ACCESS TO HEALTH SERVICES
IN THE PAARL AREA
Community Health Research Project
Saltru Working Paper No. 60

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This working paper is part of a project researching health services and health needs in three areas: Cape Town, Paarl and the Ciskei. The members of the project, based in the Sociology Department at the University of Cape Town, are: Sue Myrdal, Liz Thomson and, until September 1982, Goolam Aboobaker.

The paper is also a contribution to the Second Carnegie Inquiry into Poverty and Development which was launched in April 1982.
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FIGURE

Population Pyramid for the Paarl Area (Source: 1980 Census figures, 02 region) | 4
The town of Paarl lies 60km north of Cape Town along the N1. The town itself lies in one of the most picturesque and fertile valleys in South Africa. The Berg River runs through the town and serves to demarcate industrial and residential zones. Generally those people classified White live in the western areas of Paarl i.e. closest to Paarl Rock. Those people classified 'Coloured' live in the so-called Paarl East areas. African people are located 5km north of Paarl in the Mbekweni township. These zones are illustrated on Map 1. The Paarl Divisional Council area is illustrated on Map 2.

Population

The official population estimates for the areas under the control of the Paarl Divisional Council are given below:

Table 1  Population of the Paarl Area (1981)

<table>
<thead>
<tr>
<th>Municipality</th>
<th>Divisional Council</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>16 709</td>
</tr>
<tr>
<td>'Coloured'</td>
<td>41 976</td>
</tr>
<tr>
<td>African</td>
<td>11 521</td>
</tr>
<tr>
<td>Total</td>
<td>70 206</td>
</tr>
</tbody>
</table>

Population pyramids for the Paarl area are given in Figure 1.

The above figures do not take into account the large number of seasonal workers entering Paarl during the summer months. Labour is introduced from the Homelands and such areas as the Karoo in order to reap the grape harvest. Likewise the fruit canning factories employ approximately 1 500 more workers during the summer months. The exclusion of these seasonal workers from the official statistics masks the increased pressure placed on the health services during the summer months.

Population figures given by the Municipal Health Authority for African and 'Coloured' population groups are in their own words 'unrealistically low.'
Fig. 1 Population Pyramid for the Paarl Area (Source: 1980 Census figures, O2 region)

Age Groups

10 year intervals
75+

65 - 74

55 - 64

45 - 54

35 - 44

25 - 34

5 year intervals
20 - 24

15 - 19

10 - 14

5 - 9

0 - 4

MALES

FEMALES

Populations in Thousands

AFRICANS

WHITES

COLOURED
The Town Planner of the Municipality was of the opinion that the 'Coloured' population figure was more realistically placed at 45 000 to 50 000. He estimated the African population to be 15 000 to 20 000. In a report compiled by the South African Institute of Race Relations (SAIRR) in 1982 the population estimate of the Mbekweni township is given as 15 000 to 20 000. These higher population estimates lend further weight to the argument that the health department of the Municipality are underestimating the size of the population they are planning for.

The population estimates given by the Divisional Council are likely to be less accurate than those of the Municipality. The population figures for the Divisional Council area are arrived at by projecting growth rates derived by extrapolating from censuses. As the Divisional Council area of Paarl is outlying rural land problems of data collection are prominent in the Health Department’s report. The African and 'Coloured' population groups in the area cannot, according to farmers in the area, be regarded as a stable workforce, and inaccuracies in the Divisional Health report can in part be attributed to this. The Chief Health Inspector of the Divisional Council argued that his department did not have the staff to compile accurate population figures and that due to the widespread area under the control of his department, to increase staff in order to gain more accurate population figures was not 'cost-effective'.

The methods of data collection have significance not only for population estimates but also when assessing infant mortality rates for example. The methods employed by the Municipality and Divisional Council in data collection will be discussed with reference to infant mortality rates in the health/disease profile.

Economy

The nature of the economy of the Paarl region has a significant effect on the standard of living and the type of work available to the people. These factors are likely to have some bearing on the health status of the population.

