

SECOND CARNEGIE INQUIRY INTO POVERTY
AND DEVELOPMENT IN SOUTHERN AFRICA

Ciskei health survey

by

G Ellis, D Muir and D Budlender

Carnegie Conference Paper No. 189

Cape Town

13 - 19 April 1984

ISBN 0 7992 0689 X

CISKEI HEALTH SURVEY

A paper for the
Carnegie Commission of Enquiry
into Poverty in South Africa

G Ellis¹, D Muir² and D Budlender³

-
- 1: Department of Applied Mathematics, University of Cape Town
2: Department of Microbiology, University of Cape Town
3: South African Labour and Development Research Unit, University
of Cape Town.
-

1: INTRODUCTION

In November, 1982 a Health Survey was carried out in four different areas of the Ciskei: Oxtou, Keiskammahoek, Peddie Commonage, and Ndevana. The survey was initiated by Mr. Rommel Roberts and was undertaken jointly by the Quaker Peace Work Committee and the Border Council of Churches. Members of the Peace Work Committee designed the questionnaire, and the field work was carried out by local workers in the Ciskei, after training sessions run by D Muir and Dr M Roberts. Analysis of the data using the BMDP statistical package was carried out by D Budlender.

The number of responses obtained from Keiskammahoek turned out to be too few for adequate statistical analysis, so eventually most of this data was dropped. Reasonable responses were obtained from the other three areas, which represent somewhat different conditions.

The camp at Peddie commonage has only recently been settled - removals there took place in September, 1982. The majority of the Peddie Commonage population formerly lived at Kammaskraal, where they had been removed from Woodridge and Alexandria in 1980. The population is conservatively estimated at about 1000.

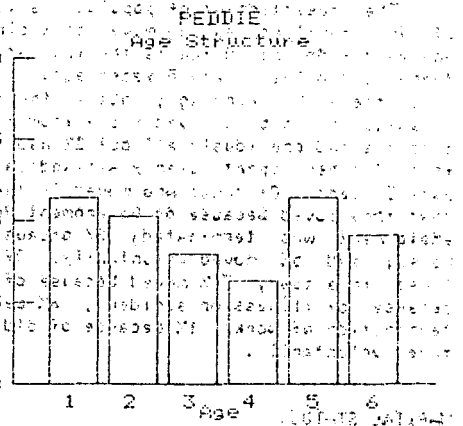
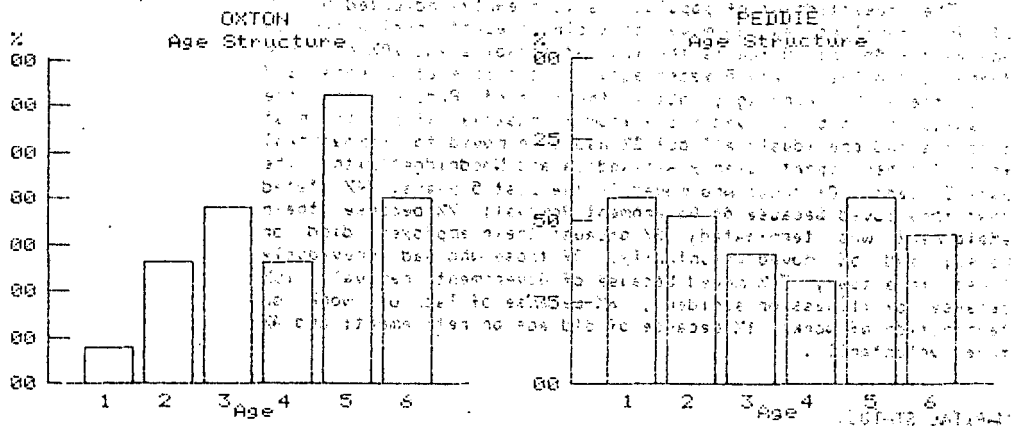
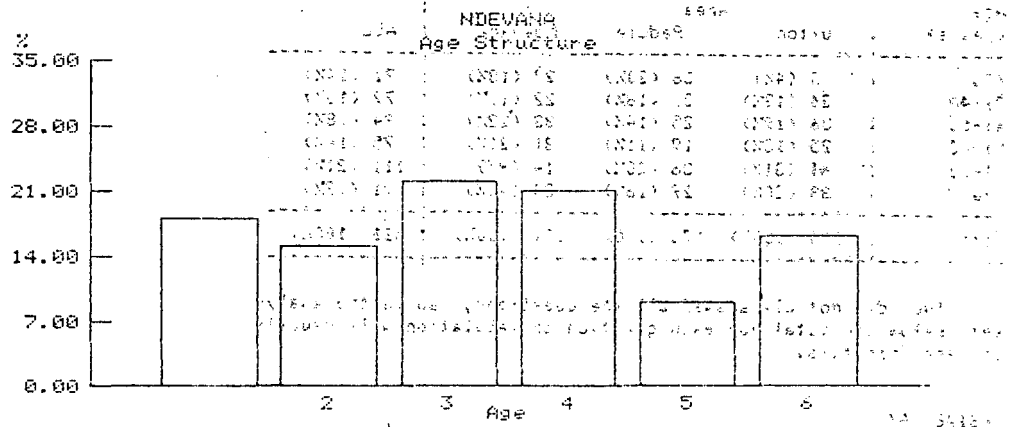
Oxtou is one of the older resettlement camps and is situated South-East of Whittlesea. Removals here took place in 1976, from a variety of places, including camps such as Glengray, Zweledinga and others. The camp is again under threat of removal, although the new site at Ilings may prove to be somewhat better than Oxtou, since it is closer to Whittlesea and promises better land than the very poor ground and water supply of Oxtou.

