



# CHILDREN AND HEALTH



## PACSA FACTSHEET

### CONDITIONS IN SOUTH AFRICA

The most common causes of many diseases are not the viruses per se, but the conditions of life. These are primarily social diseases and can be symptoms of social inequality. Some of the basic requirements for children's health are:

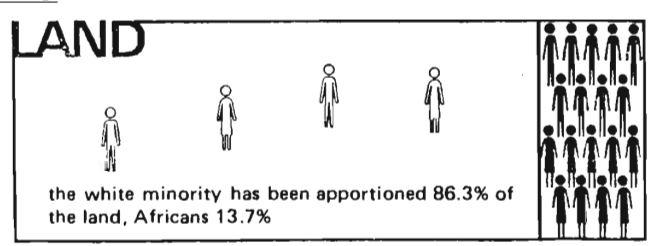
*Adequate food; clean, safe water; housing and health care.*

#### 1. Food

To provide adequate meals for a family, parents need to have either land and the means to grow food, or the purchasing power to obtain food.

##### 1.1. Land Distribution and Population Density

S.A. Population	
African	20 900 000
'Coloured'	2 600 000
Indian	821 000
White	4 500 000



##### Population Density

The average density for the white areas of South Africa was 20.5 people per square kilometre in 1978. In the Transkei area the number was 55/sq.km. The figure for the KwaZulu area of Natal was 99 people/sq.km. (1980). The Buthelezi Commission found that even with a 500% increase in agricultural productivity, this area could only support 1.5 million people and already the population is more than double this.

##### 1.2. Income Distribution (see also PACSA factsheet - 'Income Distribution in S.A.)

According to the Unit for Futures Research report "The Socio Economic Implication of Undernutrition: Strategies for the Future", Ed. T.Vergnani - the average per capita incomes in 1980 were:

*Whites R4 900      Blacks (African) R535      Ratio 9:1*

Household income is said to be one of the most effective indicators of poverty - the lack of money to buy food. In 1982 about 52% of all black households (including the 'independent' states) had an income of less than R150 per month and 72% had less than R250. The household subsistence level is calculated to be approximately R250. C. Simkins has shown that in 1980 there were 1.43 million (Carnegie Inquiry) people 'existing' in the homeland areas with no income at all.

#### 2. Water (see PACSA factsheet No. 6)

The distribution of water in South Africa is highlighted by stark contrasts. The provision of water to urbanised and industrialised areas seems to take priority over the supply of the commodity to peri-urban, rural and 'resettlement' areas. In Natal water is being transferred to the Transvaal industrialised sector by the massive Woodstock/Sterkfontein Dams. In the resettlement areas the situation varies. In some, the supply is from a river or stream in the vicinity, in others the supply is from boreholes, and in others (e.g. Qudeni) the supply is via a spring that has been dammed up by the community with private help. In these areas and also in peri-urban areas the quality of water is highly suspect and this aspect also contributes significantly to disease.

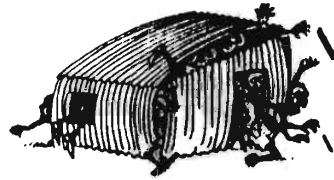
### 3. Housing

The housing shortage in South Africa is as follows (S.A.I.R.R. Survey 1982):

African	426 000	-	This African figure includes 168 000 units for urban areas and 258 000 units needed in the South African Development Trust areas for people who have or will be uprooted from their homes.
'Coloured'	43 000		
Indian	18 000		
White	20 000		

The need for African housing in urban areas can be seen by the average number of people living in houses in areas like Sobantu (Pietermaritzburg) and Soweto (Johannesburg).

	<u>People</u>	<u>Houses</u>	<u>Average No. People/House</u>
Sobantu	11 713	1 094	10.7
Soweto	1 250 000	103 000	12.1



### 4. Health Care

In Natal/KwaZulu primary health care is provided by 62 hospitals varying from 2 000 beds (in the urban area - King Edward VIII) to smaller (40 bed) hospitals in the outer areas. According to Dr Loening, a paediatrician at King Edward VIII Hospital, this is unsatisfactory as the service is usually remote from the particular home. Mobile clinics provide a relatively good but temporary solution as each area is visited only twice a month with no ongoing care in the interim. What is needed are permanent clinics with appropriately trained health care workers. At present there are 250 such clinics in the Natal/KwaZulu region, i.e. one clinic for every 14 000 people. This is inadequate to cope with the serious but largely preventable diseases. However the authorities still continue to spend large amounts of money on prestige institutions ("disease palaces"). The new Greys Hospital - whites only - in Pietermaritzburg, built at a cost of R60 million, was opened recently. The new Johannesburg General cost R150 million, while R200 million has been budgetted for the new Groote Schuur in Cape Town.

### DISEASE PROFILES

The most common diseases of children are those which affect the respiratory system and the gastro-intestinal system. Among white children under 5 years, infective and parasitic diseases account for 13.5% of deaths while for 'coloured' and black children these diseases are the cause of over 50% of deaths of children under 5 years. During 1980 more than 80% of the 7 688 admissions at King Edward VIII Hospital (Durban) were due to infections - 74% in the two biological systems mentioned above. At this same hospital 45% of the children admitted were malnourished, and in 1981 51.2% of the children who died there were malnourished.

According to Dr. J. Hansen 'it can be said that approximately one third of all African, Coloured and Asian children below the age of 14 are under weight and stunted for their age.' (Carnegie Inquiry, Paper No. 205). (See also PACSA factsheets - 'Malnutrition in Natal', 'Hunger', and 'Poverty'.')

### BASIC UNDERSTANDING

Unicef - the United Nations Children's Fund - suggests that an understanding of the problems which face so many children is a precondition of their solution.

In South Africa how aware are we of the problems? e.g. do we still assume incorrectly

- \* that the environment is a limitless resource store;
- \* that contraceptive technology is the only answer to population growth?

### ACTION

We can encourage concern for women's and children's rights and the promotion of adequate and accessible community health care centres in preference to bigger and better hospitals in urban areas. We must also encourage and support resistance to the destruction of people's homes and the process of forced removals. We can help by informing people locally of the problems.

As Christians we have a duty to seek ways of improving the social conditions in society for the sake of our children - those to whom the Kingdom especially belongs.

*"Let the children come to me and do not hinder them;*

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*for to such belongs the Kingdom of Heaven." (MATTHEW 19,v.14).*

HERMANPHB