The economy of Paarl hinges on its agricultural sector. The fertility, climate and advanced farming methods employed by the Paarl farmers yield
possibly the finest wines in South Africa. Besides grapes, other
deciduous fruits are grown in large quantities and this has given rise
to a large canning industry in Paarl. Linked to fruit growing and
canning is package manufacturing in the town.

A failure in the agricultural sector would have serious consequences for
the other sectors of the economy. Besides the agricultural and related
sectors there is a large textile manufacturing plant in Paarl employing
some 2 000 people. Another large employer in the town is engineering,
which like other sectors has been affected by the economic recession.
Other employers in the urban area of Paarl are State employers such as
schools, local authorities and hospitals. Domestic service appears to
be the largest form of female employment in the urban areas of Paarl.

In addition to local employment, the Municipal Town Planning Department
has estimated that some 2 000 workers commute to Cape Town daily.\textsuperscript{11}

**Agricultural Sector**

The main employer in the area under the control of the Divisional Council
is the agricultural sector. Despite the advanced farming methods employed
by the Paarl farming community, the wage levels of their workers are
extremely low.\textsuperscript{12} A recent study by I.J. Pienaar of 65 farms in the
Wellington district serves as a useful guide in determining what wage
levels and conditions are for the rural population in the area.\textsuperscript{13} Although
Wellington has its own Municipality, the surrounding areas are controlled
by the Paarl Divisional Council, thus Pienaar's study has significance for
this report.

In the survey Pienaar found the average monthly cash income of rural
families in the Wellington area to be R92.16.\textsuperscript{14} In a study conducted
by UNISA in 1980, of rural workers in the Western Cape, it was found that
the minimum income required for a family of five was R169. Allowing for
inflation this figure becomes R193 at 1982 levels.\textsuperscript{15} Pienaar found the
average weekly cash income of the main breadwinner to be R17.\textsuperscript{16} These
figures refer to those workers with farm housing and who therefore rep­
represent the more stable workforce. The many seasonal workers in the Paarl
and surrounding areas are an even more exploited group and can be paid as
little as R0.20 per day.\textsuperscript{17} Another source of cheap labour used on farms
is prison labour.\textsuperscript{18}
The monetary income of Paarl rural workers is supplemented by free or cheap housing and food rations issued by the farmers. These rations consist of bread, meal, sugar, salted fish and occasionally meat. Characteristic of wine growing districts is the use of the 'tot' system, whereby workers are issued with a measure of cheap wine during and after the working day. The tot system appears to be in decline, due to the inefficiency of workers under the influence of alcohol. Nevertheless, Pienaar found that 34% of farms in his study still issued the wine tot three times a day. Sources in Paarl regard the issuing of the tot as having created a dependence of workers on alcohol, thereby serving as a means of labour control. Pienaar is of the opinion that the tot system is being replaced by increased wages and other incentives such as housing. The result of the tot system is a high level of alcoholism in many rural workers, and family disruption accompanying this condition. Besides the physical harm alcohol abuse brings, the implications for emotional and mental health are also serious.

Industrial Sector

Conditions for workers in the industrial sector of Paarl seem to be considerably better than for their rural counterparts. Industrial workers in Paarl are subject to increased pressure in their attempts to find and retain jobs. The canning industry has shown a severe decline in recent years, resulting in the closure of factories and the loss of thousands of jobs. During 1982 a textile factory in Paarl laid off about 600 workers. There is a possibility that the Atlantis decentralisation and development project will attract the textile factory in Paarl which would result in the loss of 2 000 jobs in Paarl. The Town Planner of the Paarl Municipality commented that he 'would hate to think what would happen to Paarl if this took place'. In a brief and unofficial study the Municipal Town Planner estimated that 40% of the Paarl workforce is presently unemployed. An official of the Department of Manpower in Paarl stated that the official estimate of unemployment in the town was 500. This figure was broken down into 250 'Coloured' people and 250 Whites. The unofficial unemployment figure is some 1000% higher than the official estimate. The unemployment figures for African people in the Paarl area were not available but are thought to be high.
Rural Sector