Ndevana lies to the East of King Williams Town. It has been described as '...offering a picture of mass misery and deprivation unsurpassed anywhere in the Ciskei'. The population is large, comprising 40-50,000 persons, most of whom have been removed there from land acquired by the president of Ciskei or by the Ciskeian government. It has few services, and in particular the provision of land and water is very poor.

The survey aimed to obtain background information on the living conditions in these areas, and more detailed information relating specifically to health. In general the data obtained confirmed the picture, familiar to those who know the area, of grinding poverty, broken families, and general destitution. Thus the results obtained were not unexpected; but they are important as confirmation of these widely known conditions, in view of counter-information being spread by certain Government Departments, which obscures the true nature of life in these areas.

The survey conditions were such that the overall picture presented is likely to be basically correct, but some details may be misleading. To avoid giving a misleading impression of greater accuracy, we have rounded off percentage figures to the nearest integer.

1970-1975
 1975-1980
 1980-1985
 1985-1990
 1990-1995
 1995-2000



2: SOCIO-ECONOMIC DATA

Altogether 556 people (32 men and 474 women) were interviewed. Their mean age was 52 years. The age spread of those interviewed was as follows, and is shown in Fig. 1.

Age (years)	Area			ALL
	Oxton	Peddie	Ndevana	
<30	8 (4%)	36 (20%)	27 (18%)	71 (14%)
31-40	26 (13%)	31 (18%)	22 (15%)	79 (15%)
41-50	36 (19%)	25 (14%)	33 (22%)	94 (18%)
51-60	25 (13%)	19 (11%)	31 (21%)	75 (14%)
61-70	61 (31%)	36 (20%)	14 (9%)	111 (21%)
>70	38 (20%)	29 (16%)	24 (16%)	91 (17%)
Total	194 (100%)	176 (100%)	151 (100%)	521 (100%)

They did not all answer all the questions, so in the analyses below the total for each question or tabulation will usually be less than this.

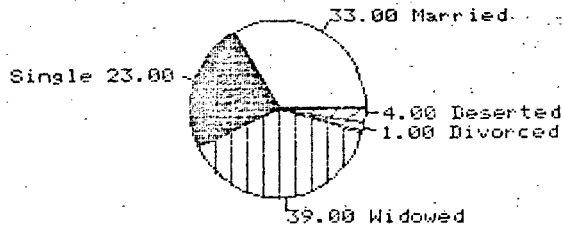
RESIDENCE:

The resettlement of populations is clearly indicated by 13% of the families having moved to their present residences in the past 6 months. Oxton is the longest established, 70% of those there having been there 5 years ago; in the case of Ndevana, 31% were there 5 years ago; but in the case of Peddie, all the inhabitants had been moved there from Kammaskraal within the past 6 months and previously all but 2% had been moved to Kammaskraal from elsewhere (particularly Alexandria and Woodridge) within the past 5 years. Of those who moved in the past 5 years, 74% stated that they moved because of Government Removal; 7% because their employment was terminated; 8% because their employer died or moved; and 5% moved voluntarily. Of those who had previously lived in a town, 71% moved because of Government removal; 10% because of illness or accident; 6% because of lack of work or termination of work; 1% because of old age or retirement; and 4% moved voluntarily.

