was seen as opposed to the aspirations of an independent country trying to establish an egalitarian society. Structural changes in industrial organization were therefore inevitable.

A tripartite conference was held in Livingstone in 1967 at which the government, employers and trade union representatives discussed and analyzed the problems of industrial relations. Emphasis was put on the improvement and strengthening of collective bargaining through the formation of joint industrial councils and the establishment of a joint consultative machinery to improve communication between management and the workers at the plant and enterprise levels. The outcome of this was the establishment of works committees.

President Kaunda writes:

"perhaps the single most important measure
taken by the working peoples party and government since independence towards the establishment of industrial democracy is to bring a number of major means of production under state control!"

President Kaunda was referring to the economic reform which brought majority control of key industries and the mines under the state. A Zambianisation Committee was also instituted which placed Zambians in top and medium management positions. Despite the fact that management was in the hands of Zambians, it continued to function as a separate entity from labour. The solution to this as seen by the President was the introduction of participatory democracy in industry:

"By this, we mean that the masses wrest financial and economic power from a minority of committed capitalists, and hold it in trust for the perpetual benefit of the common man."

The president warned that employers and managers must accept that this approach of participatory democracy was going to be entrenched in the industrial and economic life and that a programme backed by law of the state was going to be drawn up which had to be followed. The result was that at a National Convention held in Kitwe in December, 1969, resolutions were adopted to review the industrial relations system and procedures with a view of establishing institutions which reflected the
economic, social, political and ideological aspirations of the Zambian people. A significant outcome of the decisions of the convention was the acceptance by the government of the idea of blending, constitutionally, concepts of the philosophy of humanism with the notion of workers participation in decision-making in industry. In formulating policy on the form, nature and character of workers' participation, the following points were given consideration:

i) The ideological imperative regarding the right for the existence of a workers' economy with social and economic aims, connected with and intertwined in the whole industrial economy. The realization that the workers' economy virtually required the identification of the workers with its aims, as well as their participation in the solution of its problems.

ii) The realization that a society and the economy must find a way to prevent the desalienation between the economy and the people. The knowledge that it is impossible to establish a just and better society if man does not feel himself in its centre, involved in its complexities, actively influencing its formation.

iii) The realization that there is a search in the world for newer methods of economic management and especially industrial management, based on the involvement of the workers', together with the closing of the gap between political democracy in society and an authoritarian
administration in the enterprise, are to a great extent congruent with the aims of the Zambian revolution and the labour economy.

iv) The realization that the development of managerial methods based on the involvement of, and consultation with, the workers, gives economic recovery a chance.

v) The realization that the change in labour relations will be obtained only by the fostering of human relations from above, but primarily the creation of an atmosphere of mutual responsibility and striving towards joint challenges. The realization that the aims of an industrial democracy is not merely to guarantee representation of the workers, but actual participation in management. An industrial democracy strives to ascertain genuine participation in the process of decision-making.

vi) The realization that workers' participation in management will never be effective unless it is based on joint institutions with decision-making ability, equipped with managerial authority, namely joint management.

Workers' participation then, was introduced to serve a viable carrier of the philosophy of humanism to industrial management. It was intended to be used as a possible strategy for the transformation of Zambia's basically democratic capitalists social structures into a decentralised, democratic humanist social structure. Workers' participation was also designed to save individuals in industries from manipulation and domination.
and enable them to actualize themselves within the decision-making process.

Workers' participation in decision-making was also an attempt at extending decentralization to the economic sphere. In the political sphere, power had been extended to the masses through the democratic structures of the party where they were involved in decision-making at all levels and the decentralised system of government. In the same vein, the Local Government Administration Act aimed at giving power to the masses in running their own affairs at the local level. Workers' participation as such was seen as extending to, and consolidating of, political rights to the economic sphere.

Furthermore, workers' participation was introduced as a vehicle for the promoting of industrial peace, improving working conditions and fostering greater efficiency and increased productivity. In the mind of the President, workers' participation was going to remove alienation as well as promoting peace in Zambia's industrial structure:

"Now, just as in the field of politics, the masses of our people have wrested power from a selfish minority clique who believe in the exploitation of man by man. Just as there was no political stability until political independence was achieved, so there can be no genuine and lasting peace in Zambia's industrial structure, or elsewhere for that
matter, until the means of production and distribution are totally owned by those who labour to produce."

He continues:

"Just as the masses allow political leaders to hold offices only so long as they are well served, so too the industrial masses ought to have the same right. Because they do not have this right, the alienation of the worker in industry can only end when the process of democratization of industry is completed. This means those who produce should take over completely the means of large scale production."

The President called for participation through works councils. The works councils were to provide the machinery within the enterprises for the participation of workers in the decision-making process at management level. The regulations governing the formation and operations of works councils are embodied in Part VII of the Industrial Relations Act of 1971. This Act became operational in 1974, but works councils did not come into being until May 1976 when President Kaunda announced their establishment in all enterprises employing one hundred or more employees. Previously, in 1975, a department of Industrial Participatory Democracy (IPD) was established to carry out the aims and objectives of the philosophy if humanism - that of
extending participation by the workers in the management decision-making process - which previously was the prerogative of management only. Under section 69 of the Act, the objectives of the works councils were outlined as follows:

1. To promote and maintain the effective participation of workers in the affairs of their enterprises; and
2. To secure the mutual co-operation of workers, management, and trade unions in the enterprise in the interest of industrial peace, improved working conditions, greater efficiency and productivity.

These objectives suggest that the field open to workers' participation is wide, and the parties appear to have given an enormous amount of discretion to bring into the participation field as much of the managerial practices as is consistent with the ideological concepts of industrial participatory democracy. In general terms, these objectives suggest participative management. But elsewhere in the regulations there are concrete indicators to other forms of participation - namely, 'Joint Management' and 'Joint Consultation', through elected representatives.

The elements of 'Joint Management' are reflected in section 72, wherein it is stated that '... a decision by management on a matter of policy in the field of personnel management and industrial relations shall be of no effect unless it is approved by the council established in such undertaking....'. This implies that decisions in those areas are to be taken jointly by
management and workers' representatives on the council.

Section 70 introduces elements of 'Joint Consultation' whereby the works council is entitled to consultation and to participation fully and effectively in all the schemes and programmes relating to the health and welfare of the workers in the undertaking. The principle of accommodation is hereby acknowledged, for the co-operations of the workers, which implies taking their views fully into account, is necessary for any scheme of the nature described to be implemented satisfactorily.

Lastly, every council is entitled to be informed of all decisions taken by the board of directors, the appropriators or the management, of an undertaking in relation to investment policy, financial control, distribution of profits, economic planning, job evaluation, wages policy and the appointment of senior management executives in the undertaking. The act of informing the works council about decisions in these areas is in itself necessary and has a bearing on the attitudes on workers' representatives in other areas where the council is required to jointly take managerial decisions or participate fully in the implementation of schemes. This requirement is by and large an educational exercise designed to acquaint the workers' representatives with the trend of events in the undertaking having a bearing on their conditions and situations as employees.

The areas in which the Industrial Relations Act, 1971, has introduced 'Participative Management', 'Joint Management' and 'Joint Consultation' are not exclusive to works councils, but are
also covered by collective bargaining procedures established between trade unions and employers or their representative organizations. The more immediate task is, therefore, to encourage the identification of areas in which works councils should have exclusive rights of operation and those in which trade unions should be allowed to operate. This demarcation is absolutely necessary, if unnecessary duplication, leading to operational problems and possible conflict, is to be avoided.

The problem, however, is where does one draw the line? This question should be approached by having regard to the notions of 'collective bargaining' and 'participations through representatives' and 'participative management'. Collective bargaining by trade unions is a 'give and take' exercise, with each party striving to strike the best terms for itself. Conflict leading to cessation of work may arise if one party is not satisfied with the position of the other party during negotiations. But in participation, the underlying assumption is that there are objectives common to both management and labour that can provide a basis for co-operation and mutuality of interests in the joint promotion of the welfare of the undertaking. This means that issues belonging to collective bargaining must be made the preserve of the trade unions, and at no time should collective bargaining and negotiations be introduced into participation schemes.

In practice, however, the order between collective bargaining and some form of participation, the underlying assumption is
blurred, as both seem to include elements of conflict and cooperation. In such cases, the success of participation depends on how ingeniously the parties will avoid duplication and conflict.

In order to protect works councils from falling into disrepute by being turned into negotiating bodies at the enterprise level, both employers and employees should draw on the experience of the works committees, which has not been phased out because of falling into error. When impetus was given to the formation of these committees at the places of work the underlying assumption was that they would be used as channels of communication and consultative machinery only. But experience has shown that in a fairly large number of enterprises, especially those without bargaining and negotiation procedures with the trade unions, the main objectives of participative management, though works committees, were brushed aside and the committees were instead turned into negotiating bodies. The possibilities of such a situation arising even under the new system of works councils is great because there is a propensity on the part of both management and the workers to utilise whatever formal institution is available to effect a reapproachment or reconciliation on issues in dispute. But every attempt should be made to avoid this.

Where a trade union exists formal collective bargaining procedures should be established so as to isolate negotiable issues from those that are dealt with under participation
schemes. But where it is not possible for such procedures to be established jointly with the trade union, a separate works committee should be formed to take care of negotiable issues.

So far, an attempt has been made to analyze the form of participation that is provided for under the Industrial Relations Act, 1971. In respect to one form of participation - namely, the 'Joint Management' model - provision exists for management to challenge a decision before a specially convened tribunal or the Industrial Relations Court. Working on the assumption that participation implies a mutuality of interest and a common goal, this arrangement appears to be a derogation from the principle and the notion of participatory democracy and introduces an undesirable third party in managerial control. This adulteration may, however, be defended on the grounds that in the initial stages it is necessary to provide checks so that the newly introduced 'equalization of power' may be implemented with the minimum of disruption to orderly organization of the enterprise. But in the long run, the third party must be phased out as attitudes change and the necessary ideological environment is established.

Formation of works councils

A council must be formed in every establishment employing not less than 100 eligible employees. An undertaking may be given partial or total exemption from the regulations governing works councils if the nature of its operation do not lend itself to
easy assimilation into a workers' participation situation. For existing establishments, arrangements must be made to form works councils within six months of the coming into effect of Part VII of the Industrial Relations Act, 1971. The effective date is May, 1976.

The management of an undertaking and the trade union of which eligible employees are members are required to jointly form a "working party" comprising of eight members of whom four shall be nominated by the management and four by the trade union, to perform all acts and do everything that may be necessary to establish a works council. In particular, the 'works party' is required to:

i) explain to the employees in the undertaking the purpose and effect of the regulations governing works councils;

ii) classify the employees as to who shall be members of the management and as to who shall be eligible employees in the undertaking;

iii) determine the number of members to constitute the council;

iv) call for and receive nominations of candidates for election to membership of the council; and

v) arrange, hold and supervise the elections.

In any undertaking in which employees are not represented by a trade union, the management are required to call upon the employees to appoint representatives on the working party. As soon as the tasks outlined above have been accomplished, and a council has been formed, the working party must be dissolved.
Trade unions have another important role to play in the events leading to the formation of a council. Whereas for an undertaking a trade union represents the employees, workers' candidates for election to a council must be approved by the trade union. Refusal by the trade union to approve a nomination may be challenged by an aggrieved party in the Industrial Relations Court. Such restriction does not apply in the case of nominations made by employees who are not represented by a trade union.

A works council consists of not less than three and not more than fifteen members, two thirds of whom are members elected by the employees and one-third appointed by management of the undertaking. The membership is determined by the working party in accordance with the size of the undertaking. In the regulations, undertaking is defined as 'any company, firm, trade, business, industry or any other kind of enterprise, any statutory board, or corporation or any local or public authority or any branch or autonomous division thereof'.

A member of the works council shall hold office for a term of two years and shall be eligible for re-election at the end of the two year term for a further period of two years thereafter. A member of the council ceases to be such on the following grounds:

i) his or her term of office has expired;
ii) he or she dies;
iii) he or she resigns from membership of the works council;
iv) he or she absents him/herself from council meetings without leave of the chairman of the council for four consecutive meetings;

v) he or she becomes of unsound mind;

vi) he or she ceases to be an eligible employee in the establishment for which the works council was formed to cater for.

Every council shall draw up its own rules to govern its procedures and deliberations. However, the following statutory requirements shall be observed by every works council:

i) every council shall hold its first meeting within one month of its formation and shall thereafter hold meetings at regular intervals of not more than one month;

ii) whenever an emergency situation arises the council must summon a meeting to resolve the situation.

iii) every council shall submit a report to a general meeting of eligible employees of its activities during the preceding twelve-month period;

iv) a member of the council shall be afforded time by management to attend to council meetings during working hours without loss of conditions of employment;

v) no non-member of the council shall attend council meetings unless allowed by the council;

vi) at every council meeting, a record shall be made of all decisions, recommendations and resolutions passed by the council.
Functions of the works council

a) Every Works Council shall be entitled to be consulted upon, and to participate fully and effectively in all schemes and programmes in the undertaking relating to;
   i) health affairs of the workers;
   ii) welfare of the workers.

b) Every council shall be entitled to be informed in writing of all decisions taken by the board of directors of the undertaking on the following matters:
   i) investment policy of the undertaking;
   ii) financial control of the undertaking;
   iii) economic planning of the undertaking;
   iv) job evaluation and wages policy;
   v) distribution of profits of the undertaking;
   vi) appointment of senior management executives.

c) A decision of management of an undertaking on a matter of policy in the field of personal management and industrial relations shall be of no effect unless it is approved by the works council for that undertaking. Amongst others, the following matters shall be subject to the works council approval:
   i) recruitment of employees in the undertaking and assessment of their salaries;
   ii) transfer of employees from one place to another within the same undertaking;
iii) discipline procedure applicable to employees in the undertaking;

iv) redundancy of employees in the undertaking;

v) bonus and incentives of employees and the mode of such payments;

vi) safety precautions other than the ones stipulated in other written laws.

d) Where a works council refuses to approve management's decision, as stated in (c) above, the works council shall communicate the disapproval of such decision. It shall refer the matter to the board of review which shall consist of the following persons:

i) one member appointed by management of the undertaking;

ii) one member appointed by agreement between the works council and management and, failing to reach such agreement, by a proper officer;

iii) one member appointed by the works council;

iv) in the event of one of the parties being aggrieved by the decision of the board of review, the aggrieved party shall refer the matter to the Industrial Relations Court, whose decision thereon shall be final and binding upon both parties.
Chapter Four

ANALYSIS OF CHARACTERISTICS AND ATTITUDES RELATED TO THE RATES OF PARTICIPATION

In this chapter we seek to determine whether there are significant differences in the attitudes of different categories of employees in respect to their identification with the enterprise and their interest in the affairs of the enterprise. Identification and interest in the affairs of the enterprise will be measured by membership to works councils. Among the characteristics and attitudes that one might expect to be related to the rates of participation are education, occupation, age, sex, length of service and the degree of satisfaction with the institution of participation. These findings will contribute to an understanding of the factors accounting for differences in sub-group responses to the institution of participation.

To test our hypothesis, 266 past and present worker members of the works councils were asked to give information on their education, occupation, age, sex and length of service in the enterprise. This data was analyzed for any systematic relationships between these variables and positive attitude towards participation. In order to gain insights into workers' attitude towards the institution of participation, additional information was obtained through interviews and questionnaires administered to works councillors, trade unionists, management and the workers at large.
A: The results

Education and participation
As we saw in Chapter One, findings suggest that there is a positive relationship between education and participation. The data in Table 4.1 illustrate this point. The findings show that 38.3 per cent had college education, with 42.5 per cent having secondary education, while those with primary education accounted for 18.4 per cent with only 0.7 per cent being illiterates. Almost 81.0 per cent of the respondents had either a secondary or college education.

Occupation and participation
Just as the findings for education and participation indicate a positive relationship, those of occupation and participation too indicate a similar relationship. The result in Table 4.2 show that only 9.8 per cent of the members of the works council were unskilled as compared to 34.6 per cent who were semi-skilled and 55.6 per cent who were doing skilled work. Bearing in mind the fact that the skilled workers are a very small proportion of the total labour force, the result indicate a systematic increase in the numbers of works councillors with the increase in skill and that the majority of the workers must have voted for the more skilled members of their enterprise. It also indicates that skilled workers tended to participate more in the elections for works councillors by standing for elections in large numbers and in fact succeeded in large numbers in their attempts despite
their smallness in number in relation to the other categories.

Table 4.1 Cross tabulation of company by education

<table>
<thead>
<tr>
<th>COUNT</th>
<th>Education</th>
<th>None</th>
<th>Primary</th>
<th>Secondary</th>
<th>College</th>
<th>ROW TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROW PCT</td>
<td>TOT PCT</td>
<td>ROW PCT</td>
<td>TOT PCT</td>
<td>ROW PCT</td>
<td>TOT PCT</td>
<td>ROW PCT</td>
</tr>
<tr>
<td></td>
<td>A</td>
<td>9.1</td>
<td>22.7</td>
<td>36.3</td>
<td>31.8</td>
<td>8.3</td>
</tr>
<tr>
<td>100.0</td>
<td>0.7</td>
<td>1.9</td>
<td>3.0</td>
<td>2.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>0.0</td>
<td>33.3</td>
<td>41.6</td>
<td>25.0</td>
<td>9.0</td>
</tr>
<tr>
<td>0.0</td>
<td>3.0</td>
<td>3.7</td>
<td>2.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>0.0</td>
<td>0.0</td>
<td>4.0</td>
<td>56.0</td>
<td>40.0</td>
</tr>
<tr>
<td>0.0</td>
<td>4.0</td>
<td>5.2</td>
<td>3.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>D</td>
<td>0.0</td>
<td>20.0</td>
<td>30.0</td>
<td>50.0</td>
<td>7.5</td>
</tr>
<tr>
<td>0.0</td>
<td>8.1</td>
<td>5.3</td>
<td>9.8</td>
<td>22.2</td>
<td>77.8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>E</td>
<td>0.0</td>
<td>0.0</td>
<td>1.7</td>
<td>6.8</td>
<td>3.4</td>
</tr>
<tr>
<td>0.0</td>
<td>0.0</td>
<td>0.7</td>
<td>2.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>0.0</td>
<td>0.0</td>
<td>28.6</td>
<td>71.4</td>
<td>7.9</td>
</tr>
<tr>
<td>0.0</td>
<td>0.0</td>
<td>5.3</td>
<td>14.7</td>
<td>22.2</td>
<td>5.6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>G</td>
<td>0.0</td>
<td>10.5</td>
<td>57.9</td>
<td>31.6</td>
<td>7.1</td>
</tr>
<tr>
<td>0.0</td>
<td>4.0</td>
<td>9.7</td>
<td>5.9</td>
<td>22.2</td>
<td>5.6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>H</td>
<td>0.0</td>
<td>29.4</td>
<td>47.0</td>
<td>23.5</td>
<td>6.4</td>
</tr>
<tr>
<td>0.0</td>
<td>10.2</td>
<td>7.1</td>
<td>3.9</td>
<td>22.2</td>
<td>5.6</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.9</td>
<td>3.0</td>
<td>1.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLUMN</td>
<td>TOTAL</td>
<td>2</td>
<td>49</td>
<td>113</td>
<td>102</td>
<td>266</td>
</tr>
<tr>
<td>--------</td>
<td>-------</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td></td>
<td>ROW</td>
<td>0.7</td>
<td>18.4</td>
<td>42.5</td>
<td>38.3</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 4.2 Cross Tabulation of company by occupation

<table>
<thead>
<tr>
<th>COUNT</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROW PCT</td>
<td>Unskilled</td>
</tr>
<tr>
<td>COL PCT</td>
<td></td>
</tr>
<tr>
<td>TOT PCT</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>6</th>
<th>6</th>
<th>10</th>
<th>22</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>27.3</td>
<td>27.3</td>
<td>45.4</td>
<td>8.3</td>
</tr>
<tr>
<td></td>
<td>23.1</td>
<td>6.4</td>
<td>7.9</td>
<td>3.7</td>
</tr>
<tr>
<td></td>
<td>2.2</td>
<td>2.2</td>
<td>2.2</td>
<td>2.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2</th>
<th>14</th>
<th>8</th>
<th>24</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>8.3</td>
<td>58.3</td>
<td>33.3</td>
<td>9.0</td>
</tr>
<tr>
<td></td>
<td>7.7</td>
<td>14.9</td>
<td>6.3</td>
<td>3.0</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>11</td>
<td>11</td>
<td>25</td>
</tr>
<tr>
<td>---</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>C</td>
<td>12.0</td>
<td>44.0</td>
<td>44.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11.5</td>
<td>11.7</td>
<td>8.7</td>
<td>9.4</td>
</tr>
<tr>
<td></td>
<td>1.1</td>
<td>4.1</td>
<td>4.1</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>5.0</td>
<td>15.0</td>
<td>80.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.8</td>
<td>3.2</td>
<td>12.7</td>
<td>7.5</td>
</tr>
<tr>
<td></td>
<td>0.4</td>
<td>1.1</td>
<td>6.0</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>0.0</td>
<td>0.0</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.0</td>
<td>0.0</td>
<td>7.1</td>
<td>3.4</td>
</tr>
<tr>
<td>F</td>
<td>0.0</td>
<td>9.5</td>
<td>90.5</td>
<td>7.9</td>
</tr>
<tr>
<td></td>
<td>0.0</td>
<td>2.1</td>
<td>15.1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.0</td>
<td>0.7</td>
<td>7.1</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>10.5</td>
<td>21.0</td>
<td>68.4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7.7</td>
<td>4.2</td>
<td>10.3</td>
<td>7.1</td>
</tr>
<tr>
<td></td>
<td>0.7</td>
<td>1.5</td>
<td>4.9</td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>29.4</td>
<td>41.1</td>
<td>29.4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>19.2</td>
<td>7.4</td>
<td>3.9</td>
<td>6.4</td>
</tr>
<tr>
<td></td>
<td>1.9</td>
<td>2.6</td>
<td>1.9</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>11.1</td>
<td>66.7</td>
<td>22.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7.7</td>
<td>12.7</td>
<td>3.2</td>
<td>6.7</td>
</tr>
<tr>
<td></td>
<td>0.7</td>
<td>4.5</td>
<td>1.5</td>
<td></td>
</tr>
<tr>
<td>J</td>
<td>12.5</td>
<td>37.5</td>
<td>50.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7.6</td>
<td>6.4</td>
<td>6.3</td>
<td>6.0</td>
</tr>
<tr>
<td></td>
<td>0.7</td>
<td>2.2</td>
<td>3.0</td>
<td></td>
</tr>
<tr>
<td>K</td>
<td>14.3</td>
<td>28.6</td>
<td>57.1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11.5</td>
<td>6.4</td>
<td>9.5</td>
<td>7.9</td>
</tr>
<tr>
<td></td>
<td>1.1</td>
<td>2.2</td>
<td>4.5</td>
<td></td>
</tr>
<tr>
<td>L</td>
<td>0.0</td>
<td>21.7</td>
<td>78.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.0</td>
<td>5.3</td>
<td>14.3</td>
<td>8.6</td>
</tr>
<tr>
<td></td>
<td>0.0</td>
<td>1.9</td>
<td>6.7</td>
<td></td>
</tr>
</tbody>
</table>
Age and participation
The results of our study as regards age and participation also confirm our hypothesis that participation is concentrated in the young adult. The results from Table 4.3 shows that 52.6 per cent of the works councillors were below the age of 36 years with 32.3 per cent falling between 36 and 46 years of age and only 15.0 per cent falling in the over 46 years bracket.

Sex and participation
As predicted, participation was seen to be more by men than by women with the men accounting for 88.0 per cent of the total population and the women accounting for a meager 12.0 per cent (See Table 4.4).

Length of service and participation
The results in Table 4.5 indicate that participation in decision-making increases with the length of service in the enterprise. Only 16.9 per cent of the councillors had served for less than
five years in their enterprise. The majority of the councillors, 56.0 per cent had served in the enterprise for between five and ten years while those who had served in the enterprises for over ten years accounted for 27.0 per cent of the total population. These results show that constituents tend to elect those who have been in the enterprise longer therefore know the enterprise well and have experience in it. It could also mean that it is those with experience who feel confident to stand for elections.

Table 4.3 Cross tabulation of company by age

<table>
<thead>
<tr>
<th>CO</th>
<th>Under 36 YRS</th>
<th>36-46 YRS</th>
<th>Over 46 YRS</th>
<th>ROW TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>16</td>
<td>6</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>72.7</td>
<td>27.2</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>19</td>
<td>2</td>
<td>3</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>79.1</td>
<td>8.3</td>
<td>12.5</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>14</td>
<td>11</td>
<td>0</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>56.0</td>
<td>44.0</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>12</td>
<td>7</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>60.0</td>
<td>35.0</td>
<td>5.0</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>8</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>88.9</td>
<td>11.1</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5.7</td>
<td>1.1</td>
<td>0.0</td>
<td>3.4</td>
</tr>
<tr>
<td></td>
<td>3.0</td>
<td>0.4</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>14</td>
<td>4</td>
<td>3</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>66.7</td>
<td>19.0</td>
<td>14.3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>F</td>
<td></td>
<td>G</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>-------</td>
<td>---</td>
<td>-------</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>10.0</td>
<td></td>
<td>4.6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>52.6</td>
<td></td>
<td>36.8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7.1</td>
<td></td>
<td>8.1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8</td>
<td></td>
<td>8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>47.0</td>
<td></td>
<td>47.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5.7</td>
<td></td>
<td>9.3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>39.9</td>
<td></td>
<td>22.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5.0</td>
<td></td>
<td>4.6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6</td>
<td></td>
<td>8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>37.5</td>
<td></td>
<td>50.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4.3</td>
<td></td>
<td>9.3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td></td>
<td>13</td>
<td></td>
</tr>
<tr>
<td></td>
<td>14.3</td>
<td></td>
<td>61.9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.1</td>
<td></td>
<td>15.1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>15</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>65.2</td>
<td></td>
<td>13.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10.7</td>
<td></td>
<td>3.5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>20.0</td>
<td></td>
<td>33.3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.1</td>
<td></td>
<td>5.8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5</td>
<td></td>
<td>7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>31.3</td>
<td></td>
<td>43.7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.6</td>
<td></td>
<td>8.1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 4.4 Cross tabulation of company by sex

<table>
<thead>
<tr>
<th>COUNT</th>
<th>ROW PCT</th>
<th>COL PCT</th>
<th>Male</th>
<th>Female</th>
<th>Row TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>22</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>A</td>
<td>100.0</td>
<td>0.0</td>
<td>22</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>9.4</td>
<td>0.0</td>
<td>8.3</td>
<td>0.0</td>
<td>8.3</td>
</tr>
<tr>
<td></td>
<td>24</td>
<td>0</td>
<td>24</td>
<td>0</td>
<td>24</td>
</tr>
<tr>
<td>B</td>
<td>10.3</td>
<td>0.0</td>
<td>9.0</td>
<td>0.0</td>
<td>9.0</td>
</tr>
<tr>
<td></td>
<td>9.0</td>
<td>0.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>23</td>
<td>2</td>
<td>25</td>
<td>0</td>
<td>25</td>
</tr>
<tr>
<td>C</td>
<td>92.0</td>
<td>8.0</td>
<td>9.4</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9.8</td>
<td>6.2</td>
<td></td>
<td></td>
<td>9.4</td>
</tr>
<tr>
<td></td>
<td>8.6</td>
<td>0.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>0</td>
<td>20</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>D</td>
<td>100.0</td>
<td>0.0</td>
<td>7.5</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8.5</td>
<td>0.0</td>
<td></td>
<td></td>
<td>7.5</td>
</tr>
<tr>
<td></td>
<td>7.5</td>
<td>0.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>E</td>
<td>100.0</td>
<td>0.0</td>
<td>3.4</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.8</td>
<td>0.0</td>
<td></td>
<td></td>
<td>3.4</td>
</tr>
<tr>
<td></td>
<td>3.4</td>
<td>0.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>0</td>
<td>21</td>
<td>0</td>
<td>21</td>
</tr>
<tr>
<td>F</td>
<td>100.0</td>
<td>0.0</td>
<td>7.9</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9.0</td>
<td>0.0</td>
<td></td>
<td></td>
<td>7.9</td>
</tr>
<tr>
<td></td>
<td>7.9</td>
<td>0.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>4</td>
<td>19</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>G</td>
<td>78.9</td>
<td>21.0</td>
<td>7.1</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6.4</td>
<td>12.5</td>
<td></td>
<td></td>
<td>7.1</td>
</tr>
<tr>
<td></td>
<td>5.6</td>
<td>1.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>14</td>
<td>3</td>
<td>17</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>H</td>
<td>82.3</td>
<td>17.6</td>
<td>6.4</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6.0</td>
<td>9.4</td>
<td></td>
<td></td>
<td>6.4</td>
</tr>
<tr>
<td></td>
<td>5.3</td>
<td>1.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>3</td>
<td>18</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>I</td>
<td>83.3</td>
<td>16.7</td>
<td>6.8</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6.4</td>
<td>9.4</td>
<td></td>
<td></td>
<td>6.8</td>
</tr>
<tr>
<td></td>
<td>5.6</td>
<td>1.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>11</td>
<td>5</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>68.8</td>
<td>31.2</td>
<td>6.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4.7</td>
<td>15.6</td>
<td>6.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4.1</td>
<td>1.9</td>
<td>0.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>19</th>
<th>2</th>
<th>21</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>90.5</td>
<td>9.5</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>8.1</td>
<td>6.2</td>
<td>7.9</td>
</tr>
<tr>
<td></td>
<td>7.1</td>
<td>0.7</td>
<td>0.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>15</th>
<th>8</th>
<th>23</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>65.2</td>
<td>34.7</td>
<td>8.6</td>
</tr>
<tr>
<td></td>
<td>6.4</td>
<td>25.0</td>
<td>3.0</td>
</tr>
<tr>
<td></td>
<td>5.6</td>
<td>3.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>10</th>
<th>5</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>66.7</td>
<td>33.3</td>
<td>5.6</td>
</tr>
<tr>
<td></td>
<td>4.2</td>
<td>15.6</td>
<td>1.9</td>
</tr>
<tr>
<td></td>
<td>3.7</td>
<td>1.9</td>
<td>0.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>16</th>
<th>0</th>
<th>16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100.0</td>
<td>0.0</td>
<td>6.0</td>
</tr>
<tr>
<td></td>
<td>6.8</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>6.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COLUMN</th>
<th>234</th>
<th>32</th>
<th>266</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>88.0</td>
<td>12.0</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 4.5 Cross tabulation of company by length of service

<table>
<thead>
<tr>
<th>COUNT</th>
<th>L/SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROW PCT</td>
<td>L/SERVICE</td>
</tr>
<tr>
<td>ROW PCT</td>
<td>COL PCT</td>
</tr>
<tr>
<td>COLUMN</td>
<td>5 YRS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2</th>
<th>15</th>
<th>5</th>
<th>22</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.1</td>
<td>68.1</td>
<td>22.7</td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>4.4</td>
<td>10.7</td>
<td>6.9</td>
<td>8.3</td>
</tr>
<tr>
<td></td>
<td>0.7</td>
<td>5.6</td>
<td>1.8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>11</th>
<th>12</th>
<th>24</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4.1</td>
<td>45.8</td>
<td>50.0</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>2.2</td>
<td>7.4</td>
<td>16.7</td>
<td>9.0</td>
</tr>
<tr>
<td></td>
<td>0.4</td>
<td>4.1</td>
<td>4.5</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>17</td>
<td>4</td>
<td>25</td>
</tr>
<tr>
<td>16.0</td>
<td>68.0</td>
<td>16.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.9</td>
<td>11.4</td>
<td>5.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.5</td>
<td>6.4</td>
<td>1.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>11</td>
<td>8</td>
<td>20</td>
</tr>
<tr>
<td>5.0</td>
<td>55.0</td>
<td>40.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2</td>
<td>7.4</td>
<td>11.1</td>
<td>7.1</td>
<td></td>
</tr>
<tr>
<td>0.4</td>
<td>4.1</td>
<td>3.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>2</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>77.8</td>
<td>22.2</td>
<td>0.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.5</td>
<td>1.3</td>
<td>0.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.6</td>
<td>0.7</td>
<td>0.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>17</td>
<td>2</td>
<td>21</td>
</tr>
<tr>
<td>9.5</td>
<td>80.9</td>
<td>9.5</td>
<td>7.9</td>
<td></td>
</tr>
<tr>
<td>4.4</td>
<td>11.4</td>
<td>2.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.7</td>
<td>6.4</td>
<td>0.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>9</td>
<td>4</td>
<td>19</td>
</tr>
<tr>
<td>31.6</td>
<td>47.3</td>
<td>21.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.3</td>
<td>6.0</td>
<td>5.5</td>
<td>7.1</td>
<td></td>
</tr>
<tr>
<td>2.2</td>
<td>3.4</td>
<td>1.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>10</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>41.2</td>
<td>58.8</td>
<td>0.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.5</td>
<td>6.7</td>
<td>0.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.6</td>
<td>3.7</td>
<td>0.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>7</td>
<td>10</td>
<td>18</td>
</tr>
<tr>
<td>5.5</td>
<td>38.9</td>
<td>55.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2</td>
<td>4.7</td>
<td>13.9</td>
<td>6.7</td>
<td></td>
</tr>
<tr>
<td>0.4</td>
<td>2.6</td>
<td>1.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>J</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>10</td>
<td>5</td>
<td>16</td>
</tr>
<tr>
<td>6.2</td>
<td>62.5</td>
<td>31.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2</td>
<td>6.7</td>
<td>6.9</td>
<td>6.0</td>
<td></td>
</tr>
<tr>
<td>0.4</td>
<td>3.7</td>
<td>1.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>11</td>
<td>5</td>
<td>21</td>
</tr>
<tr>
<td>23.8</td>
<td>52.4</td>
<td>23.8</td>
<td>7.8</td>
<td></td>
</tr>
<tr>
<td>11.1</td>
<td>7.4</td>
<td>6.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.9</td>
<td>4.1</td>
<td>1.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>L</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>13</td>
<td>8</td>
<td>23</td>
</tr>
<tr>
<td>8.7</td>
<td>56.5</td>
<td>34.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.4</td>
<td>8.7</td>
<td>11.1</td>
<td>7.9</td>
<td></td>
</tr>
<tr>
<td>0.7</td>
<td>4.8</td>
<td>3.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
B. Discussion

The results of our study provide some support to our thesis that differences in education, occupation, age, sex and length of service have a bearing on employees' attitudes, towards participation in the decision-making process in enterprises. But how do we account for the apparent lack of interest in affairs of the enterprise on the part of the blue collar employees? To begin with blue collar employees are numerically in the majority and because of this one would expect them to exploit this majority by voting-in more their own in the works councils. Surprisingly, this is not the case. The works councils are dominated by the other categories of employees.

It is evident that the young educated and skilled workers were more receptive to change than the older, uneducated and unskilled who seems to be much more conservative. The former therefore find it easier to deviate from traditional forms of participation like trade unions and experiment with new channels like the works councils. It was pointed out that basically the blue collar
employees tended to display an air of unconcern for their enterprises and that they were merely interested in their wages. It is thus no wonder that the blue collar employees have been given such labels as "passive", "lukewarm", "indifferent" and so on. They have been depicted as a selfish quantity which is only interested in short term rather than long term gains.

This author, however, argues that we cannot assume that the blue collar workers are not interested in the affairs of their enterprises merely by their physical absence on the works council. Lack of direct participation itself may be an objective reaction to the realities of the institution of participation. It is therefore essential that in seeking to understand this seemingly negative attitude we not only consider the physical absence as this in itself may not be a wholly satisfactory indicator. Several factors may be contributory to this.