Housing in the rural sector displays a contrast between large White owned farm houses and what often amounts to little more than a shack for rural workers. Pienaar found that 51% of farm workers' houses had only one bedroom. Forty three per cent of houses had only two bedrooms. Only 18% had a bathroom, whilst 26% had either a lounge or dining room. For the majority toilet facilities were outside. Some houses in the rural areas of Paarl are without any toilet facilities. Generally cooking is done over an open fire, creating a smoke-filled atmosphere inside the houses. There is severe overcrowding in some dwellings, e.g. in one home visited 22 people occupied a two-roomed house.

Housing is used by farmers as a means of controlling the workforce. Housing is viewed as one of the main incentives for working in the agricultural sector and because the loss of one's job often means the loss of one's home this measure of control is seen as effective by farmers in the area. There are some notable exceptions to this picture of poor housing. In a few cases in Paarl the housing provided by the farmer or co-operative is extremely habitable and workers are encouraged to buy their houses over a period of 20 or 30 years. Such schemes are hoped to yield a stable workforce and higher productivity. In one case a qualified social worker is employed by the farmer. Her job has been to formulate and carry out programmes of so-called social upliftment. Such schemes are enjoying more popularity with the Paarl farming community despite misgivings on the part of some farmers.

Municipal Housing

The Paarl Municipality has a waiting list for some 2000 houses. The vast majority of these are for 'Coloured' housing. A housing official of the Municipality said that it was not unusual to find 16 people living in a flat in some areas of Paarl East. The likelihood of the housing shortage being eased in the near future is not great. A housing official said that it was the policy of his department not to build houses when there were no jobs. The rationale behind this policy was that should the
Municipality build more houses this would attract more unemployed people to the area and thereby exacerbate the problem. The situation for many 'Coloured' people in Paarl is one of increasing housing shortage and overcrowding as the provision of housing does not keep pace with population increase.

The housing situation for the inhabitants of the Mbekweni township was described by an official of the Western Cape Administration Board as a 'crisis'. In a brief study by the SAIRR in 1982, it was found that for a population of 15 - 20 000 there were 622 houses and bachelor quarters housing some 3 700 men. Many houses have shacks built at the back of them to accommodate lodgers. Only 80 houses have electricity. The dearth of toilet facilities necessitates the sharing of those facilities that are available. This situation has been a cause of friction in the township. The lack of toilet facilities bodes ill for the health of the township inhabitants. This together with extreme overcrowding in houses are two serious problems which appear unlikely to be resolved in the near future.

The conditions of work and housing experienced by 'Coloured' and African population groups in Paarl contrast strongly with those of the White population who represent a wealthy and prosperous section. In his study Pienaar found the average income of a farmer to be R10 000 and that average net profit was R8 200. These figures are regarded by some, including an accountant in the area, to be rather conservative. As a Regional Town Planner put it, 'if a farmer in Paarl is not wealthy, then there is something definitely wrong with him'. The presence of a wealthy white middle class is reflected by the standard size and design of houses both in rural and urban areas. A high standard of living in the White population is reflected in the low infant mortality rates and morbidity patterns discussed later in the study.

Education

The majority of 'Coloured' and African inhabitants of Paarl are poorly educated. The 1980 census figures for the region reveal some interesting patterns as Table 2 shows. These figures highlight the racial distribution in education particularly between Whites on the one hand and 'Coloured' people and Africans on the other. The agricultural degrees possessed by farmers in the area are reflected in the advanced methods of farming mentioned previously.
Table 2  Education Levels in the Paarl Area (1980 Census)

<table>
<thead>
<tr>
<th></th>
<th>No Education</th>
<th>Std 6 or lower</th>
<th>Std 10'</th>
<th>Bachelor degree or above</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>12,3%</td>
<td>33,3%</td>
<td>28,0%</td>
<td>6,5%</td>
</tr>
<tr>
<td>'Coloured'</td>
<td>28,0%</td>
<td>86,5%</td>
<td>1,6%</td>
<td>0,15%</td>
</tr>
<tr>
<td>African</td>
<td>31,5%</td>
<td>91,4%</td>
<td>0,66%</td>
<td>0,0%</td>
</tr>
</tbody>
</table>

White schools in Paarl are renowned for their high standard and provide good recreational and training facilities for their pupils.