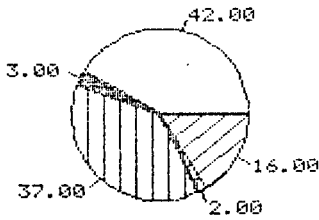
MARITAL STATUS:

261 respondents were married or promised i.e. in stable relationships. Of the others, 53 were single and 14 divorced, 179 of them were widowed and 50 deserted. In Oxton, 42% were married or promised, 3% (mainly younger) single, 37% (mainly elderly) widowed, 2% divorced and 16% deserted (more the middle aged). In Peddie, 61% were married or promised, 6% (mainly younger) single, 25% (mainly elderly) widowed, 2% divorced, and 7% deserted. In Ndevana, 33% were married or promised, 23% (mainly younger) single, 39% (mainly elderly) widowed, 1% divorced, and 4% deserted, as shown in Fig. 2.

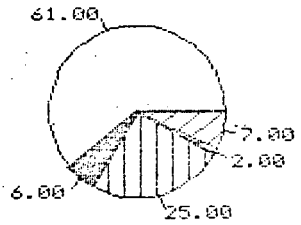
NDEVANA
Marital Status



OXTON
Marital Status



PEDDIE
Marital Status



233 were living apart from their spouses while 80 of those who were married had migrant spouses. Of the male respondents, 72% were living with their spouses, while of the women respondents, only 33%, showing the combined effects of migrancy and the longer life-span for women. Of the migrants in Oxtou, 32% spent one week a year with their spouse and 62% up to two weeks a year.

CHILDREN:

The birth patterns revealed high pregnancy rates: 21% had had more than nine pregnancies while 71% had had 5 or more, the older consistently having had more pregnancies than the younger. 88% reported having never used any contraception. However most of the children born were no longer in the home: a total of only 43 'own' children were cared for by the families questioned, whereas 327 grand-children were in their care, 76 nephews or nieces, and 39 other relatives - showing the way children are left in the care of their grandparents or other relatives while the parent's seek to make a living. Altogether, 91% of the children cared for by the families questioned were not their own children, dramatically illustrating the breakdown of family life in the resettlement camps. An average of 6 children were cared for by the families interviewed.

EDUCATION:

The low state of education of those questioned is revealed by literacy rates: only 36% claimed to be able to read and 35% to be able to write. 45% claimed no schooling at all, whereas 22% had reached standard 5 or higher at school. Literacy was directly correlated with level of education.

WORK:

67 of those interviewed presently work locally while 407 do not; 152 had previously worked locally, but 285 not. Of those who gave reasons for stopping work, 23% had retired; 36% had suffered accident or illness; 16% had lost their jobs through government removals; 4% had left the job voluntarily.

INCOME:

The mean household monthly income was R55 per month. 7% of those interviewed had a household income recorded as zero. Oxtou was the worst off, with Peddie the best off:

Household Monthly Income

	None	< R55	R56-R100	> R100	Total
Oxtou	11 (6%)	142 (78%)	28 (15%)	0 (0%)	181 (100%)
Peddie	5 (3%)	70 (46%)	64 (42%)	14 (9%)	153 (100%)
Ndevana	13 (13%)	31 (31%)	48 (48%)	7 (7%)	99 (100%)
Total	32 (7%)	257 (55%)	152 (32%)	17 (6%)	468 (100%)

The primary source of income is as follows:

Source of Income	Area			All
	Oxton	Peddie	Ndevana	
Local Work	45 (27%)	42 (29%)	26 (32%)	113 (29%)
Migrant	19 (11%)	45 (31%)	7 (9%)	71 (18%)
Pension	93 (56%)	53 (37%)	44 (54%)	190 (49%)
Other	9 (5%)	3 (2%)	5 (6%)	17 (4%)
Total	166 (100%)	143 (100%)	82 (100%)	391 (100%)

The inadequacy of local work is clearly apparent in that less than one-third of those interviewed named a local job as the primary source of income. What is remarkable here is the heavy dependence on pensions as a primary source of income in all the areas; in Oxton and Ndevana, they appear to be the basic income of over half the population. Only in the case of Peddie are migrant worker remittances the major contribution for a large part of the population.