Firstly, proceedings in works council meetings are carried out in English and technical language is used. On this technicality alone a vast majority of the employees who cannot communicate in English and lack technical competence to be able to participate fully and effectively are disqualified.

Secondly, it came to light during the course of the interviews that the management have a tendency of victimising radical works councillors who did not tow the management line. Councillors revealed that management had devised several methods of neutralising militancy ranging from firing councillors from employment on flimsy grounds, to transfer or suspension of
'trouble-makers'. It follows that the blue collar employees will shy away from direct participation for fear of losing their jobs. The blue collar worker who probably has a large family and no skills to parade becomes more concerned with his job security. He can only feed his family if he has a job and because of this the natural course that a blue collar employee will take will be to take away from an activity which may compromise his position. On the other hand the other categories of employees who have the necessary education and skills which make them marketable can therefore afford to take chances. In the event of being fired, the young man who probably hasn't got a family to worry about and who has the necessary certificates can easily find a job. The blue collar employee who is probably an old man has to keep his job if he is to retire with benefits. Who would blame him?

We can also look at the matter from another angle. Siame (1983) conducted a research on the sources of workers satisfaction in relation to the factors in the work environment. He concluded that all workers regarded material factors as the source of their satisfaction. In relation to pay, he found that 96.3 per cent of the unskilled workers, 80.7 per cent of the semi-skilled workers, 81.8 per cent of the skilled workers and 90.5 per cent of the professional workers felt that pay was the most essential factor to their satisfaction in the work environment. These results discount the myth that it is only blue collar employees who are preoccupied with pay. All categories of employees feel that higher pay is essential to
their satisfaction.

Siame found that the majority of the employees with the exception of the skilled and the professional ranks complained of dissatisfaction with their pay. In terms of accommodation, it was found that all professional and 64.7 per cent of the skilled employees were accommodated while 71.3 per cent of the unskilled workers and 58.1 per cent of the semi-skilled workers were not accommodated. This shows that the majority of those accommodated were in the higher ranks, while the majority of the lower ranks were without accommodation therefore experiencing the least satisfaction. Siame concluded like Maslow (1954) that a worker or any other human being can only start thinking of satisfying higher needs if his basic needs are satisfied.

From the above it is not difficult to see why the blue collar employees are not very much interested in the affairs of their enterprises. What we learn from the above studies is that blue collar employees cannot be expected to satisfy the higher needs of the enterprise before the same enterprise satisfies their basic needs. Employees were asked whether their welfare had improved with the inception of the works councils. The majority of the blue collar employees' response was negative. The blue collar employees get very low wages and the majority of them live in squatter settlements. The professionals and skilled employees on the other hand get substantially high income, enjoy better conditions of service and command a position of privilege in their enterprise. They can, therefore, afford to look to other
interests like ensuring that the enterprise operates profitably.

Thirdly, a point worth noting is the secrecy surrounding the activities of works councils. The Industrial Relations Act of 1971 stipulates that works councils present an annual report to a general meeting of all employees. If such reports have to be comprehensive, then topics such as distribution of profits and other topics discussed during the year and which are of interest to the employees should be discussed. However, the same Act forbids councillors from dwelling on many of these issues. Workers complained that councillors do not discuss any important issues at these meetings. The result of this is that general meetings are poorly attended and in some cases it was reported that it was not uncommon for such meetings not to take place at all. If works council activities were open to workers scrutiny, the council's image could greatly be enhanced. At the moment, there is no way that the workers can monitor the activities of the works council. They perceive the works council as a secret sect whose real purpose they have not quite clearly grasped.

Fourthly, it is evident that both the management and the workers have not been adequately prepared for the institution of participation and thus basic faith in the scheme has not been created. The Department of Industrial Participatory Democracy (IPD) which was established to spearhead workers participation must take all the blame for doing nothing to improve the situation. Asked whether the IPD department holds seminars or training programmes at their place of work, 63.2 per cent said
they were not conducted while 26.3 per cent said they were rarely held and 10.5 per cent didn't know. It came to light that whatever courses were held, they principally concentrated on trade union functions and were always held by trade unions. When seminars were organised on workers' participation which was rare, the workers claimed that only senior staff and councillors were invited leaving out the rank and file. Those who have attended these seminars said that nothing much was discussed. It was also argued that because of the mediocrity and irrelevance of these seminars, very few enterprises were willing to pay participation fees which they consider too high for these seminars. Many enterprises therefore do not send their employees.

At one of the seminars held in Livingstone in the southern province some time back, the attendance was so low that the Provincial Political Secretary carried out an investigation to find out why many enterprises shunned the seminar.

The conclusion to be drawn from this is that very few managers, councillors and the rank and file had been exposed to any programmes on workers' participation. It is therefore no wonder that there are conflicts within the councils themselves.

Worker members of the works councils conceded that the works councils were not the decision makers of the enterprise and that these bodies had very little influence on the goings on in the enterprises. They admitted that the management still made all the major decisions and the works council was just a rubber stamp. Frustrated worker members of the works councils wonder
why the councils were created when they did not perform any useful function. Councillors claimed that the management was dead against participation and they argued that this is demonstrated by the fact the management officials are repeatedly absent from council meetings. It was also pointed out that management mostly appointed junior officials - officials who have no real powers - to talk with authority on behalf of the management at the works council meetings. The worker councillors point out that this is another demonstration of the contempt the management have for the institution.

However, management deny that it is their fault that the works council is not working well. They blame the worker members of the councils who they claim are ignorant of what is expected of them and because of this ignorance they tend to interfere in matters that are not within the jurisdiction of the council. The management also claim that another reason for the poor performance of the councils was because the worker members of the council are not interested in serious work but only interested in furthering their own personal interests. They claim that the worker members use the council to canvas for promotion or preferential treatment on matters such as loans, housing and so on. Management also claimed that worker members of the councils terrorise them by threatening to report them to officials at the headquarters of the United National Independence Party (UNIP) the sole ruling party of Zambia. The management claim that it is because of these 'blackmail tactics' by the worker councillors
that they despise the institution of participation. They pointed our that the only reason that has compelled them to fo along is because it was the policy of the Party and its government to extend participation to the workers.

And how do we explain the obvious lack of involvement on the part of the female employees? Several explanations were advance. Women are outnumbered in the work environment and this is said to be one of the factors. The other explanation is cultural. It was said that traditionally, in Zambia in particular and Africa in general, important decision-making functions were the preserve of the male members of the village. Women were not included in such decision-making affairs of the village. Therefore, it could be that women still feel important decisions should be left to men. In a similar vein, it could be that men are reluctant to elect women for the same reason. They feel that women should not be allowed to invade this function which has always been a man's domain. Allowing women to participate in decision-making is viewed negatively by the male members because they see such liberation as eroding their dominance over women.

However, with women receiving more education, confidence and increase in their numbers in the labour market the situation may change. This lack of involvement on the part of women is not only observed in the factory but also in the political sphere. Women should be encouraged to participate in making decisions in both the economic and political sphere as well as in the home. Husbands can play a big role in this exercise by encouraging
their wives to participate in making the budget and other decisions concerning the house and the children rather than treating them as mere implementors of their decisions. Experience gained at home could be of great help to the women in the wider society.

Works councils were created to promote and protect the interests of the employee and those of the management. Benefits to be accrued from this were: improved wages and conditions of service; improved relations and morale in the enterprise; greater efficiency and increased production. However, the findings of this study show that a greater majority of the employees have not taken up this opportunity to influence company policy. The introduction of works councils has not raised the status of the employee. Management has not accepted the worker as an equal partner and as such the worker still remains a second class citizen in his work environment. The worker has therefore turned his attention to his immediate environment - the shop floor.
Chapter Five

INSTITUTIONAL PERFORMANCE

In this chapter we are going to test the employees attitude towards the works council and the trade union. Following our conclusion in Chapter Four, one would expect the young, educated and skilled employees, who were depicted to be more receptive to the affairs of the enterprise to view the works council more positively than the trade union. However, the findings of this study indicate otherwise. Employees were asked which institution they favoured between the works council and the trade union. The results indicate a much more positive reaction towards the trade union on the part of all categories of employees including management.

The results show that 79.1 per cent of those under 36 years favoured the trade union, 17.4 per cent the works council and only 1.2 per cent favouring both. The results for those between 36 and 46 years old were as follows: 90.0 per cent favoured the trade union, 9.1 per cent favoured the works council with the rest favouring both. All those over 46 years old preferred the trade union. It is obvious from the above that all age groups related themselves more to the trade union than the works council despite the fact that the younger members of the enterprise participate more in the activities of the works council.

Figures for occupation are not very different from those of age groups above. Of the unskilled employees 83.6 per cent
favoured the trade union, 79.0 per cent of the semi-skilled employees favoured the trade union with 75.9 per cent of the skilled employees casting their vote for the trade union. All management officials preferred the trade union to the works council. Figures for education were no different with all the uneducated proffering the trade union.

It is easy to see why all categories of employees prefer the trade union to the works council. In Chapter Four (Siame 1983) we saw that the most essential factor of interest to the worker is pay and better conditions of service. We also saw that the cardinal task of the trade union is to ensure that the employees get better salaries and wages and better conditions of work. It is thus not surprising that the results indicate an almost religious affiliation to the trade union. All categories of employees perceive the trade union to be more effective than the works council.

There are certain characteristics of the trade union which makes it more popular with the employees. First in its long history an association with the workers. Workers have come to view the trade union as an essential part of their life. On the other hand the works council is a new phenomena and very few employees have grasped its function and necessity. Secondly, all trade union activities are an open book. When the union goes to negotiate, the rank and file are asked for recommendations and after the negotiations, the union briefs the members of the progress or results of negotiations. Thirdly, union accounts are
open to scrutiny by all interested. There is a great deal of communication between the union and the rank and file. This two-way-communication channel is important in the sense that it makes the members feel they are part of the action rather than passive followers.

The above is not true in the case of the works council. Even though employees make recommendations to their councillors, it is rare that there is feedback. First, the law forbids workers councillors from communicating certain information to the employees. This breakdown in communication is the major cause of the negative attitude that the employees have towards the works council. The employees cannot understand why their councillors do not report to them like their counterparts in the union. Secondly, while the trade union can meet its members anytime, the works council only meets the workers once in a year at a general meeting.

It is thus no wonder that trade union elections are heavily contested with high turn outs and their meetings well attended, while the opposite is true of the works council. It was reported that voters turn out for trade union elections is over 90 per cent in most cases and very few candidates go through unopposed. In the case of works council elections, the turn out is negligible and it is not uncommon for candidates to go through unopposed.

We have seen elsewhere that it is not only the employees who prefer the trade union to the works council but the management as
well. It is easy to see why the management prefers the trade union - which is its traditional enemy. Unlike the works council, the role of the trade union is simply that of protecting and advancing its members' interests. Unions limit themselves to the economic interests of their members vis-a-vis higher salaries and wages. As such interference in company management is outside their province. The relationship between the union and the management is that of give and take. Although at times this relationship is antagonistic, they mostly leave each other alone as long as there is agreement on pay and workers conditions of service. As long as the battlefield follows this well defined boundary, the management is happy to deal with the union. On the other hand, the management views the works council as an institution whose purpose is to interfere in what the management considers (and wishes to guard jealously) as its prerogative-management.

Union-council relationship

One aspect of this relationship relates to union function in works council elections. Besides being an eligible employee of the enterprise, a candidate for the works council office has to be approved by the trade union and in all instances all candidates are trade union members except where a union does not exist. The union has as such the power to veto a candidate. Despite this, the union does not retain any control over candidates after they have been elected and as such works
councillors are not answerable to the trade union. In fact, even if the relationship between the works councillors and the trade union were cordial, the law for instance forbids works councillors from giving information on such matters as the financial state of the enterprise to the trade union for the purpose of collective bargaining.

One of the reasons for conflict in the early stages was the secrecy associated with works council operations. Trade unions, like the majority of the employees, were suspicious of the works council and most of the skirmishes between the two institutions have been as a result of this. The danger of union-council rivalry was expressed as soon as the formation of the works council was announced. It was feared that the two institutions were going to infringe on each other's territories with the inevitable conflict. Indeed from the offset the trade union were skeptical about the wisdom of the works councils. Even though trade unions endorsed candidates for works councils, they saw the, as potential rivals in the early days. Conflicts between the two institutions were therefore frequent. This was aggravated by the attitude of some of the works councillors, who thought they were superior.

Although skirmishes are still there, the trade union has slowly come to accept the works council. Thus when the President of Zambia announced in January 1983 that the workers were going to be represented on the boards of their enterprises, this was welcomed by the Zambia Congress of Trade Union (ZCTU) whose
Secretary General, Newstead Zimba was reported as having said that the President's move demonstrated his earnest wish to have proper workers participation in the affairs of their enterprise:

"To us, the message drums home. It explains what we consciously think the method of worker's participation should be. He transmits the realization that the economic development and management can only be achieved by fusing or mixing freely the ordinary worker through his representative with management and the state responsible for government."

The President made this announcement at the time when the economy was undergoing a crisis. During the announcement of the incorporation of the workers representatives on boards, the President said that the revolution was taking advantage of the crisis management process to integrate workers into management. He said that once workers were represented on the boards, then they would be in a better position to appreciate government efforts and difficulties in various situations. It is easy to understand why the labour movement welcomed the President's announcement.

Firstly, as we have seen the job of the trade union is not only to protect the interests of its members but it also has a duty to ensure that the enterprise survives. It follows that if by workers' participation the employees are going to get
satisfaction, which is what the union fights for, and if the enterprise is going to gain through increased production and efficiency, then the trade union will certainly endorse such a move. In the economic crisis of 1983 when this announcement was made, job security was not guaranteed for the workers and there were many redundancies because enterprises were not operating at economic levels due to a variety of problems such as lack of foreign exchange, spare parts and raw materials. Thus any measures which were aimed at sustaining the enterprise and ensuring job satisfaction and security would certainly be endorsed by the union in that the workers morale would be raised and thus increase production and efficiency whose benefits are higher profits which lead to higher wages and salaries.

Second, workers participation on the board of directors was going to raise the status of the union and extend their scope and area of influence. This is because apart from the fact that they endorse works council candidates, they were now going to sit on the boards. This is obviously an automatic increase in their responsibilities and influence.

Despite the obvious lack of enthusiasm in the activities of works council on the part of the employees, there is still a tolerance of the institution. Workers were asked whether they felt the works council was working well. 27.2 per cent answered positively while 51.4 per cent answered negatively. However, 60.7 per cent felt that the works council should be given a chance. 22.4 per cent felt that it should be scrapped with 15.9
per cent being non committal. Do we need both of these institutions in our enterprises? This author thinks that both institutions are necessary. This is because although works councils and trade unions both represent workers, they represent different functions and interests of the workers. The function of the trade union is to protect the worker as an employee, whereas the function of the works council is to protect the interests of the worker as a producer. In so far as their functions are distinct, these institutions are both justifiable and neither is redundant.
CONSTRAINTS TO EFFECTIVE PARTICIPATION

There are certain peculiar features of the Zambian social, legal, political and economic life which make it difficult for the participative machinery to work effectively. Problems range from those of acceptance and scope, through application to appreciation. This Chapter will discuss some of the factors that have acted as constraints to effective implementation of the concept of workers' participation.

Management attitude

Perhaps the most frequent complaint to come out of this study, is the negative attitude of the majority of management officials to the institution of participation. A substantial number of the worker members of the works council complained that some management officials were defeating the purpose of worker participation by repeatedly absenting themselves from meetings. They also pointed out that most management representatives were very junior officers illustrating the contempt with which the management views the works council. Some councillors also reported that it was not uncommon for the management to overlook the works council when making decisions. They claimed that reports on company operations were rarely circulated in advance resulting in the councillors having little time to study them and prepare their contributions. Councillors claimed that planning
of company operations was still done by the management alone while the works council was only there to acknowledge management decision or make suggestions on better ways of making profits after loses had already been incurred. A substantial number of councillors argued that they should take an active part in planning company operations. Some councillors also claimed that tramp charges were levelled against them, resulting in their suspension and eventual expulsion from the works council. If the suspension exceeded a certain period, which was common, the result was that they brought in a replacement with a passive approach. Councillors also claimed that holding back of promotion was another mechanism of keeping councillors in line with the management thinking. These councillors claimed that it is this intimidation which was contributing to the passiveness of the council meetings resulting in the works council becoming a rubber stamp of the management. One former councillor claimed that he was suspended from his job on flimsy charges and eventually expelled from the works council because he wanted to pursue a case which the management wanted hushed up.

On the other hand, some management officials complained that works councils were not working well because the worker representatives were not well versed in their role. Some management officials also claimed that worker members of the councils promised workers things during election campaigns which when they realised they could not fulfil, resorted to blaming the management as stumbling blocks. The management officials claimed
that these things promised to workers were mostly outside the jurisdiction of the works council and they argue that aspiring candidates should be educated in the activities of the works council so that they do not go beyond the council's area of influence.

Some workers also expressed disgust at some of their representatives who shamelessly sided with the management so as to get promotion, loans and other benefits. Workers also wondered why they should support an institution which did not represent them. They claimed that the works council can only be said to represent them if it reported to them. However, as it was, they claimed that the council was an instrument of the management, for the management and with the management. This communication problem is very much related to the law governing the operation of the works council. It is to the law that we will now turn since many respondents were in agreement in claiming that the vagueness of the law was another constraint to effective participation.

Works council legislation

One of the most frustrating aspects of the law on operations of the council is the secrecy to which works council proceedings are subjected to. For instance, section 76 of the Act states that any person who, as a result of his powers or duties under this Act, gets information on the financial affairs, manufacturing or commercial secrets or working processes of an undertaking shall
not disclose this information except "for the purpose of proceedings under this Act", to a court or a person duly authorised by law; to administer this Act. What this means is that councillors cannot communicate this information to the constituents. The penalties for contraventions of any of the provisions of Part VII are up to Zambian Kwacha 300 fine and/or 12 months imprisonment. What this means is that there is total lack of feedback of information from the councillors to their constituents. Now in a normal circumstance these councillors would be expected to report to their constituents. However, in this case participatory democracy does not include reporting to the constituents. Employees argue that in the wider society, their representatives like members of parliament or district council representatives report to them but they fail to understand why this provision should be absent when it comes to industrial participation. Workers suggest that if these works councillors have to continue being called workers' representatives, then they should report to the employees, otherwise they should be called something else. This is where the real problem lies. However, other examples were cited.

According to Section 70 of the Industrial Relations Act of 1971, works councils are supposed to be consulted upon and participate fully and effectively in all schemes and programmes pertaining to health and welfare of eligible employees. However, the problem here is that the Act does not give instructions on this form of participation. For instance, it is not known
whether it is within council jurisdiction to initiate action in health and welfare schemes or whether full and effective participation ends at deliberating on management decisions. Here it would be practical to specify whether this include the rights to refuse to approve management programmes relating to health and welfare. It would seem appropriate to make a clarification so as to remove the confusion over the issue which is a source of conflict as different parties perceive it differently.

Another contradiction lies in section 71 of the Act. This section provides for works councils to be informed in writing of all decisions taken by the board of directors, proprietors and management on issues like investment policy, distribution of profits, financial control, economic planning, job evaluation, wage policy, and appointment of senior management executives which previously were not communicated to employees. The Act only states that workers only be informed through works councils but it does not give works councils any legal right to discuss the decisions or even refuse management decisions.

Furthermore, some of the subjects listed under section 72.2 below where council approval is required, for instance in the matter of wage policy which falls under section 71, could involve bonuses, incentive schemes and assessment of salaries all of which fall under section 72.2. So there is a problem of where the line should be drawn between matters on which the works council are only to be informed about and those on which their approval is required. This is an area in which corrective
measures need to be taken to avert unnecessary conflicts.

Under section 72 of the Act councils have power to approve or reject some management decisions. Works councils are supposed to exercise veto powers on matters of policy regarding personal management and industrial relations in general, such as recruitment and assessment of salaries, transfer of employees, rules and discipline, redundancy, safety, bonus and incentive schemes and other methods of payment. Works councils have also to be consulted before a manager responsible for personnel administration can be appointed or removed. However, consultation on the appointment and removal of personnel manager does not include the right to reject. Also it seems that the emphasis here is on policy level leaving particular or individual cases implying that the day to day management still remains the province of the management. The implication here is that once policy has been agreed upon and accepted, the role of the works council is relegated to that of ensuring that the management sticks to the agreed procedures in implementing of the policy, a very difficult task indeed.

From the above, it can be seen that works councils are only to be informed on this wide range of subjects. However, this mode of participation compromises the councillors in that by mere receipt of information, they are indirectly being enlisted by management to support them even in those instances where such decisions have a negative effect on workers.
Chapter Seven

FUTURE PROSPECTS AND CONCLUSION

Workers' participation: the new measures

The year 1983 became a watershed as regal workers' participation in the decision-making process. It was a year in which the President of the Republic of Zambia increased workers influence and tightened their grip on the institution of participation. In January 1983, he announced that for the first time, workers representatives were going to sit on the boards of directors in all enterprises which are owned by the state. He invited the Zambia Congress of Trade Unions (ZCTU) to submit six names of

\[
\begin{array}{|c|c|}
\hline
\text{(Workers Represented)} & \text{BOARD OF DIRECTORS} \\
\hline
\text{MANAGEMENT} & \text{PARTY WORKS COMMITTEE} \\
\hline
\text{TRADE UNION} & \text{THE GENERAL WORK FORCE} \\
\hline
\end{array}
\]

New structure of workers representation

representatives to him from which he would choose three to sit on
the Zambia Industrial and Mining Corporation (ZIMCO) board of directors. However, there was a condition that only those who were members of the United National Independence Party (UNIP), which is the sole and ruling party, would be allowed to be represented on the boards because the programme was a party one. The President said that he had decided to allow workers to be represented on the board even before parliament passed the necessary legislation because he considered it important. In this respect all managers and general managers in state enterprises were directed to co-opt one to two workers representatives on their boards depending on the structure of the organization.

The ZCTU welcomed the decision of the President to have workers representatives on the boards of directors of all state enterprises. But ZCTU Secretary General, Newstead Zimba, said that it was the wish of the labour movement to have such representation legalised to ensure that management did not renege on the move since co-option of workers on the board was management prerogative. On the need for those who were to sit on boards to be fully paid-up loyal party members, the Secretary General said that ZCTU had no quarrel with it as long as those appointed had the necessary technical qualifications to understand relevant proceedings. He said:

"But here, we have questions to certain things because we don't think loyalty and party membership alone are relevant to
workers' participation on the boards of directors. We will choose people with ability, people capable of delivering the goods, not just because they are party members or loyal.\(^5\)

Indeed there are questions to certain things. During the announcement of the incorporation of workers representatives on boards of directors, the President said that the revolution was taking advantage of the crisis management process to integrate workers into management. He said that during crisis management period, the UNIP intended to create conditions for every worker to know what was going on. He said state enterprises were people's organizations and not capitalist ones although they were being operated as capitalist bodies. He said that once workers were represented on the boards, then they would be in a better position to appreciate government efforts and difficulties in various situations.\(^6\)

Workers will certainly be in a position to appreciate government efforts and difficulties but one wonders whether the real issue is for workers to know what is going on or for them to determine what was to go on. It is also difficult to see how workers representation on the boards of directors will bring real and meaningful participation is state enterprises are left to operate on capitalist lines. This is because the Companies Act does not facilitate the development of industrial participation. A critical look at the Act shows that the worker or his
representative has no say in the sharing of wealth and formulation of policy of the company so formed. Once a company is formed as per provision of the Company Act, then its management and affairs are determined by its Article of Association. In other words a company Article of Association decides how and by whom it shall be managed. Appropriate steps regarding basis of shares qualification for directors have to be taken. Share qualification is based on the belief that the business of a company can best be run by a leadership with financial interests in the business. This ignores the worker and his fundamental objectives, that is, the abolition of alienation of the worker from the means of production. In order to facilitate this a provision for workers participation should be included in the Companies Act.

Furthermore it is not clear whether workers representatives will have voting powers and even if they did, it is doubtful that they would be able to influence policy seeing they will be outnumbered on the board. Also what mechanism is going to be used to ensure that management does not co-opt people they think will support the management policy? An explanation has also not been given as to why private enterprises have been left out or whether the initiative has been left to them. Considering the amount of opposition exerted against workers participation by capital, it is doubtful whether private capital will volunteer to co-opt workers on their board without a legal act to compel them to.
In an interview on 17 October, 1983, on Television Zambia, the President announced that Humanism Part III would be published which will provide guidelines for workers participation. The year 1983 ended with the President moving the Department of Industrial Participatory Democracy from the Prime Minister's office to the President's office. He also appointed a Minister of State for Industrial Participatory Democracy. With this the President took complete control of the institution of participation. All these measures were taken to strengthen and consolidate workers' participation.

At a Press Conference held on the 4 April, 1986, the President directed Zambia Industrial and Mining Corporation (ZIMCO) to identify two companies to be turned into self-management companies by workers as an experiment. Two companies, Zambia Ceramics and United Milling, were selected for this experiment. The President also announced that the Industrial Participatory Democracy Department (IPD) had been transferred to the Ministry of Labour and Social Services with the former member of state for IPD being elevated to head the ministry as a full cabinet member. Another company which is being researched into with the possibility of workers taking over the management is the Common Ownership Development Corporation (CODECO) owned by Zambia National Holding (ANH), a company owned by UNIP, the ruling party. In the latter project both Yugoslav and Scandinavian experts are involved. These are radical measures aimed at achieving the liberation of the masses of workers.
There is also a criticism that the participative machinery cannot succeed on account of ignorance and illiteracy of the workers who may not behave in a responsible manner. This study is in agreement with this assertion and argues that besides the problems which we have discussed above, illiteracy and ignorance is one of the fundamental constraints to effective participation of workers in decision-making and it is to this problem that we will now turn our attention.

Workers education
The fact that workers education and training is the least known area of adult education demonstrates that workers education programmes have made very little impact on the masses of our working people. This is inspite the fact that workers education started well before independence. The only conceivable conclusion to be drawn from this is that overtures in this direction have been half-hearted resulting in only a few workers having been exposed to this kind of education.

Attempts at workers education seem to put more emphasis on labour management relations with an eye to increasing productivity rather than preparing and equipping the workers for effective participation in management. A look at the modular system adopted by the ZCTU confirms this. On education in Industrial Participatory Democracy, the ZCTU syllabus only states that Industrial Participatory Democracy should feature prominently in modules 33 and 34. However, the syllabus is vague
as to what is to be covered. One would think that this is the area which would receive most attention.

Despite identifying the target groups and recognising the importance of workers education, ZCTU puts more emphasis on the training of other target groups at the expense of the workers. This trend has not changed and it is probably the reason why workers education has not made any great impact on the Zambian working class. It is also observed that ZCTU puts too much emphasis on trade union education. It considers that the purpose of workers education is twofold: to create consciousness in the workers about their role as union members; and as citizens. It requires that workers are trained in union matters not merely as union members but keeping in mind the larger perspective of their duties and responsibilities as citizens. The ZCTU should realise that its members, should, in addition to the still indispensable fighting qualities, acquire new qualities based on knowledge and on competence. As such, considerable effort should be given to the general and professional education of workers.

If workers education has to make any impact, then it should not be left in the hands of the union alone. This is because the union does not have the financial resources and an organizational structure to shoulder such a gigantic task. Time is ripe to establish a permanent commission to oversee and co-ordinate workers education programmes. This is especially so if we seriously want to educate workers for effective participation and prepare them for self-management. This also requires that
certain pre-requisites be met if the programme of education in participation is to succeed.

Since the ultimate goal in Zambia is workers self-management, it follows that the workers should be prepared for self-management. The contents of the concept of workers education for self-management should thus include the education and training of workers for the needs of work and for self-management, that is, training in decision-making on all of the essential factors of work and life and on the condition, means and results of the workers labour.

Training for work and self-management should be permanently realised in the regular educational system. The permanency of training for work has been acknowledged by both the Government and ZCTU. Children and young people in the educational system should be vocationally trained for work and prepared for self-management. What does this mean for the secondary schools and colleges? The schools and colleges are currently torn in two directions: one towards specific job preparations, in order to give the young initial competence; and the other towards a general preparation, in order to give the young the potential for later re-education and re-adjustment. The great need in Zambia is for the latter, that the school must educate for greater adaptability. The future adult must be equipped with sufficient basic education that he can later utilise for re-education and training.

Thus the entire organization and all forms and contents of
vocational education must be oriented in such a manner that all those who are studying can be directly involved in work in their corresponding profession after completing the appropriate phase of vocational or professional education and can continue their education along with work. Large firms like the Zambia Consolidated Copper Mines (ZCCM), have their own centres for vocational training where workers are trained on the job. Other enterprises should establish their own educational schools where workers could be trained. This training should not qualify workers according to internal qualifications that are only valid for those particular factories or enterprises, but qualifications which could gain the worker entry into other factories or enterprises.

Elementary education should be the concern of educators since it is the significant premise of the qualification for self-management. This is basically a question of workers who never completed their elementary education. Without at least form five education, workers cannot successfully perform their self-management functions. It is also important to advance workers cultural needs. A higher general cultural level is a basic prerequisite for workers active participation in self-management. All concerned should make concerted effort to develop and advance cultural needs of workers. In a nutshell workers education should be directed at preparing the young and the of entire working population for the successful performance of self-management functions.
Conclusion

This study set out to test the assertion that there tend to be a systematic differences between levels of employees in respect to their identification with the enterprise and their interest in the affairs of the enterprise. It was asserted that differences in education, occupation, age, sex and length of service are more decisive in determining the involvement and the influence of employees in the affairs of the enterprise regardless of the representative system they have, that is, whether capitalist or socialist system of representation. The study shows that there is a relationship between these factors and worker identification with his enterprise.

From the research findings, it is evident that the institution of participation is facing a number of problems. First, workers participation cannot thrive if it is practiced in an atmosphere of ignorance and illiteracy and as such the Zambia Congress of Trade Union (ZCTU) and other educational agencies must take a more serious approach to the education of workers. Workers education programmes have made very little impact on the workers for the simple reason that efforts in this direction have been half-hearted and have put emphasis on other aspects of education rather than preparing workers for effective participation and workers control.

Second, workers participation can only be meaningful if both the management and workers accept one another as equal partners. For workers to show greater interest in the life of their
enterprises, management should formulate wage and production systems and conditions of work which fit more closely the needs and aspirations of the employees. This will enhance productivity, efficiency and in the process satisfaction and contentment for all parties concerned.

Third, councillors should know their role and the procedures of the council so as to eliminate conflict thus bringing effectiveness to their position. Councillors should not view works councils as institutions to be used for personal advancement but as institutions through which the interests of both the enterprise and workers can be safeguarded.
Chapter Two


2 Ibid P13

3 Ibid P91


5 Ibid P316

6 Ibid P318

Chapter Three

1 Kaunda, K. D. Humanism in Zambia: And A guide to its implementation, Part II. National Guidance, 1974 P38

2 Ibid

3 Ibid P100

4 Ibid

Chapter Five

1 Times of Zambia, January 14, 1983, P1

2 Times of Zambia, January 15, 1983, P5

3 Times of Zambia, October 27, 1983, P1/Daily Mail, October 27, 1983, P1
Chapter Six

1. 89.5 per cent of the worker Councillors claimed that Management officials were repeatedly absent from works council meetings thus making it difficult for meetings to proceed.

2. However the law forbids councillors from reporting to the workers on the goings on in the works council.

Chapter Seven

1. Times of Zambia, January 14, 1983, P1
2. Ibid
3. Ibid
4. Ibid
References

Adizes, I

Balfour, G (ed)
Participation in Industry, Groom Helm, London, 1973

Berger, E

Blauner, R
Alienation and Freedom: The University of Chicago, 1964

Blumer, P

Coats, K and Topham, A (ed)

Coats, K and William, W (eds)

Emery, F E and Thorsrud F
Form and Content in Industrial Democracy, Tavistock, London, 1964,

Fincham, R and Zulu R"

Gertzel, C

Hawkesworth, N R
"The Zambian Workers' Education Consultation" in Kalula, E (eds), Some Aspects of Zambian Labour Relations, (Vol. I No. I), 1975

Kaunda, K D
Humanism in Zambia: And a Guide to its Implementation, Part II. National Guidance, 1974

Kolaja, J T

Quemby, A
---|---

Journals

Hyman, R | "Workers Control and Revolutionary Theory" in Socialist Register, (1974)
Kahn-Freund, O | "Industrial Relations and the Law" in British Journal of Industrial Relations, (November, 1970)
Lawrence, L C & Lockwood, E
"Group Decision and Employee Participation" in J app. Psychol. (Vol. 39, 1955, pp 334-7)
"Arbitration and Industrial Conflict", in British Jrn or Sociology, (Vol. 6, 1965)

Mapolu, H Q

Morse, N and Reimer, E
"The Experimental Manipulation of a Major Organizational Variable," J. abnorm and Soc. Psychol., (Vol. 52 1956, pp 120-29)

Poole, M

Peterson,
"The Swedish Experience with Industrial Democracy" in British Journal of Sociology, (Vol. 6, 1965)

Ridderl, D
"Social Self-Government: The Background of Theory and Practice in Yugoslav Socialism", in British Journal of Sociology, (1968)


Ibid (Vol. 2, No. 5, 1979)
Ibid (Vol. 2, No. 1, 1979)

Articles

Times of Zambia, January 14, 1983
Ibid, January 15, 1983

Sunday Times of Zambia, August, 21, 1983

Times of Zambia, October, 8, 1983
Ibid, October 27, 1983

Daily Mail, October 27, 1983

Times of Zambia, December 23, 1983

Government Publications (GRZ)


Dissertations


APPENDICES

Appendix 1

Questionnaire A: Works councillors

Instructions:

Please place the number opposite your answer in box e.g.

What is your Religious denomination
- Catholic - 1
- Protestant - 2
- Hindu - 3
- Other - 4

This indicates that you are a protestant. Thank you.

NAME OF COMPANY

1. Sex

- Male - 1
- Female - 2

2. Age Group

- Under 36 years - 1
- 36 - 46 years - 2
- Over 46 years - 3

- Actual Age

3. Education

- Did not attend School - 1
- Grade 1 - 4 - 2
- Grade 5 - 7 - 3
- Form 1 - 3 - 4
- Form 4 - 5 - 5
- College - 6 - 6
- University - 7

- What is the highest level completed
4. **Occupation**

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unskilled</td>
<td>1</td>
</tr>
<tr>
<td>Semi-skilled</td>
<td>2</td>
</tr>
<tr>
<td>Skilled</td>
<td>3</td>
</tr>
<tr>
<td>Managerial</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
</tr>
</tbody>
</table>

5. **Income**

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than K50</td>
<td>1</td>
</tr>
<tr>
<td>K50 - K99</td>
<td>2</td>
</tr>
<tr>
<td>K100 - K199</td>
<td>3</td>
</tr>
<tr>
<td>K200 - K299</td>
<td>4</td>
</tr>
<tr>
<td>K300 - K399</td>
<td>5</td>
</tr>
<tr>
<td>K400 - K499</td>
<td>6</td>
</tr>
<tr>
<td>K500 - K599</td>
<td>7</td>
</tr>
<tr>
<td>Over K600</td>
<td>8</td>
</tr>
</tbody>
</table>

Actual Income ________________

6. **Length of service**

<table>
<thead>
<tr>
<th>Time Range</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td>1</td>
</tr>
<tr>
<td>1 - 2 years</td>
<td>2</td>
</tr>
<tr>
<td>2 - 4 years</td>
<td>3</td>
</tr>
<tr>
<td>4 - 6 years</td>
<td>4</td>
</tr>
<tr>
<td>6 - 8 years</td>
<td>5</td>
</tr>
<tr>
<td>8 - 10 years</td>
<td>6</td>
</tr>
<tr>
<td>Over 10 years</td>
<td>7</td>
</tr>
</tbody>
</table>

Actual length of service ________________

7. **Representation**

<table>
<thead>
<tr>
<th>Representation</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordinary workers</td>
<td>1</td>
</tr>
<tr>
<td>Management</td>
<td>2</td>
</tr>
</tbody>
</table>

8. **Workers education**

Does your education affect your performance as a councillor?