For many rural workers, education is provided by the Dutch Reformed Church or farm schools. These schools, mainly for 'Coloured' pupils, generally do not offer education higher than standard 5. Those pupils in these schools who reach standard 5 generally work on the farm after this as their earnings are required by the family. It is the policy of some farmers that if they provide housing for their workers, they will request first option on all labour living in the house. In other words a person leaving school at standard 5 may, in terms of the agreement between farmer and labourers, be forced to work on the farm. In other cases people who do not work on the farm but live with their family in the house provided by the farmer pay rent to the farmer.

The educational facilities for the African population of Paarl are extremely poor. In the Mbekweni township the Lower Primary School has 903 students and a pupil/teacher ratio of 55 - 60:1. The Higher Primary School has 480 pupils. Facilities at the school are inadequate. There is no library, no proper office accommodation, no telephone and only a small playground. The Secondary School has 300 pupils and teaches up to standard 9. The pupil:teacher ratio is 27:1.43

Infrastructure

There is a general lack of infrastructural development in the 'Coloured' and African residential areas of Paarl. Poor roads and lighting characterise some areas of Paarl East and Mbekweni township. The poor sporting and recreational facilities for the 'Coloured' and African population
groups is contrasted with the excellent facilities available to Whites in Paarl.

The problem of recreational and sporting facilities for African and 'Coloured' groups in Paarl is aggravated by the reluctance on the part of farmers and authorities to utilise the rich agricultural ground for purposes of recreation and sport.44

Conclusion

From the brief analysis of the socio-economic conditions of the Paarl area, distinctions can be drawn between rural and urban working and living conditions. One can also distinguish a generally wealthy White land-owning, middle class. This is contrasted with a particularly poor rural working class, generally living in poor housing with little educational opportunity and few recreational facilities. The 'Coloured' and African working class are generally poorly housed and are subject to increased pressure for jobs in the Paarl area. There is little likelihood of any significant improvement in their living and working conditions in the foreseeable future.
FOOTNOTES


4. Interview with Personnel Officer of a commercial fruit farm in Paarl, December 1982. This estimate was supported in an interview with the doctor of the African Food and Canning Workers' Union Clinic, January 1983.


7. South African Institute of Race Relations (Cape Western Region), Fact Sheet 2/82. February 1982.


10. Interview with the Chief Health Inspector of the Paarl Divisional Council, January 1983.

11. This figure was arrived at by the department by counting the number of weekly tickets bought by commuters to Cape Town.

12. Interview with the Regional Planner of the Paarl Divisional Council, December 1982.


15. Ibid., p.25.

16. Ibid., p.25.

17. I spoke to workers who were being paid this amount on Paarl farms.

18. According to a social worker in the Paarl area the use of prison labour is in decline.


23. This problem is discussed at some length by Pienaar in his study.

24. Interviews with Personnel Managers and Officers of some of the large employers in Paarl, December 1982, January/February 1983. Besides working shorter hours for greater pay, industrial workers in Paarl are protected by industrial legislation unlike their rural counterparts.

25. Interview with Personnel Officer of a large commercial fruit farm and an official of the S.A. Fruit and Vegetable Canners' Association. In the case of one canning factory 1 500 jobs were lost due to its closure.


28. Interview with Head of the Department of Manpower in Paarl, December 1982.

29. The Municipal Town Planner estimates the working population of Paarl to be approximately 11 000 in the Municipal area.


31. Pienaar, p.36.


33. From discussion with many in Paarl ranging from nursing sisters to farmers, there was a concern that such schemes were either premature or that they would lead to increased expectations on the part of workers.