A rather small group (35 people) listed secondary sources of income. These were local work (7 cases, 20%), migrant remittances (9 cases, 26%), pensions (37%) and other (6 cases, 17%). Only 4 listed tertiary sources of income (3 being local work and one a pension). What emerges here starkly is that pensions, rather than being the income of a single old person or a supplement to the family income, in a large number of cases is the only source of household income, so their survival depends on this inadequate means.

While there is a great deal of variation, nevertheless there is a positive correlation of respondent education level and family monthly income (at the .01% level).

DEPENDENCY:

One family with an income of less than R55 per month reported supporting 17 children. 32 families (8% of those responding to both these questions) reported supporting 11 or more children and monthly incomes of less than R55. Overall, the total number of households supporting children (their own and others) on various incomes was as follows:

Children Supported	Household Monthly Income				Total
	None	< R55	R55-R100	> R100	
< 4	8 (2%)	75 (18%)	42 (10%)	11 (3%)	136 (32%)
5 to 10	19 (4%)	132 (31%)	79 (19%)	11 (3%)	241 (57%)
11 to 17	1 (0%)	32 (8%)	12 (3%)	1 (0%)	46 (11%)
Total	28 (7%)	239 (57%)	133 (31%)	23 (5%)	423 (100%)

Furthermore, the great majority of those struggling to maintain families on these incomes are old. Of 82 respondents over 70, 12 were financially supporting more than 10 children and 49 between 5 and 10 children. The breakdown of age and children supported was as follows:

Children Supported	Age of Respondent				
	Under 40	41 to 50	51 to 60	61 to 70	Over 70
< 4	81 (16%)	31 (6%)	13 (3%)	25 (5%)	21 (4%)
5 to 10	66 (13%)	59 (12%)	53 (11%)	68 (13%)	49 (10%)
11 to 17	3 (0%)	4 (1%)	9 (2%)	20 (4%)	12 (2%)
Total	142 (28%)	94 (19%)	75 (15%)	111 (22%)	82 (16%)

This dependency pattern varies substantially between the areas; the distribution in each area as

Children Supported	Area		
	Oxton	Peddle	Ndevana
< 4	44 (23%)	62 (39%)	35 (25%)
5 to 10	115 (61%)	88 (55%)	93 (68%)
11 to 17	29 (15%)	9 (6%)	9 (7%)
Total	188 (100%)	159 (100%)	137 (100%)

Thus the Oxton sample has a considerably greater dependency pattern than either of the other two areas, with Peddle showing the least dependence.

It should be noted that poverty does not deter these families from looking after other people's children. Thus in Oxton, 91% of families with income less than R55/month were looking after at least one child other than their own; 54% of these families, at least 3 such children; and 26%, more than 5. In Peddle, the comparative figures are 86%, 36%, and 8%; in Ndevana, they are 93%, 56%, and 13%.

GROWING:

4% had a vegetable garden, but only 7% had access to a communal garden. Water for the gardens is mainly provided by taps or from a reservoir, but 10% rely on rain. In answer to the question "For how many months in the year are you without water?", the response in Oxton was: 18%, no months; 32%, 1 month; 14%, 2 months; and 32%, more than 5 months. However in Ndevana, it was, 1%, 1 month; 1%, 4 months; and 97%, 12 months!

Only 4% had their own fields available for planting, and 3% access to communal fields. Thus access to agricultural input is strictly limited to vegetable gardens for the vast majority

interviewed. In Oxton, 44% of the 64 who reported planting in a vegetable garden do so more than once a year but in Ndevana the vast majority of the 66 planting, do so only once a year; while in Peddie almost no one reported planting at all (a total of 9).

LIVESTOCK:

97% of 468 respondents had no cattle at all, 3% between 1 and 3 cows, 1 person 4 and 1 person 9. Thus there was no possibility of supporting the families from cattle.

ENERGY:

50% used paraffin and 50% wood for fuel.