Yes - 1
No - 2
9. How often are there seminars/training courses for works councillors?
   Never - 1
   Barely - 2
   Always - 3
   Do not know - 4

10. How often do you attend these seminars/courses?
    Never - 1
    Barely - 2
    Always - 3
    Do not know - 4

11. Do experts in Industrial democracy from say the Department of Industrial Participatory Democracy, PCC or Federation of Employers come to talk to you and the worker on the concept of participation?
    Never - 1
    Barely - 2
    Always - 3
    Do not know - 4

12. Have office bearers (Councillors) received any training in workers participation?
    Some have - 1
    Every one has - 2
    Very few have - 3
    None has - 4

13. Agenda
    Do you have an agenda prepared in advance of the Works Council meeting?
    Yes - 1
    No - 2

14. About how many days in advance of the works council meetings is the agenda prepared?
    1 day in advance - 1
    2 days in advance - 2
    3 days in advance - 3
    4 days in advance - 4
    5 days and above - 5
15. Who is consulted before the agenda is drawn?
   Works councillors - 1
   Management - 2
   Workers - 3
   Trade union officials - 4

16. Who prepares the agenda?
   Chairman - 1
   Secretary - 2
   Chairman and Secretary - 3
   Works councillors - 4
   Management - 5

17. Who receives copies of the agenda?
   Works councillors - 1
   Management - 2
   Workers - 3
   Trade union officials - 4
   All of the above - 5

18. Is the agenda made public?
   Yes - 1
   No - 2

19. Decision making
   Attendance at works council meetings
   Excellent - 1
   Good - 2
   Fair - 3
   Poor - 4

20. Which group is most absent?
   Appointed councillors - 1
   Elected councillors - 2

21. Are votes taken on issues where councillors don't agree?
   Yes - 1
   No - 2
22. Do elected councillors usually vote together?
   Always - 1
   Sometimes - 2
   Never - 3

23. Are you given time off and facilities (office space, stationery) for your council duties?
   Yes - 1
   No - 2

24. Is there a time limit for speaking in works council meetings?
   Yes - 1
   No - 2

25. Are agreements usually reached?
   Always - 1
   Sometimes - 2
   Seldom - 3
   Never - 4

26. Are agreements reached implemented?
   Always - 1
   Sometimes - 2
   Seldom - 3
   Never - 4

27. How do you implement decision?

28. How do you resolve conflicts?

29. When you participate do you feel your job is secure or insecure?
   Secure - 1
   Insecure - 2
30. During meetings do members speak freely on issues affecting the company?
   Always - 1
   Sometimes - 2
   Never - 3

31. In your opinion are members of the works council
   Co-operative - 1
   Hostile - 2
   Jealousy - 3
   Do not know - 4

Performance

32. Is the works council working well?
   Yes - 1
   No -  

Why?

33. Do you feel that workers are participating fully and effectively?
   Yes - 1
   No - 2
   Do not know - 3

34. How would you rate participation?
   High - 1
   Average - 2
   Low - 3

35. What are the problems facing your works council and workers participation in general?
   Poor and uncooperative management   Yes - 1   No - 2

   Unwillingness of workers to participate  Yes - 1   NO - 2
Irrelevance and inapplicability of the worker

Yes - 1 No - 2

Vagueness of the law

Yes - 1 No - 2

Others

Yes - 1 No - 2

36. What institution would you prefer to represent the workers?

Works councils - 1
Trade union - 2
All of the above - 3

37. What form of worker participation would you favour for the workers in your industry?

Workers participation in decision making (through works councils) - 1
Self management (workers' control) - 2
Collective Bargaining (through trade unions) - 3
Equity participation (through purchase of shares) - 4

Communication

38. Do workers know what goes on in works council meetings?

Almost everything - 1
Some things only - 2
Very little - 3
Nothing at all - 4

39. How are workers informed about what goes on in works council meetings?

Annual Report meeting - 1
Monthly Bulletin - 2
Posters on notice board - 3
Letters to workers - 4

Other specify
40. Are workers aware of their right of participation?
   All of them - 1
   Some of them - 2
   Majority of them - 3
   None of them - 4

41. Do you get any questions or requests from workers?
   Always - 1
   Sometimes - 2
   Barely - 3
   Never - 4

42. What kind of question or request ____________________________

43. Do you take initiative in making contact yourself?
   Always - 1
   Sometimes - 2
   Never - 3

   Over what matters is there much contact _______________________

44. Do you have any contacts with the trade union?
   Yes - 1
   No - 2

   Over what matter or issues is there much contact

45. Do you have any contacts with the management
   Yes - 1
   No - 2
Over what matters or issues is there much contact?

Relationships

46. Are there conflicts between works councils and trade unions?
   Yes  -  1
   No   -  2

Over what matters/issues

47. Should trade union monitor the activities of the works council?
   Yes  -  1
   No   -  2

Attitude

48. Is it true that workers prefer trade union representation to representation on works councils?
   Yes  -  1
   No   -  2

   Why?

49. What is the attitude of workers towards works councils?
   Favourable   -  1
   Unfavourable -  2
   Passive      -  3

   Why?

   No knowledge due to lack of education Yes  -  1  No  -  2
No confidence in works council    Yes - 1  No - 2

Not interested in participation   Yes - 1  No - 2

Interested in participation      Yes - 1  No - 2

Other

50. Does management encourage workers participation?
   Yes - 1
   No - 2

   How and why?

51. Does the Trade Union support the concept of workers participation?
   Yes - 1
   No - 2

   How and why?
Appendix 11

Questionnaire B

WORKER

TRADE UNIONIST

MANAGEMENT OFFICIAL

NAME OF COMPANY

Instruction: Please place the number opposite your answer in the box e.g. what is your Religious Denomination
Catholic - 1
Protestant - 2
Hindu - 3
Other - 4

This indicates that you are a protestant. Thank you.

1. Sex
   Male - 1
   Female - 2

2. Age Group
   Under 36 years - 1
   36 - 45 years - 2
   Over 46 years - 3

3. Education
   Did not attend school - 1
   Grade 1 - 4
   Grade 5 - 7
   Form 1 - 3
   Form 4 - 5
   College - 6
   University - 7
4. **Occupation**

- Unskilled - 1
- Skilled - 2
- Managerial - 3
- Other - 4

5. **Income**

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than K50</td>
<td>1</td>
</tr>
<tr>
<td>K50 - K90</td>
<td>2</td>
</tr>
<tr>
<td>K100 - K199</td>
<td>3</td>
</tr>
<tr>
<td>K199 - K299</td>
<td>4</td>
</tr>
<tr>
<td>K300 - K399</td>
<td>5</td>
</tr>
<tr>
<td>K400 - K499</td>
<td>6</td>
</tr>
<tr>
<td>K500 - K599</td>
<td>7</td>
</tr>
<tr>
<td>Over K600</td>
<td>8</td>
</tr>
</tbody>
</table>

- Actual income

6. **Length of service**

<table>
<thead>
<tr>
<th>Service Range</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td>1</td>
</tr>
<tr>
<td>1 - 2 years</td>
<td>2</td>
</tr>
<tr>
<td>3 - 4 years</td>
<td>3</td>
</tr>
<tr>
<td>5 - 6 years</td>
<td>4</td>
</tr>
<tr>
<td>7 - 8 years</td>
<td>5</td>
</tr>
<tr>
<td>9 - 10 years</td>
<td>6</td>
</tr>
<tr>
<td>Over 10 years</td>
<td>7</td>
</tr>
</tbody>
</table>

- Actual length of service

7. **Does a works council exist in your company?**

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>Never heard of it</td>
<td>2</td>
</tr>
<tr>
<td>Not sure</td>
<td>3</td>
</tr>
</tbody>
</table>
8. Do you know the functions of the works council?  
   Some of them - 1  
   Never heard of it - 2  
   Not sure - 3  

9. Do you know what the industrial relations Act 1971 is all about?  
   Yes - 1  
   Not quite - 2  
   No - 3  

10. Does your job give you a chance to try out ideas of your own sometimes?  
   Always - 1  
   Sometimes - 2  
   Never - 3  

11. Do you have freedom on the job?  
   Always - 1  
   Sometimes - 2  
   Never - 3  

12. Do you think too much is left to you or you don't have a say on your job?  
   Too much is left to me - 1  
   I don't have any say - 2  

Workers education  

13. Does your education affect your performance as a participant in your company?  
   Yes - 1  
   No - 2  

14. How often are there seminars or training courses for workers?  
   Never - 1  
   Barely - 2  
   Always - 3  
   Don't know - 4  
15. How often do you attend these seminars/training courses?
   Never  - 1
   Barely - 2
   Always  - 3
   Don't know - 4

16. Do experts in Industrial Democracy from any of the Department of Industrial Participatory Democracy, President Citizenship college, come to talk to you on the concept of participation?
   Never  - 1
   Barely - 2
   Always  - 3
   Don't know - 4

Agenda

17. Do you discuss Agenda of the works councils with your councillors?
   Always  - 1
   Sometimes - 2
   Never    - 3

18. Do you make recommendations to your councillors?
   Always  - 1
   Sometimes - 2
   Never    - 3

19. Are those recommendations followed up?
   Always  - 1
   Sometimes - 2
   Never    - 3

20. Are you consulted before the Agenda is drawn?
   Always  - 1
   Sometimes - 2
   Never    - 3
21. Do you receive copies of the Agenda?
   - Always: 1
   - Sometimes: 2
   - Never: 3

**Decision-making**

22. When changes are being introduced in your undertaking are they explained to you in advance?
   - Always: 1
   - Sometimes: 2
   - Never: 3

23. Was the management responsive to your needs and suggestions?
   - Always: 1
   - Sometimes: 2
   - Never: 3

24. Is the management now responsive to your needs and suggestions?
   - Always: 1
   - Sometimes: 2
   - Never: 3

25. Are your works councillors victimised by the management?
   - Always: 1
   - Sometimes: 2
   - Never: 3

26. With what matters should works council deal with?
   - With all managerial problems of the enterprise (production, sales, Finance, labour relations etc): 1
   - Only with problems of labour (discipline, grievances, labour conflicts etc): 2
   - With all managerial problems of the enterprise except labour relations (Sales, Finance, Production): 3

Performance

27. Has welfare changed since the introduction of workers participation?
   Yes for the better - 1
   Yes for the worse - 2
   Not changed - 3
   Don't know - 4

28. How would you rate the level of participation in your undertaking?
   High - 1
   Average - 2
   Low - 3

29. What are the problems facing your works councils and workers participation?
   Negative management attitude - 1
   Unwillingness of workers to participate - 2
   Vagueness of the law - 3
   Irrelevance of the participation scheme - 4

30. Do you think your works council is working well?
   Yes - 1
   No - 2
   Don't know - 3

31. Which institution do you think is more effective?
   Works council - 1
   Trade Union - 2
   Both - 3

33. All things equal i.e. pay, working conditions, hours of work, fringe benefits and the job itself, would you say you are?
   Very satisfied - 1
   Satisfied - 2
   Very disappointed - 3
   Disappointed - 4
   Don't know - 5
Communication

33. Are you informed about important issues by works councillors?
   Always - 1
   Sometimes - 2
   Never - 3

34. Are you informed of any major decision taken by the management?
   Always - 1
   Sometimes - 2
   Never - 3

35. Are you aware of your right to participate?
   Yes - 1
   No - 2

36. Do your councillors inform you of what they discuss in the meeting?
   Always - 1
   Sometimes - 2
   Never - 3

Relationships

37. Are there conflicts between the Trade Union and the Works Council?
   Always - 1
   Sometimes - 2
   Never - 3

   Why? ____________________________________________

38. Should the trade union monitor the activities of Works Council?
   Yes - 1
   No - 2
   I don't know - 3
Attitude

39. Which of these statements do you agree with:
   A company is like a football team, because good team work means success and is to the advantage of all concerned.
   Strongly agree - 1
   Strongly disagree - 2
   Agree - 3
   Disagree - 4
   Don't know - 5

   Team work in a company is an impossible rescue because workers and management are on the opposite sides.
   Strongly agree - 1
   Strongly disagree - 2
   Agree - 3
   Disagree - 4
   Don't know - 5

40. Would you like the works council to continue representing you?
   Yes - 1
   No - 2
   Not sure - 3

41. Which institution do you favour?
   Works Council - 1
   Trade Union - 2

42. What form of worker participation would you favour?
   Workers participation in decision-making (through works council) - 1
   Self management (workers control) - 2
   Collective Bargaining (through trade union) - 3
   Equity participation (buying of shares) - 4

43. Is the management encouraging the concept of workers participation?
   Yes - 1
   No - 2
   Don't know - 3
44. Do you personally think that you are sufficiently involved in decisions made in your work place or would you like to participate more?

Have no personal interest in increased participation - 1
Would like to participate more in decisions directly related to my work and my own conditions of service - 2
Would like to participate more in decisions regarding company matters in general - 3
No answer - 4

45. Do you think the employees in general are sufficiently involved in decisions regarding the company as a whole?

Yes, I think it is sufficient as it is - 1
No, I think they ought to participate more - 2
No answer - 3

46. What is the attitude of workers towards participation?

Opposed - 1
Indifferent - 2
Favourable - 3

47. What is the attitude of the management towards participation?

Opposed - 1
Indifferent - 2
Favourable - 3

48. What is the attitude of the Trade Union towards participation?

Opposed - 1
Indifferent - 2
Favourable - 3
PART II

CREATING AN AWARENESS AMONG KENYAN
WOMEN OF THEIR LEGAL RIGHTS

Report of Study

by

FLORENCE BUTEGWA (MRS) LLB (MAKERERE)
Lecturer, Kenya Polytechnic

March 1985
# CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preface</td>
<td>119</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>120</td>
</tr>
<tr>
<td>Abstract</td>
<td>121</td>
</tr>
<tr>
<td>Introduction</td>
<td>122</td>
</tr>
<tr>
<td>General Observations</td>
<td>125</td>
</tr>
<tr>
<td>Report on actual study</td>
<td>128</td>
</tr>
<tr>
<td> Women's rights over property</td>
<td>129</td>
</tr>
<tr>
<td> Parents' rights to custody of the children of the marriage</td>
<td>133</td>
</tr>
<tr>
<td> Validity of marriages</td>
<td>136</td>
</tr>
<tr>
<td> Husbands' 'right' to discipline their wives</td>
<td>141</td>
</tr>
<tr>
<td>Dowry and Marriage</td>
<td>146</td>
</tr>
<tr>
<td>Methods of Creating legal awareness</td>
<td>150</td>
</tr>
<tr>
<td>Data Analysis (Methodology and Results)</td>
<td>155</td>
</tr>
<tr>
<td>Conclusion and Recommendations</td>
<td>160</td>
</tr>
<tr>
<td>Footnotes</td>
<td>162</td>
</tr>
<tr>
<td>Appendices:</td>
<td></td>
</tr>
<tr>
<td> Geographical Environment and Response</td>
<td>164</td>
</tr>
<tr>
<td> Education and Response</td>
<td>165</td>
</tr>
<tr>
<td> Age and Response</td>
<td>166</td>
</tr>
<tr>
<td> Complete questionnaire (English Version only)</td>
<td>168</td>
</tr>
</tbody>
</table>
PREFACE

The Researcher in this study has been a lecturer in law for more than six years during which period a substantial percentage of her students were mature people, already working but studying law as part of their professional courses, for example, Institute of Bankers, Certified Public Accountants or Secretaries; Institute of Purchasing and Supplies. During the course of lectures and class discussions this researcher has, on numerous occasions, found herself embarrassing and painful situations of having explained some legal principle which shattered one or more of the students' lives (so to say!) for example, the shock realization that in law she is not married, or that her children are illegitimate and she cannot claim maintenance for them from their putative father. Most students so concerned have been women.

This and many observations in the Kenyan Society led her to believe that there is dire need for legal education especially for women; that the Kenyan woman must be informed of the law that concerns her most and the methods of enforcing those legal rights that the law has given her; that so much hurt and anguish could be prevented by that education! As the first step towards this conviction and desire, this study was undertaken in the hope that it will generate active and constructive interest in this area.

Views expressed in this report are entirely those of the author (researcher). They should not be interpreted as those of any of the persons interviewed or who have rendered assistance during the course of this study.
ACKNOWLEDGEMENTS

The author (researcher) would like to record her most sincere thanks to other International Development Research Centre (IDRC) for having agreed to sponsor this study as part of their 1983/84 Ford/IDRC Social Sciences Research Competition Awards. My gratitude also goes to Mrs Edina Mwolo, my principal research assistant for her dedication and commitment to the project especially in organizing and training field assistants in Samia Location of Busia District; to my dear husband for his patience and understanding during those many evenings when I had to distribute or collect questionnaires or interview various people and for his proof-reading this report and pointing out my many grammatical and spelling mistakes; and to Mr Sambuli whose expertise and advice in data analysis was indispensable for this report.

I would also like to thank the Women's Bureau, various women's leaders and professionals whose advice and guidance made the completion of this report possible. Finally, but not least, I would like to thank all those women both in Nairobi and Busia Districts who assisted in this study by filling in my questionnaire.
ABSTRACT
This study aimed at establishing the extent to which women in Kenya know those legal provisions that concern them most—ownership of property, validity of marriages, custody of children and wife beating. The study was conducted among a random sample of both rural and urban women educated and uneducated ranging from eighteen to eighty years of age.

Although the statistical analysis of the data collected showed that age, educational level achieved, and geographical environment (namely whether urban or rural) all had a significant effect on the women's responses to the questionnaire, it was found that in general a large majority of women in Kenya are unaware of their legal rights or the relevant legal position in each of the situations posed. For instance, almost 60 per cent of all women interviewed thought that a woman had no right to own property, almost 50 per cent said that a man had a right to discipline his wife!

Almost 70 per cent of the respondents felt that they had no right to marry the man of their choice unless dowry had been paid to their parents. In absolute terms the level of awareness was much lower in the rural population.
INTRODUCTION

Any mention of women's legal rights seems to bring to many people's minds the controversial Women's Liberation Movement. This leads to a biased and emotional discussion of the pros and cons of this subject which in my opinion, is too wide a term to be synonymous with legal rights. Creating an awareness in a person of his or her legal rights involves educating that person or giving one the various legal provisions relating to a subject or subjects. The purpose of such a process would be to enable one to acquire a reasonable knowledge of basic legal principles and procedures. This in turn creates in one an awareness of one's obligations and rights in the society. Such awareness enables one to make rational, and presumably better, decisions in one's day to day activities. A woman who knows and appreciates the fact that there cannot be any valid marriage with a man already married under statute is less likely to enter into such a union.

Although the need to create legal awareness exists for the entire population, this study was limited to women, a group whose majority is already handicapped by social, cultural and financial factors. Although Kenya Law is discriminatory in its application to the sexes, it gives women some rights which most are not aware of. The immediate problem is, therefore, not the absence on inadequacy of legal rights but the lack of awareness. More
than half of the adult women population in Kenya are suffering injustices, discrimination and abuse. On the death of a husband, for example, while the widow is mourning, relatives of the deceased quickly remove and take as their own most of the personal and household property leaving her and the children almost destitute. Many women frequently suffer physical abuse (commonly referred to as wife-beating); thousands more are denied access to their children after being removed (actually or constructively) from the matrimonial home. I could go on and on with situations in which women need legal education - to equip them both with the substantive law and the procedural law so that they can seek redress without necessarily going through an advocate, whose fee many cannot afford.

One learned judge interviewed during the course of this study feels that people in most cases do not need a lawyer. With legal education one does not need an advocate to enter a caveat (caution) at the lands registries, for instance.

There has been almost no research on legal awareness in Kenya. Existing work has been limited to economic status of women. Women's proprietary rights and substantive laws concerning women and men with a view to substantiating the author's view that Kenyan Law is discriminatory and paternalistic has almost been untouched. In none of the existing studies was the question of awareness by the women of the legal provisions concerning them investigate. S.B.O. Gutto, however, mentioned in passing that one of the social factors contributing to keeping women a
disadvantaged lot is that "few women are aware of (their) legal rights and protections." These factors effectively immobilize the law, that is, make it appear redundant.

This report is based on data collected from Samia Location, Hakati Division of Busia District and Embakasi Division of Nairobi District. The questions were distributed to women aged eighteen and above on a random basis. The marital status, educational background and or specific age of the women was not taken into account at this stage. The researchers visited Busia District but were unable to commence the research as the local women could not read and answer the questionnaires unaided, although it was in their language. One of the research assistants whose home is in the Division, recruited four respectable women from the area to do the actual interviewing. The initial few days were spent in briefing these women on how to approach the prospective respondents and record their answers to both closed and open ended questions of the questionnaire. All in all 400 women were interviewed but during analysis 48 questionnaires were found to be bad; mainly because more than one answer had been ticked (or marked) without indicating the order of priority. Of the remaining 352 respondents, 310 were housewives, 18 single and unemployed, 8 single and employed, 10 married and employed and 2 self-employed. The remaining 4 did not respond to this question.

Nairobi District presented different problems. The area selected is mainly residential. This was because the city centre
was likely to result in a biased sample especially as regards educational background. The area was also thought to be more representative than many other residential suburbs of Nairobi. Since most women were employed, the researchers had to go round the houses after 6 p.m. and leave the questionnaires after explaining the purpose of the study. The questionnaires were to be collected on agreed days. In many cases the researchers had to go to the houses more than once before finding the respondents at home. Out of the 450 questionnaires distributed only 165 were collected properly filled in. This is a response rate of only 36.6 per cent compared with Busia District above.

Of the 165 women considered, 114 were married and 51 single. 111 of these were employed, 27 were housewives (married and not working or self-employed), 18 were unemployed and six were self-employed.

GENERAL OBSERVATIONS
During the course of this study the researcher made several observations which, although strictly not part of this report, are worth noting. They are:

Population Distribution viz-a-viz Educational Background

There was a notable absence in the rural area covered of women who had gone beyond standard seven in formal education. Of the 352 respondents considered 225 did not go to school at all, 102
did not go beyond standard seven, only 20 attended secondary school but all never went beyond form four, that is four years of secondary school education. Only 4 women went beyond from four. These figures mean that the rural sample was biased and it was consequently not possible to make any meaningful statistical analysis to find the correlation, if any, between the level of education and the responde or answers from the rural population. If the Samia Location of Busia District can be taken as representative of other strictly rural communities in Kenya, then the implications are alarming, though perhaps not surprising. This situation welcomes the Government's much published District Focus for Rural Development. If government services are decentralized to district level, more civil servants and their dependents (who are educated) will reside in the rural areas thus influencing the rest of the population. This might also attract small industries and service firms which will employ some of these women and/or their husbands, the majority of whom just tend their small plots of land for subsistence.

Half of the women who responded to the questionnaire in the urban area had a minimum of eleven years of formal education (that is, past form four) with the majority in the remaining half having sat for their 'O' level examinations. This seeming concentration of 'educated' women could, however, be explained by economic factors. The residential area selected for this study is mainly a middle class area with the average rents for houses there eliminating most of the uneducated to poorer areas.
Fear of Husbands Reactions to the Questionnaire

On the first day of our 'house-calls' within one housing estate in the Embakasi area of Nairobi District, one lady asked me in earnest, "what would you have done if you had found my husband at home?"

I had just explained to this lady the purpose of my study and asked her to assist me by answering the questionnaire. This question was an eye-opener for me and my research assistants. We realized that many women were literary scared of their husbands finding us in their houses talking of legal rights. Many refused to accept the questionnaires for fear of what would happen to them if the husbands found out. Many of those who agreed to take the questionnaire claimed that they would have to hide them from their menfolk! At least four women were actually "forced" to return the questionnaires unanswered. I wonder how many of those questionnaires we never got back were unanswered on the same grounds! I discussed this aspect of my study with a number of women in responsible positions. They were not surprised at all of this reaction.

The Director of the Women's Bureau in the Ministry of Culture and Social Services felt that this was largely due to our culture. Women, as a whole, were expected to remain subordinate to men, to be or appear at all times subservient to their husbands. This is an aspect of our culture that many men would like to see preserved. Any talk of creating awareness in women
of their legal rights is, therefore, likely to be viewed with suspicion. We were likely, therefore, to be regarded as agents provocateurs of the highest calibre. To many men, this was bringing 'Women's Lib nonsense' to their homes. I would have liked to talk to the men in question to find out if this was really the problem. But the women did not want to take the risk.

I should, however, mention the fact that in the few houses where I found men they engaged me in the most lively discussions about the study. Many expressed the view that they also need to know the law and wondered why we were only concerned with women.

Legal Awareness in Men of their Legal Rights?

When I applied to the Office of the President for a licence to carry out this study, a public official asked me why I thought only women needed to know their legal rights. He was of the view that the whole adult population needed it. The same comment was made at the Busia District Commissioner's office when I presented my licence there and it cropped up from both men and women throughout the fieldwork. These sentiments were reasonable and set me wondering whether, in fact, men were any better in terms of legal awareness. May be a similar study should be done and a comparison of findings made with this one. The result could be of use to policy makers and of interest to many non-governmental organizations and social workers.

REPORT OF ACTUAL STUDY

This is the report on the questionnaire-based responses. It is
divided into six parts on the basis of the topics covered by the questionnaire, namely: women's rights over property, parents' rights over children, validity of marriage, husbands' "right" to discipline their wives, importance of dowry in marriage and the actual enforcement of women's legal rights. The researcher has tried to incorporate the views of the respondents as expressed in their answers to the open ended questions. These answers provided valuable insight as to why the respondents gave certain answers. The researcher has also attempted, where necessary, to state the substantive legal principles involved.

Women's Rights over Property

The report under this heading covers questions 12, 13, 14 21 and 25 of the questionnaire. For convenience let us state the relevant questions:

(Q12) "Do you have property of your own?"

(Q13) "If you buy property with your money can you sell it without your husband's consent?"

(Q14) "Does a woman have a right to own property?"

(Q21) "Does a widow have any right over her husband's property?"

(Q25) "If your husband insisted that you give him your salary every month what would you do?"

Before analyzing the responses to the above questions let me briefly consider the legal principles involved. Under the general law of contract, a woman whether married or not, has
contractual capacity. She may enter into valid contracts on her own behalf without involving or affecting her husband. The English Law Reform (Married Women and Tortfeasors Act) (1935) which is applicable to Kenya\(^5\) provides that a married woman can acquire, hold and dispose of any property. The Registered Lands Act\(^6\) does not discriminate against women as regards land ownership. Ownership of land, or any other property, carries with it the legal right to deal in that property (for example, to dispose of it) at one's will unless that power is otherwise restricted by law. The Law of Succession Act 1972\(^7\) allows a widow to apply to court for provision if her late husband's will does not adequately provide for her. If the husband died interstate, the widow is entitled to his personal and household effects absolutely, and to the whole of the remainder (net estate) for the rest of her life or until she remarries. It should also be noted here that this is the only law governing the inheritance to personal property of persons who die while domiciled in Kenya,\(^8\) unless the deceased leaves a valid will to the contrary.

With the above principles as guidelines, the significance of the respondents' answers can now be appreciated. Of the 633 women who responded to question 14, the majority (that is, 372 or 58.8 per cent) were not aware that a woman has a right to own property. It is significant, however, to note that of these 372 women, 336 were rural respondents. The majority of urban respondents (that is, 132 or 84.6 per cent of the urban sample)
were aware of this right. This seems to indicate that women in the urban areas have been more exposed to women owning property and are aware of their rights in this respect. Almost all respondents agreed that a widow had a right over her late husband's property. All the urban women who responded to this question and almost 96 per cent of the rural women gave a positive answer when asked whether a widow had any right to her later husbands' property. If this response is combined with the rural respondent's view that a woman has no right to won property, it can only lead to the conclusion that what the respondents (at least the rural-based ones) were referring to was the right of use as opposed to the right of ownership. In other words, what they agreed to was the widow's right to continue occupying and using her late husbands' land and other property (as long as she did not remarry). Unless looked at from that point of view, the two answers would be contradictory and, in my opinion, quite incompatible.

The last question under this section was only given to women in Nairobi because it was felt that the majority would be working and earning a salary. The question as to what they would do if their husbands insisted that they (the women) surrender their salary is more relevant to them than to those in the rural area, the majority of whom do not earn salaries. Slightly more than half the women who responded to this question (58 out of a total of 108) said that they would "absolutely refuse" to hand their salary to the husband. A variety of reasons were given in the
relevant open-ended question. Many expressed the fear that a man was more likely to misuse the money without adequately providing for his wife and children. The other common reason given was that the woman had earned the salary and therefore had a right to decide or at least participate in the decision as to how it will be applied. It is these few who looked at the whole question as related to a woman's legal right to hold and use her property in the way she considered fit.

Almost a quarter of the women (26 out of 108) said they would give their husbands the salary if the latter insisted. Some interesting reasons emerged from this group. They included the following:

"the money I earn is for both of us"
"give it to him if he agrees to meet all family expenses"
"it is his right, so he can have it"
"to avoid quarrels and beatings" for the money.

The significance of these representative responses may be mere speculation. They seem to indicate a belief in a sizeable number of women, that the husband has a right to his wife's money or at least that it is 'joint-property'.

The remaining women said that they would give the salary to the husbands after discussion or if he gave good reasons as to why he needed the money. This approach tends to show a recognition that the woman has the right to her salary so that if the husband wanted any part of it he had to ask for it with convincing reasons - sort of submit a proposal requiring his
wife's financial contribution. If approved by the latter, then and only then would he get the money.

Parents Rights to Custody of the Children of the Marriage

The law governing the parents' right to have custody of the children of the marriage is to be found mainly in provisions of the Guardianship of Infants Act\(^9\). Where the mother and father of a minor are legally married to each other and are cohabiting, they are joint guardians and have joint custody of the issues of the marriage. This in effect means that each has equal rights over the children. This Act specifically states that on divorce or separation or during cohabitation either parent may apply to court for an order granting him custody of the children.\(^{10}\)

Although the Magistrate Courts Act 1967\(^11\) includes custody of minors as one of the matters that may be determined according to African Customary Law, the Guardianship of Infants Act\(^12\) provides that when the court is considering an application for custody of a minor, the determining factor shall be the welfare of the minor. Thus the court shall not be unduly influenced by customs or religious rules.\(^{13}\) Where the parents of a minor are not legally married to each other, the legal position is the same. Either of them may apply for guardianship and/or custody of the minor. Section 3 of the Act provides that on the death of the father of an infant the mother shall be the guardian of the infant, either alone or jointly with any guardian appointed by the father. Such appointment must be by deed or will.
The above being the law, it is worth noting that in the customs of the different communities in Kenya, there seems to be clear-cut "rules" as to which of the two parents is "entitled" to the children. In some communities, for example, the Luhyas, children belong to their father and it is considered outrageous for a woman on divorce or separation to refuse to surrender the children to their father. Even where a young girl gets a child out of wedlock, she takes it as her duty to take the child to its father immediately it stops breast-feeding. Among the Kikuyus, the practice seems to be that the mother takes custody of the children. Several elderly Kikuyu men told me, however, that the original (or real!) custom of the Kikuyu was for the woman to take the children while they were still very young, namely, while breast-feeding and weaning stage. Once the child was big enough to fetch water, if a girl, or to graze goats, if a boy, then their father had the right to their custody.

The relevance of all this discussion is that answers given by the respondents in questions under this heading, may have been heavily influenced by the customary law and practices of the community to which the various respondents belong. The responses clearly underscore the need to bring to the attention of the general public (both men and women) that customs are not necessarily the law of the land.

The questions under this heading were:-

(Q18) "Who has got a bigger right over children in a marriage?"
"Of the following persons, who has got the principal claim over the children on the death of their (the children's) father?

a) their mother
b) their paternal grandparents
c) their paternal uncles or aunts
d) their step-mother (if any)
e) I don't know" (Q22)

Of the 506 women who responded to question 18 above, 8 per cent (or 41 women) said that the father had the principal right to the children, 49.8 per cent (or 252 women) said that the mother had the principal right and the remaining 42 per cent (or 213 women) said that both parents had equal rights to the children. There was a significant difference in the opinions of the rural and urban women in this respect. While 117 of the 156 (that is 75 per cent) urban women considered said that both parents had equal rights, more than 65 per cent (or 228) of the rural women felt that the mother had the principal right to the children.

As regards question 22 it was very encouraging to note that almost all respondents knew that the mother of the children has the principal claim over them should their father die. Only 26 out of the 508 women or about 5 per cent gave a different answer. They were of the view that either the paternal uncles or grandparents should claim the children.
Validity of Marriages

The report under this section covers the responses to questions 17, 19, 20, 24 and 26 which are reproduced below for ease of reference:-

(Q17) "Does a man married in church have a right to marry another woman?"

(Q19) "Are you "properly" married if no ceremony is performed?

(Q20) "If you have been living with a man you are not married to and you find out that he is going to marry another girl, can you stop that marriage?"

(Q24) "If you have been living with a man and he sends you out of his house because he is going to marry another girl, what would you do?"

A marriage in church (or a Christian marriage) is governed by the African Christian Marriages and Divorce Act\(^1\) which in turn makes applicable to such marriages most of the provisions of the Marriage Act.\(^2\) These two Acts provide inter alia, that in order for a valid marriage to be cerebrated, neither party must be already marriage either according to customs or Muhammedan Law. Once a valid marriage has been celebrated, it continues to exist until the death of one of the parties or until the marriage is dissolved by a court or competent jurisdiction. During the subsistence of such marriage neither party has the capacity to contract any other marriage under any other law or customs. It is an offence punishable by a maximum of five years' imprisonment.
for a person to contract a marriage under the Marriage Act or the African Christian Marriages and Divorce Act when he or she is already married in accordance with native law or custom. It is also an offence for a person already married under the Acts to contract another marriage in accordance with native law or custom. Also worth noting is Section 42 of the Marriage Act which reads:

"Whoever, being unmarried, goes through the ceremony of marriage with a person whom he or she knows to be married to another person shall be liable to imprisonment for a period not exceeding five years."

As far as 'marriage without ceremony' is concerned, it may be noted that the Kenyan legal system recognizes as valid Statutory, Customary, Muslim and Hindu marriages. For each of these types of marriage, there is some form of ceremony to mark or solemnize the marriage. It is, however, possible for the court to presume the existence of a marriage if a man and woman cohabit for a reasonable length of period and that cohabitation is coupled with the reputation of being husband and wife even if no actual ceremony ever took place (See Obiter Dictum in Case v. Ruguru.)

This presumption of marriage was clearly stated in Bolofo v. Maneri thus:

"Where a man and a woman have for many years lived together as man and wife and have had children, this court always leans to the view that there has been a marriage and that the children are legitimate and a very strong proof will be
required to the contrary."