34. Housing Department of the Municipality.

35. Interview with a housing official of the Municipality, January 1983.

36. Interview with Municipal Town Planner, January 1983.

37. SAIRR Fact Sheet 2/82, February 1982.

38. Pienaar, p.50.

39. Interview with an accountant who has been an accountant for farms in the area. February 1983.

40. Interview, January 1983.


42. Interview with Paarl social worker, January 1983.

43. SAIRR Fact Sheet 2/82, February 1982.

44. Interview with Regional Planner of the Divisional Council of Paarl, December 1982.
It is necessary to be aware of the types of disease afflicting the people of Paarl, as it is only from an assessment of the nature and prevalence of these diseases that adequate health facilities can be planned to meet the future needs of the population. Likewise it is only from such an understanding that available services are put to use with greatest effect.

The first stumbling block to such an analysis being achieved is the inadequacy of the official statistics relating to disease in the area. This is particularly the case in areas controlled by the Divisional Council. Data collection remains a problem for the Divisional Council due to the widespread nature of the rural areas of Paarl which are often infrequently visited by the mobile clinics. The Chief Health Inspector of the Divisional Council was of the opinion that it was not cost effective to extend their services to certain outlying areas and therefore they had no way of assessing the extent of disease in these areas.

Infant Mortality Rate

As it is an internationally accepted indicator of the health status of a population, the infant mortality rate (IMR) is useful in attempting to ascertain the level of health of the population of Paarl (See Table 3). Again without denying the usefulness of the official figures there is sufficient ground to view them with a fair degree of scepticism.

There has been reluctance on the part of African women to use the services of the Municipal clinic in the Mbekweni township because of intimidation by officials of the Western Cape Administration Board. This situation has led to infant births and deaths not being notified because mothers are residing illegally in the township and fear the notification of the birth or death of their infant will lead to their removal back to the so-called homeland.

The Chief Health Inspector of the Divisional Council said that the figure produced in his annual report only accounted for 50% of infant births and deaths in the rural areas of Paarl. Mortality figures for the rural
areas of Paarl are collected by the Divisional Council on one morning or afternoon in the year. These figures are kept by the Paarl police station who in turn receive their figures from the Paarl Magistrate's Court. In contrast to the Divisional Council, the Paarl Municipality collects mortality figures from the Paarl police station every week.\textsuperscript{5}

Table 3
Infant Mortality Rates for Paarl Municipality and Paarl Divisional Council

\begin{table}[h]
\centering
\begin{tabular}{|l|c|c|c|}
\hline
 & \textbf{Municipality}\textsuperscript{6} & & \\
 & \textbf{1979} & \textbf{1980} & \textbf{1981} \\
\hline
\textbf{White} & 0 & 0 & 12.44 \\
\textbf{African} & 33.95 & 37.80 & 40.00 \\
\hline
\end{tabular}
\end{table}

\begin{table}[h]
\centering
\begin{tabular}{|l|c|c|c|}
\hline
 & \textbf{Divisional Council}\textsuperscript{7} & & \\
 & \textbf{1979} & \textbf{1980} & \textbf{1981} \\
\hline
\textbf{White} & 9.8 & 0 & 0 \\
'\textbf{Coloured}' & 42.82 & 27.35 & 26.19 \\
\textbf{African} & 16.26 & n/a & n/a \\
\hline
\end{tabular}
\end{table}

n/a = not available.

The most striking feature of these IM figures is the extremely low number of White deaths. These figures reflect the high standard of living of Whites in the Paarl area and the availability of health services to this section of the population.

The figure for the Municipality have shown a recent increase whilst those of the Divisional Council have continued to show a downward trend. The adequacy of the Divisional Council's figures may be called into question again however.

The recent increase in the IM rate in the Municipality was explained by various people. The Medical Officer of the Municipality, who compiles
the annual report, puts the increase down to factors beyond the control of the Municipal Health authorities. She felt that more women were working later into pregnancy causing more premature births resulting in infant deaths. A nursing sister of the Municipality felt that 'Coloured' and African families were finding it increasingly difficult to provide their infants with an adequate diet due to a decrease in their standard of living. This point of view was supported by information in Section 1: 'Socio-economic Profile'. The attitude of one sister of the Municipality was that IM figures for 'non-whites' should be doubled because, if they don't want a child 'they just flush it down the toilet'.