TRANSPORT:

45% travelled by foot to shops or town; 55% travelled by bus. Only one respondent reported travelling by car.

FOOD:

In answer to the question "Do you think you get enough to eat?"; 11% replied "Yes" but 89% answered "No". In response to "Do you think your children get enough to eat?", 10% replied "Yes" but 90% answered "No".

Out of 189 respondents in Oxton who answered about meals eaten the previous day, 174 had eaten pap; 53, samp; 28, bread; 80 tea. Only 5 had had mealies; 12, cabbage; 3, spinach; 1, beans; 1, chicken; 1, potatoes; 1, fruit; 6, milk. None had had eggs or meat. Thus their diet is basically that of extreme poverty: pap or samp, tea or water, and perhaps bread.

Of 173 respondents in Peddie who answered, 74 had eaten pap and 113 samp; 48, cabbage; 24, beans; 44, bread; 136, tea. Only 6 had had mealies; 1, spinach; 8, milk; 6, meat; 4, pumpkin; 12, potato; 2, rice; 2, squash. None had eaten eggs or chickens or fruit. The basic diet is as before, but better supplemented.

Of 142 respondents in Ndevana who answered, 100 had eaten pap and 101 samp; 18, bread, and 91, tea. Only 3 had had mealies; 8, cabbage; 5, milk; 1, potato; 1, squash. None had had eggs, meat, chicken, or fruit. The diet is virtually the same as at Oxton except that samp is eaten more and bread less.

COMMUNITY PROBLEMS

In answer to the question "What is the major problem facing your community?", the following pattern emerged by area (we include here the KeiskammahoeK responses, as they are unambiguous):

Community Problem	Area				OVERALL
	Oxton	Keiskhk.	Peddie	Ndevana	
Housing	-	-	55 (98%)	-	55 (11%)
Food	83 (43%)	-	7 (5%)	2	92 (12%)
Money	61 (32%)	3 (9%)	2 (1%)	1	67 (13%)
Job	10 (5%)	31 (89%)	19 (13%)	119 (80%)	179 (34%)
Security	1	-	1	1	3 (1%)
Clothes	10 (5%)	-	-	1	11 (2%)
Land	3 (2%)	-	60 (41%)	7 (5%)	70 (13%)
Firewood	1	-	-	-	1
Water	18 (9%)	1 (3%)	1	16 (11%)	36 (7%)
School	-	-	-	1	1
Clinic	5 (3%)	-	1	-	6 (1%)
Unspecified	1	-	-	-	1
TOTAL	193 (100%)	35 (100%)	146 (100%)	148 (100%)	522 (100%)

Clearly housing and land are major problems at Peddie, overshadowing even the job/money situation which is a major crisis at Keiskammahok and Ndevana and a severe problem at Oxton. However, the most striking feature, in the face of all the other problems, is the perceived problem of lack of food at Oxton - a remarkable testimony to the state of poverty in the area. In this state of poverty, a substantial fraction even are worried about clothes. Water is clearly a source of stress at Ndevana (and less so at Oxton, where there is also a problem with the clinic).

In answer to the question "What is the major problem facing your household", the following appeared:

Community Problem	Area				OVERALL
	Oxton	Keiskhk.	Peddie	Ndevana	
Housing	1	-	7 (5%)	3	11 (2%)
Food	79 (41%)	24 (71%)	51 (34%)	77 (52%)	231 (44%)
Money	79 (32%)	6 (18%)	63 (41%)	28 (19%)	176 (34%)
Job	6 (3%)	1	7 (5%)	8 (5%)	22 (4%)
Security	7 (4%)	1	7 (5%)	17 (12%)	32 (6%)
Clothes	3	-	3	1	7 (1%)
Land	1	-	9 (6%)	-	10 (2%)
Firewood	-	-	1	-	1
Furniture	-	-	1	-	1
Water	9 (5%)	-	-	-	9 (2%)
School	1	2	1	6 (4%)	10 (2%)
Clinic	5 (3%)	-	-	2	7 (1%)
Pension	1	-	2	2	5 (1%)
Separation	1	-	-	2	3
TOTAL	193 (100%)	34 (100%)	152 (100%)	146 (100%)	525 (100%)

This is remarkable in showing that while there are problems to do with separation from spouses, non-arrival of pensions, clinics, schools, water, clothes, land, housing, etc, the overwhelming felt private problems are lack of money and of food - 88% of those questioned placing one of these as their major problem.