Although the evidence to rebut this presumption in Kenya seems to be less onerous than is envisaged above, the legal principle involved has been accepted by the courts.\(^\text{18}\)

Living with a man, apart from raising the presumption of marriage, may if coupled with a promise to marry, result in an enforceable contract. Before the English Law Reform (Miscellaneous) Act 1970, the Common Law recognized contracts to marry as enforceable in court.\(^\text{19}\) This Common Law has been applied to several cases by the E. African Courts. One such case was LAROK v. BERINA OBWOYA\(^\text{20}\). In case of breach of contract to marry, the court may make orders as it seems fit in respect of property acquired during the cohabitation including any gifts given to or by the aggrieved party.\(^\text{21}\)

With the above principles in mind let us look at the responses to the relevant questions. Of the 512 women who responded to question 17 over 73 per cent (or 375 women) said that a man married in church had no right to marry another wife; almost 21 per cent said that he had the right and the rest said that they did not know. We have already seen that once married in church a man (or woman) loses the capacity to contract another marriage during the existence of that marriage. Asked whether one would consider herself as properly married if no ceremony was performed (Q19), more than 60 per cent (307 out of 506 respondents) of the women said "Yes" and almost 31 per cent said "No", the rest saying that they did not know. More than 72 per cent of the
rural sample (that is, 250 out of 355) said that they were legally married even if no ceremony was held. This reflected the recent trend in which a woman just starts living with a man of her choice without complying with either the customary or statutory formalities and requirements. It seems courts in Kenya tend to regard these unions as mere "casual relationships." 22

Question 24 was regarded as ambiguous by most of the urban respondents because it did not specify whether the woman had been merely living with the man as a friend or was his lawful wife. Many adopted the first of these two interpretations and concluded that if they had been living with a man they were not married to and he sent them away, they would simply leave his house since they would have no 'claim' over him. A similar stand was taken by the rural respondents. All in all 75 per cent of all women who responded to this question were of this view. Some of the reasons given for that course of action were:

"It is better to leave his house because by that time the man can even kill you. Your children and parents would then be the losers."

"Because he would have sent me away."

"He prefers the other girl to me so I can't force my way when I am unwanted."

"To avoid embarrassment."

"Because I want peace."

"Because I am not yet married to him and he has right to do his will."
Apart from the last reason the others are not justifying their actions from a legal point of view but from an emotional one.

Only just over 13 per cent of the women felt that they would have cause to file a case against him, or apply to court for any orders or declarations. The reasons they gave were varied with most of them sentimental in nature while others implied a breach of contract. Some of those reasons were:-

"I assume that I would not live with a man unless I was married to him; so I would take him to court because if we were married officially I don't see why he should think of getting married to another girl."

"Because he is not allowed to have more than one woman"

"Because he has wasted my time waiting for him"

"Because he has been using me: if I wasn't there may be he would have hired a housekeeper etc. He should compensate by paying a certain amount of money to me."

Ten per cent of the women said that they would not do any of the specified things. They gave other courses of action. Examples are:-

"I would just stay in his house. He can build for his new wife."

"I would stay because he swore before God and the people that I am his wife until death,"

"I can't go away because I have children."

"Stay because I have no alternative prospect of marriage when I have children."
"Go on loving him."

From the above breakdown it is clear that only 25 per cent (that is, the last two groups) of the women were aware of having any legal protection under the situation posed by Q.24.

The last question in this section is Q.20 which asked each woman whether on the discovery that the man she has been living with was planning to marry another girl, she could stop that marriage. Slightly over 45 per cent said they could stop it and the rest said that they did not know. Unfortunately the question did not have an attached open-ended question by which the respondents could explain their choice. It would be interesting to investigate this aspect further. Without additional information it becomes difficult or at least arbitrary to arrive at any conclusion or awareness.

Husbands "right" to discipline their wives

This part consisted of three questions: One general in nature, that is, whether a man had a right to discipline his wife, and the other two on "wife-beating", which is the commonest form of "disciplinary action" taken by men against their wives:—

(Q15) "Do you think men have a right to discipline their wives?" "Is it lawful for a husband to beat his wife?"

(Q23) "If your husband was to beat you, what would you do?"

Beating a person is both a crime and a tort unless done in
self-defense and the force used is reasonable under the circumstances. The Penal Code creates offenses like common assault and assault causing actual harm or grievous harm. The relevant sections are:

Section 234. "Any person who unlawfully does grievous harm to another is guilty of a felony and is liable to imprisonment for life, with or without corporal punishment."

Section 250. "Any person who unlawfully assaults another is guilty of a misdemeanour and, if the assault is not committed in circumstances for which a greater punishment is provided .... is liable to imprisonment for one year."

Section 251. "Any person who commits an assault occasioning actual bodily harm is guilty of a misdemeanour and is liable to imprisonment for five years with or without corporal punishment."

Harm is interpreted in the Penal Code as bodily hurt, disease or disorder whether permanent or temporary. Grievous harm is stated to mean "harm which amounts to a main, or dangerous harm or seriously or permanently injures health, or which is likely to injure health, or which extends to permanent or serious injury to any external organ, membrane or sense."

Men are not exempted from prosecution and/or conviction for contravening the above-mentioned provisions of the Penal Code and
in fact there are many instances where men have been convicted of assaulting their wives. In Aloo Adviano Ododo v. Republic and Kibore Arap Mwei v. Republic the appellants who were married men were convicted of manslaughter when their wives died after severe beatings (or is it disciplinary action?) There are many cases of assault which are not reported because they are tried in the subordinate courts.

The legal position as regards the tort of battery (which a man definitely commits when he beats his wife) is different. The English Common Law, which is one of the sources of law in Kenya, creates a legal fiction that once a man and woman are legally married they become one in law. This concept has been largely eroded by statute especially as regards the law of property and contract but it still survives in the law of tort. The effect is that a married woman may not maintain an action in tort against her husband (and vice versa) since one cannot sue oneself! The main arguments put forward in favour of this interspousal immunity are two: the disruptive effect upon the harmony of the family that litigation would have, and the possibility of fraudulent and collusive litigation against an insurer (in negligence cases). Whether this principle serves the purpose or has become outmoded is not within the scope of this report.26

Lastly, it should be mentioned that one of the grounds on which a petition for divorce may be based is cruelty. A woman whose husband beats her may therefore petition for divorce, judicial separation or report to the nearest police station. A
sizeable number of women interviewed were of the opinion that the last alternative above does not work in practice as police officers tend to regard any complaint of beatings from a wife as a purely domestic affair and therefore not of their concern. We can now turn to the actual responses of the women.

A surprising 44.7 per cent of the women were of the view that a man had a right to discipline his wife. Sixty-one per cent of these were from the rural sample and the rest from Nairobi. Forty-seven per cent of all the women who responded said that a man had no right to discipline his wife and the remaining 3.3 per cent did not know whether he had such a right or not. In response to the next question, 78 per cent of the women felt that it was not lawful for a man to beat his wife. If you compare this percentage with the relatively large number of women who said that a man had a right to discipline his wife, it leaves one wondering what form of disciplinary action the women had in mind.

Of the urban sample 26 per cent felt that it was lawful for a man to discipline his wife while the equivalent percentage for the rural sample was a mere 13 per cent which is surprising. Some women leaders justified this by arguing that the customary "authority or supremacy" of men is more threatened in urban areas which often forces the men to resort to physical violence in order to reassert themselves.

The last question in this section was clearly subjective: What would each woman do if her husband was to beat her? Each woman had to explain briefly why she would take a particular
course of action. A staggering 61 per cent said they would run away (clear survival instinct?). Reasons given:-

"....... so that I come back when his temper has cooled so that we discuss our differences. and come to a compromise."

"To protect myself."

"It is customary to run away and come back later."

"To avoid being killed."

Those who said that they would report to the police station were 13.6 percent, 11 per cent would divorce the man and another 11.7 per cent said they would do neither of the alternatives offered. The majority of this last group said that they would simply do nothing; they would just stay at home.

"Stay, discuss and reconcile."

"Just stay with him, do nothing."

"It is normal to fight, so I would do nothing."

"Apologize and plead with him."

"He married me so I would just stay."

"It is his right."

This group clearly sees nothing wrong with wife beating, they have accepted it as 'normal' or as being the man's right. The rest (16.3 per cent) said that they would beat him too, in self-defence or to ensure that he did not take such liberties again. It would be interesting in a further study to analyze the composition of this 16 per cent and what other forms of disciplinary action, other than beating that the women had in mind (or that they are used to!) It is also worth investigating
whether women think that they have a right to discipline their husbands.

Dowry and marriage

The questionnaire carried only one question on dowry, thus:-

(Q26) "If a man you loved wanted to marry you but was unable to raise the dowry demanded by your parents, what would you do?"

a) Elope with him
b) Go ahead and marry him
c) Give him more time to raise the dowry
d) Convince my parents to lower the dowry
e) Other"

It must be stated right from the outset that dowry has been and still is an essential element of a valid customary marriage. If a man does not pay dowry to the parents of the girl he intends to marry no marriage will be recognized by her family and community. R.H. Simons\(^27\) wrote; "The payment of lobola (dowry) is necessary to validate a tribal marriage. No wife can feel secure in her marital status, no father has assured rights in his children until he has handed over lobola for her." Although Simons was writing of women in S. Africa, the same is true of the Kenyan situation.

Dowry is not essential for the validity of Civil or Christian Marriages, but in practice, parties to such marriages do still pay dowry before they can think of going through a marriage
ceremony. Payment of dowry is so embedded in the system that one frequently hears of educated women (even University graduates!) worrying of the fact that the husband has not finished the dowry and her parents are threatening to take her back to their home. Some women in fact go back to their parents' home on their own accord if the husbands do not complete the dowry in good time. Most women think they would be the laughing stock of the community if ever they continued living with a man who refused to pay dowry for them. These observations may explain the response of the women interviewed.

Of the 500 women who responded to this question, over 69 per cent indicated that they would not go ahead and marry the man they loved unless he had paid the dowry. Their choice was (c) or (d). Namely, they would either give him more time to raise the dowry, or try to convince the parents to lower the dowry. These women represented 75 per cent of the urban women who responded and 66.9 per cent of the rural respondents. Although statistically both the level of education and geographical environment may have a significant effect on the responses obtained, the above percentages tend to indicate that the majority of women in Kenya regard dowry as an indispensable requirement.

The remaining 31 per cent who said that they would go ahead and marry him or elope with him despite the non-payment of dowry, gave the following reasons for choosing that course of action:

"Dowry is not an essential element to our marriage"
"The major thing is happiness. If I can get this from this man, then I do not just see why I should wait for extended formalities."

"If I choose to listen to my parents' demands, the man might leave me and I would be the loser, not my parents."

"I would marry him, so that we can raise the dowry together. My parents would understand."

Willingness to Enforce Legal Rights

This whole study was carried out on the assumption that there was a genuine need to make women, especially married women, aware of their rights and protection in the Kenyan legal system. It was, however, not clear whether once the women had this legal awareness they would be prepared to enforce their legal rights. It is also common knowledge that some women who know the law or their legal rights in a particular situation are rarely ready to go to court to protect those legal rights or obtain a remedy at law. Two questions were therefore put to the respondents to get an idea of their views on the matter. The questions were:

(Q27) "If you had a legal right would you go to court to enforce or protect it?"

(Q29) "Many women who know their rights do not enforce them. Why is this so?"

Over 70 per cent said they would go to court, 17 per cent said that they would not and the rest did not know whether or not they would. The women in the first category represented 79 per cent of the rural sample and 52 per cent of the urban sample. These
percentages seem encouraging but a casual look through Law Reports shows that apart from divorce petitions, there are very few reported cases in which a married woman tried to enforce her legal rights against the husband, even against third parties unless the husband, even against third parties unless the husband happened to have some interest in the subject matter.

As regards the reasons why women rarely try to enforce their legal rights (even if they know them) almost 49 per cent though that the main reason was "fear of wrecking their marriages." 14 per cent thought that it was "lack of knowledge as to what to do". Slightly over 15 per cent thought that such women just did not want to go to court; the remaining women (22 per cent) said that the main reason was either the negative response from law enforcement officers or that the women feared what other people would say if they filed cases especially against their husbands or had the latter prosecuted.

All in all it might be said from the above that legal awareness does not go hand in hand with an influx of litigation that will significantly disrupt the marriage institution. Rather it makes the woman wiser; gives her some options and in case of real need gives her some assurance that she has a remedy in law. It is humbly submitted that a woman is an intelligent and reasonable creature, that she is unlikely to act rashly in most cases and that knowledge of the law is more likely to create a fair and just society than endanger it. Thus the fear expressed
by some men who were interviewed that legal awareness might lead to higher divorce rates is unfounded.

METHODS OF CREATING LEGAL AWARENESS

In the past, there have been few concerted efforts to make the general public aware of the law. The most notable ones are Radio Lawyer, a programme broadcast by Voice of Kenya (VOK) twice a week; Vioja Mahakamani a VOK television comedy; and weekly columns in two of the three English dailies in Kenya, "and a short column in two of the Public Law Institute in the Consumers' Digest". These efforts can at best be said to be grossly inadequate. Each has very grave shortcomings. The women interviewed felt that they never had time to listen or to learn anything from the radio programme. Those in the rural area said that many of them did not even have a radio and those with one felt that the duties of a woman in a rural home ruled out radio education. She was either collecting firewood, or cultivating in the fields or cooking with the children around at the time of the broadcast. The same view was taken by some of the urban women. About 40 per cent of the urban respondents conceded the fact that it was not so much the lack of time as the lack of incentive for taking the radio programme more seriously. They argued that topics of "interest" to them were rarely covered and that even if they are, there is no sufficient prior publicity to ensure that members of the public interested in the topic of discussion availed themselves at the material time.
At the time of writing this report, the television programme 
Viyoja Mahakamidi was no longer on the air. It had the obvious 
disadvantage of reaching only the urban reasonably well-to-do 
families who could afford television sets and had electricity 
supply. In addition the comic form in which it was produced 
deprived it of some vital element of a serious educational 
programme. Many women interviewed on this particular programme 
said that they never thought that it referred or related to 
actual existing provisions of law in Kenya! People tended to 
treat it as an entertainment programme falling within the 
category american comedies like The Jeffersons and Sanford and 
Son.

The newspaper columns designed to create legal awareness 
although simply written, are difficult to keep for future 
reference. About 30 per cent of the urban respondents who 
acknowledged ever having read such columns said that they merely 
read them but never made efforts to keep the articles. The 
newspapers are then used to light jikos or are resold to the 
nearest kiosk owner! What was read is most likely forgotten the 
same day so that it cannot be recalled when the need arises.

The Luhyas questionnaire used in this study carried a question 
as to the method(s) the respondent would prefer to see being used 
in creating awareness among Kenyan Women. An overwhelming 
number, 80 per cent (or 268 out of 334 who responded to the 
question) chose public meetings or barazas organized by community 
development officers (who incidentally are civil servants) at
location and sub-location level and open to both men and women. Just over 13 per cent (the next best choice) chose a combination of radio broadcasts and the public meetings mentioned above. This response is very significant in view of the fact that various women leaders and government officers interviewed also thought that this was indeed the only primary method of introducing legal awareness. The others can only be subsidiary and mainly follow-up methods.

The Director of the Women's Bureau of the Ministry of Culture and Social Services and other women in responsible positions in the Government felt that in the new government-sponsored District Focus for Rural Development programme, the District Women Development Committees will be the ideal tool through which this project for legal education for women throughout Kenya could be channelled. The District Women Development Committees (DWDC) are designed to co-ordinate women's activities at district level. They are composed of representatives of each non-governmental women's organizations in the district, for example, the local Maendeleo ya Wanawake branch and the Nyakinyua Women's Group. It does not matter what the primary aim of the group is - it may be hand craft-making, chicken-rearing etc - they are all to be represented. The DWDC is, therefore, an ideal channel for reaching all the organized women's groups in each district.

This researcher was made to understand that the Government has already given the green light for legal education through the Women's Bureau. The Bureau says that the funds are available but
because of staffing problems it cannot undertake the project itself. It has, however, indicated to various women's organizations that should come up with plausible or feasible proposals to promote legal education among Kenyan women, it will provide all necessary financial backing, to make it a success. It is worth noting here that none of the women's organizations had so far come up with concrete proposals towards this end.

This researcher had occasion to talk to the Director of the Public Law Institute which was primary established "to represent the legal interest of the social-economically disadvantaged groups in our society and to champion the greater interest of society in circumstances where they are under-represented or unrepresented". One of the methods the Institute intends to employ in order to achieve its overall aims is by, "educating the public of their legal rights and duties and the modalities for protecting those rights or discharging the duties as responsible citizens". The Institute's Legal Education Programme (LEP) aims at imparting practical knowledge and legal skills to target populations with a view of making them both legally aware and self-reliant. One of the target groups in this respect are women. The Institute has in fact, in conjunction with the College of Adult and District Education (CADE) of the University of Nairobi, prepared nation-wide lecture series in this respect.

With this in mind, this researcher spoke to a woman leader at the college who emphasised during the course of the interview that she was giving her personal view as an educator and they
were not to be construed as those of CADE. She felt that one isolated seminar or lecture is useless: that the women needed continuous information on common legal problems and the law applicable in each situation on the procedure to be followed in seeking redress should the need arise. The immediate medium for legal education should not be literary until the adult literacy programme gains some success to enable the rural population to gather elementary information from print. She also envisages a problem in that many of the rural women are struggling to achieve some form of economic (financial) independence and are, therefore, unlikely to be enthusiastic about legal education per se. The programme is more likely to succeed if combined with an economic activity, for example, handicrafts, goat or chicken rearing.

The problem of illiteracy has been identified by the Public Law Institute as one of the stumbling blocks in its LEP and I was made to understand from the Institute's short-term plan, that efforts are under way to develop various audio-visual programmes, for example, films and posters to counter this problem.

The Women's Bureau strongly believes that for the legal education programmes to succeed and, therefore, benefit the women in Kenya, they must be initiated by the women themselves. Consultation centres could be established at district level for this purpose. It would be desirable for such centres to be separate from government offices to ease congestion and remove the bureaucracy normally associated with government offices.
They should be manned by women of integrity in the local community. This last point is to prevent public opinion from taking a negative view of the whole programme.

The local District Women's Development Committee could be instrumental in setting up such consultation centres and any future efforts in legal education either by the government or non-governmental organizations and individuals could be channelled through the centres. Such centres could also be used to identify priority areas to be tackled in each district. This is so because in some areas, the main legal problem that women face may be alien to others. An example is that in some communities in Kenya, women are forced to abandon very small children in case of separation or divorce whereas in others that problem does not arise or is not acute. The use of the consultation centres mentioned above would also provide an agency for follow-up measures and monitoring service. Dissemination of any new information or research findings would also be greatly facilitated.

DATA ANALYSIS (METHODOLOGY AND RESULTS)

Objectives:

The objectives of this data analysis was three-fold, namely:-

a) to test the difference in response associated with the two geographical environments, that is, rural and urban

b) to test the difference in response associated with the level of education attained by the respondents
c) to test the difference in response associated with the age of the respondents

In other words, the analysis was to show whether or not, and if so to what extent, the three variables - geographical environment, education and age - had on the response or level of awareness.

Data organization:
The raw data was copied out into three separate charts - the first one containing the alternative responses offered for each of the questions from Question 14 to 30. Under each alternative was shown the number of respondents from the rural and then urban area who gave it as their response to that particular question. The Chart of Table is reproduced as Appendix 1 at the back of this report.

The second Table carried the alternative responses to questions 14 to 30 and below each alternative were the number of educated and uneducated respondents who gave it as their answer or response. In the latter category (uneducated) included all the respondents whose level of education was Standard 7 and below, that is, those who had not gone to school at all plus those who had not had more than seven years of formal education. All others were taken to be "educated". Obviously this is a broad definition of educated and a further study would need to re-classify this group with a view to establishing whether the actual level of education has any significant effect on levels of
awareness. It might also be interesting to find out the level of education. The relevant Table is reproduced as Appendix 2.

The third Table was used to test the effect of age on the response per question (14-30). The respondents were divided into 10 age groups, namely, 15-20 years of age, 21-25 years of age, 26-30 and so on. Under each question is shown the number of respondents from each age group who chose each alternative as their response. This Table is reproduced as Appendix 3.

Hypotheses:

The three hypotheses in this study were that:-

1. Geographical environment does not have any significant effect to the response.

2. Education (or lack of it) does not have any significant effect on the response.

3. The age of the respondents does not have any significant effect on the response.

Methods used:-

$X^2$ tests were applied to each Unit (composed of the different alternative responses to each question). The resulting $X^2$ values and degrees of freedom are shown in Table 1 below. Critical values for $X^2$ were taken at 5 per cent level.
Table 1.

<table>
<thead>
<tr>
<th>Question</th>
<th>X2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Geographical Environment</td>
</tr>
<tr>
<td>----------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>14</td>
<td>41.27 (18) : 83.76 (2) : 147.55 (2) :</td>
</tr>
<tr>
<td>15</td>
<td>48.92 (18) : 47.77 (2) : 29.89 (2) :</td>
</tr>
<tr>
<td>16</td>
<td>49.07 (18) : 14.48 (2) : 7.20 (2) :</td>
</tr>
<tr>
<td>17</td>
<td>51.16 (18) : 10.8 (2) : 1.60 (2) :</td>
</tr>
<tr>
<td>18</td>
<td>77.53 (18) : 84.76 (2) : 110.00 (2) :</td>
</tr>
<tr>
<td>19</td>
<td>73.70 (18) : 89.03 (2) : 71.17 (2) :</td>
</tr>
<tr>
<td>20</td>
<td>58.92 (18) : 50.76 (2) : 52.49 (2) :</td>
</tr>
<tr>
<td>21</td>
<td>62.90 (18) : 5.73 (2) : 7.99 (2) :</td>
</tr>
<tr>
<td>22</td>
<td>76.11 (27) : 5.87 (4) : 3.29 (4) :</td>
</tr>
<tr>
<td>23</td>
<td>68.74 (36) : 129.44 (4) : 101.97 (4) :</td>
</tr>
<tr>
<td>24</td>
<td>81.21 (36) : 30.44 (4) : 10.55 (4) :</td>
</tr>
<tr>
<td>25</td>
<td>200.32 (27) : 236.15 (4) : 227.9 (4) :</td>
</tr>
<tr>
<td>26</td>
<td>73.35 (18) : 62.34 (2) : 53.47 (2) :</td>
</tr>
<tr>
<td>27</td>
<td>157 (36) : 107.72 (5) : 142.4 (5) :</td>
</tr>
<tr>
<td>28</td>
<td>79.74 (54) : 66.16 (6) : 51.99 (6) :</td>
</tr>
</tbody>
</table>

Notes:

a) Questions 14-21 and 21 for both the geographical environment and education tests had 2 degrees of freedom with a critical value of 5.991.

b) Questions 22-26 have 4 degrees of freedom with critical value of 9.488.

c) Q 29 had 5 degrees of freedom with a critical value 11.070.

d) Q 30 has 6 degrees of freedom with a critical value 12.952.

Results of analysis:

1. Except for Q 21 and 22 the geographical environment had a significant effect on the response. Hypothesis 1 above, is
therefore accepted for Q 21 and 22 but rejected for the rest.

2. Except for Q 17 and 22, hypothesis 2 above is rejected but accepted for those two questions.

3. Age is significant for all questions and therefore hypothesis 3 is rejected.

From the above analysis, one may wonder why questions 21 and 22 differed from the general pattern. While the geographical environment was found to have a significant effect on the response to each question, it did not have any effect in question 21, why?

In the body of the report on ownership of property, it was pointed out that the rural population seems to have been referring to the widow's right to use her late husband's property rather than the right to own it! Thus the results of the statistical analysis may be based on incorrect data (that the response was the same for both populations when it was not.)

Question 22 was, "Who has got the principal right over the children on the death of their father?" and the overwhelming majority said that it was the children's mother. The analysis above shows that both the geographical environment and education did not have any significant effect on the response, contrary to the pattern identifiable in the other question. The reason(s) can only be a matter of conjecture. This question touched on a matter that any woman who is a mother is bound to feel strongly about, law or no law. She feels that nobody can or should
possibly have a superior claim to children she has brought into this world. This fact remains whether or not the mother is education or whether she lives in the rural or urban area. The women expressed what they sincerely and emotionally believed ought to be the law, if it was not already the law.

CONCLUSION

From the report above, it is clear that many of the women interviewed were not aware of the law relevant to the problems paused. If the sample is taken as representative of the whole Kenyan population then the situation or problem requires urgent remedial steps by both the Government and non-governmental organizations. Even where substantive law is known, there is a general lack of awareness of procedural laws necessary for enforcement of one's legal rights.

An attempt was made to make recommendations for further studies and/or immediate action in the relevant sections of the report. Some of those recommendations are summarised here below:-

1. A similar study be conducted in relation to men. It is the researcher's contention that legal education of women is very unlikely to be beneficial in practice unless men are also aware of the relevant legal provisions.

2. There is a need to identify the organizations best suited to embark on the whole legal education
programme. Field Assistance and/or consultancy services may be extended to such organizations in identifying areas of law that should be given priority in different areas of the country.

3. Further and detailed study is necessary to establish the level of awareness (or is it unawareness). This would assist policy makers and interested organizations in appreciating the magnitude of the problem and determining the means best suited to tackle the problem.

4. It would also be interesting to investigate some of the questions left unanswered by this study. For instance; does the level of awareness increase with the level of education attained? Does geographical environment really affect the level of awareness? Note that in this study environment and education were basically the same variable.
FOOTNOTES


2. "Property Ownership Structure among the Kikuyu and its impact on the Status of Women" by Kiagayu.

3. "Matrimonial Property in Kenya" by V.W Mucai

4. S.B.O. Gutto (above)

5. 5.2 Cap. 23 Laws of Kenya: see also Karanja V Karanja

6. Cap. 300 Laws of Kenya

7. Cap. 160 Laws of Kenya

8. See 5.2 Law of Succession Act

9. Cap. 144 Laws of Kenya

10. S. 7 Cap. 144 Laws of Kenya

11. Cap. 10 Laws of Kenya

12. Cap. 144 (above)

13. See Wambua V Okumu (1970) EA 578


15. Cap. 150 Laws of Kenya

16. Ss 49 and 50. Marriage Act (Cap. 150)

17. (1970) EA 55 on page 57

18. 1942 n.a.c. (c & c) 8 (A S. African Case. See also Wanjiku Macharia v Macharia (1968) EA 216.

19. See Wanjiku v Macharia (1968) EA 216; Mwenyezangu v Abdulla (1897-1905) KLR 281; Pazi v. Mohamedi (1965) EA 11; See also S.B.O. Gutto (above)

20 See Spiers v Hunt (1908) IKB 120; Shaw v Shaw (1954) 2 Q.B. 429

22. Married Women's Property Act 1882

22A. See back page of the Standard of 28th March 1985

23. Cap. 63 Laws of Kenya ss. 234, 250, 251

24. Criminal Appeal No. 89 of 1982 (Court of Appeal at Kisumu)

25. Criminal Appeal No. 28 of 1982 (Court of Appeal at Nakuru)

26. For an interesting discussion of Interspousal immunity read "Sex Roles in Law and Society (cases and Materials)" by Leo Konowitz

27. African Women - Their legal status in S. Africa


   A Short Term Plan by O. Ooko - Ombaka, Director

29. Supra
**APPENDIX I: GEOGRAPHIC ENVIRONMENT AND RESPONSE**

<table>
<thead>
<tr>
<th></th>
<th>14</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>19</th>
<th>20</th>
<th>21</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>b</td>
<td>c</td>
<td>a</td>
<td>b</td>
<td>c</td>
<td>a</td>
<td>b</td>
<td>c</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural Respondents</td>
<td>98</td>
<td>236</td>
<td>16</td>
<td>140</td>
<td>200</td>
<td>12</td>
<td>46</td>
<td>294</td>
</tr>
<tr>
<td>Urban Respondents</td>
<td>88</td>
<td>24</td>
<td>5</td>
<td>60</td>
<td>28</td>
<td>20</td>
<td>28</td>
<td>72</td>
</tr>
<tr>
<td>Totals</td>
<td>186</td>
<td>260</td>
<td>21</td>
<td>200</td>
<td>228</td>
<td>32</td>
<td>74</td>
<td>366</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>22</th>
<th>23</th>
<th>24</th>
<th>25</th>
<th>26</th>
<th>27</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>b</td>
<td>c</td>
<td>d</td>
<td>e</td>
<td>a</td>
<td>b</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural Respondents</td>
<td>320</td>
<td>10</td>
<td>6</td>
<td>0</td>
<td>10</td>
<td>250</td>
</tr>
<tr>
<td>Urban Respondents</td>
<td>110</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>40</td>
</tr>
<tr>
<td>Totals</td>
<td>430</td>
<td>12</td>
<td>6</td>
<td>0</td>
<td>10</td>
<td>290</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>29</th>
<th>30</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>b</td>
<td>c</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural Respondents</td>
<td>10</td>
<td>208</td>
</tr>
<tr>
<td>Urban Respondents</td>
<td>18</td>
<td>24</td>
</tr>
<tr>
<td>Totals</td>
<td>28</td>
<td>232</td>
</tr>
</tbody>
</table>
### APPENDIX 11: EFFECT OF EDUCATION ON RESPONSE

<table>
<thead>
<tr>
<th></th>
<th>14</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>19</th>
<th>20</th>
<th>21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educated Women Form 1 and Above</td>
<td>a b c</td>
<td>a b c</td>
<td>a b c</td>
<td>a b c</td>
<td>a b c</td>
<td>a b c</td>
<td>a b c</td>
<td>a b c</td>
</tr>
<tr>
<td></td>
<td>133</td>
<td>18</td>
<td>0</td>
<td>98</td>
<td>49</td>
<td>0</td>
<td>54</td>
<td>120</td>
</tr>
<tr>
<td>Educated Std 7 and below</td>
<td>97</td>
<td>223</td>
<td>17</td>
<td>138</td>
<td>187</td>
<td>13</td>
<td>54</td>
<td>276</td>
</tr>
<tr>
<td></td>
<td>14</td>
<td>15</td>
<td>16</td>
<td>17</td>
<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td>Educated Women Form 1 and Above</td>
<td>a b c</td>
<td>a b c</td>
<td>a b c</td>
<td>a b c</td>
<td>a b c</td>
<td>a b c</td>
<td>a b c</td>
<td>a b c</td>
</tr>
<tr>
<td></td>
<td>163</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>74</td>
<td>32</td>
<td>3</td>
</tr>
<tr>
<td>Educated Std. 7 and below</td>
<td>315</td>
<td>8</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>230</td>
<td>36</td>
<td>56</td>
</tr>
<tr>
<td></td>
<td>27</td>
<td>29</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educated Women Form 1 and Above</td>
<td>a b c</td>
<td>a b c</td>
<td>a b c</td>
<td>a b c</td>
<td>a b c</td>
<td>a b c</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>84</td>
<td>30</td>
<td>41</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educated Std. 7 and Below</td>
<td>15</td>
<td>5</td>
<td>205</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>24</td>
<td>94</td>
<td>0</td>
<td>27</td>
<td>201</td>
<td>36</td>
<td>46</td>
</tr>
</tbody>
</table>
### APPENDIX III: AGE AND RESPONSE

<table>
<thead>
<tr>
<th>Question</th>
<th>14</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>19</th>
<th>20</th>
<th>21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Groups</td>
<td>a</td>
<td>b</td>
<td>c</td>
<td>a</td>
<td>b</td>
<td>c</td>
<td>a</td>
<td>b</td>
</tr>
<tr>
<td>15 - 20 Years</td>
<td>14</td>
<td>14</td>
<td>8</td>
<td>16</td>
<td>18</td>
<td>2</td>
<td>4</td>
<td>32</td>
</tr>
<tr>
<td>21 - 25 Years</td>
<td>34</td>
<td>32</td>
<td>4</td>
<td>30</td>
<td>34</td>
<td>4</td>
<td>6</td>
<td>58</td>
</tr>
<tr>
<td>26 - 30 Years</td>
<td>38</td>
<td>36</td>
<td>4</td>
<td>30</td>
<td>44</td>
<td>6</td>
<td>12</td>
<td>66</td>
</tr>
<tr>
<td>31 - 35 Years</td>
<td>36</td>
<td>28</td>
<td>4</td>
<td>36</td>
<td>22</td>
<td>16</td>
<td>18</td>
<td>50</td>
</tr>
<tr>
<td>36 - 40 Years</td>
<td>14</td>
<td>24</td>
<td>4</td>
<td>28</td>
<td>14</td>
<td>2</td>
<td>8</td>
<td>36</td>
</tr>
<tr>
<td>41 - 45 Years</td>
<td>6</td>
<td>16</td>
<td>2</td>
<td>8</td>
<td>16</td>
<td>0</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>46 - 50 Years</td>
<td>16</td>
<td>24</td>
<td>0</td>
<td>22</td>
<td>16</td>
<td>2</td>
<td>12</td>
<td>28</td>
</tr>
<tr>
<td>51 - 55 Years</td>
<td>6</td>
<td>20</td>
<td>0</td>
<td>8</td>
<td>18</td>
<td>0</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>56 - 60 Years</td>
<td>4</td>
<td>16</td>
<td>0</td>
<td>8</td>
<td>12</td>
<td>0</td>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td>Over 60 Years</td>
<td>8</td>
<td>20</td>
<td>0</td>
<td>2</td>
<td>24</td>
<td>2</td>
<td>0</td>
<td>26</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>22</th>
<th>23</th>
<th>24</th>
<th>25</th>
<th>26</th>
<th>27</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Groups</td>
<td>a</td>
<td>b</td>
<td>c</td>
<td>d</td>
<td>e</td>
<td>a</td>
</tr>
<tr>
<td>15 - 20 Years</td>
<td>26</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>21 - 25 Years</td>
<td>66</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>38</td>
</tr>
<tr>
<td>26 - 30 Years</td>
<td>76</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>52</td>
</tr>
<tr>
<td>31 - 35 Years</td>
<td>60</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>44</td>
</tr>
<tr>
<td>36 - 40 Years</td>
<td>42</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>26</td>
</tr>
<tr>
<td>41 - 45 Years</td>
<td>24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>46 - 50 Years</td>
<td>38</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>24</td>
</tr>
<tr>
<td>51 - 55 Years</td>
<td>24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>56 - 60 Years</td>
<td>16</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>Over 60 Years</td>
<td>28</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>26</td>
</tr>
<tr>
<td>Question</td>
<td>29</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------</td>
<td>----</td>
<td>----</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a</td>
<td>b</td>
<td>c</td>
<td>d</td>
<td>e</td>
<td>f</td>
</tr>
<tr>
<td>Age Groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 - 20 Years</td>
<td>4</td>
<td>14</td>
<td>2</td>
<td>2</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>21 - 25 Years</td>
<td>2</td>
<td>30</td>
<td>6</td>
<td>16</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>26 - 30 Years</td>
<td>8</td>
<td>42</td>
<td>14</td>
<td>2</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>31 - 35 Years</td>
<td>8</td>
<td>30</td>
<td>4</td>
<td>4</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>36 - 40 Years</td>
<td>2</td>
<td>16</td>
<td>2</td>
<td>4</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>41 - 45 Years</td>
<td>0</td>
<td>18</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>46 - 50 Years</td>
<td>2</td>
<td>18</td>
<td>0</td>
<td>0</td>
<td>18</td>
<td>0</td>
</tr>
<tr>
<td>51 - 55 Years</td>
<td>0</td>
<td>18</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>56 - 60 Years</td>
<td>0</td>
<td>12</td>
<td>0</td>
<td>2</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Over 60 Years</td>
<td>0</td>
<td>26</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
QUESTIONNAIRE

Part 1 (Respondent's Name and Social-Economic Status)

Date of Interview:

1. Name of Respondent:

   District: Location
   Sublocation:

2. Date of Birth:

3. Religion: a) Catholic
   b) Protestant
   c) Muslim
   d) Others
   (Tick as appropriate)

4. What is your highest level of education?
   a) None
   b) Standard 1 to 7
   c) Form 1 to 4
   d) above form 4 but not form 5 (e.g. teacher training, nursing)
   e) Form 5 to 6
   f) Above form 5 but not university
   g) University

5. Employment of respondent:
   a) housewife
   b) unemployed
   c) employed
   d) self-employed
6. Do you have children?  
   Yes:  
   No: 

7. How many? 

8. Do they live with you?  
   Yes:  
   No: 

9. If not with whom do they live? 

Part 11 (To be filled in by married women) 

1. Your husband's name: 

2. Age: 

3. Does he live with you?  
   Yes:  
   No: 

4. Are you his only wife?  
   Yes:  
   No: 

5. If you are not his only wife you are his 
   a) first 
   b) second 
   c) third 
   d) fourth or other 

6. You were married: 
   a) in church 
   b) at the DC's Office 
   c) Attorney General's Chambers 
   d) according to customs 
   e) Just started living together 

7. Is your husband employed?  
   Yes:  
   No: 

8. What is his highest level of education? 
   a) none 
   b) Standard 1 to 7 
   c) Form 1 to 4 
   d) Above form 4 but not form 5 
   e) Form 5 to 6 
   f) Above Form 6 but not university 
   g) University
9. Do you think he earns more than you? Yes \[\_\_\_\_\_\_\_\_\_] No \[\_\_\_\_\_\_\_\_\_\_

9A. If no does it bother him? Yes \[\_\_\_\_\_\_\_\_\_\_] No \[\_\_\_\_\_\_\_\_\_\_\_

10. Do you have a joint account with your husband? Yes \[\_\_\_\_\_\_\_\_\_\_] No \[\_\_\_\_\_\_\_\_\_\_\_

11. Was it your idea to open it? Yes \[\_\_\_\_\_\_\_\_\_\_] No \[\_\_\_\_\_\_\_\_\_\_\_

12. Do you have property of your own? Yes \[\_\_\_\_\_\_\_\_\_\_] No \[\_\_\_\_\_\_\_\_\_\_\_

13. If you buy property with your money can you sell it without your husband's consent? Yes \[\_\_\_\_\_\_\_\_\_] No \[\_\_\_\_\_\_\_\_\_\_

Part III (To be answered by all respondents)
(designed to test whether or not the respondent is aware of her legal rights)

14. Does a woman have a right to own property? Yes \[\_\_\_\_\_\_\_\_\_] No \[\_\_\_\_\_\_\_\_\_\_] I don't know \[\_\_\_\_\_\_\_\_\_\_\_

15. Do you think men have a right to discipline their wives? Yes \[\_\_\_\_\_\_\_\_\_\_] No \[\_\_\_\_\_\_\_\_\_\_\_] I don't know \[\_\_\_\_\_\_\_\_\_\_\_

16. Is it lawful for a husband to beat his wife? Yes \[\_\_\_\_\_\_\_\_\_\_] No \[\_\_\_\_\_\_\_\_\_\_\_] I don't know \[\_\_\_\_\_\_\_\_\_\_\_
17.