The most striking feature of the Divisional Council figures is the lack of African infant death rates. The Chief Health Inspector felt that the figures collected at the police station were so inaccurate that his department had stopped collecting them. There were not enough staff in his department to collect accurate African death figures.

Causes and numbers of infant deaths for Municipal and Divisional Council areas are given below.

Table 4
Causes of Infant Mortality in the Paarl Area (1981)

<table>
<thead>
<tr>
<th></th>
<th>Municipality 12</th>
<th>Number of Deaths</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>White 'Coloured' African</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congenital disease</td>
<td>0</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Prematurity</td>
<td>3</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Injuries during labour</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Gastro-enteritis</td>
<td>0</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Lung infection</td>
<td>0</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Cause yet to be established</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
<td>32</td>
<td>17</td>
</tr>
</tbody>
</table>
The main cause of infant death in the Municipality is prematurity. The Medical Officer regarded this as being beyond the control of the Health Authority. More than one quarter of infant deaths in the Municipal area are due to gastro-enteritis and pneumonia, both preventable diseases. Both these conditions can be linked to the poor socio-economic conditions of the African and 'Coloured' inhabitants of Paarl. The Medical Officer of Health regarded the IM figures for the Municipality as being 'very impressive'.

Gastro-enteritis and pneumonia play a much larger part in the IM figures of the Divisional Council than the Municipality. These two causes of infant deaths account for 89% of the total. These figures would seem to reflect the poorer socio-economic conditions of Paarl's rural inhabitants and the relative inaccessability of health services to these people.

The Divisional Council sisters interviewed regarded the health status of the rural inhabitants of Paarl as having greatly improved over the last few years. They attributed this improvement to better health services being offered by the Divisional Council and an increased awareness of health services on the part of rural inhabitants. Although they regarded the health status of the rural inhabitants as having improved recently, the sisters regarded poverty as being the major factor affecting the health of rural people. They felt that health services were adequate to meet the needs of rural people in Paarl even though the major causes of infant death were preventable.
Another allegation, frequently expressed, on the causes of infant deaths in the Divisional Council area was that mothers did not take enough care of their infants. This was the opinion of the Chief Health Inspector of the Divisional Council who supported his view by saying that milk powder bought at the clinics was often used in tea and coffee rather than being used for feeding infants. Subsequent to the Health Department introducing a milk powder unfit for use in tea and coffee sales of milk powder dropped by two thirds.17

The Medical Superintendent of Paarl Hospital regarded the main factors affecting infant deaths in the area as being ignorance, low moral standards, illegitimacy and generally poor child care on the part of parents. He cited one reason for infant deaths as the overdosing of infants by their parents because they did not understand the instructions on bottles of medicine.18

One can conclude that the attitude of health authorities in Paarl was that ignorance and to an extent poverty play the major part in the ill-health of infants in the area.

Nutrition

Records of nutritional status are kept at Baby Clinics of the Municipality and Divisional Council. The nutritional status of the inhabitants of Paarl is not mentioned in either health report and the extent of malnutrition and undernutrition of Paarl's inhabitants is unknown. The only nutritional service offered by the Health authorities is the sale of baby's milk at cost plus 5%.19

The only nutrition scheme in the Paarl area is the service provided by the Peninsula School Feeding Association. The association provides a burner, soup, jam and bread to a number of schools in the Paarl area. The organising secretary said that he thought many African and 'Coloured' schools in the Paarl area needed a feeding scheme but the association did not have the resources to provide for them.20

According to letters sent to the Peninsula School Feeding Association requesting a feeding scheme for their pupils, it would seem that the
nutritional status of many African and 'Coloured' pupils in the area is extremely poor, as the meal received through a feeding scheme often constitutes the main meal of the day. A point of interest here is that some principals reported an increase in school attendance after the institution of the feeding scheme in their school. From both Pienaar's report and visits to the homes of rural workers it would seem that the diet of many in the Paarl area is poor. This view was supported by a G.P. the majority of whose patients are African and 'Coloured' people. He argued that the medical treatment of many patients suffering from disease in the area is often ineffective as the nutritional status of the patient is so poor.