3: HEALTH CONDITIONS:

General health care appeared to be relatively widely available considering the poverty of the community and its semi-rural situation, although a proportion of families expressly stated that hospitals or clinics were their major problem. Vaccination was relatively widespread in that 60% of the children were reported to have had BCG, 61% DWT and 53% measles vaccine. However given the socio-economic conditions, these kinds of measures do not succeed in providing good health. Indeed 8% of the households interviewed had someone in hospital; and 43% considered that the children in their household were not well. This very poor health situation is not surprising in view of the very low levels of income and nutrition recorded in the previous section.

The interviewer was asked to comment on the health of the family they observed during the interview. In 7% of the cases they reported signs of mental illness; in 2%, signs of alcoholism; in 12% of the cases, signs of TB; in 14%, signs of physical disability; and in 34% of the cases, signs of extreme old age.

MORTALITY:

In Oxtou, 61% of the respondents had lost one child or more, and 30% had lost three children or more. In Peddie the comparative figures were 32% and 14%, while in Ndevana they were 22% and 4%. This effect is partially due to the age of the respondents (51% were over 60 in Oxtou, 35% in Peddie and 29% in Ndevana) but probably also partly reflects different levels of poverty in these three areas.

SICK CHILDREN:

A questionnaire was filled in for each of 191 children who were ill at the time of the survey. 51% were male and 49% female.

16% of these children were recorded as premature births, and 17% as breast-fed. The mean age of the children was 7.7 years, with a fairly even distribution over all ages from 0 to 14, and a few older children. While 44% of the children were said to have been ill for less than a year (of these, 28% for under 6 months), 18% were recorded as having been ill for more than 2 years and 5% for more than 5 years (25% were not recorded, in this case).

In answer to the question "Have you ever been told the child suffers from malnutrition", 80% answered "yes" and only 20% "no". In answer to the question "Have you ever been told the child suffers from TB", 20% answered "yes".

The interviewers were asked, if they were able to see the ill child, to provide an assessment of its health status. The following percentage occurrences were recorded; malnutrition-12, mental retardation- 15, cerebral palsy- 8, TB- 14, physical injuries- 14, and deformities - 11. Of these responses, (a) is

probably the least reliable, and (e), (f) the most reliable.

Nutrition

The food given to the sick child for the previous three meals was ascertained. It turned out to be very similar to the general diet of the community reported in the previous section. Specifically, (a) the previous morning: 82.5% of the children were given mealie-pap, 7.7% samp, 1.1% cabbage, 3.8% milk, and 4.9% bread; (b) the previous lunch time, 49% mealie pap, 23% samp, 3% cabbage, 4% milk, 16% bread, and less than 1% each of mealies, spinach, eggs, beans, and meat; (c) the previous evening, 57% mealie pap, 26% samp, 2% cabbage, 3% spinach, 3% milk, 5% bread, 1% tea, and less than 1% mealies and pumpkin. Clearly the kind of nutrition that will effectively promote health in a sick child is wanting, and the diet tends to be low in protein but higher in bulk and carbohydrate.

The weight-for-age status of the children was recorded through the question "Is the child the right size and weight for its age?"; where possible, this was checked against clinic records. 28% recorded "Yes" and 66% "No", suggesting that two-thirds of these sick children would satisfy the Boston weight-for-age criterion for malnutrition.

In 40% of the cases, the child's hair was said to be red, giving direct evidence for Kwashiorkor.

Treatment

In 87% of the cases the child was having treatment, and in 13% not. Of those being treated, 28% were being dealt with by a doctor, 71% by a nurse, and less than 1% by a friend. None were recorded as being treated by a traditional healer. 32% were being treated at home, 54% at a clinic and 15% at hospital. In 59% of the cases it was stated that the child was getting better, and in 41% that they were not getting better.

PERCEIVED OVERALL:

The overall perceived health situation of the respondents is summarised in the following tabulation of responses to the two questions "Are you well?" and "Do you think you get enough to eat?"