Does a man married in church have a right to marry another woman?

- Yes
- No
- I don't know

18.

Who has got a bigger right over children in a marriage?

- Their father
- Their mother
- Both
- I don't know

19.

Are you "properly" married if no ceremony is performed?

- Yes
- No
- I don't know

20.

If you have been living with a man you are not married to and you find that he is going to marry another girl, can you stop that marriage?

- Yes
- No
- I don't know

21.

Does a widow have any right over her late husband's property?

- Yes
- No
- I don't know

22.

Of the following persons, who has got the principal claim over the children on the death of their (the children's) father?

- a) their mother
- b) their paternal grandparents or
- c) their paternal uncles or aunts
- d) their step-mother (if any)
- e) I don't know
Part III (to be answered by all respondents)
(designed to test whether or not the respondent is aware of her legal rights)

23. If your husband was to beat you, what would you do?
   a) run away
   b) report to the police station
   c) divorce him
   d) beat him too
   e) other

(number 1 to 5 in order of priority)

Explain briefly why you would take the above course of action:

24. If you have been living with a man, and he sends you out of his home because he is going to marry another girl, what would you do?
   a) Kill him or the girl or myself
   b) Leave his house
   c) File a case against him
   d) Other

Explain briefly why you would take the above course of action.

25. If your husband insisted that you give him your salary every month, what would you do?
   a) Absolutely refuse
   b) File a case against him
   c) Give it to him
   d) Report the matter to the police
   e) Other
Explain briefly why you would take the above course of action.

26. If a man you loved wanted to marry you but was unable to raise the dowry demanded by your parents, what would you do?

a) Elope with him
b) Go ahead and marry him
c) Give him more time to raise the dowry
d) Convince my parents to lower the dowry
e) Other

Explain briefly why you would take the above course of action.

27. If you had a legal right would you go to court to enforce or protect it?

Yes: No: I don't know:

Why?

28. In your view which of the following factors would be obstacles in creating the legal awareness.

a) husbands
b) fear of what others would say
c) lack of interest
d) money
e) other
29. Many women who know their right do not enforce them. Why is this so?

<table>
<thead>
<tr>
<th>Option</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>for fear of what other people will say</td>
</tr>
<tr>
<td>b)</td>
<td>for fear of wrecking their marriages</td>
</tr>
<tr>
<td>c)</td>
<td>lack of knowledge as to what to do</td>
</tr>
<tr>
<td>d)</td>
<td>they don't know</td>
</tr>
<tr>
<td>e)</td>
<td>Negative response from law enforcement officers (policemen)</td>
</tr>
<tr>
<td>f)</td>
<td>Other</td>
</tr>
</tbody>
</table>
PART III

PARTICIPATION OF WOMEN IN PRIMARY HEALTH CARE (PHC) - SWAZILAND


A Case Study of South Eastern Swaziland, Shiselweni Region

Jean Rutabanzibwa - Ngaiza

May, 1987
ACKNOWLEDGMENTS

I would like to extend my sincere gratitude to the Ministry of Health, Swaziland, for allowing me to carry out this work and also for their unfailing support and co-operation throughout the whole exercise. The Director for Health Services, Dr. James Thuku and the former Deputy Director for Health Services, Dr. Ruth Tshabalala deserve special mention for their guidance and support especially during the early months of the project.

My thanks also go to the Regional Administrator, Mr. Tshabalala (Shiselweni) for giving the project the final go-ahead and thereby making our entry into the communities a bit easier. The health staff at regional and clinic levels were most cooperative, to the extent of providing accommodation for any of the research assistants. They also put up very well with our impromptu arrivals at the clinics to interview the patients and gave as much time as they were able to in answering our queries. Particular thanks go to the Senior Medical Officer, Dr. Shija, not only for his interest in the project, but also for allowing me to interrupt him as often as I did in my quest for answers to various questions.

There are a number of people, in various ministries, departments and organizations who provided immense assistance in the preparation of this project either by providing relevant and related literature, or through informal conversations concerning the subject under study. They are, Dr. Qhing Qhing Dlamini, Public Health Unit, Mbabane; Dr. Rhodes Mwaikambo, former MCH/FP
177

Consultant (IPPF), Matron Ntiwane, Public Health Unit, Mbabane; Ms. Lucy Gilson, Health Planner, Ministry of Health 1984 - 1986; Mr. Mduduzi Hlophe, Health Planner; Ms. Nomakhosi Mlambo, Ministry of Agriculture and Cooperatives. From the Central Lukhele, Government Statistician and Mr. Paul F. Kunene, Statistician. Sr. Gladys Matsebula in-charge of the Control of Childhood Communicable Diseases (CCCD) Programme. Mary - Pat Selvaggio, USAID; Mr. Mark Stirling, UNICEF; Lauri Dunn, Pricor Project on Community Financing for Rural Health
Motivators.

Jan Testerink, Acting Director, Social Sciences Research Unit, University of Swaziland (UNISWA); Ms. Liz Lule, former Head, Statistics Department, UNISWA. Mr. M.N. Nkambule, Ministry of Natural Resources and Land Utilization. From the Census Office, Mr. P.M. Nhleko and Ms. D.V. Dlamini. Mrs. Pitnera Mthembo and Mr. Bongani Magongo both at the Health Education Centre.

At Hlatikulu Regional Hospital, Dr. B. Radebe, Mr. Charles Mkhonza, Regional Health Administrator and Ms. Thoko Maseko, Hospital Administrator. Since it is impossible to put down the names of everyone who provided assistance, both personally and professional, I can only extend my heartfelt gratitude for all they did for me.

In London: His Excellency Mr. George Mamba, High Commissioner for Swaziland who contacted the Ministry of health after reading the research proposal. Also at the High Commission, Mr. J. 
Mlhanga, Education Counsellor who briefed me about the country and its people.

Dr. Patrick Vaughn, Kris Heggenhougen and Gill Walt of the Evaluation and Planning Centre for Health Care (EPC), London School of Hygiene and Tropical Medicine. It was through their support that the idea for the project evolved into tangible form.

My research assistants, who persevered under sometimes extreme conditions, throughout the months we were "out there" collecting data and, like myself, gained some insight into the rural women, did a tremendous job. We have indeed been enriched by this experience. This is a result of team work and the areas I sought to cover under the broad subject of participation in PHC, could never have been done by me alone. I therefore, thank these ladies most sincerely for the work they have done.

Buzile Dladla (Matsanjeni)
Nonhlanhla Mazibuko (Hluti)
Celiwe Nkonyane (Interviewer for the sub-study on traditional beliefs and practices pertaining to maternal and child health, and also part-time secretary).

In Mbabane: Mrs. Margaret Thidwa and her "team" at Speedway Secretarial Services who undertook the task of, not only typing and binding the report, but also transcribing and translating the bogogo interviews.
If it had not been for the cooperation of the communities we worked in, there would not be much to report on. Therefore, on behalf of myself and my research assistants our many thanks go to the chiefs and their subjects for welcoming us into their communities and their homes.

The women in these communities, who are the subjects we sought to study as it were, willingly opened a window onto their lives, even if we were only able to see through half or even less of it. Our presence in their communities as people from The Ministry of Health' raised many expectations for example, the prospect of a new clinic or even hospital nearby, and water pumps and pipes. Our only promise to them was that everything we learned from them, especially concerning their health and environmental conditions, would be done. It is sincerely hoped that the results of this project will be used in devising strategies, under the PHC umbrella and outside it (for example, legal system) which will lead to the betterment of women's lives, especially in rural Swaziland.

Finally, special thanks to the International Development Research Centre, Nairobi and SAREC, Sweden for financial support which made it possible to undertake this research.
LIST OF CONTENTS

Page No.

Acknowledgements 176

1. SWAZILAND 185
   1.1 Geography, Climate, Population 185
   1.2 Health Care Delivery System (HCDS) 188
   1.3 Health Problems 189

2. PARTICIPATION OF WOMEN IN PRIMARY HEALTH ACRE (PHC) SWAZILAND 191
   2.1 Research Objectives 191
   2.2 Specific Objectives 191
   2.3 Research Questions 193

3. METHODOLOGY 196
   3.1.0 SELECTION OF RESEARCH SITE:
       Why Shiselweni region 202
   3.1.1 Specific Research Sites 202
   3.1.2 Recruitment of Field Assistant 205
   3.1.3 Training of Assistants 206
   3.1.4 Revisions to Homestead selection 206
   3.1.5 Selection Procedure for Hlutí Sample 207
   3.1.6 Actual Data Collection 210
   3.1.7 Identification of Traditional Birth Attendants (TBAS) 212

4. PARTICIPATION - A KEY FACTOR IN PHC 215
   4.1 Ministry of Health Policy on Participation in PHC 215
5. RESULTS

5.1 CHARACTERISTICS OF THE STUDY POPULATION

5.1.1 Sample size

5.1.2 Age

5.1.3 Women's Fertility Profile

5.1.5 Education

5.1.6 Characteristics of Study Homestead

5.2 Health For all By The Year "2000" Have you heard the slogan?

5.3 Front-line Health workers, Have you heard of Rural Health Motivators?

5.5 Women's Participation in Community Affairs

5.5.1 Women's Groups and Organizations

5.6 Knowledge of MCH Services

5.6.1 Services for mothers

5.6.2 Services for children

5.7 How Women Heard About the Services

5.8 Knowledge of What Specific Services are for Vaccinations

5.8.2 Weighing

5.9 Women's decision to utilize Health Care Service

5.9.1 Who decided to have children vaccinated?

5.10 ILLNESS EPISODES AND HEALTH CARE CHOICES

5.10.1 What was done about complaints
5.10.1.1 Nothing
5.10.1.2 Home Remedies
5.10.1.3 Shop bought medicine
5.10.1.4 Traditional Healer
5.10.1.5 Clinic/Hospital
5.10.2 Health Care Options-Who decides?
5.10.2.1 For Children
5.10.2.2 For Women: Pregnant and Lactating
5.11 WOMEN'S DECISION-MAKING CONCERNING FERTILITY ISSUES
5.11.1 Contraceptive Knowledge, Practice and Attitudes, Ideal number of children desired by sex and couple or Conjugal Communication.
5.11.2 Knowledge and use of contraceptives
5.11.3 Reasons for non-use of contraceptives
5.11.3.1 Matsanjeni
5.11.3.2 Hluti
5.11.4 The decision to use contraceptives
5.11.5 Conjugal or Couple Decision-making Family Planning and Ideal Number of Children
5.11.6 Ideal Number of Children
5.11.6.1 Matsanjeni
5.11.6.2 Hluti
5.11.7 Preferred sex ratio of Idea; Number of Children
5.11.7.1 Matsanjeni
5.11.7.2 Hluti

5.12 TRADITIONAL PRACTICES, BELIEFS, ATTITUDES PERTAINING TO MATERNAL AND CHILD HEALTH:

5.12.1 The Traditional Birth Attendants (TBAS)
5.12.2 Pregnancy
5.12.3 Pre-natal care
5.12.4 Childbirth
5.12.5 Possibility of learning from doctors and nurses

5.13 CLINIC LEVEL STUDY
5.13.1 Clinic Users
5.13.1.1 The sample
5.13.1.2 Client/Patient satisfaction with clinic services
5.13.2 How services can be improved - client/patient views
5.13.2.1 Why Patients Preferred Non-government clinic
5.13.3 Use of MCH Services - Who decides?
5.13.3.1 Child Welfare Services
5.13.3.2 Ante-natal Services
5.13.3.3 Reason(s) why decision taken to attend clinic
5.13.5 The staff
5.13.5.1 Relationship between health staff and patients 282
5.13.5.2 Women patients/clients involvement in scheduling clinic sessions and staff transfers 282
5.13.5.3 Complaints from Patients 283
5.13.5.4 Relationship between staff and patients 284
6. CONCLUDING DISCUSSION 287
7. APPENDICES 290
SWAZILAND

1.1 Geography, climate, population

The Kingdom of Swaziland is the second smallest country on the African continent after Gambia. Its area is approximately 6,700 square miles. It runs less than 120 miles from north to south and 90 miles east to west. The 1986 Population Census puts the population at around 676,100 representing an annual growth rate of 3.2 per cent during the period 1976 - 1986. Slightly less than half the population is under 15 years of age and the male to female ratio is 90.2 to 100. Over 80 per cent of the population resides in the rural areas. On the north, west and south, it is boarded by the Republic of South Africa, whilst on the east lies Mozambique.

The country is divided into four distinct ecological areas running almost parallel from north to south (Map 2). These areas are; the highveld running from west to east, ranging in altitude from 6,000 ft. to 3,500 ft. above sea level with a cool moist climate. The capital of the country is situated in this area. The subtropical middleveld has an altitude of between 3,500 ft to 1,500 ft. The industrial heart of Swaziland, Manzini is here. It has the largest population concentration in the country. The third area is the Lowveld which lies between 1,000 ft and 500 ft above sea level and has a hot, dry climate. On the eastern side of the country lies the Lubombo Plateau, said to be the rockiest of the four areas with climatic conditions resembling the middleveld.
There are four administrative regions, Hlohho, Manzini, Shiselweni and Lubombo. Manzini Region has 28.2 per cent of the population, followed by Hhohho (26.5%); Shiselweni (22.7%) and Lubombo (22.5%). (Map 1).

Shiselweni Region, where this study was conducted, is said to have the largest number of absentee household heads. Between 1976 - 86, it had the lowest annual population growth rate, less than 2.8 per cent per annum. It is also the only, region within the country which has within its borders, the four geographic areas. The study homesteads are concentrated in the middle and lowveld areas of Shiselweni.
Map 1: Swaziland Agroecological Zones and Administrative Districts

Source: Swaziland National Nutrition Survey Report 1983
1.2 Health Care Delivery System (HCDS)

Modern health care is provided through a network of clinics, health centres, and hospitals run by the Government, missions, companies and private doctors. There are 7 Government hospitals, 7 company ones, and 3 run by missions. Of the 134 clinics and health centres in the country, 46 are Government, 36 private, 32 mission and 20 belonging to companies. Over 80 per cent of the clinics are in the rural areas.

Swaziland's health care system is essentially hospital or clinic based with a bias towards curative medicine. Sixty per cent of all general hospital beds are said to be located in the Mbabane - Manzini corridor which is urbanised and has a high concentration of industrial activity. Shiselweni Region has a total of 13 Government and 5 mission clinics. It has the highest number of clinics in the country. The Regional Hospital is located at Hlatikulu and has about 200 in-patient beds.

Although clinics are almost evenly distributed throughout the country, they do not necessarily succeed in serving the largest number of people. The rural population lives in scattered family homesteads and these tend to be located far from essential services such as clinics, schools and transportation. The training of community health workers known as Rural Health Motivators (RHMs) is an attempt to bring modern health care to the communities.
1.3 Health problems

The health problems with which the HCDS is meant to deal with are mainly caused by poor environmental conditions including inadequate sanitary facilities and lack of clean water supplies. Gastroenteritis, respiratory illness, tuberculosis and problems associated with childbirth are high on the list of leading causes of morbidity and mortality. Bilharzia is endemic in the Lowveld and drug resistant malaria is on the increase. Children, especially those under 5 years, easily succumb to diarrhoeal and other infectious diseases, exacerbated by poor nutrition. The 1983 Swaziland National Nutrition Survey found stunting in a third of the children 0 - 4 years of age.²
Footnotes

2. PARTICIPATION OF WOMEN IN PRIMARY HEALTH CARE (PHC) SWAZILAND

2.1 Research objectives

The broad objective of this research was to reveal factors influencing women's decision-making in health and health-related matters with the overall aim of using the research findings for strengthening and improving Maternal and Child Health (MCH) services and their delivery. Provision of MCH services is part of the core activities of the PHC approach, whose goal is to reach a state of 'Health For All by the Year 2000'. To attain the above state, however, the Health Care Delivery System as a whole in particular MCH Services have to be organized and re-organized so as to benefit those the services were meant to reach. Because women predominate in both the informal (traditional) and formal health care system\(^1\), the restructuring process of the Health Care Delivery System will have to involve women at all levels of decision-making.\(^2\)

2.2 Specific objectives

Two groups of women were to be studied relative to decision-making:

a) Providers of MCH services

b) Users of MCH services

However, it becomes obvious that to look at 'Women's Participation in PHC' one needed to look at a broader group of
women, because primary health care, as first care, is not necessarily confined to clinic level care. So in effect, providers of Health Care should encompass providers of health care within the home and community as well as the clinic. The users category therefore includes both the users of what can be termed 'health options' or 'alternatives' (services) within the community, and clinic users.

Having thus extended the definitions of these two terms, Providers and Users, the follow groups were identified and they comprised the main study groups:

1. Homestead Level: Users/Providers of both traditional and modern health care services
   1.1 Pregnant women - (users/providers if health care)
   1.2 Lactating mothers - (users/providers of health care)
   1.3 Mothers of children 0 - 5 years (providers/users of health care services)
   1.4 Guardians of Children 0 - 5 years (providers/users of health care services)
   1.5 Children 0 - 5 years. Illness of these children determined the action taken by the mother or guardian, that is, whether or not to seek modern health care, traditional, or do nothing.

2. Clinic Users of MCH services:
   2.1 Pregnant women
   2.2 Lactating women
2.3 Mother of 0 - 5 years olds
2.4 Children aged 0 - 5 years

3. Clinic Level Providers of MCH services (Nurses and nurse assistants)

4. Community Level Providers of MCH services

As a means of obtaining answers to Research Question Number 5, below interviews of older women (over 60 years of age) all of them grandmothers, or bogogo were conducted. These were women identified by women in number one above as traditional birth attendants. They were relatively well-known within their communities and had assisted numerous deliveries in their lifetime.

2.3 Research questions

The research centred around, and was guided by the following main questions:

1) To what extent were and are women as providers of MCH services involved in the decision-making processes (planning services, management etc.) in the provision of these services?

2) To what extent do women as users of MCH services participate in clinic level activities other than in their capacity as service users?
3) In what activities within the household and the community do women participate and make or influence decisions? (Specifically, how are health and/or health related decisions within the household made)?

4) What is the nature of the relationship between the female health staff and users of MCH services?
   - What are the attitudes towards each other?
   - Do their perceptions of their roles in the provision and utilization of health care differ?

5) What are the traditional practices, beliefs and attitudes on maternal and child health? How do these influence the use and non-use of MCH services?
Footnotes


2. In Swaziland, women constitute 65% of all health employees; see UNICEF REPORT January 1984, Explanatory Notes on the Programme Submission for Swaziland 1984 - 1985 - Maputo.
In order to make the questions operational, that is to translate them into data gathering form, a form which would focus on decision-making, each question was broken down into a sub-study and where necessary sub-questions were added. Data gathering instruments were worked out, the population concerned identified as well as the investigator who would be mainly responsible for collecting all the information required.

Below is the breakdown of each main research question into a sub-study and the level at which it was conducted, the information required and instruments used to gather the data, the investigator(s) and lastly, the population concerned.

<table>
<thead>
<tr>
<th>Main Question</th>
<th>Substudy Level</th>
<th>Information Required and Instrument(s) Used</th>
<th>Investigator(s)</th>
<th>Population Concerned</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. &quot;How are health and/or: health related health related decisions within the &quot;household&quot; made - Who decides or influences the decision?</td>
<td>1. Homestead</td>
<td>Illness episodes of: - children 0 - 5 years old - pregnant women lactating women - other family members</td>
<td>2 Field Assistants, working 6 days a week (principal Investigator sometimes)</td>
<td>102 homesteads 51 in each of the 2 study areas</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 Questionnaires administered at least twice (x2) a month for each homestead Form 11 (a) Part A, Form 11 (c)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

...
<table>
<thead>
<tr>
<th>Main Question</th>
<th>Substudy Level</th>
<th>Information Required and Instrument(s) Used</th>
<th>Investigator(s)</th>
<th>Population Concerned</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;How are health and/or health related decisions within the &quot;Household&quot; made? - Who decides or influences the decisions?</td>
<td>Homestead</td>
<td>(a) Knowledge, Attitude and Practice of Family Planning (FP) and decision to contracept or not</td>
<td>2 Field Assistants (Principal Investigator sometimes)</td>
<td>Mothers and/or of children aged 0-5 year olds who are of child-bearing age also currently pregnant women in the 102 homesteads</td>
</tr>
<tr>
<td>&quot;How are health and/or health related decisions within the &quot;Household&quot; made? - Who decides or influences the decisions?</td>
<td>Homestead</td>
<td>(b) Conjugal or couple communication concerning FP and desired number of children - Questionnaire administered during last 2 months of the study because women were more relaxed in our presence and less shy answering intimate questions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;How are health and/or health related decisions within the &quot;Household&quot; made? - Who decides or influences the decisions?</td>
<td>Homestead</td>
<td>Homestead members in paid employment where/if money sent or brought back to homestead/how often - Questionnaire (once) Appendix 1 Choice of health care may be influenced by whether or not a person has financial access to it</td>
<td>2 Field Assistants (Principal Investigator sometimes)</td>
<td>Mothers of 0-5 year olds -Pregnant women -Lactating mothers -Guardians of 0-5 year olds in 102 homesteads</td>
</tr>
<tr>
<td>&quot;How are health and/or health related decisions within the &quot;Household&quot; made? - Who decides or influences the decisions?</td>
<td>Homestead</td>
<td>Women's Fertility History - Total number of pregnancies - Total number of living children - Any deaths, and/or miscarriages - Questionnaire (once)</td>
<td>2 Field Assistants (Principal Investigator sometimes)</td>
<td>Mothers of 0-5 year olds -Pregnant women -Lactating mothers -Guardians of 0-5 year olds in 102 homesteads</td>
</tr>
</tbody>
</table>
Additionally to the above - Observations on overall condition of the homestead, that is, environmental hygiene, child care etc. were noted down (Notes) for each visit when necessary. Diaries were also kept by the assistants on general issues discussed with the women in informal interviewing.

<table>
<thead>
<tr>
<th>2. &quot;In what activities within the community do women participate and make or decision?</th>
<th>5. Community activities in which women are involved: (If possible, how many of these activities are health or health related?</th>
<th>2 Field Assistants</th>
<th>Women attending community meetings and/or women's group meeting(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Homestead: - Women's knowledge of women's groups - whether or not women are members of group(s) that exist.</td>
<td>2 Field Assistants</td>
<td>Leader(s) of women's group(s)</td>
<td></td>
</tr>
<tr>
<td>7. Community: Existing health care options: - traditional healers/ herbalists etc - traditional midwives - Rural Health Motivators - Mobile clinics (outreach) - Hospitals - self care utilizing traditional medicine (herbs, etc.) or shop bought medicines</td>
<td>- Mothers of children 0-5 years old - Pregnant women - Guardians of children 0-5 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Main Question</td>
<td>Substudy Level</td>
<td>Information Required and Instrument(s) Used</td>
<td>Investigator(s)</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>----------------------------------------------------------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>3. &quot;What are the traditional practices, beliefs and attitudes on maternal and child health?</td>
<td>8. Homestead and community</td>
<td>Informal interviews (open-ended questions on interview schedule to guide interviewer)</td>
<td>One field assistant:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pregnancy - child care - child spacing - child birth</td>
<td>Principal Investigator</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Informal interviews (open-ended questions on interview schedule to guide interviewer)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tape recording of whole interview</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Note taking where necessary</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9. Homestead and Community</td>
<td>Utilization of (a) Traditional health care system (b) Clinic services for preventive, curative and delivery services: Questionnaire Form 11 (a) Part A</td>
<td>2 Field Assistants:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Observations of how pregnant women are treated in homesteads, what work they do etc.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUB QUESTION**

"How do these influence the use and/or non-use of MCH services?" (to be interpreted within context of research findings)
4. "What is the nature of the relationship between the female health staff and users of MCH services?"

**SUB-QUESTIONS**
- "Do their perception of their roles in the provision and utilisation of health care differ?"

<table>
<thead>
<tr>
<th>10. Community Health facility based study</th>
<th>11. Regional Level</th>
<th>12. Diary keeping and note taking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client/patient satisfaction or otherwise with services</td>
<td>Organization and operation of MCH services within Shiselweni Region</td>
<td>Principal Investigator</td>
</tr>
<tr>
<td>Patient participation in clinic level activities</td>
<td>Informal interviews</td>
<td>Senior persons concerned with MCH services and Regional Health Services</td>
</tr>
<tr>
<td>- Health staff attitudes towards patients ability to participate in, for example, scheduling clinics</td>
<td>Secondary sources</td>
<td>Matron Public Health Unit (PHE)</td>
</tr>
<tr>
<td>- Problems faced by service providers</td>
<td></td>
<td>Matron Regional Hospital</td>
</tr>
<tr>
<td>- Women in study homesteads</td>
<td></td>
<td>Senior Medical Officer</td>
</tr>
</tbody>
</table>

5. "To what extent do women users of MCH services participate in clinic level activities other than in their capacity as service users?"

<table>
<thead>
<tr>
<th>11. Regional Level</th>
<th>12. Diary keeping and note taking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization and operation of MCH services within Shiselweni Region</td>
<td>Principal Investigator</td>
</tr>
<tr>
<td>Informal interviews</td>
<td>Senior persons concerned with MCH services and Regional Health Services</td>
</tr>
<tr>
<td>Secondary sources</td>
<td>Matron Public Health Unit (PHE)</td>
</tr>
<tr>
<td>- Matron Regional Hospital</td>
<td>Matron Regional Hospital</td>
</tr>
<tr>
<td>- Senior Medical Officer</td>
<td>Senior Medical Officer</td>
</tr>
<tr>
<td>Main Question</td>
<td>Substudy Level</td>
</tr>
<tr>
<td>---------------</td>
<td>----------------</td>
</tr>
</tbody>
</table>
| "To what extent WERE and ARE women as providers of MCH services involved in the decision making process (planning management etc.) in the provision of these services?" | 12. Central Level | - Organization of Health Care Delivery System in Swaziland - Historical Background of health services (specific focus on development of MCH Services and women involved in this process) - Placement of women in key positions (policy-making, planning etc.) within MCH - Women's Projects and/or Projects with women component Informal interviews using INTERVIEW SCHEDULE as guide Secondary sources - Archives - MCH files - University, for example, (SSRU) - Ministry of Agriculture and Cooperatives | Principal Investigator | - Health Planner and other(s) in Planning Unit - Chief Nursing Officer - Medical Nursing Officer - Medical Officer PHU, Mbabane - 1/C Personnel Unit, MoH - MOH Consultant PHU, Mbabane - Matron 1/C PHU | - Clinic Supervisor(s) - Regional Health Administrator - Hospital Administrator - Health Planner and other(s) in Planning Unit - Chief Nursing Officer - Medical Nursing Officer - Medical Officer PHU, Mbabane - 1/C Personnel Unit, MoH - MOH Consultant PHU, Mbabane - Matron 1/C PHU - OCD Co-ordinator - 1/C Statistics Unit, MoH - Director, Health Services - Deputy Director, Health Services - 1/C Institute of Health Sciences
3. SELECTION OF RESEARCH SITE: WHY SHISELWENI REGION

During the initial preparatory stages of the research in London (England) the Annual Statistical Reports for 1970, 1971, 1978, 1979 and 1981 on the Kingdom of Swaziland were scanned for data on health. The 1981 Maternal and Child Health (MCH) clinic returns for the four regions, Manzini, Hhohho, Lubombo and Shiselweni reported more underweight children (38.9%) aged 0 - 5 years being brought to the clinics in Shiselweni Region than in the other three.¹ This then became the primary criteria for selecting Shiselweni.

3.1 Specific research sites

It was decided that the research take place in two areas. One area would be within the Rural Development Area Programme (RDAP)² and the other area, outside the RDAP.

The RDAP can be seen as a vehicle through which "comprehensive development" is promoted.³ There are basically 3 phases to the programme:

---

<table>
<thead>
<tr>
<th>Main Question</th>
<th>Substudy Level</th>
<th>Information Required and Instrument(s) Used</th>
<th>Investigator(s)</th>
<th>Population Concerned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>- Other Ministries and Departments</td>
<td></td>
<td>- 1/C Health Education Centre</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Donor Agencies</td>
<td></td>
<td>- 1/C Family Life Association of Swaziland</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Lutshengo</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Other non-governmental organizations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1) **Planning.** Drawing up a rough plan for development of infrastructures etc. Planning is done (or supposed to be) in conjunction with members of the community who have as their advisers, the extension workers in that area.

2) **Minimum Input Phase.** This phase involves working out detailed land use plans based on the one developed by the community, by the Ministry of Agriculture and Cooperatives. These are then taken back to the people of the area for their approval. A project centre is also constructed and limited inputs are introduced, for example, personnel.

3) **Maximum - Input Phase.** Once the plans have been approved, "the Ministry of Agriculture and other related agents then proceed to expand the provision of inputs, designate a project manager and other officers needed to run and coordinate the program, introduce improved, rural and social services, and developments in the form of physical reorganizations and land-use improvements that are specified in the plan."[^4]

Since RDPAs "... are theoretically based on the concept of mass participation in both decision-making and implementation of rural development plans"[^3] a choice of two different areas would enable one to compare differences in women's participation in PHC, specifically decision-making relative to health matters. The assumptions underlying the above were that:

a) **women living in RDAs would be more likely to participate in community affairs than women living in non-RDAs.**[^5]
b) having had the opportunity to participate at the community level, women would be more likely to assert themselves making decisions within the home.

A Map of Swaziland with the Rural Development Areas (RDAs) delineated was obtained from the Ministry of Natural Resources and Land Utilization. Selection of RDA and non-RDA areas to be covered by the study was done by drawing arbitrary borders around areas marked Maximum - Input RDA, Minimum Input RDA and Non-RDA in the Sheselweni Region. This constituted the Sampling frame of 34 enumeration area6 of which 10 were Non-RDAs and 12 Max-RDAs.

With the assistance of the Central Statistical Office, and Census Office, random sampling of Enumerating Areas (EAs) and homesteads to be covered was done as follows:-

Step One: Listing of Enumeration Areas covered by arbitrary boundary.

Step Two: Listing homesteads in each EA (that is, total number of homesteads).

Step Three: Cumulative frequency distribution of homesteads worked out.

Step Four: Random selection of six EAs in each area with five homesteads per EA, and two substitute homesteads for each homestead. This was designed to give a good "spread" within each EA. A sample size of 30
homesteads in each area was thought adequate in terms of yielding statistically significant conclusions.

A total of 13 EAs were selected and the ones with large populations selected twice. There were 90 homesteads and 36 substitute homesteads. The 2 substitute homesteads were related to the selected ones.

Step Five: For the selected and substitute homesteads, names of the homestead heads were listed, as well as the number of the homestead, given prior to the Population Census which took place in August 1986.

The Census Office was able to provide aerial maps for each enumeration area on which each homestead was marked. From these maps, it was easy to see at a glance the location of the selected homesteads and the relative distance between them. The areas selected covered maximum and minimum input RDAs and non-RDA areas.

3.2 Recruitment of field assistants

The Central Statistical Office assisted in recruiting 2 female assistants. They had previously taken part in a nationwide Manpower Survey, their only other experience with interviewing. Both were secondary school leavers.
3.3 Training of assistants

The training of the 2 field assistants took one week. In this period, they were given a general introduction to the purpose of the research, the questionnaires they were to use and coached in approaching subjects for interviews. Time was also spent on going through each of the questionnaires which were in English and agreeing on the Siswati translation so that both asked the same question in the same way.

Due to certain constraints, it was not possible to field test the questionnaires. Instead, the questionnaires were tested by the assistants on each other and on a woman residing with the principal investigator. It was decided that if any further changes needed to be done, they would be done while in the field. Fortunately very few revisions were needed.

3.4 Revisions to homestead selection

Changes had to be made once we got to "the field". This resulted in our discarding almost all the homesteads originally selected, and following a different sampling procedure. From the logistics point of view, it was not possible to cover all the areas, the Principal Investigator being alone in the supervisory role. The distances to be covered by the two Research Assistants between homesteads turned out to be too great to allow for comprehensive collection of data as detailed in the substudy outline. It was therefore decided that the Assistants reside in two relatively
close areas and cover homesteads there. In Matsanjeni, only one EA was taken and 51 homesteads within it randomly selected.

This number (51) was arrived at after considering distances to be travelled between homesteads and working out a "reasonable" average number of homesteads to be covered daily so that more time could be invested in each homestead.

In the second study area, Hluti (minimum-input RDA), it was decided to select the study population from women already using Hluti clinic. The reason was that the research assistant had been given accommodation at the clinic and had to rely on an infrequent bus service to reach the originally selected homesteads. Due to time considerations, the assistant was to select 25 women and for each of these, visit their nearest neighbour who had children aged 0 - 5 years. This would increase the sample to 50 homesteads.

3.5 Selection procedure for Hluti Sample
Duration - nine (9) days at the clinic. Women were selected randomly using numbered cards which are distributed to women waiting to be seen for ante-natal, post-natal or child welfare services.