Tuberculosis

Tuberculosis figures for the Paarl district are given below.

Table 5

<table>
<thead>
<tr>
<th>Municipality</th>
<th>Total number of new cases</th>
<th>New cases admitted to hospital</th>
<th>New cases treated at home</th>
<th>Out-patient treatment (clinics)</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>295</td>
<td>51</td>
<td>242</td>
<td>663</td>
<td>21</td>
</tr>
</tbody>
</table>

Comparative Figures for the Years 1971-1981

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>156</td>
<td>192</td>
<td>220</td>
<td>249</td>
<td>270</td>
<td>213</td>
<td>270</td>
<td>364</td>
<td>368</td>
<td>275</td>
<td>295</td>
</tr>
</tbody>
</table>
Table 5 continued

<table>
<thead>
<tr>
<th>Divisional Council²⁵</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>New cases</td>
</tr>
<tr>
<td>New cases on intensive treatment at home</td>
</tr>
<tr>
<td>Old cases on intensive treatment at home</td>
</tr>
<tr>
<td>Cases admitted to hospital</td>
</tr>
<tr>
<td>Re-activated contacts</td>
</tr>
<tr>
<td>Deaths</td>
</tr>
</tbody>
</table>

In the case of the Municipality the number of notifications of T.B. have nearly doubled in the years 1971 to 1981, and more than doubled in the years 1978/1979.

The official explanation for the increase in the number of T.B. cases is that the opening of clinics for Africans and 'Coloured' people in 1976/1977 facilitated the diagnosis of more cases.²⁶ The fact remains that tuberculosis is rife in the Municipal area of Paarl. The M.O.H. remarked that although he was grateful that T.B. cases had not again reached the 300 mark, there was little the health department could do to keep the disease under control.

From the information contained in the tables the situation in the rural areas of Paarl does not seem to be as bad as the Municipal area. This trend is contrasted with the figures for admissions into the Sonstraal Hospital which show that more patients from the rural areas are admitted (see Table 6).

Although the number of new cases of T.B. has remained constant, the Chief Health Inspector for the Divisional Council said that these figures represented an increase over previous years.²⁷ This increase in T.B. notifications in the rural areas was attributed to increased vigilance on the part of the Divisional Council Health Department staff,²⁸ i.e. the figures for previous years were an underestimate of the true number of cases.

Officials of both health departments said that they had been instructed from the Department of Health that they should not chase after people not attending the T.B. clinics.²⁹
Table 6

<table>
<thead>
<tr>
<th>Table 6</th>
<th>Admissions to Sonstraal T.B. Hospital (1981)³⁰</th>
</tr>
</thead>
<tbody>
<tr>
<td>Municipality</td>
<td>Divisional Council</td>
</tr>
<tr>
<td>Patients in hospital (1/1/81)</td>
<td>9</td>
</tr>
<tr>
<td>Admissions</td>
<td>81</td>
</tr>
<tr>
<td>Discharged</td>
<td>59</td>
</tr>
<tr>
<td>Deaths</td>
<td>14</td>
</tr>
<tr>
<td>Patients in hospital (31/12/81)</td>
<td>17</td>
</tr>
</tbody>
</table>

Table 6 shows the admissions to Sonstraal T.B. Hospital. Although there are more notifications in the Municipal area there are far more hospitalisations from the Divisional Council area. This may reflect less effective treatment in the rural areas or that notifications in the Divisional Council does not represent the true number of cases.