Well	Enough to eat		Total
	Yes	No	
Yes	29 (7%)	184 (47%)	213 (55%)
No	8 (2%)	169 (43%)	177 (45%)
Total	37 (9%)	353 (91%)	390 (100%)

Thus only 7% of the respondents perceived their situation as

satisfactory in both respects, whereas 43% perceived it as unsatisfactory in both regards. In Ndavuna the older people were much less healthy and in Peddie the same trend was apparent, but there was no correlation in Oxton.

The overall perceived health situation concerning their children is summarised in the following tabulation of responses to the two questions "Are the children in your household well?" and "Do you think your children get enough to eat?"

Children : Well	Children Enough to eat		Total
	Yes	No	
Yes	26 (5%)	252 (52%)	278 (57%)
No	27 (6%)	184 (38%)	211 (43%)
Total	53 (11%)	436 (89%)	489 (100%)

Thus only 5% of the respondents perceived their situation as satisfactory in both respects, whereas 38% perceived it as unsatisfactory in both regards.

These two tables are rather similar to each other, showing a state of great dissatisfaction (particularly with the state of nutrition). In view of the sickness levels and nutritional levels, this dissatisfaction seems eminently reasonable.

4: ANALYSIS As to the survey of the resettled population, the survey confirms the conditions of grinding poverty in the Ciskei areas surveyed, characterised by the fact that for a large proportion of the population surveyed, a pension (at R40 per month) was the sole support of a household and the high-income level of R100 per month was hardly attained at all. The level of poverty is such that a large proportion of households recorded hunger as their major problem. Correspondingly, there are very high levels of ill health; and of those children that are ill, over 80% have been malnourished at some stage in their lives.

The life of the rural poor is dominated by sheer survival. Our information on child death rates was not good enough to deduce infant mortality rates - but figures of 200 in 1000 have been cited for at least one camp (Ndevana) to be heard for those living in the cities. Understand that for the rural majority, and those in resettlement camps, the perpetual state of life is one of lack of food and of hunger. This has been stated by the president of the Ciskei, Lennox Sebe (3), confirmed by the Quail Commission (4), and the consequent malnutrition detected in the few nutrition studies that have been carried out (5). The present survey confirms this situation. Poverty raises problems of clothing, heating, transport, etc; etc; but above all its core is insufficient food, and ill-health therefore abounds.

In the present survey, the tremendous dependency burdens that mirror the breakup of family life owing to the poverty and the migrant situation, are clearly apparent. Many children survive only because they are cared for by some distant relative on a completely inadequate income, and on a poverty-stricken diet of samp or mealie pap, occasional bread, and tea.

We have here only touched on the relation between this poverty and the resettlement these communities have undergone. It is clear that many people have lost their jobs through resettlement, and that many could improve their circumstances if they were allowed to move freely to bargain as best they could for their labour; however the degree to which the burden of poverty and hunger could be relieved by allowing them to move to where jobs are available, has not been quantified in a meaningful sense here. But it is clear that at least some of the worst poverty could be alleviated if greater job opportunities of urban living were made available to those affected: that is, if the policy of resettlement were abandoned, or at least modified to take the needs of those being resettled into account.

REFERENCES

- [1] Surplus People's Project. Forced Removals in South Africa. Vol 2. S.P.P.,UCT Press, 1983.
- [2] Dr T. Thomas. Their Doctor Speaks, College Tutorial Press,1982.
- [3] The South African Journal of Science, S_{2A}₃ Report, 1975.
- [4] The Quail Commission Report, 1979.
- [5] Dr T Thomas, Soc. Sci. Med. 15A, 551, 1981.

ACKNOWLEDGEMENTS

We wish to thank Rommel Roberts for the idea of this survey, OXFAM for financial support, and the Border Council of Churches for organising the field work.

Cape Town

27/12/1982

These papers constitute the preliminary findings of the Second Carnegie Inquiry into Poverty and Development in Southern Africa, and were prepared for presentation at a Conference at the University of Cape Town from 13-19 April, 1984.

The Second Carnegie Inquiry into Poverty and Development in Southern Africa was launched in April 1982, and is scheduled to run until June 1985.

Quoting (in context) from these preliminary papers with due acknowledgement is of course allowed, but for permission to reprint any material, or for further information about the Inquiry, please write to:

SALDRU
School of Economics
Robert Leslie Building
University of Cape Town
Rondebosch 7700