The workload at the clinic did not appear heavy enough to yield the 5 women per day sample we were aiming for, so instead, the following selection process was followed:-
<table>
<thead>
<tr>
<th>Number of women present</th>
<th>Number to select</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 (minimum before selection could begin)</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>11 - 15</td>
<td>5</td>
</tr>
<tr>
<td>16 - 18</td>
<td>6</td>
</tr>
<tr>
<td>19 - 25</td>
<td>10</td>
</tr>
</tbody>
</table>

For each woman selected, the following details were noted down by the Assistant: Name of homestead, Area of residence (that is neighbourhood or community name) and Instructions on how to get to the homestead.

After 9 days, a total of 25 women had been selected representing 25 homesteads. During the same period a few of the homesteads were visited. Finally, a total sample of 42 homesteads was reached as a result of finding no children aged 5 years and under in the neighbouring homesteads. In order to have a similar number of homesteads in both areas, 9 of the homesteads in the original sample were retained, thus increasing the sample to 51 homesteads.

Altogether, the study sample consisted of 102 homesteads, 51 homesteads each area, and covering a total of 11 Enumeration Areas (10 in Hluti, 1 in Matsanjeni). Data collection in these areas took 7 months. (See Map 2).

Three months after we began, additional questions were added (Appendix 4). There were to guide the interviewers in-depth conversations with women in selected homesteads. Each assistant
selected 15 homesteads. Much of what was discussed as a result of these questions is recorded in the diaries.

For substudy Number 8, a third field assistant was hired to conduct the bogogo interviews.

3.6 Actual data collection
Once the homesteads had been selected, the next task was to determine whether or not pregnant women, mother/child and or guardian/child units existed in these homesteads.

A homestead census was therefore undertaken using Form 1 (Appendix 5) to identify homestead members. Form 11(b) was also used during this first round as it identified some of the areas to be covered more thoroughly later on. The first phase of the study took just over one month to complete.

Mothers and/or guardians of a child/children aged 0 - 5 years and pregnant women were tested on their knowledge of, and availability of, MCG services. Children's vaccination status was also noted down. Form 11 (a) Part B was used for the above. It took nearly 3 months to complete the form due to continuous movement of our sample of women, homestead members, in and out of the study homesteads.

After completion of Forms 1 and 11(b), visits to record illness of homestead members began. Two forms were used for this, Form 11(a), Part A and 11(c). Form 11(a) Part A focused on pregnant and/or lactating women and children aged 0 - 5 years, whereas Form 11(c) recorded illnesses of other family members.
aged approximate amounts of money used for health care.

Although the initial idea was to visit each homestead twice a month, in practice, it proved to be impossible due to:-

a) the distance between homesteads especially for the Assistant in Hluti. At times only one homestead per day could be covered instead of the projected 4 or 5.

b) absence of key correspondents, that is, mothers/guardians. This necessitated re-visits to the same homestead which meant that by the time all 51 homesteads had been covered, it was well over a month.

c) public holidays, especially in December 1986. The field Assistants were away for nearly 3 weeks.

d) other unforeseen circumstances - like illnesses and deaths in our respective families which kept us away for a few days.

e) drop-out(s) from the study. One homestead in Matsanjeni "moved" away and did not return. The homestead head had fallen ill and the family went to reside at an Inyanga's home. A few other respondents also "dropped out", some went to visit relatives others went away to deliver and had not returned by the time data collection was terminated.

f) more than two visits to some homesteads because of errors in filling the questionnaires or neglecting to record essential information, for example, whether or not respondent is pregnant.
3.7 Identification of Traditional Birth Attendants (TBAs)

In Form 11(a) Part B, women were asked whether or not they knew of a traditional birth attendant in their area, and also who assists women who deliver at home (See questions 15 and 16). A list of names was later compiled to see the frequency with which each was mentioned. These women were then followed up, a request was made to interview them after explaining how we got their name(s), and the purpose of our visit. Only one woman refused to be interviewed, and that was after accepting our request for an interview. A total of six (6) women, all grandmothers aged 65 years were interviewed in 2 visits to their homesteads.

Unfortunately, it was not possible to follow up the pregnant women and ask specific questions on the traditional medications they were given (if any) rituals they had to observe and how, generally, they were treated. This warrants a separate study.

Throughout the field data collection phase, the Principal Investigator resided in Hlatikulu where the Regional Hospital is situated. From here, access to "back-up" facilities for the study, for example, photocopying, typing of forms, was made relatively easier although such services were available in either Mansini (76 Kms from Hlatikulu) or Mbabane (120 Kms away). For the first 2 months of study, the Principal Investigator commuted almost daily to Hluti and Matsanjeni to participate in the interviewing, discuss problems with the Assistants and offer support where needed.
The report was written in the space of 7 weeks. Tabulation of data was done manually. Prior to completion of the report, a presentation of preliminary results from the study was presented to a group of Ministry of Health officials working in Public Health. A second presentation to disseminate the results to a wider audience is scheduled for late June 1986.
Footnotes


<table>
<thead>
<tr>
<th>Region</th>
<th>Total First Visit:</th>
<th>0-2 years:</th>
<th>3-5 years:</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shiselweni</td>
<td>9,048</td>
<td>16%</td>
<td>22.9%</td>
<td>38.9%</td>
</tr>
<tr>
<td>Hhohho</td>
<td>7,803</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Lubombo</td>
<td>6,015</td>
<td>10.2%</td>
<td>5.8%</td>
<td>16%</td>
</tr>
<tr>
<td>Manzini</td>
<td>5,488</td>
<td>16.1%</td>
<td>7.6%</td>
<td>23.7%</td>
</tr>
</tbody>
</table>

2. The RDAP Programme began in 1970 and is an attempt by the Swaziland Government to increase productivity and incomes of mostly subsistence farmers on Swazi Nation Land. There are currently 17 RDAP areas. 11 Max-input, 6 Min-input.


4. Ibid

5. A direct result of the RDAP was seen to be "community development" which would also benefit rural women by helping them to spend their time "more productively", see, Swenepoel and deBeer "Community participation in Swaziland's rural development" Africa Insight, Vol. 13, No. 2, 1983.

6. Enumeration Areas (EAs) are areas with specific populations and homesteads, demarcated as such by the Census Office to aid them in the Census taking exercise.
4. PARTICIPATION - A KEY FACTOR IN PHC

4.1 Ministry of health policy on participation in PHC

The Swaziland National Health Policy\(^1\) states that the main objective of the MOH is to improve the health status of all Swazis through provision of preventive, promotive, rehabilitative and curative health services which are relevant (or appropriate) and accessible to everyone. In order to achieve this, the ministry of health has adopted the PHC strategy which aims at bringing health services to the people.\(^2\)

With particular reference to women, the PHC strategy involves the provision of maternal and child health care services, including family planning, as well as the other seven "basic elements" which include the promotion of food supply and proper nutrition, promotion of clean water supplies and sanitation, and immunization.\(^3\) Women in Swaziland are expected to "participate" in realizing the ultimate goal of the PHC strategy, which is improvement of the health status.

Particularly pertinent to the study of women's participation in PHC in Swaziland therefore is the MOH's stated intention to decentralize planning and delivery of services to the regional level. Thus "(providing) for local grass roots participation in the decision-making process".\(^4\)

The MOH recognizes the need to involve communities in maintaining their own health and to facilitate this, programmes or services which are intended to benefit the local populace must have the latter's input into planning, implementation and
financing so that long term success is assured. "The consumers will be more committed to both the establishment and successful results in a higher quality of services which reach the people for whom they are intended".5

To this end, the MOH has identified as one of its major priorities in health sector development, the development of mechanisms to facilitate grassroots participation in planning and implementing health programmes6. One of these mechanisms is the re-establishment of community health committees based at the clinics.7

As already mentioned, participation is one of the key elements to successful implementation of the PHC strategy. One underlying assumption in discussions about peoples participation in health programmes is that the said people already know what they are expected to participate in and understand the implications of their participation.

This study sought to first establish whether or not women knew about MCH services, and specifically, if they understand what vaccinations and weighing of children were meant for. Secondly, if they had ever heard of the slogan 'Health for all by the year 2000', and the concept of 'Primary Health Care'.

Without first establishing how much women know and understand about MCH services it would be futile to discuss women's participation in the design, operation and utilization of MCH services.
Footnotes


2. It is estimated that 85% of the Swazi population resides in the rural areas. First provisional results of the 1986 census put the resident population at 676,100; representing an annual growth rate of almost 3.2% for intercensal period 1976-86.


4. Ibid pg 12.

5. Ibid pg 12.

6. Ibid pg 12.

7. MOH 1984, Asibonisane special issue Guidelines on How to Organize a Community Health Committee, Published by the Health Education Centre.
5. RESULTS

5.1 Characteristics of the study population

5.1.1 Sample Size

Table 1 below gives a breakdown of the study groups. There was a total of 185 respondents. Ninety per cent (90%) were biological mothers of children aged 0 - 5 years, 9% were guardians, and 1% pregnant women without any children. Of the 185 women, 19% (35) were pregnant. Mothers and guardians were responsible for a total of 309 children aged 0 - 5 years.

Table 1. The Sample

<table>
<thead>
<tr>
<th>Area</th>
<th>Sample Size</th>
<th>Children(a) 0-5 years</th>
<th>Biological(b): Mothers of children 0-5 years</th>
<th>Guardians(c): Children 0-5 years</th>
<th>Pregnant(d): Total but no child(ren) to look after</th>
<th>Total No. of Pregnant women</th>
</tr>
</thead>
<tbody>
<tr>
<td>HLUUTI (51)</td>
<td>179</td>
<td>106</td>
<td>8 (all grand-mothers)</td>
<td>1</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>MAISANJENI (51)</td>
<td>31</td>
<td>61</td>
<td>8 (2 aunts, 6 grand-mothers)</td>
<td>1</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>309</td>
<td>167</td>
<td>16</td>
<td>2</td>
<td>35</td>
<td></td>
</tr>
</tbody>
</table>

d) The women had not delivered when the study was terminated and were not directly responsible for any child(ren) aged 0 - 5 years.
e) Women in this column are part of column (b).

In addition to the 185 women who were visited by the researchers over a seven month period, 6 older women were interviewed on traditional practices, beliefs and attitudes pertaining to maternal and child health (See Substudy 8).

5.1.2 Age

The distribution of respondents in the two study areas was as follows:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Women</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 - 19</td>
<td>25</td>
<td>14</td>
</tr>
<tr>
<td>20 - 24</td>
<td>39</td>
<td>21</td>
</tr>
<tr>
<td>25 - 29</td>
<td>39</td>
<td>21</td>
</tr>
<tr>
<td>30 - 34</td>
<td>22</td>
<td>12</td>
</tr>
<tr>
<td>35 - 39</td>
<td>20</td>
<td>11</td>
</tr>
<tr>
<td>40 - 44</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>45 - 49</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>50 - 54</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>55 - 59</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>60+</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>NA</td>
<td>14</td>
<td>8</td>
</tr>
</tbody>
</table>

TOTAL: 185: 100%

Sixty-eight per cent (68%) of the respondents were aged from 15 to 34 years. Of these, 62% were in the age groups 20 - 24 and 25 - 29, the peak fertility period. Eight per cent (8%) either could not tell what age they were, or did not have it recorded by
the interviewer. Table 3 shows the age distribution of respondents in Hluti and Matsanjeni.

Table 3. Percentage Distribution of Respondents by Age Group in Hluti and Matsanjeni.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Hluti</th>
<th>Matsanjeni</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>(18)</td>
<td>(7)</td>
</tr>
<tr>
<td>20-24</td>
<td>(27)</td>
<td>(12)</td>
</tr>
<tr>
<td>25-29</td>
<td>(25)</td>
<td>(14)</td>
</tr>
<tr>
<td>30-34</td>
<td>(13)</td>
<td>(9)</td>
</tr>
<tr>
<td>35-39</td>
<td>(10)</td>
<td>(10)</td>
</tr>
<tr>
<td>40-44</td>
<td>(6)</td>
<td>(3)</td>
</tr>
<tr>
<td>45-49</td>
<td>(5)</td>
<td>(3)</td>
</tr>
<tr>
<td>50-54</td>
<td>(2)</td>
<td>(2)</td>
</tr>
<tr>
<td>55-59</td>
<td>(1)</td>
<td>(1)</td>
</tr>
<tr>
<td>60+</td>
<td>(3)</td>
<td>(9)</td>
</tr>
<tr>
<td>NA</td>
<td>(5)</td>
<td>(7)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>(115)</td>
<td>(70)</td>
</tr>
</tbody>
</table>

5.1.3 Women's Fertility Profile (Appendix 6)

Mothers and guardians of children aged 5 and under were asked how many living children they had and the number of pregnancies they had had. Where there was a deficit, reasons for it were obtained, for example, miscarriage, child death currently pregnant for the nth time. Responses were obtained for 183 women.
Table 4. Number of Women by Total Number of Pregnancies and Number of Living Children (Percentage in last row off to nearest decimal place)

<table>
<thead>
<tr>
<th>No of Living: Children</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Pregnancies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NA</td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NA = 1 woman had moved away from study homestead

* 2 women were expecting their first children
1 woman gave birth, baby died a week later
** twins
Twenty-six per cent (26%) of the women had only one child. Fifteen per cent (15%) each had two and three living children. Twenty-nine per cent (29%) had between 4 and 6 children and 13% more than 6 children.

Forty-five per cent (45%) reported having less children than pregnancies. Thirty-four per cent (34%) of these women had experienced at least one miscarriage. One woman had had 4 miscarriages. This is clearly indicative of the poor or lack of adequate pre-natal care mothers receive, be it diet, health care or general care in the home. For women who lost children between 0 - 5 years, unfortunately, only the Hluti data has age at death recorded. Twenty-seven per cent (27%) of the Hluti respondents had lost children between age 0 - 5, the majority of these children dying before their first birthday.

In Matsanjeni, 36% reported that their children had died. One woman had lost five. Such experiences make the task of promoting child-spacing or family planning very difficult especially in rural areas where socio-economic conditions are far from ideal. Women will continue to desire 'a lot of children' as will become evident in the selection of knowledge, attitudes and practice of contraception.

5.1.4 Education

We all understand and appreciate the importance of education in today's world for it places those with and those without it, at relatively distinct levels of advantage and disadvantage.
Formal modern education plays a vital role in health care. A person who can read (and write) is more likely to read health messages, for example, posters at clinics and follow written instructions if given a treatment regimen that requires written instructions. In terms of decisions to use modern or traditional health care systems, one would expect to find a higher proportion of those who have passed through the modern education system utilizing modern health facilities than those who have not. In this respect, education can be regarded as a tool for change and change is what PHC is about. Changing peoples lives through new and or different behaviours conducive to healthy living, changing relationships between males and females or between health workers and their patients/clients (see clinic level study pg. 66). PHC is also about changing power relationships both within the family and the community.

5.1.5 Level of Education
The illiteracy rate was found to be high. Nearly a quarter (22.7%) of the women could neither read nor write. Only 4.8% had functional literacy, most of them acquiring it through the adult literacy campaign efforts, 'sebenta'. Slightly over 41% completed or left at the primary school level. The corresponding figure for secondary school was 27.5%. Only 4.8% had gone for training after their secondary education. Two major factors appeared to contribute to the high drop-out rates.
First and foremost was poverty. Many families could not afford to pay school fees especially if they had more than one child in school. Secondly, school-girl pregnancies which not only interrupted education, but in the majority of cases destroyed chances of continuing as the women now had new responsibilities which would inevitably draw on the already meager homestead resources. Thirty per cent (30%) of the respondents were daughters, nieces, grand-daughters or sisters of the homestead head under 30 years of age, still residing at home. For the two study areas, the figures were 34% (Hluti) and 23% (Matsanjeni).

5.1.6 Characteristics of study homesteads

There were 102 homesteads, 51 in each of the 2 study areas, Hluti and Matsanjeni. Fourteen per cent (14%) of the homesteads were headed by females. The average number of persons per homestead was 8. Seventy three per cent (73%) had one or more members in paid employment.

Crops grown

Ninety four per cent (94%) grew the staple, maize, with one or more other crops. These included sweet potatoes, Irish potatoes and cabbage.

Over half of the Matsanjeni homesteads (57%) grew cotton as a cash crop. In Hluti, 22% grew cotton and 6% had tobacco.
Only 34% were found to have home vegetable gardens whose produce was sold in part and the rest used for homestead consumption.

Seventy eight per cent (78%) of the homesteads had no pit latrine or toilet of any type. The main sources of water were streams and rivers, usually quite a distance from the homesteads.
Footnotes

1. The level or grade attained may be decisive here. Obviously the higher the grade reached, the more likely that 'modern' ideas will have some influence.

2. PHC actually places a lot of responsibility on the individual for their own health. If in so doing the assumption is that the individual will feel they have the power to change their lives, then it is equally true to assume that the feeling of powerlessness will result in inertia or at best skepticism as to how changes for better health can be introduced.
5.2 "Health For All By The Year 2000" Have you heard the slogan?

If everyone, is to participate effectively in implementing PHC strategies for the attainment of the goal, "Health for All by the Year 2000", they must firstly know what they are expected to participate in, and secondly know the goal towards which they are working.

The slogan "Health for All by the Year 2000" has been widely used in literature on PHC including health education posters and other messages, since the Alma-Ata International Conference on PHC in 1978.

Women in the 30 selected homesteads were asked whether or not they had ever heard the slogan. Fifty-three per cent (53%) of the Hluti sample had heard the slogan but were not too sure what it meant. They expressed some reservation as to the possibility of achieving the state of health for all by the year 2000 because of their present environmental conditions. They had no pit latrines and no clean water. An entry in the field assistants diary reads:

"..... they say they don't think there will be health for all by the year 2000 if the people responsible (for helping them don't) care about them".

In Matsanjeni, 87% had never heard the slogan. Three women said they had heard the year 2000 mentioned in connection with the coming of Jesus in that year, heralding the end of the world.
5.3 Front-line Health Workers: "Have you heard of Rural Health Motivators?"

The Rural Health Motivators (RHM's) are community health workers selected by the community from amongst its members. They represent the first line contact of the community with PHC and the modern health care system. An RHM is responsible for 40 homesteads in her/his community and among others, the RHM's job includes identifying and solving problems in the community, teaching and assisting in maternal and child health and promoting community participation in community development.

The RHM training programme has been in operation since 1979 in Swaziland. To test whether or not the programme or knowledge of RHMs had reached the study areas, women were asked if they had heard of RHMs. The distribution of replies was as follows.

Table 6. Knowledge of RHMs by Area: Percentage

<table>
<thead>
<tr>
<th>Area</th>
<th>Response</th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>HLUTI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Matsanjeni</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Eighty-six per cent (86%) of the sample had never heard of RHM's. The 11 per cent who had heard of them lived within the catchment area of a clinic which had recently trained a group of RHM. However, none of these homesteads had ever been visited by an RHM.

It appears there is an information gap concerning RHMs which has to be dealt with urgently especially in areas farthest from a static health facility. It is these areas that, for a long while, will have to depend on their own devices to combat diseases because of inadequate government resources for establishing health facilities either within their communities or relatively nearby. Information or publicity about the RHM training programme and the rationale for such a cadre, must be disseminated well before plans for training someone from a specific area are executed. The 'awareness' building phase is extremely important in making the people conscious both about the programme and the possibility that they can, and will have to deal with their own health problems instead of waiting for the government to provide for them.
Footnotes
1. The Conference was held in the city of Alma-Ata, in the Soviet Union. This is where the PHC was first defined as "Essential Health care based on practical scientifically sound, and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and the country can afford. This is maintained at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family, and the community with the national health system, bringing health care as close as possible where people live and work and constitutes the first element of a continuing health care process".

2. Apparently some people from the MOH had been going around asking people to dig holes for latrines, promising them building materials, but, these MOH people had not been back since and the open holes were becoming hazardous with cows falling inside and unable to climb out again.

3. Also: - motivate, teach, organise and follow-up the community
    - motivate, assist and refer for family planning
- assist in emergency home deliveries
- teach, motivate assist and organise the community to promote environmental sanitation.
- identify, teach, prevent and refer communicable diseases
- identify, teach, prevent and refer mental illness
- teach and promote mental health
- promote adult literacy
- identify resources and collaborate with extension workers

5.5 Women's participation in community affairs

5.5.1 Women's groups and organizations

One of the areas this study sought to examine is women's participation in community activities or affairs. This participation can be effected through activities which involve both men and women, or through exclusively women's groups. It has been suggested that women's groups be utilized as entry points to health work based on the PHC approach\(^1\) and that health planners seriously consider this possibility\(^2\).

One hundred and eighty one (181) women were asked whether they knew of a women's group in the area. Those responding in the affirmative were asked if they were members.

In Hluti, sixty-three per cent, (63%) did not know of any and of the 37% who did know, only 5% were members. Sixty-two per cent (62%) of the Matsanjeni sample knew of a group and 44% were members. Table 7 gives the distribution of resources.

### Table 7. Women's Knowledge and Membership of Local Women's Group(s) by Area

<table>
<thead>
<tr>
<th>Area</th>
<th>Know of Group</th>
<th>If YES is a member:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Hluti</td>
<td>(41)</td>
<td>(70)</td>
</tr>
<tr>
<td></td>
<td>23%</td>
<td>39%</td>
</tr>
<tr>
<td>Matsanjeni</td>
<td>(43)</td>
<td>(26)</td>
</tr>
<tr>
<td></td>
<td>24%</td>
<td>14%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>(84)</td>
<td>(96)</td>
</tr>
<tr>
<td></td>
<td>47%</td>
<td>53%</td>
</tr>
</tbody>
</table>
The groups said to exist in Hluti are: Red Cross, Market Tinkhuku (Chicken Keeping), Masingcwabisane (Burial Society) and Umjikelezo (money lending group). Many of the women had learnt of these and only two belonged to one, the Burial Society.

Matsanjeni appeared to have more women who were members of a group. Three were mentioned; Zenzele (Self help)\(^3\) handicraft and sewing group and Lutshango\(^4\). Over fifty per cent (50\%) who said they were members belonged to the Zenzele, vegetable gardening group. The women had been allocated some land which was divided into portions for each woman. When harvested, some of the crops were consumed, the other sold to non-member homesteads.

It appears that the organization of women into groups at the grassroots level is weak. One informant claimed that husbands prevented their wives from joining women's groups because they believed the women would use this as cover or excuse for meeting lovers!

The apparent popularity of the Zenzele group stems from the fact that it offers women an avenue through which they can make some cash income. The handicraft and sewing group provided a similar opportunity but unfortunately the person organising it moved away from the area and it folded.

Women realised the need for some income generating activities, but not necessarily through a women's group. For instance in Hluti, nine income generating activities were identified ranging from brewing local beer to knitting jerseys.

For women's groups to become a viable tool for PHC work, they
must first address problems facing rural women. One of these problems is the lack of financial resources to meet family needs such as food, health care expenses and children's education. Although the problems were found to be universal, each woman worked alone in finding a solution.
Footnotes

1. See WOMEN, HEALTH AND DEVELOPMENT, A report by the Director-General (1985) WHO OFFSET PUBLICATION NO. 90. This is because of their special characteristics which include their members roles as health care providers.


3. These self help groups are organized by extension workers of the Home Economics department of the Ministry of Agriculture and Cooperatives.

4. This is the national women's organizations which acts as the umbrella organization for all other women's groups.

5. Some women had husbands who were not employed and worried continuously about where their children's school fees would come from. Others said their husbands drank heavily and refused to plough. Yet others were deserted by their partners and left to fend for their children alone.
5.6 Knowledge of MCH services

The following questions were put to mothers and/or guardians of children aged 0 - 5 years:— (Form 11 (a) Part B).

1) Do you know about health services for mothers and children? If YES where can you get them from? (Name of health facility)

2) (If YES in No. 1) can you name any of the services given for:
   a) mothers and
   b) children?

3) (If vaccinations are mentioned) Do you know what vaccinations are for?
   a) child
   b) pregnant women

4) How many vaccinations do:
   a) pregnant women need?
   b) children need?

5.6.1 Services for mothers

Forty-eight per cent (48%) of the women could name 3 services offered for pregnant women (general anti-natal check-up, weighing and vaccination), eighteen per cent (18%) could name 4 services, and 5% could name 5. Only five women (3%) said they did not know about MCH services. Table 8 gives the distribution of replies to questions 1 and 2(a) above.
Table 8. Knowledge of Services for Mothers: Percentage Distribution of Women by Number of Services Mentioned and by Area

<table>
<thead>
<tr>
<th>AREA</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>* DOES NOT KNOW</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>HILITI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>63</td>
</tr>
<tr>
<td>MAISANJENI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>37</td>
</tr>
<tr>
<td>TOTAL</td>
<td>4</td>
<td>37</td>
<td>89</td>
<td>33</td>
<td>9</td>
<td>2</td>
<td></td>
<td>185</td>
</tr>
</tbody>
</table>

( ) = Number of women

* These women said they did not know about services specifically for mothers and children.

Of the 2 women in the six and over category, one mentioned 6 services and the other mentioned 8.

5.6.2 Services for children

The majority of women (88%) were familiar with the preventive services, vaccination and weighing for children, but only 4% (7) included treatment as one of the services offered.
A possible reason for this is the way clinic services are scheduled. At two of the Government clinics; the nurses apparently saw treatment cases in the afternoons. However, if a patient arrived for treatment in the mornings when preventive sessions are in progress, he/she would be attended first. This then created the impression that treatment was not an integral part of the MCH package of services being offered.

5.7 How women heard about the services

The majority of the women (71%) learned about MCH services through their relatives. Mothers especially were the main source of information, after suspecting that their 'un-well' daughters were pregnant and sent them to the clinic 'to see what was wrong'. Thirty-two per cent (32%) had heard from their mothers,
OTHERS
PARENTS
SISTER(S)
NURSE(S)
FRIEND(S)
AUNT
HUSBAND
GRANDMOTHER
SISTER IN LAW
MOTHER IN LAW
SELF
RADIO
OTHER WOMEN IN THE AREA
NEIGHBOUR
DAUGHTER
DAUGHTER IN LAW
FATHER IN LAW
SOME WOMEN GOING TO CLINIC PREG.
N.A.
TOTAL
11% from their "parents" (one assumes mostly mothers) and nearly 10% from sisters. Only eight per cent (8%) had heard from nurses (when sick) and a mere 2% heard through the radio. This last result is not surprising considering the locations of the study homesteads. Their proximity to the Republic of South Africa results in better reception from radio stations across the border. Many people are more likely to tune into a Zulu radio station than Swazi radio. Table 10 gives the distribution of replies to the question "When did you first hear about these services?" (Form 11 (a) Part B, number 3).

5.8 Knowledge of what specific services are for
5.8.1. Vaccinations
The PHC approach places great emphasis on prevention of diseases and one of the major preventive activities within MCH, is immunization. Women who mentioned vaccination as one of the services offered for mothers and children were asked if they knew what vaccinations were for.

Ninety-six per cent (96%) said YES. When further asked to explain what the vaccinations were for, all the 167 women said vaccinations protected children from disease. Thirty-one per cent (31%) mentioned diseases such as polio, whooping cough and tuberculosis, but 2% (4) of the women mentioned cholera, malaria and fever.

However, over half (54%) were found to be either misinformed or ignorant about the purpose of tetanus toxoid injections for
women. Of these, 46% though vaccinations for pregnant women prevented cramps.

Those who had mentioned vaccinations were then asked for the number of vaccinations required for a pregnant woman and a child. Thirteen per cent (13%) did not know the number needed by a pregnant woman, and only 2% said they did not know how many vaccinations a child required.

For women, 32% mentioned one vaccination, 44% mentioned two, 8% said three, 1% said four and 0.5% (1) respectively said five and 'many' vaccinations.

For children, 47% mentioned five vaccinations, 16% said four, 10% said three vaccinations, 5% said two, 9% said six or more, and 11% (all from Matsanjeni) said 'many' were required. Only one woman mentioned one vaccination.

5.8.2 Weighing
The weighing of children at clinics is one preventive activity which theoretically, involves both mothers and health staff in monitoring the health of a child. The "Road to Health" chart on the child's health card when correctly filled in acts as an early warning system. Should the child's weight drop, then health staff can immediately confer with the mother to discover the cause and, if need be, make timely interventions (be it advise on feeding or further medical check ups).

To find out if mothers knew the function and utility of the growth chart, 70% of the study sample were asked for their
children's health cards. The mothers were then shown the chart and asked to explain what it was for. In Matsanjeni, all the women (N = 66) said they did not know what the chart was for, and none remembered ever hearing the nurses talking about it. (Appendix 7)

In Hluti 25% (16) said they knew whilst 75% (48) did not. The explanations for the chart were as follows:

- to check whether the child is growing well (8) 50%
- to check whether the child is getting nutritious food or being fed the right way (4) 25%
- shows when child is sick - if the child is sick, graph goes down (1) 6%
- to check whether child is in good health (1) 6%
- to check if child is gaining or losing weight (2) 13%

Altogether, 88% did not know what the chart was for.

5.9 Women's decision to utilize health care services

5.9.1 Who decided to have children vaccinated?

The vaccination status of 275 children aged 0 - 5 years was obtained by requesting the child's health card from the mother. This represented 89% of the children in the study. The mothers or guardians were then asked who decided to have the children vaccinated. Not surprisingly, 83% who made the decision in the group of 165 mothers and guardians who responded to this question, were mothers of the children. Table 11 gives the vaccinations received by children in the study areas, and the
persons who took the decision as shown in Table 12.

Nearly 9% of those deciding to vaccinate the children were grandmothers. Only two fathers were reported to have made the decision and only one couple made a major decision.

This clearly indicates, the women's desire to protect their children from diseases (4% of the children were fully immunized), but also the ability to make a major health decision on their own.

Table 11. Percentage of Children Aged 0 - 5 by Vaccination(s) Received and Area

<table>
<thead>
<tr>
<th>AREA</th>
<th>BCG, DPT 1,2,3, FOLIO</th>
<th>BCG, DPT 1,2, ROLO</th>
<th>BCG, DPT 1, ROLO</th>
<th>BCG, DPT 1, ROLO</th>
<th>BCG</th>
<th>NONE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>MATSANTENI</td>
<td>(76)</td>
<td>(12)</td>
<td>(1)</td>
<td>(2)</td>
<td>(7)</td>
<td>(17)</td>
<td>(115)</td>
</tr>
<tr>
<td></td>
<td>27.6%</td>
<td>4.4%</td>
<td>0.4%</td>
<td>0.7%</td>
<td>2.5%</td>
<td>6.2%</td>
<td>41.8%</td>
</tr>
<tr>
<td>HUTI</td>
<td>(101)</td>
<td>(29)</td>
<td>(10)</td>
<td>(6)</td>
<td>(8)</td>
<td>(6)</td>
<td>(160)</td>
</tr>
<tr>
<td></td>
<td>36.7%</td>
<td>10.5%</td>
<td>3.6%</td>
<td>2.2%</td>
<td>2.9%</td>
<td>2.2%</td>
<td>58.1%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>(177)</td>
<td>(41)</td>
<td>(11)</td>
<td>(8)</td>
<td>(15)</td>
<td>(23)</td>
<td>(275)</td>
</tr>
<tr>
<td></td>
<td>64.3%</td>
<td>14.9%</td>
<td>4.0%</td>
<td>2.9%</td>
<td>5.4%</td>
<td>8.4%</td>
<td>99.9%</td>
</tr>
</tbody>
</table>

During informal discussions, a number of women were asked why they had taken the decision alone. A number of them made the point that their husbands or the fathers of the children did not concern themselves much with health matters, but left all responsibility with the women.
The next section briefly examines health decisions made over a five month period to see whether or not women are the major decision-makers especially when children aged 0 - 5 years and pregnant or lactating women fall ill.

Table 12. Persons who Took Decision to Vaccinate Child(ren) by Area

<table>
<thead>
<tr>
<th>DECISION TO VACCINATE CHILD</th>
<th>MOTHER</th>
<th>GRAND-</th>
<th>IN</th>
<th>HOME</th>
<th>AUNT</th>
<th>NURSE</th>
<th>FATHER</th>
<th>N/A</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAKEN BY AREA</td>
<td>OF</td>
<td>MOTHER</td>
<td>OF</td>
<td>WIFE</td>
<td>OF</td>
<td>AT</td>
<td>OF</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CHILD</td>
<td></td>
<td>LAWS</td>
<td>AND</td>
<td>CHILD</td>
<td>CHILD</td>
<td>CHILD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAISANJENI</td>
<td>&quot; 51%</td>
<td>1.8%</td>
<td>-</td>
<td>1.2%</td>
<td>-</td>
<td>1.2%</td>
<td>1.8%</td>
<td>37.6%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&quot; (51)</td>
<td>(3)</td>
<td></td>
<td>(3)</td>
<td>(2)</td>
<td>(3)</td>
<td>(62)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUUTI</td>
<td>&quot; 52%</td>
<td>5.8%</td>
<td>1.2%</td>
<td>0.6%</td>
<td>0.6%</td>
<td>0.6%</td>
<td>-</td>
<td>2.4%</td>
<td>62.4%</td>
</tr>
<tr>
<td></td>
<td>&quot; (85)</td>
<td>(9)</td>
<td>(2)</td>
<td>(1)</td>
<td>(1)</td>
<td>(4)</td>
<td>(103)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>&quot; 83%</td>
<td>4.8%</td>
<td>1.2%</td>
<td>0.6%</td>
<td>2.4%</td>
<td>0.6%</td>
<td>1.2%</td>
<td>4.2%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
Footnotes

1. Wrong responses/included polio, cramps, TB, bleeding, growing of child inside, and prevention of pregnant woman from diseases.

N = 91 for "don't know" and wrong response

2. For protection against disease
5.10 Illness episodes and health care choices

The recording of illness episodes within the homesteads, and action taken for each episode, comprised the major part of data collection.

It is often said that most, if not all, decision-making in Swazi families is the responsibility of the Umnumzane or homestead head. Since the majority of homesteads are headed by males, the latter are often regarded as barriers to women's action-taking. For instance, where a mother wants to take a child to the clinic, she has to approach the (male) homestead head not only for his consent to take such action but also for the money required for transportation and the clinic fee. If indeed male homestead heads are responsible for making almost all decisions within the family, then it can be argued that the target group' in-so-far as health messages and education are concerned, should be, mainly, men. However, women's pivotal role within the family, as reproducers, nurturers of the young and family food producers places them in the forefront of health care concerns. Their ability to decide over health matters should be cultivated and encouraged.

This substudy therefore set out to determine who, within the homestead, decides when someone falls sick. A total of 271 illnesses or complaints in children\(^1\) and 33 in pregnant and lactating mothers were recorded over a 5 month period from the beginning of October 1986 until the end of February 1987.
The most common illnesses in children were, gastroenteritis (33%) coughs and sore throats (32%) and skin ailments such as rash and sores on the body (11%)\(^2\).

For pregnant and lactating women, the most common were, pains in the womb (18%)\(^3\), sore breasts (12%)\(^4\) and coughs (12%).

5.10.1 What was done about complaint

5.10.1.1 Nothing - In 12% (34) of the children's ailments nothing was done. Lack of money for the clinic and the illness not being serious (enough to warrant any medical attention) constituted 59% of the reasons\(^5\).

Thirteen per cent (13%) of the pregnant and lactating women also did nothing for their ailments. In only one instance was lack of money cited as the reason for not seeking medical help.\(^6\)

5.10.1.2 Home remedies - in 5% (13) of the cases, home remedies were given for fever, diarrhoea and coughs. In two cases (1%), the mother used medicine which had been left over after a previous clinic visit for a similar ailment. One per cent (1%) of the pregnant women also used a home remedy for toothache.

5.10.1.3 Shop bought medicine - Medicines were purchased from local shops for another 5% of the ailments. The latter
included toothache, constipation, headache and sore eyes.

5.10.1.4 Traditional healer Barely 2% of the cases were seen by the traditional healer. These were 2 cases of "possession" by evil spirits, tonsillitis, a child "crying at night" (believed to be evil spirits) and one who was taken to the inyanga after clinic medicine failed to cure her.

Two women, both lactating, saw the traditional healer. One for "high blood pressure" and the other for headaches, generalised body weakness and unexplained fear.

5.10.1.5 Clinic/Hospital Sixty-five per cent (65%) of the children's ailments were reportedly taken to the clinic/hospital. Another 7% of clinic visits were for preventive services; weighing and immunizations.

Seventy per cent (70%) of the women's complaints were seen at clinics. In addition, a total of 17 antenatal visits were also recorded for pregnant women. Two were for weighing and 15 for physical check up including blood pressure reading. Assuming each visit represented one woman, this would mean that 49% of the 35 pregnant women in the study utilised ante-natal services during the period of data collection.
5.10.2. Health care options - who decides?

5.10.2.1 For women

Mothers and guardians were found to have made all the decisions regarding use of home remedies or purchase of medicine(s) from the shop. Of the 5 cases where the traditional healer was consulted, 3 (60%) were decided by the mother while the homestead head and grandmother made the final decisions for the remaining 2.

Eighty six per cent (86%) of clinic visits for both treatment and preventive services were decided by mothers and/or guardians of the children, 5% by the homestead head; 3% respectively by the husband and grandmother and 1% (or one visit) by the sister.

5.10.2.2 For women: Pregnant and lactating

Out of 27 ailments for which treatment was sought, women themselves took the decision in 93% of the cases while the homestead head decided for 7% (2 cases).
Footnotes

1. Some children had two or more ailments.
2. Other complaints included stomach, ear and eye problems, fever and toothache.
3. All pregnant women.
4. Lactating mothers.
5. "No money" (29.4%) and "Not serious" (19.4%).
6. Other reasons: Women: - Still observing - has abdominal pains
   - Headaches - goes away by itself (3)
   - Painful breasts, pain stops when breastfeeding ceases

Children: - No transport
   - Got better (4)
   - Still observing (4)
   - Clinic closed Saturdays
   - Went to clinic and child not better
   - Child was teething
   - Rash, because of heat
   - Child unhappy, mother does not know reason
   - NA (3)

7. Home remedies included boiled water and enema for coughs, imbita or traditional herbal preparations and enema for
251

diarrhoea, and the clinic suggested remedy for diarrhoea, sugar-salt solution.

8. The child was taken to the Inyanga who proceeded to prod the tonsils. The child only a year and half was seriously sick for about two months.

NA = 3 (2%)
5.11 WOMEN'S DECISION-MAKING CONCERNING FERTILITY ISSUES

5.11.1 Contraceptive knowledge, practice and attitudes, ideal number of children desired by sex and couples or conjugal communication

As part of the broader question on women's decision-making within the homestead, women were questioned on practice, attitudes and knowledge of both traditional and modern contraception methods. Women were asked whether or not they discussed with their partners, the use of contraceptives and/or the total number of children they would like to have. Those women practicing contraception were further asked whose decision it was that they use contraceptives. Those with knowledge of contraceptive methods but not practicing contraception were asked why they were not using any methods. (Appendix 8)

A further question on the number of children they would like to have, and the preferred sex ratio, that is, how many male and how many female, was asked. Two other questions concerned their religious affiliation and marital status. The sample consisted of 160 women. Fifty-six (56) from Matsanjeni and 104 from Hluti.

5.11.2 Knowledge and use of contraception

Table 13 gives the distribution of answers to the questions; "Do you know about FP methods either modern or traditional or both?" and "If YES, are you using any contraceptives?"
Of the 146 women who said they knew about modern contraceptive methods, nearly 75% were not using any method, nearly 75% were not using any method. Slightly over 25% were currently practicing contraception. All but one of the women were on the pill, that one women were on the pill, that one woman was on injections. One woman claimed to know of traditional methods but was not using contraceptives. Another 5% said they knew of both modern and traditional methods. Only 2 of these were using "traditional" methods.
5.11.3 Reasons for non-use of contraceptives

5.11.3.1 Matsanjeni

A variety of reasons were given for not using contraceptives. In Matsanjeni, the most frequently given reasons were, "Do not want to", "Afraid of using it" and "Husband said no". These were followed by "Want more children". It is conceivable that those who did not want to use contraceptives were either afraid or wanted more children.

The distribution of reasons for non-use of contraceptives was as follows:-

1. Do not want to (10) 21%
   . Lazy to use it
   . Do not like it
2. Want more children (10) 21%
   . Do not have a child with the husband I stay with
   . Had one child and it died
3. Afraid of using it (6) 13%
   . Used it once, nearly died
4. Have not thought/decided to use it (5) 11%
5. Husband said no (5) 11%
   . Family does not like it
   . Drinks bicarbonate of soda after sex
6. Does not know (3) 6%
7. Cannot conceive (3) 6%
   - I do not get pregnant when the child is still young

8. Other reasons (5) 11%
   - It is a sin x2
   - Did not know that contraceptives were free at the clinic
   - Not staying with 'husband'
   - Always sick

Of the "Do not want to" replies, one woman said she hated modern (artificial) things, another said she did not care how many children she had. Husbands who did not want their wives to use contraceptives apparently wanted many children. One woman wanted many children who would help her in old age. She was one of the few women whose husbands, wanted few children, and one of two women who said having many children means some will support you in old age. The economic costs of having 'many children' (this being a relative term) were mentioned by one woman. She wanted 5 children "because everything now is expensive".

5.11.3.2 Reasons for non-use of contraceptives

Hluti

1. 'Became sick when I used it (11) 16%
2. Husband said no (10) 15%

   Comes home after many months
. He works in Johannesburg
. When I mention FP he wants to hit me

3. Boyfriend said no (9) 13%
   . Working in Johannesburg

4. Child still young for me to use contraceptives (7) 10%
   . Also husband said no
   . Still breastfeeding (cannot conceive)
   . This is my last child

5. Do not want to (6) 9%
   . Boyfriend not staying around here
   . Afraid because religion does not allow it
   . It is a sin

6. Want more children (6) 9%
7. Cannot conceive again (6) 9%
   . This is the last child I will have
   . Will not get another
   . Sterilized (tubes tied)
   . Too old to get another x2

8. Have not decided (3) 4%
   . Thinking of going for injection

9. Afraid - heard it makes you sick (3) 4%

10. Other reasons (5) 7%
    . Not used to it
    . Pregnant
    . Never thought of it
Afraid to ask at the clinic
Want to use something but do not know what to do

11. NA (3) 4%

5.11.4 The Decision to use contraceptives

Only 15% of the women currently practicing contraception took the decision alone. Responses to the question "If you are using contraceptives, who decided that you should use (them)?" are given in Table 14.

Table 14. Women Using Contraceptives whose Decision was it? Matsanjeni and Hluuti

<table>
<thead>
<tr>
<th>DECISION TAKEN</th>
<th>SELF</th>
<th>SELF</th>
<th>SELF</th>
<th>SELF</th>
<th>HUSBAND</th>
<th>BOYFRIEND</th>
<th>MOTHER</th>
<th>SISTER</th>
<th>N/A</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>MATSANJENI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* 2%</td>
<td>(6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(8)</td>
</tr>
<tr>
<td></td>
<td>5%</td>
<td>15%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>20%</td>
</tr>
<tr>
<td>HLUIT</td>
<td><strong>(4)</strong></td>
<td>(8)</td>
<td>(8)</td>
<td>(1)</td>
<td>(7)</td>
<td>(1)</td>
<td>(2)</td>
<td>(31)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10%</td>
<td>20.5%</td>
<td>20.5%</td>
<td>3%</td>
<td>18%</td>
<td>3%</td>
<td>5%</td>
<td>80%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>(6)</td>
<td>(14)</td>
<td>(8)</td>
<td>(1)</td>
<td>(7)</td>
<td>(1)</td>
<td>(2)</td>
<td>(39)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>15%</td>
<td>35.5%</td>
<td>20.5%</td>
<td>3%</td>
<td>18%</td>
<td>3%</td>
<td>5%</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Both married school teachers
** 2 single and 2 married (1)

Nearly 36% decided with their husbands, and 21.5% with their boyfriends. Eighteen per cent (18%) reported that their mothers had made the decision for them. This is perhaps not surprising
if we refer back to the first source of information on MCH services. Thirty-two per cent (32%) had heard from their mothers.

5.11.5 Conjugal or couple decision-making

family planning and ideal number of children

A sub-sample of 74 women, 48 in Matsanjeni and 26 in Hluti, were asked, "Have you ever discussed family planning and/or the total number of children you want to have with your partner (husband or boyfriend)?" In Matsanjeni, one woman was past childbearing age (her youngest child was 16 years of age, she had a total of 10 pregnancies, experienced 4 miscarriages and 2 children died - 4 are still alive). She had never married.

Responses were therefore obtained from 47 women. Sixty-eight per cent (68%) were married, (27) 84% traditional marriage and (4) 16% civil law marriage.

The remaining 32% were unmarried women. One had gone through a traditional marriage but her husband and in-laws had asked her to leave. She considered herself divorced and, therefore presently single, although in Swazi culture, marriage contracted under traditional rites is indissoluble.* Table 15 gives the percentage of women in Matsanjeni who had ever discussed contraception or number of children to have with their partners.

Over 90% of the unmarried women had neither discussed FP nor the number of children to have with their partners.
Half the married women had discussed FP with their husbands and 53% had never discussed with their spouses how many children to have. Twenty-six per cent (26%) of the women who had discussed FP and/or the number of children to have with their partners were refused permission to use contraceptives. Some of the reasons for refusing included, desire for many children and one husband's concern over his wife's health (the 'pill' would make her more ill).

One of the women was secretly using contraceptives. Some of the reasons some husbands and boyfriends gave for agreeing to family planning were:

- To space the children (2)
- Only after having x number of children (3)
- To have healthier (fewer) children (1)
To have enough children (1)

Three women were not for the idea, despite their partners positive attitude. Two of these wanted support in old age, which would be guaranteed by having many children. The third woman had used some contraceptive method before and 'nearly died'. She was therefore afraid of using any. Almost all of the unmarried women had never discussed FP or the number of children they should bear, with their boyfriends.

In Hluti, 38.4% (10) of the women were single, 15.3% (4) had lobola paid, 31.0% (8) had gone through the traditional marriage ceremony and another 15.3% (4) were married in church.

Seventy-one per cent (71%) of the women who had discussed FP with their husbands had agreed to it, one husband had laughed it off another had disagreed. Forty per cent (40%) of the single women said their boyfriends had agreed that they use contraceptives.

<table>
<thead>
<tr>
<th>Table 16. Percentage of Women Discussing with Husband or Boyfriend about FP and/or Number of Children to have: Hluti</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARTNER AND HUSBAND F.P. Number of children to have</td>
</tr>
<tr>
<td>RESPONSE</td>
</tr>
<tr>
<td>YES</td>
</tr>
<tr>
<td>NO</td>
</tr>
<tr>
<td>TOTAL</td>
</tr>
</tbody>
</table>
Half of the unmarried women reported having discussed contraception with their partners whereas only 44% of the married ones had. It may be that once married, women felt more secure in terms of financial and other support from their husbands. Unmarried women on the other hand did not have total commitment from their boyfriends and the tenuous relationship made it more likely that they would be concerned about fertility control. Where number of children are concerned however, only a few women from both groups had ever discussed with their partners. The figures were 31% of the married women and 30% of the unmarried ones.

5.11.6 Ideal number of children

5.11.6.1 Matsanjeni
The ideal number of children for the majority of women is high. Twenty per cent (20%) of the 45 respondents wanted six or more children. 22% wanted "many", 13% wanted five children, 7% wanted four only and another 7% wanted three children. Twenty-seven per cent did not know how many children they wanted to have. One woman stated that she had enough children (six) and another that she could not conceive, (these two make up 4% of sample).

5.11.6.2 Hlutu
In Hlutu, 23% did not know how many children they would like to have, 22% wanted between one and three children, 38% wanted
between four and six, and 15.8% wanted more than seven children. Two women wanted 10 and 11 children respectively and four said they had had enough.

The distribution of responses was as follows:

<table>
<thead>
<tr>
<th>Ideal Number of Children</th>
<th>% of Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2% (2)</td>
</tr>
<tr>
<td>2</td>
<td>6% (6)</td>
</tr>
<tr>
<td>3</td>
<td>14% (13)</td>
</tr>
<tr>
<td>4</td>
<td>21% (20)</td>
</tr>
<tr>
<td>5</td>
<td>10.4% (10)</td>
</tr>
<tr>
<td>6</td>
<td>8% (8)</td>
</tr>
<tr>
<td>7</td>
<td>4.2% (4)</td>
</tr>
<tr>
<td>8</td>
<td>5.2% (5)</td>
</tr>
<tr>
<td>10+</td>
<td>2% (2)</td>
</tr>
<tr>
<td>Have enough</td>
<td>4.2% (4)</td>
</tr>
<tr>
<td>Don't know</td>
<td>23% (22)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100% (96)</strong></td>
</tr>
</tbody>
</table>

5.11.7 Preferred sex ratio of ideal number of children

It is often stated that in patriarchal societies, women are under pressure to produce male heirs, a factor which may partly explain high fertility rates in developing areas of the world. Not producing a son may induce women to continue bearing children until a son (or sons) is born.
5.11.7.1 Results from Matsanjeni indicate a preference for more male children when the woman wishes to stop childbearing after 3, 4 and 5 children. Only one woman, out of six who wished to have only 5 children, wanted more girls than boys. However, as the ideal number of children got higher, from six upwards, half the women preferred more female children, the other half, more male children. Some of those preferring more female children stated that girls help a lot around homestead.

Another factor may be that girls are potential wealth earners for the families, bringing cattle when they eventually marry. A couple of women without sons said they would go on having children until they got a boy.

5.11.7.2 In Hluti, when one or three children were said to be the desired number, women tended to prefer male over female children. For example, of those who wanted just 3 children, 54% preferred males and 46% female. If two were desired one of each sex was mentioned. For the whole sample, only 14% preferred female over male children, thirty per cent wanted equal ratios and 29% preferred more male than female children.

Results from this sub-study indicates that fertility with its implications for women's health, is one area
where women's decision making is at a minimal level. A number of factors, social economic, cultural, religious and personal militate against fertility regulation. The ever present fear of infant and child mortality as well as miscarriages lead one to conclude that the desire for many children will persist unless and until the socio-economic and cultural conditions which precipitate and perpetuate the problems are dealt with first. 
Footnotes

1. **THE DECISION TO USE CONTRACEPTIVES**

Two single women:  
- Seven children - STD IV
- Four children - Form 11

The two married women:  
- Five children - STD 11
- Ten children - Never been to school

2. **IDEAL NUMBER OF CHILDREN**

Women wanting 6 or more children

<table>
<thead>
<tr>
<th>Number of children</th>
<th>% and Number of women</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>4.4% (2)</td>
</tr>
<tr>
<td>7</td>
<td>6.7% (3)</td>
</tr>
<tr>
<td>8</td>
<td>4.4% (2)</td>
</tr>
<tr>
<td>10</td>
<td>2.2% (1)</td>
</tr>
<tr>
<td>13</td>
<td>2.2% (1)</td>
</tr>
</tbody>
</table>

From the 1976 population census the total fertility rate (TFR) was estimated to be 6.87 children per woman.

3. The number of children they had (each) was 2, 6, 7 and 10.

4. See Rurabanzibwa-Ngaiza et al 'Women and Health in Africa', 1985 EPC Publication Number 6, Summer Issue - reviewing some issues of concern when assessing women's health.

*Conjugal of Couple Decision-making*

See e.g. Nxumalo, S.S. "Our Way of Life", Mbabane, Swaziland, Printing and Publishing Co. Ltd. 23p
5.12 TRADITIONAL PRACTICES, BELIEFS, ATTITUDES PERTAINING TO MATERNAL AND CHILD HEALTH: Their possible influence on utilization of MCH Services

5.12.1 The Traditional Birth Attendants (TBAs)

When women were asked to tell who assisted them when they had their babies at home, they identified a number of older women, all of them grandmothers or bogogo.

These bogogo were said to assist any women in the community requesting their help usually just before the baby was born. However, it appears that many women are helped by whatever woman is close by; usually their mothers, mothers-in-law or neighbours. Some women reported having given birth to one or more of rural settlements. Some women are also given imbita, traditional medicine, which speeds up labour. When a woman goes into labour, it is not easy to walk a long way without putting herself and the baby in jeopardy. These TBAs learnt to assist women through experience. None of them reported having gone through any apprenticeship. All the bogogo denied charging fees for their services.

This has implications for the use of delivery services at the hospitals. For rural women with minimal or no cash income at their disposal, it is easier to go for free services, which one can obtain within one's home provided by someone they know, than incur the expenses of going to a hospital. The possibility of being provided with medicine to quicken the birth process may
also make home delivery more attractive than the prospect of labouring in hospital with possibly nothing to ease the pains.

Giving birth at home also means undivided attention and care from those who are assisting. The lack of more personal service at hospitals may also prevent some women from using the services.

5.12.2 Pregnancy

It appears that unless the TBA has knowledge about traditional herbs and other forms of treatment, she cannot treat a woman who is ailing during pregnancy.

Only one of the six bogogo was known as a traditional healer. Otherwise, pregnant women suffering from bouts of vomiting, for example, have to consult traditional healers. The bogogo reported that they bought herbs from the healers who are known for curing sicknesses in pregnancy, including miscarriages. The medicines are either drank, rubbed on the body in ointment form or tied with a string around the woman's waist. Pregnant women are not exempt from any work unless they are feeling weak, or sick in which case they do light work around the homestead. Not doing any work at all is believed to cause difficulties during delivery.

5.12.3 Pre-natal Care

The bogogo did not offer any form of continuous care for the pregnant women except for those who came to them for such. One gogo, on being asked if she thought going for ante-natal care at
clinics was a good thing, said it was, because they do a thorough check-up on the women.

5.12.4 Childbirth

To combat infant deaths, the rate currently estimated to be 113 per 1000 live births, the conditions in which women deliver especially in the homesteads have to be improved. One possible solution would be to train TBAs in safer methods of assisting births as for instance, using clean razors, and refraining from applying dangerous preparations on the baby's umbilicus. One informant said after she cuts the umbilical cord with a razor blade, she then sprinkles black powdered medicine on it, places a ten cent coin directly on the cur and wraps a cloth around the baby's waist to hold it down. Another said a leaf known as ipili is crushed then sprinkled on the cord to help it heal and keep it dry. Dry soft sand was also used by another. One of the leading causes of maternal deaths is postpartum haemorrhage. Bogogo mentioned a variety of treatments for excessive bleeding following childbirth. One of these is to crush and boil a local plant called gobo. When cool, it is applied as an enema to the women to 'cool down' the bleeding. Another gogo said she mixes a local herb, sugar and the blood of the woman then gives it to her to drink.

There are no special tools or instruments used except razor blades, grass and reeds when required. As one gogo said when asked what she takes with her to assist a delivery, "Nothing, it
is just (my) brains only". An exception was a gogo who was once a school teacher. She said she always takes soap to use when washing her hands.

5.12.5 Possibility of learning from doctors and nurses

The TBAs thought it a good thing to be taught by modern health workers. Their only reservation was that they were too old and would be unable to learn much.

Scarcity of health resources, both manpower and facilities, especially where maternity or delivery services are concerned, calls for serious consideration of training and upgrading the skills of local women so as to reduce maternal and infant mortality. The bogogo have accumulated a wealth of knowledge about traditional maternal and child care which ought to be utilised by modern health care providers when planning appropriate MCH services. The fact that the TBAs have different methods of caring for pregnant women and newborns makes generalization about their work that much more difficult. There is therefore an urgent need to investigate further their current practices and beliefs concerning maternal and child health as a starting point towards strengthening this aspect of MCH services. (For Bogogo interview See Appendix 9).
5.13 CLINIC LEVEL STUDY

5.13.1 Clinic users

The study of providers and utilizers of MCH services at the clinic sought answer the following main questions:-

1. To what extent do women as users of MCH services participate in clinic level activities other than in their capacity as service users?

2. What is the nature of the relationship between the female health staff and users of MCH services?
   What are the attitudes towards each other?
   Do their perceptions of their roles in the provision and utilization of health care differ?

To keep within the specific focus of the research project, that is women's decision-making concerning health matters, the clinic study also wanted to find out from the users of MCH services, whose decision it was that they come to the clinic. (Appendix 10).

Four clinics, three government and one mission, in the South Eastern part of Shiselweni Region were visited between one to three times. The number of visits to each clinic was determined by whether or not MCH services were offered on a daily basis. Two clinics had recently started operating MCH services daily but many of the clients still maintained the old schedule, that is, attending ante-natal clinic on Tuesdays and child welfare on Wednesdays. The other two had been offering services daily for
MAP 3: LOCATION OF HOSPITALS AND CLINICS 1984

UNDERLINED are government health facilities.

ARROWS indicate clinics visited for clinic level study.
sometime. However, due to a sudden staff shortage at one, the schedule had had to be altered temporarily availing MCH services thrice weekly.

5.13.1.1 The sample
Sixty-three (63) women and one man were interviewed, 26 on ante-natal visits and 38 including the man on bringing children aged between 0 - 5 years for the child welfare clinics.

All but two of the ante-natal cases had come only for weighing. The other 2 women had come for both weighing and treatment for non-specific ailments. Of the 41 children brought to child welfare clinics, 66% (27) had come for treatment¹ and 34% (14) for weighing and/or vaccinations.

Participation in MCH services
The respondents' 'participation' in MCH services was totally confined to the role of user, a role which is mainly passive. When asked if they had ever been to the clinic for anything else other than health services, all the women said NO. In fact, they appeared surprised at the question, for clinics (hospitals) are regarded as 'treatment' centres, and the suggestion that a person could go there for anything else seemed quite a foreign concept.

Three of the clinics had Clinic Committees which were more or less functioning. Two of them had female² members besides the nurse in charge of the clinic.
The Clinic Committees were initially formed by local communities wanting to construct a clinic in their area. Their main function was therefore to oversee construction activities. After the clinic(s) were completed, the committees disbanded. There is presently an attempt to revive the committees and have them take over some of the preventive work, such as health activities are concerned, is the clinic nurse. Therefore success or failure of these committees is largely dependent on how keen the nurse is. In 3 of the 4 clinics visited, the impression was that the committees' main function at present is to collect the 'clinic fee'² paid by patients.

5.13.1.2 Client/Patient satisfaction with clinic services

In order to strengthen and improve the delivery of health services it is necessary to first uncover what the problems or constraints are. The problems may originate within the health care delivery system, for example, bad sitting of clinic and staff shortages; or from without, that is, low utilization of the services. These problems are not mutually exclusive and in fact it would do well to look more closely at the system of health care delivery in order to find a solution to, for example low utilization of available services.

Health facilities and health workers are there to serve the people, therefore a necessary first step towards improvement of services, is to ask the people how and/or what needs improving.
The clinic sample was first asked whether or not they had complaints about the services offered. This question produced a negative response from 88% (56) of the women. This is understandable given the directness of the question. Many women did not want to appear to be criticising staff, and especially to the interviewers who were regarded as part of the 'system'.

Of the 7 (11%) women who admitted to having complaints about the services, two said they had told the nurse the complaint, two mentioned it to their friends, one to the family and two told no one. Pressed further to say what is not good or right at the clinic, 19 women ventured the following responses:-

- clinic is too far (6)
- too few staff (3)
- shortage or lack of drugs (4)
- don't give injections (1)
- no deliveries, told to go back home, nurses tired (1)
- opens late and shuts at 4 p.m. (1)
- no delivery beds (1)
- no transportation to take us to government hospital to deliver (1)
- they don't tell us how many months pregnant we are (1)

However, when asked if they thought services at the clinic could be improved, 69% (44) answered YES. Twenty-seven per cent (27%) said they did not know and only 3 women (4%) said services could not be improved.
5.13.2 How services can be improved - client/patients views

Over half of the respondents (52%) felt that provisions of delivery facilities, in the form of delivery beds, waiting houses for expectant mothers and delivery wards would greatly improve MCH services at the clinics. None of the clinics offers delivery services except in emergency cases. Even then, the lack of adequate facilities especially for difficult delivery cases, puts tremendous strain and responsibility on the nurses in charge. At one of the four clinics, there was no telephone, an essential for a clinic which depends on the ambulance from the Regional Hospital some 90 kilometers away.

The other suggestions, in order of frequency, were:—

<table>
<thead>
<tr>
<th>Suggestion</th>
<th>%</th>
<th>No of Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>upgrading the clinic(s) to a hospital</td>
<td>32</td>
<td>14</td>
</tr>
<tr>
<td>increasing staff, especially doctors</td>
<td>32</td>
<td>14</td>
</tr>
<tr>
<td>provision of in-patient beds</td>
<td>16</td>
<td>7</td>
</tr>
<tr>
<td>provision of milk (and clothes) for children</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>provision of (working) telephones</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>provision of an adequate drug supply</td>
<td>5</td>
<td>2</td>
</tr>
</tbody>
</table>

Some women gave the following replies:
- build better toilet(s)
- provide water pumps
- provide milk for pregnant women
- nurses should explain to the patients what the pills they
give them are for
- pregnant women should be told whether or not a baby is in
the right position
- upgrading clinics to hospitals was seen by some women as a
sure way of getting more health staff, especially doctors.
The other needs, for example, delivery wards or beds would
also automatically follow.

5.13.2.1. Why patients preferred non-government clinic

Patients utilizing the mission clinic were asked two additional
questions:--

1) what (was) good about the clinic?

2) Why have you come so far (those known to have by-passed
a government clinic or clinics).

One of the decisive factors for using the mission clinic was
the reception the patient received when she arrived. From the 18
women, 56% said the nurses 'talk(ed) nicely' to them; 22% that
they are told when their baby is due; and 17% (3) believed the
drugs given were more effective (respondents could give more than
one reply).

A woman who had by-passed 3 Government clinics said when her
child is seriously sick, she utilises the mission clinic and gets
to the Government ones for minor ailments.

Clearly, health staff working in Government facilities need to
improve their 'patient approach' techniques. Courtesy does not
cost anything and it means a lot to patients (especially) who have travelled long distances. The only cost, is to the health services when patients drop-out as a result of maltreatment by staff. A comment by one of the patients underlines the need for better patient approach: "In the other clinics they don't ask you why you have come here, they just treat you ...."

5.13.3 Use of MCH services - Who decides?

5.13.3.1 Child welfare services

Thirty-eight (38) women who brought children to the clinic were asked whose decision it was to bring the child or children. Seventy-nine per cent (79%) had made the decision to bring the child or children to the clinic. One child was brought in by his young aunt who reported that the child's mother had decided that the child be taken to the clinic for vaccination and weighing.

Three women said the child's grandmother had decided, in two of the cases the decision was taken by the child's father and in only one instance was the decision reported to be a joint one.

5.13.3.2 Ante-natal services

The majority of the ante-natal sample (88%) decided to come to the clinic themselves. Over 90% had come for weighing. One woman said both she and her mother felt she should attend the clinic and two women had been told to come to the clinic by their mothers.
5.13.3.3 Reason(s) why decisions taken to attend clinic

In an attempt to discover whether or not women knew the value of the services they utilized, they were asked either why they made the decision to come to the clinic, or why their mother or their husband made such a decision.

One of the assumptions underlying the above question is that if health care providers know or knew the reasons behind such decisions, then more effective health education messages, could be worked out using the information collected.

A variety of reasons for deciding to come to the clinic was given. However, for both ante-natal and child welfare service users, there was clearly a desire to be well'. As the majority of the children (66%) had been brought for treatment, the 37 mothers and one father were concerned that they children get better and they saw the clinic as the only place to provide a cure. Treatment was sought for the following reasons:-

<table>
<thead>
<tr>
<th>Illness</th>
<th>No of children</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diarrhoea</td>
<td>10</td>
<td>37</td>
</tr>
<tr>
<td>Vomiting/Coughing/Fever</td>
<td>4</td>
<td>15</td>
</tr>
<tr>
<td>Fever</td>
<td>4</td>
<td>15</td>
</tr>
<tr>
<td>Rash and Sores</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Other(^5)</td>
<td>6</td>
<td>22</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>27</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
Reasons for deciding to seek the clinic's help in the treatment of the above illnesses included: mothers observing weight loss in children with diarrhoea, realizing that child(ren) would not get better without clinic help, and simply, that the children were sick.

Some mothers who brought their children for weighing and vaccination said they did so because they had been told by the clinic nurses to bring the babies for vaccination if they delivered at home, others said to protect the children from diseases and to monitor their child's health and growth. It can only be assumed that these mothers had already seen the benefits of such action (and decision) because the majority had two or more children and over 90% had used services in that particular clinic before.

The majority, if not all expectant women have three basic wishes; that the baby in the womb is healthy' and that they themselves stay well enough to carry the pregnancy to term and have a problem free delivery.

The reasons for deciding to go for ante-natal care were as follows:
- Nurses told them to come for check-up and gets a card when pregnant to make it easy when they go for hospital delivery 27% (7)
- To ensure the baby inside was protected against diseases and/or growing well and mother was alright 38% (10)
- not feeling well 15% (4)
- To confirm how many months pregnant she is 7% (2)
- Others 12% (3)
Footnotes

1. Treatment for diarrhoea, fever, vomiting, coughing, lack of appetite, thrush in newborns' mouth, rash, sores, swelling of face, legs, and stomach and 'growth' on the leg.

2. Clinic fee is El.20, the El is the charge for treatment and 20c for the committee fund to be used for, for example paying clinic sweeper.

3. Two women said the services were alright as they were, the other was making her first visit to the clinic and could not comment.

4. Women could give more than one answer.

5. Swelling on the leg (1)
   No appetite (1)
   No appetite/vomiting (1)
   Thrush in the mouth "Lithumba" with puss and fever (1)
   Swelling of legs, face, stomach (1)
   Worms/blood in faeces (1)

6. The answers here were:-
   - Used to go to doctors but they charge too much
   - Here, they check without asking why you have come
   - Been coming since first pregnancy so that I don't get problems when I give birth.
5.13.5  The Staff

5.13.5.1 Relationship between health staff and patients
Only the nurses in charge of the 4 clinics were interviewed. All four were female State Registered Nurses. They had been working at their respective clinics for about 2 years. (Appendix 11)

They were all double qualified nurse-midwives but with no special qualification in Maternal and Child Health. Only one had been trained in family planning although all the clinics offered the service.¹

Three of the nurses were members of the clinic committees. Asked if women who use MCH services attend committee meetings, the response was NO. The reason was that meetings are called for committee members only. One nurse said there are general meetings which sometimes takes place and everyone is invited to attend. For instance, before the clinic fee was raised from £1 to £1.20, to committee called a community meeting.

5.13.5.2 Women patients/clients involvement in scheduling clinic sessions and staff transfers
The impression obtained from conversation with staff is that the concept of active patient participation in clinic affairs was quite new. They had not had anyone broach the subject before, but they were in agreement that since the women are the ones directly concerned, it would be a good thing to have them say what times are most convenient. The nurses also agreed that it would be better if patients felt they could change staff they
were not satisfied with. As one nurse put it, "if they (the
women) are not happy, they will stay at home" (and not attend
clinics).

5.13.5.3 Complaints from patients
The complaints nurses have had from the patients include,
distance to the clinic and bus routes from the homesteads, lack
of attention at night when patients turn up and long queues,
especially when patients are dependent on infrequent bus service
to get to and from the clinics.

Many of the complaints have not been solved because staff have
no control over the problem. For instance, where the clinic has
no working generator, patients cannot be attended to at night.
With staff shortages, queues will remain long unless the minimum
staffing requirements for clinics are reached. The storage or
lack of essential equipment for effective provision of a service
also impedes the work of clinic staff. At one of the clinics,
physical examination of women coming for family planning could
not be done adequately without speculums.²

Patients are not asked to air their complaints but rather,
clinic staff obtain these indirectly through discussions of
general problems with individual patients. There was an
unsuccessful attempt at one of the clinics to get patients to
take their complaints to the nurses.

Informal conversations with women in the homestead sample
revealed that a few would welcome a place where they could voice-
their dissatisfaction with clinic services. There is however, a reluctance on the part of many women to do this. A possibly explanation could be that they do not want to offend the nurse thereby incurring her displeasure.

5.13.5.4 Relationship between staff and patients
Patients at the clinic appeared to take a very passive role and treated the staff with much indifference. The relationship was very much one of servers (the staff) and served (patients), although the latter took the subservient role. Staff are regarded as a group apart by the majority of ordinary rural women because of education and qualifications. One of our informants in the homestead sample explained that in their area, people belong to different 'lower class' cannot. Health providers are therefore perceived by the patients as belonging to a separate class category and this acts as a barrier to communication.

Another factor is that staff usually work in areas, other than their place of origin, so this makes them 'strangers' in the community they work in. They can also be transferred at any time regardless of whether they have established rapport with the patients or not. Not many home visits were conducted by the nurses³ and only at the mission clinic were homestead visits a regular feature. The person carrying these out was not the nurse. The scattered settlements made it impossible for nurses to cover homesteads far beyond the clinic area with no transportation. The visits were also dictated by how much time
the nurse had to spare. Apart from the usefulness of home visits in detecting cases which require hospital or clinic attention such as T.B., malnourished children and expectant mothers, they can be a vehicle through which some relationship is established between nurses and women in the homesteads. Of nurses can be seen in homesteads regularly, perhaps the image of them as people belonging to a separate class, may begin to change. Although Rural Health Motivators feel the need for a health worker within the community, this still does not resolve the problem of health workers, nurses in particular (and by implication the clinic), being regarded as external to the community.

Within the PHC context, community based preventive health care activities cannot be left to the RHMs alone. Preventive health work by the nurses should not stop at immunization and nutrition education sessions at clinics, rather, it should endeavour to cover whole communities for it is there that health problems may originate and become manifest.

There is clearly a need to establish a relationship between health staff and clinic users which is conducive to involvement of users in clinic activities. Continuous dialogue with patients about, not only their specific health problems, but problems they associate with the health care delivery system, would aid health staff in their attempts to improve clinic services.
Footnotes

1. The Clinic Survey Report, 1984, MOH found only 13% Government nurses and 11% Mission nurses with Public Health/MCH qualifications.

2. See Appendices 3, 4, 5, 7, 8, 9 of the CLINIC SURVEY REPORT AND RECOMMENDATIONS, November 1984, Health Planning Unit, Ministry of Health, Government of Swaziland. Problems facing the Clinics visited are listed. The clinics are Lavumisa, Matsanjeni, Hluti and Our Lady of Sorrows.

3. The CLINIC MANAGEMENT STUDY 1985 by Karen B. Promer/MOH made a similar observation and recommended visits by nurses to nearby homesteads to follow up patients living within walking distance.
6. CONCLUDING DISCUSSION

The initial objective of this study was to highlight influence on women's decision-making on matters of health within the homestead whilst focussing on MCH services.

In the process of operationalizing the main research questions, it was realised that the concept of participation in health care could not be examined without first establishing whether or not the participants knew what exactly they were meant to be participating in. The participants in this instance are the utilizers of health services, and the providers.

Health care providers, nurses in particular, more or less know what is meant by MCH Services, that is, a package of services designed to cater for pregnant women, lactating mothers and children under the age of five years, and those women seeking family spacing or planning (FP) advice.

Primary Health Care is also understood by health care providers to mean health care provided by the most peripheral of modern health workers, for example, the nurse at the rural clinic or the RHM.

However, if effective participation in PHC is to be achieved, a common understanding about terms and concepts must be reached between providers and users of health services. If women are to accept that MCH services are an essential and vital element in the promotion of health and prevention of diseases in vulnerable groups, they first know what the services offered are and, secondly, understand their function.
Understanding cannot come without knowledge and it is felt that the more the women understand, the more accepting they will be of the services offered. Their participation therefore has to be informed participation. The latter calls for new lines of communication, especially from the side of health workers. Health education messages must go beyond the clinic level and into communities and people's homes. It is imperative that dialogue be established between modern health care workers and clients or potential users of MCH services.

The patients and clients should be viewed as concerned participants which means that the communication flow should be two-ways. Health workers should not only convey messages which they hope and desire to be understood, but they too must try and comprehend messages from the people. This is where home and community visits are recommended. Numerous times during the researcher's visits to homesteads, women made it known that they are desirous of some instruction on good health practices. They would clearly welcome someone who could do this.

Grassroots health work by health care providers would not only increase their knowledge of local health and other problems, but also create an environment which is conducive to better communication between providers and users of health care.

In their fervour to work towards the goal of a "Health for All by the year 2000", health care providers have perhaps been a bit presumptuous in taking health services as given and therefore beginning to organise for the HFA goal from above. Their
assessment and evaluation of the health system may bear little or no resemblance to how it is perceived from below. It is from below that the foundations for good and better health practices hope to be built, and it is there that more groundwork needs to be done.
Appendix 1

HOMESTEAD MEMBERS IN PAID EMPLOYMENT

(Homestead Head or other family member(s) working away from home

<table>
<thead>
<tr>
<th>Homestead Number</th>
<th>Person(s) working away/Name</th>
<th>Place of work: (Name)</th>
<th>Does he/she send or bring money back?</th>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 (Casbert Jele)</td>
<td>None</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>92 (Mashwibi Maziya)</td>
<td>Jabu (Johannesburg)</td>
<td>Sends every 4 months</td>
<td>Sends every month</td>
<td>Never</td>
</tr>
<tr>
<td></td>
<td>Muzi (Johannesburg)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 2

PARTICIPATION OF WOMEN IN PHC-SWAZILAND

OBSERVATIONS/ (Participation) at Women's MEETINGS

NB: After this meeting please make appointment to interview group leader(s)

1. ENUMERATION AREA NUMBER

2. Name of AREA

3. Name of Women's group

4. Date of Meeting _____/_____/198_

5. Does it have a "leader" (i.e. President, Chairperson etc.)?
   Yes  No

If yes who is it

6. Proceedings

   6.1 Topic(s) discussed (a) ....... (b) ....... (c) .......

   6.2 Who brought it up? (a) ....... (b) ....... (c) .......

   (Chairperson, individual woman etc.)

   6.2 Do half or more of the women take part in discussions or are they mainly listeners?

   Half or more take part

   Half or more mainly listeners

   6.4 Does it appear that some identifiable women are more listened to, or that they are "influential" in the meeting?

   Yes  No

   6.5 Describe proceedings and explain what you mean by answer in 6.4

   .................................................................................

   .................................................................................

   6.6 How did this group start? (ask group or person who was member from beginning)
PARTICIPATION OF WOMEN IN PHC-SWAZILAND

WOMEN'S GROUP LEADER(S) INFORMAL INTERVIEW
(TAPE RECORDER)

1. ENUMERATION AREA NUMBER

2. NAME OF AREA

3. DATE

4. Could you please tell me your name and a little bit about yourself?

5. What is the name of your group

6. How did it start?

7. How many women were in the group when you started?

8. What are the groups' activities?

9. (If nothing on health mentioned) Do you do any activities related to health?

10. (If yes to number 9) what are these activities?

11. (If not mentioned in answer to Number 10 Has your group been involved in building latrines, setting up water taps or wells?)

   (If yes ask) Can you tell me a bit about the (latrine building) (water taps) (well(s) or any other related activity if any?

12. What do the husbands and men of this area think of your group? (Do they think it is a good thing? Have they ever made any comments to you about it?)

13. Are there any other groups/or is there a group or activities in this community in which women take part? (That is, activities which involve everyone). (If yes) please name them?

14. What is usually discussed in these groups/meetings/(or if activities what are they)?
15. Do women speak up if matters concerning them are brought up, for example digging wells, building a clinic?

16. In your group, can you say there are some women who are more active and/or vocal than others? (If yes) Can you tell me who these women are? (Their names and name of homestead head if they are not the heads.)

17. (a) Finally, Do you think your group's activities have made/or will make any differences in the lives of the women in the group?

(b) Have the activities made any differences to/or contributed to the community? (If yes) How?

18. If health activities have been mentioned, how have these made any differences? (ask item by item)
PARTICIPATION OF WOMEN IN PHC-SWAZILAND

INFORMAL INTERVIEWS WITH REGIONAL STAFF

| DATE | INTERVIEWEE | :Member, :Regional :Health :Management: :Team | M/F | Reg. : Hosp. : PHU : Other |
|------|-------------|------------------------------------------------|-----|------------------|------------------|------------------|
|      | Senior Medical Officer |                    |       |                  |                  |                  |
|      | Matron, Regional Hospital |                        |       |                  |                  |                  |
|      | Matron, Public Health Unit |                     |       |                  |                  |                  |
|      | Regional Health Administrator |              |       |                  |                  |                  |
|      | Other (specify): |                                |       |                  |                  |                  |

2. MCH SERVICES

2.1 Could you tell me how the MCH services in Shiselweni are organized?

2.2 What services are offered for (a) mothers (b) children?

2.3 How many health facilities in this region offer MCH services?

2.4 How many of these are (a) company (b) mission (c) private (d) government

2.5 How often are these services provided? i.e daily, weekly?

2.6 Do you have mobile services? How many? How often are they run? Who runs them?
2.7 Who is responsible for dispensing MCH services at clinic level?

2.8 Is this person trained in MCH?

3. Do you have staff meetings to discuss specifically MCH services and the problems and/or other issues that staff may be encountering?

4. What are some of these issues/problems?

5. (If yes) How often do you have meetings?

6. Who decides on the scheduling of services?

7. If there are certain issues requiring a decision, for example, what days to immunise the children, who is likely to decide?

8. Are the clients/patients involved in any activities at the clinic/hospital/HC? If yes what activities?

9. If there are complaints concerning the services provided or about the provider (e.g. nurse) is there a person or a place the patients/clients can go to? If yes who are where?

10. What are some of these complaints?

11. Do you think, the MCH services in Sheselweni need improving? How?

12. What is your role in MCH services?

13. When is your next staff meeting? Is it alright if I came along?

14. Could you tell me a bit about other health care services within the communities, that is, apart from the Government, mission and company ones? Can we start with:

   (a) traditional health care services (healers, midwives, herbalists)

   (b) Self care

15. How many Rural Health Motivators do you have in this Region?

16. What is their main function/duty?

17. Do they get any training in maternal and child health? What specifically?
18. How long is the training?

19. What has been the reaction of the communities to RHMs?

20. Could you tell me a bit about the position of women in rural areas i.e. their status?

21. It is said that women in Swazi homes are not allowed to make decisions, or rather, they defer to their menfolk. How true is this?

22. What of decisions concerning health matters e.g. a child is sick, has diarrhoea, or the woman is sick? Who decides what should be done? Could you talk a bit about this please?
APPENDIX 3

1. History - political organization, Sheselweni, selected EAs
2. Geography - of Region, of selected EAs
3. Resources - farming, mines, ranching etc
4. Social amenities in areas under study e.g. schools, shops
5. Women's organizations, women's "activities"
PARTICIPATION OF WOMEN IN PHC-SWAZILAND

INFORMAL INTERVIEWS and SECONDARY SOURCES

1. Organization of MCH services nation wide, health policy.

2. Historical background of MCH services, and health services as a whole.

3. Interviews with staff

3.1 MOH Headquarters: Planning Unit (and obtaining relevant published material)
Director Health Services/Deputy Director
Chief Nursing Officer
Personnel Unit

3.2 Public Health Unit: MCH Consultant
Matron I/C
CCCD co-ordinator
Immunization Campaign

3.3 Institute of Health Sciences: Specifically training curriculum for nurses on maternal and child health, home visiting, primary health care and "community participation"

3.4 Health Education Unit: Relevant documents on MCH, Nutrition, etc. also visual aids produced for this.


5. National Archives: Development of health services especially MCH

6. Donor Agencies: Voluntary agencies - particularly activities in Shiselweni. USAID, UNICEF Church organization, etc.

7. University of Swaziland: SSRU, Sociology Department.

8. Questions: (MCH/FP Consultant, Medical Officer, PHC, Matron I/C PHU, I/C CCCD, I/C Immunization Campaign)
8.1 What MCH activities are being undertaken?

8.2 What does the programme entail?

8.3 How is it funded?

8.4 Is there sociological/anthropological research going on within the programme?

8.5 When did MCH activities start? When did they start in programme form?

8.6 What services are offered and how are they organized e.g. daily?

8.7 What are attitudes towards MCH/FP (Child spacing) of women, and men?

8.8 What of demand of FP?

8.9 At organizational level, how many women are in top position? Are these decision-makers? Can staff list for PHU be obtained, also outline of individual duties?

8.10 Who is/are policy maker(s) on MCH issues?

8.11 Traditional Medicine: What effect/influence has this had on uptake of MCH/FP services?

8.12 What activities are undertaken under Public Health Unit?

8.13 How do you view your role here, not as a nurse/health worker, but as a woman in Swazi society?

8.14 How many women working on coordinating committee, and how many look at matters concerning MCH?

8.15 How often do you have staff meetings?

8.16 What are some of the things discussed?

8.17 Which of these comes up frequently at meeting?

8.18 Can you tell me about this programme/project?

8.19 Do you involve women at the grassroots level? What form does this involvement take?

8.20 What is the toll of clinic nurses in MCH services?
9. National Archives:

9.1 Documents containing reference to health services, particularly services for mothers and children.

9.2 How did colonialists view health of women and children?

9.3 How many women/what women/involved in developing MCH services?

9.4 Documents on matters affecting development of health policies.

9.5 Documents specifically for Shiselweni District (now Region)

9.6 Other documents which may throw some light on development of health services in Swaziland.

9.7 Newspaper reports of problems, developments etc.
APPENDIX 4

FOR SELECTED HOMESTEADS FOR IN-DEPTH INTERVIEWING/OBSERVATION

1. What do women think of women's (their) situation (in Swaziland)?

2. Have they heard of "Health for All By the Year 2000" slogan? What of Primary Health Care? What do they think of it? What does it mean to them? Is it possible that there will be "health for all by the year 2000"?

3. General hygiene on the homestead - washing of clothes, bathing, sweeping yard etc., disposal of rubbish etc.

4. Women's problems - general but also their health problems, what are these?

5. Relationship with their spouses/mother-in-law.

6. Food distribution - also what is regular food i.e. what is cooked daily?

7. Do women think they should be given say in organizing health services for e.g. staffing and scheduling when clinics should be held?

8. When they have problems at clinic, (either with nurse or someone/something else) where do they lodge their complaints? Would they like to have a (facility) place where complaints about health services (and other problems) can be aired?

9. Community participation in health - what does this mean to them?

10. When someone in the home is sick, especially children, and has to be taken to a (a) traditional healer, (b) clinic, (c) hospital, who decides? How is the decision reached? Through consultation with homestead head? Other relatives? Or does the woman decide, then go ahead i.e. take action?

11. In cases where she decides, does she tell her husband/or homestead head? (As way of information only)

12. What does food - who decides when meat should be bought, or cow/goat/sheep slaughtered? What of other foods?

13. Women's "informal" networks - who are their friends? - when they have problems who do they call on-neighbour? relatives? etc.
14. Relationship between mother-in-law and daughter-in-law (makoti)
   - How powerful is the mother-in-law?
   - How does makoti get on with mother-in-law?
   - Can she call on her for advice when problems arise between herself and her husband for example? Give specific example e.g. no money to feed children

15. Role of the church in women's lives
    Are these used as occasion for social inter-action?
    What networks exist within church setting? Why do they go to church?

16. Where do the women come from? i.e. Are they residing in their home areas?

17. Does the land belong to tem?

18. How do they spend their days? i.e. work done, visiting etc.
PARTICIPATION OF WOMEN IN PHC - SWAZILAND

Date of interview _______/_____/19______

HOMESTEAD IDENTIFICATION
(First Visit Only)

1. AREA
   MIN-RDA: :
   NON-RDA: :

2. ENUMERATION AREA NUMBER

3. HOMESTEAD NUMBER

4. NAME OF HOMESTEAD HEAD ..................... AGE _____

5. M: F:
   _____

6. OTHER HOMESTEAD MEMBERS

   6.1

   ADULTS AGE 15 OR OVER

<table>
<thead>
<tr>
<th>NAME</th>
<th>M/F</th>
<th>AGE OR APPROX</th>
<th>Relationship to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>Homestead Head:</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Homestead Identification

(First Visit Only)

#### Children Age Under 15 Years

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE in years</th>
<th>M/F</th>
<th>Months if 0-5</th>
<th>Relationship to Homestead Head</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Total Number Males

8. Males Aged 15 and Over

9. Total Number Females

10. Females Aged 15 and Over

11. Total Number Children Under 15 years

12. Total Number Children 0-5

13. Number of houses/Rondavels/huts

14. Number of cattle: Sheep: Sheep: Other(s)
15. Do the cattle belong to you? Yes [ ] No [ ]
16. If no, find out how many belong to him/her. (write down number or state in words what respondent says)

17. Crops grown: Maize [ ] Sorghum [ ] Peanuts [ ]
   Irish potatoes [ ] Sweet Potatoes [ ] Tobacco [ ]
   Cotton [ ] Cabbage [ ] Others (specify)_

18. Do you have a vegetable garden? Yes [ ] No [ ]
19. If Yes, who is mainly responsible for it? .................
20. When the crops are harvested from the vegetable garden, what do you do with them?
   Don't know [ ] Sell some of them [ ] Sell them [ ]
   Use them for ourselves [ ] Other (specify)_

21. If sold (in part or all), who keeps the money?
   ........................................................................
22. Where do you get water for home-use?
   Rain [ ] Stream [ ] Tap [ ] Where is tap? .............
   Other (specify)_

23. Does the homestead have a latrine(s)? Yes [ ] No [ ]
   or other form of toilet? If other specify_
   (Interviewer, please check if said toilet exists).
24. Education/Literacy For homestead members aged 14 and over, ask level of education:

("Did you go to school"? If Yes "What standard did you reach"? If No "Can you read" and "can you write"? TICK appropriate one)

<table>
<thead>
<tr>
<th>LEVEL OF EDUCATION</th>
<th>Reading</th>
<th>Writing</th>
<th>Primary School-STD</th>
<th>Secondary School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can:</td>
<td>Can:</td>
<td>Can:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can:</td>
<td>Can:</td>
<td>Can:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can:</td>
<td>Can:</td>
<td>Can:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can:</td>
<td>Can:</td>
<td>Can:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can:</td>
<td>Can:</td>
<td>Can:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can:</td>
<td>Can:</td>
<td>Can:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can:</td>
<td>Can:</td>
<td>Can:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can:</td>
<td>Can:</td>
<td>Can:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can:</td>
<td>Can:</td>
<td>Can:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can:</td>
<td>Can:</td>
<td>Can:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TICK appropriate one
APPENDIX 5

PARTICIPATION OF WOMEN IN PHC-SWAZILAND

Date of interview _____/_____/198_______

ITRA-FAMILY DECISION-MAKING (First visit only)

Health Related Decisions

1. Homestead Number

2. Name-Homestead Head

3. MIN-RDA:__ NON-RDA:__

4. Interviewee (name)

5. Relationship to Homestead Head: Only wife:__

   First Wife:__ 2nd Wife:__  Daughter:__ Mother:__

   Mother-in-law:__ Other (specify):

6. Does homestead have vegetable garden? Yes:__ No:__ N/A:__

7. What is grown?

8. Who is mainly responsible for it?

9. Whose idea was it to have the garden?

10. What do you do with the vegetables?

11. (If vegetables sold in part or all) Who keeps the money from the sales? Why?

12. What is the money used for?

13. When someone in the house is ill and has to be taken to the clinic, or to the traditional healer, or medicine bought for them, who generally decides about the money to be spent?
14. What about money for buying for example sugar, salt or clothes, who controls that? (If they say homestead head, ask, what if he/she is not there?) ........................................

15. Who is responsible for cooking? ........................................

16. Who decides what to cook? ........................................

17. When the food is ready, how is it shared? ........................

OBSERVATIONS

18. Notes to be made each time on the following:

18.1 Cleanliness around the homestead, who does the cleaning? Who directs the cleaning? .................

18.2 Childcare Who looks after the children 0-5 years? (Write down comments about everything you observe e.g. feeding, are hands washed, or place etc.) ................................................................................

19. On each visit make sure you observe who is working on the vegetable garden if there is one, or if it is the garden for maize etc. and generally what is going on in the homestead especially with the women and children .................................................................

20. If there are new items purchased, whether food, clothing etc. who decided that such an item was required, but if difficult to ask observe and write down comments later .................................................................
APPENDIX 5

PARTICIPATION OF WOMEN IN PHC-SWAZILAND

Date of interview _____/_____/198_____

Illness Recall Form/Use of Health Facilities

1. Homestead Number : : : : : :

2. Name Homestead Head ..............................................................

3. Person for whom form is filled in
   (a) Pregnant woman : : : : :
       Name ..............................................................
       Name ..............................................................
   (c) Child aged 0-5 : : : M : : F : : :
       Name ..............................................................

4. If (c) Relationship of child to interviewee: Mother : : : :
   Grandmother : : : :
   Sister : : : :
   Aunt : : : :
   Other (specify) ..............................................................

5. Complaint: Diarrhoea : : :
   Vomiting : : :
   Diarrhoea/vomiting : : :
   Cough : : :
   Chest pain : : :
   Other (specify) ..............................................................
FORM 11 (a) PART A

6. What was done about it?
   (a) Nothing : if (a) why ..............................

   Went to (b) clinic : Name .........................

   (c) Hospital : Name ............................... 

   (d) Health Centre : Name ............................

   (e) Traditional Healer : Specify type ..........

   (f) Home remedy(ies) : Name ......................

   Why? ..................................................

   (g) Other (specify) ...................................

7. Why did you go/or take child to (b) (c) (d) (e) (g) ________

   If answer is (b) to (g), who made the final decision?
   (a) Self : (b) Husband : .........................

   (c) Homestead Head : (d) Brother : .............

   (e) Brother-in-law : (f) Grandmother : ...........

   (g) Grandfather : (h) Sister : ...................

   (i) Other (specify) : ..............................

8. If answer to No. 7 os not (a) ask, "Did you in any way have a say in deciding what to do?" Yes : No :

   If yes, what did you do? .................................

   If No how was decision reached? (Please write down as best as you can interviewee's account of how decision was made)

   ..........................................................

   ..........................................................
9. Visited (clinic/hospital etc. specify) ........................................

10. Reason: Immunizations [ ] Ante-natal [ ]

Other (specify) .................................................................
### PARTICIPATION OF WOMEN IN PHC-SWAZILAND

**Date _____/_____/198_____**

<table>
<thead>
<tr>
<th>Name of Homestead Head</th>
<th>Homestead Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>i_i_i_i_i_i_i_i_i</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of interviewee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

To be asked on first visit to homestead (all in sample)

1. Do you know about health services for mothers and children?
   - Yes : No : If yes, where can you get them from?
     - (Name of health facility) .............. Don't know : N/A

2. (If yes,) Can you name any of the services given?

<table>
<thead>
<tr>
<th>Mothers</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ante-natal</td>
<td>Weighing</td>
</tr>
<tr>
<td>Vaccinations (Immunization)</td>
<td>Vaccinations (Immunization)</td>
</tr>
<tr>
<td>Weighing</td>
<td>Treatment</td>
</tr>
<tr>
<td>Health education</td>
<td>Other (specify)</td>
</tr>
<tr>
<td>Nutritional advice for pregnant women</td>
<td></td>
</tr>
</tbody>
</table>
Mothers  
Delivery  
Post-natal  
Family Planning  
Treatment  
(specify) 

Other (specify) 

3. When did you first hear about these services? .......... 

4. Do you know what the vaccinations are for? Yes : No: 

If yes state for (a) Child ......................... 
(b) Pregnant woman ......................... 

5. If immunizations/vaccinations mentioned, ask how many (and tick) 

(a) a pregnant woman needs 

(b) a child needs 

6. Of the children aged 0-5, have these children been vaccinated? 

Yes : No : Don't know : N/A : 

If yes (tick which is mentioned/shown on immunization card
### Vaccinations Received

<table>
<thead>
<tr>
<th>Name of child</th>
<th>BCG</th>
<th>DPT 1</th>
<th>DPT 11</th>
<th>DPT 111</th>
<th>Measles</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. If the children have been vaccinated, who decided to have them vaccinated ..................................................

8. (Ask mothers of 0-5) When you were pregnant with Name ........................................ Did you go to the Clinic/Hospital/Health Centre?
   - Yes [ ]
   - No  [ ]
   - Don't know  [ ]
   - Cannot remember  [ ]

   If yes what did you go for? ..................................................

9. (If woman currently pregnant, ask) Do you go to the clinic now that you are pregnant?
   - Yes  [ ]
   - No   [ ]
   - N/A  [ ]

   If yes, what do you go for? (or if she says she did go, what did she go for?).................................

10. Do you know any women's organizations in this area?
    - Yes  [ ]
    - No   [ ]
    - N/A  [ ]

    If yes which? Lutsango  [ ]
    - Zenzele  [ ]

    Other (specify) ...........................................
11. (If answer in 10 is yes ask) Do you belong to any organization (or to this organization?)

Yes I: No II N/A I: I:

If yes what are the activities of your organization?

.................................................................

12. Which is the nearest clinic? ............................

Don't know I: N/A I: I:

13. Do you know any traditional healers in the area?

Yes I: No II N/A I: I:

14. (If yes) what type are they (e.g. Inyanga, Sangoma) ........

and how do they heal people? ............................

15. What about traditional midwives, are there any in this area?

Yes I: No II Don't know I: N/A I: I:

16. (If No or Don't know) Who usually helps women deliver if they have their baby at home?

17. Have you heard of Rural Health 3Motivators? Yes: No I: I:

Don't know I: N/A I: I:

18. (If yes) Do you have one in your area? I: Yes I: No I: I:

Don't know I: N/A I: I:

19. (If yes) Has she/he ever visited you? I: Yes I: I:

No I: N/A I: I:
PARTICIPATION OF WOMEN IN PHC-SWAZILAND

Date ______/_______/198____

INTRA-FAMILY DECISION-MAKING

Health Related Decisions (Subsequent Visits)

1. Homestead Number

2. Name—Homestead Head

3. MIN-DRA: 

4. Vegetable garden

4.1 Who is tending it?

4.2 Sale of vegetables: Have vegetables been sold?

4.3 (If yes) Who kept the money from the sale?

4.4 Has the money been used?

4.5 (If yes) What was it used for?

5. Illness in the family

5.1 Has anyone in the house been ill?

5.2 (If yes) Name of person

5.3 Was person given home remedy (describe it)

: taken/went to traditional healer

: bought medicine from shop
5.4 How much money was spent? (approximate amount) ........

5.5 What was it spent for?

- Medicine from shop
- Medicine from traditional healer
- Fee for traditional healer
- Transportation
- Other

5.6 Who decided that money should be spent for this? ......................

6. Food distribution If following were eaten yesterday, who got the most, least and none? ................

6.1 Vegetables (state which vegetable and who got most)

Who got the least? 
Who got none? 

6.2 Meat/beef Who got the most? 

Who got the least? 
Who got none? 

6.3 Meat/chicken Who got the most? 

Who got the least? 
Who got none? 

6.4 Milk (Emasi) Who got the most? 

Who got the least? 
Who got none? 

6.5 Other? 

Who got the most? 
Who got the least? 
Who got none?
### APPENDIX 6

**SHORT FERTILITY HISTORY**

**AREA**

*Relationship to homestead head.*

<table>
<thead>
<tr>
<th>Homestead Number</th>
<th>Mothers with or Guardians of</th>
<th>Number of Living Children</th>
<th>Total Number of Pregnancies</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>56 (Nilela Hlopho)</td>
<td>Zanele (w)*</td>
<td>3</td>
<td>5</td>
<td>one miscarriage</td>
</tr>
<tr>
<td></td>
<td>Ogu (sister-in-law)</td>
<td>7</td>
<td>9</td>
<td>2 children died at 2 years</td>
</tr>
</tbody>
</table>

318
APPENDIX 7

**DO MOTHERS KNOW WHAT THE CHILD'S WEIGHT CHART**
*(Road-To-Health)*
is

Do you know what this (weight chart) is for?
If *Yes*, can you tell me what it is for?

<table>
<thead>
<tr>
<th>Area</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Homestead Number: Mothers or Guardians of: Yes</th>
<th>No</th>
<th>Comments (other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(name of Homestead Head)</td>
<td>children aged 0 - 5</td>
<td>(name)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>03</th>
<th>Annah (d)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Myna Khanya)</td>
<td>Maggie (sister in law)</td>
</tr>
</tbody>
</table>

To check whether the child is growing well.
### Questionnaire on Contraception

**Are you married?**
- Yes
- No

**If yes, are you using contraceptives?**
- Yes
- No

**If you are using contraceptives, what kind?**
- Spermicides
- Oral pills
- Intrauterine device (IUD)
- Condoms
- Tubal ligation
- Vasectomy

**If not using contraceptives, why not?**
- I do not want children
- I do not plan to have children
- I am single
- Other reasons (specify)

**If you are not using contraceptives, how many children would you like to have?**
- 1
- 2
- 3
- 4
- 5

**Who decided that you should use contraceptives?**
- My partner
- My parents
- My general practitioner
- My church
- Other

**If you were to use contraceptives, which method(s) would you consider?**

---

**Personal Information**

- Name:
- Age:
- Occupation:
- Place of residence:

---

**Church Membership**

- Name of Church:
- Date of affiliation:
- Church tray number:

---

**Other Members of Religious Affiliation**

- Name:
- Relationship:
- Date of affiliation:

---

**Appendix B**

A TANJENI - A.R.Y.

HUNTED?

DO YOU THINK THERE ARE CHILDREN YOU WILL NOT HAVE?

---

**Contact Information**

- Phone number:
- Email address:

---

**Comments**

- Any additional comments or feedback:

---
APPENDIX 9

FORM VI
"Bogogo" or grandmothers

PARTICIPATION OF WOMEN IN PHC - SWAZILAND
TRADITION/PRACTICES/BELIEFS/ATTITUDES ON MCH

1. Enumeration Area Number
2. Homestead Number
3. Name of Homestead Head
4. Name of Interviewee
5. Age of Interviewee
6. Date

7. PREGNANCY
Can you tell me broadly about pregnancy in Swazi culture?
7.1 When do you tell the mother in-laws that you are pregnant?
7.2 Usually, whom do you tell first?
7.3 Is there anything that is done when it is known that you are pregnant?
7.4 If there anything given to the pregnant woman for protection of her and the unborn baby, what is it? And how does it help her and the unborn baby?
7.5 If the woman is given some medicine for rubbing or drinking, how long does it take for the medicine to work? Can you explain more about it?
7.6 Is there any food which pregnant women are not supposed to eat according to Siswati custom? If yes, which one?
7.7 According to Swazi custom which foods is she supposed to eat?
7.8 What sort of things is the pregnant woman not supposed to do? Why?
7.9 Are pregnant women allowed to work like any other women around the home?
7.10 If she does not feel well, what is normally done?

(a) When she vomits?
(b) If she bleeds?
(c) If she gets dizzy?
(d) Do pregnant women come to you for help?

7.11 What do you do with a woman who falls pregnant yet she still has a young child?

7.12 According to Swazi customs, what do you do for a woman who cannot feel the baby's movement?

7.13 If a pregnant woman gets a miscarriage, how long is she supposed to stay before falling pregnant again?

7.14 If a pregnant woman swells, what is usually done? What causes the swelling?

7.15 Nowadays, as you know, workers from Health Centres advise pregnant women to visit the clinics regularly once they know they are pregnant. Do you think it's a good idea or a bad idea? If it's good, why? If it's bad, why?

8. CHILD - BIRTH

8.1 How do you know it is time for a pregnant woman to deliver?

8.2 Those women who deliver babies at home, or those who cannot go to hospitals or clinics in time, who helps them when delivering the babies?

8.3 Does the "helper" (woman) know about delivering the pregnant woman? When does she know?

8.4 Do you make any preparations before going to deliver the woman? Can you tell me about it?

8.5 What happens when a woman is delivering? Which way does she position herself when delivering? What do you use for cutting the umbilical cord? Is there anything you put on the baby's umbilical cord? If the woman bleeds heavily, what do you do?
9. **CHILDCARE**

Can you tell me about the caring of young babies?

9.1 When does the mother start to breast-feed the new-born baby? Is there anything else given to the baby besides breast milk? At what age do babies start eating other food? What sort of food is given to the new-born baby?

9.2 What is given to babies to prevent them from diseases and bad spirits? Can you explain more about it?

9.3 These days we are encouraged to bring our babies to hospitals and clinics so that they can be immunised against certain diseases. Do you think it is a good or bad thing? If it is good, why? If it is bad, why?

9.4 If a baby has diarrhoea, what is done? (according to Swazi customs)

10. **CHILD-SPACING**

10.1 If a woman does not want to fall pregnant again, are there traditional ways of preventing pregnancy?

Could you tell me more about them?
8.6 If the woman has difficulty in giving birth or if the baby comes out with feet first, what do you do?

8.7 Would you like to be taught by the nurses and the doctors other methods for delivering babies? What things would you like to be taught? If you do not want to, why?

8.8 How long after birth does a woman wait before having sexual intercourse with her husband?

8.9 For how long is a baby breastfed?

8.10 If a baby has naval cramps or has a spot on the body, what is done to cure that?

8.11 If a baby doesn't like breast-feeding, what is done?

8.12 How long does a new-born baby stay in the house before going outside?

8.13 How long does the mother of the baby stay in the house before going outside?

8.14 Is a woman who has recently delivered allowed to enter the kitchen?

8.15 Which house does a pregnant woman usually give birth in?

8.16 If a baby has been born and the placenta hasn't come out, what do you do?

8.17 If every time a woman delivers babies they die, is there anything done according to Swazi custom?

8.18 What do you do if a pregnant woman gets a pre-mature baby?

8.19 If a woman delivers girls only, can anything be done for her to get boys?

8.20 If a woman fails to deliver, what is normally done to help her?
APPENDIX 10

FORM V (a)
Users of MCH Services

PARTICIPATION OF WOMEN IN PHC - SWAZILAND

Client/Patient Satisfaction with Services

1. Date  ______/_______ 198__

2. Name of Clinic ...........................................

3. Area ..............................................................

4. What are you here for?

MOTHERS

ANTE-NATAL: [ ] Treatment [ ] Weighing [ ]

VACCINATIONS (TT) [ ] Other (specify) ..............

VACCINATIONS [ ] Weighing [ ]

HEALTH EDUCATION [ ] other specify ______

NUTRITIONAL ADVICE [ ] for pregnant women [ ]

DELIVERY [ ]

POST-NATAL [ ]

FAMILY PLANNING [ ]

CHILDREN

ANTE-NATAL [ ] TREATMENT [ ] WEIGHING [ ]

VACCINATIONS [ ]

WEIGHING [ ]

5. Is this your first visit to this clinic?

Yes: [ ] No: [ ] N/A: [ ]

6. When did you start coming to this clinic? .................
7. Do you think services in this clinic can be improved?

Yes:__  No:__  Don't Know:__

8. If yes How? .........................................................

9. If No Why not? .........................................................

10. Have you ever come to the clinic for anything else apart from the MCH or other health services

Yes:__  What? ________________________________

No:__
**PARTICIPATION OF WOMEN IN PHC - SWAZILAND**

**HEALTH STAFF ATTITUDES TOWARDS PATIENTS**

1. Date __________/_______/198__

2. Name of Clinic .................................................................

3. Area .................................................................................

4. **Interviewee**

<table>
<thead>
<tr>
<th>Position</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurse</td>
<td>+-----</td>
</tr>
<tr>
<td>Nurse Assistant</td>
<td>+-----</td>
</tr>
<tr>
<td>Nurse/Mid-Wife</td>
<td>i-----</td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

5. **Sex**

<table>
<thead>
<tr>
<th>Gender</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>+-----</td>
</tr>
<tr>
<td>Male</td>
<td>i-----</td>
</tr>
</tbody>
</table>

6. **Facility**

<table>
<thead>
<tr>
<th>Type</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>+-----</td>
</tr>
<tr>
<td>Mission</td>
<td>+-----</td>
</tr>
<tr>
<td>Company</td>
<td>+-----</td>
</tr>
<tr>
<td>Private</td>
<td>i-----</td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>
7. What MCH Services are offered here?

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>Tick &quot;if offered&quot; DAILY: ONCE: TWICE: 3 TIMES: (SPECIFY)</th>
<th>NUMBER OF TIMES PER WEEK</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Immunization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delivery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weighing children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-natal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family planning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Are you trained in MCH? Yes ☑ No ☑

9. For how long have you been working here?

<table>
<thead>
<tr>
<th>Duration</th>
<th>☑</th>
<th>☑</th>
<th>☑</th>
<th>☑</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 month</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>1-3 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-6 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 year - 1.5 years</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>1.5 years - 2 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. What is the average daily attendance for MCH Services

<table>
<thead>
<tr>
<th>Attendance</th>
<th>☑</th>
<th>☑</th>
<th>☑</th>
<th>☑</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-20</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>20-30</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30-40</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40-50</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over 50</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Please note down number _________________)
11. Do you have a clinic committee? Yes [ ] No [ ] N/A [ ]

12. Who are the members? ........................................

13. What is its main function? ....................................

14. Do the women who use MCH services come to the meetings?

   Yes [ ] No [ ] N/A [ ]

15. (If No) Why is that? Don't know [ ]

   They are not interested [ ] N/A [ ]

   Other (specify) _______________________________________

16. Do you think women patients should be involved in

   (a) Scheduling clinic sessions? Yes [ ] No [ ]

   Don't know [ ] N/A [ ]

   If Yes why? ....................................................

   If No why not? ..................................................

17. Do you visit homes in this area? Yes [ ] No [ ] N/A [ ]

   If yes how often? .............................................

18. What is the reason for the visit(s)?

19. Are there any community health activities in this area?

   Yes [ ] No [ ] Don't know [ ] N/A [ ]

20. Are you involved in these activities?

   Yes [ ] No [ ] N/A [ ]

21. How many women in the community are involved? ...............
22. Is there anything you think is not right/good at this clinic?
   Yes [ ] No [ ] Don't know [ ] N/A [ ]
   If Yes what?  No drugs [ ] Too far [ ] Other (specify) [ ]

23. Have you ever had complaints about the services here?
   Yes [ ] No [ ] N/A [ ]
   If Yes from whom? ...........................................

24. What is done about the complaints? ...........................................

25. Do you ask the patients to tell you any complaint they have about the services? Yes [ ] No [ ] N/A [ ]
   If Yes how? ...........................................

26. Do you think services in this clinic can be improved?
   Yes [ ] No [ ] Don't know [ ] N/A [ ]
   If Yes how? ...........................................

27. If No why not? ...........................................

28. Do you have staff meetings? Yes [ ] No [ ] N/A [ ]
   If yes, how often do you meet? ...........................................

29. When is your next staff meeting? ...........................................

30. Can you tell me some of the problems you have or have had while working at this clinic/in this area? (e.g. with clients, with the community, lack of equipment). ...........................................