Another possible explanation is that on some farms, since T.B. is not an acute illness, there may be reluctance to allow the labourer time off for treatment in its early stages. The matron of the Sonstraal T.B. Hospital was of the opinion that rural workers either only come for treatment when they are extremely weak or are sometimes only allowed to come to hospital for treatment by the farmer when the disease becomes debilitating.³¹ Many rural workers' dwellings are owned by the farmer and a long period of sick leave can threaten the worker's occupancy of the dwelling.

As was previously mentioned the Municipal health authority regards T.B. as being out of control in their area. The M.O.H. when asked what he regarded as being an effective means of controlling T.B. was of the opinion that, ideally, patients suffering from T.B. should be hospitalised for six months. He felt that such measures should be supported by legislation.³²

Both he and the matron of Sonstraal Hospital were concerned about the number of patients 'absconding' from hospital before the completion of treatment. This is particularly the case during Christmas and the summer months when the grapes are harvested, for this is the period when most money can be made on bonus schemes.³³
The official statistics also illustrate the racial difference in the occurrence of T.B. In the Paarl Municipal area there were 9 White, 182 'Coloured' and 101 African T.B. notifications in 1981.34

The only racial distinction made in the annual report of the Divisional Council is that out of 152 new cases of T.B. in the rural areas, 31 were African. There is a disproportionately high incidence of T.B. amongst African people in the Municipal area of Paarl i.e. Mbekweni. Health officials interviewed regarded this phenomenon as being due to the influx of migrant workers already carrying T.B. and spreading the disease to others in the township.35 Echoing the sentiments of the Municipal health authorities, the Divisional Council health report states that of the 31 new African cases of T.B. 9 were illegally residing in the area.36

Control Measures

Both the Municipality and the Divisional Council conduct immunization programmes whereby all schoolchildren are Heaf tested and given BCG vaccinations. Local authorities are responsible for X-ray screening for T.B. The Municipal health authority conducts screening programmes for the Divisional Council health department. In 1972 the number of X-rays taken was 4 921. This number had risen to 11 626 in 1981.37

Treatment of T.B. patients at the Sonstraal Hospital is carried out according to the T.B. schedules of the Department of Health and Welfare. The M.O.H. was of the opinion that rifampicin was not as effective a drug for the treatment of T.B. as is often thought.38

Notifiable Diseases

The incidence of notifiable disease is shown in the following two tables.

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>'Coloured'</th>
<th>African</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>10</td>
<td>36</td>
<td>16</td>
<td>62</td>
</tr>
<tr>
<td>Meningitis</td>
<td>1</td>
<td>14</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>CA Bronchus</td>
<td>2</td>
<td>6</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Infective Hepatitis</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
</tbody>
</table>
Table 8
Incidence of Notifiable Disease in the Paarl Divisional Council (1981) 40

<table>
<thead>
<tr>
<th></th>
<th>1979</th>
<th>1980</th>
<th>1981</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>0</td>
<td>1</td>
<td>44</td>
</tr>
<tr>
<td>Meningitis</td>
<td>12</td>
<td>22</td>
<td>14</td>
</tr>
<tr>
<td>CA Bronchus</td>
<td>0</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Infective Hepatitis</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

(No racial breakdown is available)

Venereal Disease

No figures are available for venereal disease in the Divisional Council area, even though patients are treated for venereal disease at the rural clinics.

Table 9
Incidence of Venereal Disease in Paarl Municipality 41

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Syphilis</td>
<td>141</td>
<td>156</td>
<td>166</td>
<td>223</td>
<td>185</td>
<td>374</td>
<td>276</td>
<td>286</td>
<td>209</td>
<td>198</td>
</tr>
<tr>
<td>Gonorrhoea</td>
<td>32</td>
<td>41</td>
<td>49</td>
<td>36</td>
<td>56</td>
<td>80</td>
<td>60</td>
<td>123</td>
<td>147</td>
<td>166</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>8</td>
<td>4</td>
<td>7</td>
<td>16</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>183</td>
<td>200</td>
<td>218</td>
<td>263</td>
<td>245</td>
<td>462</td>
<td>340</td>
<td>416</td>
<td>372</td>
<td>376</td>
</tr>
</tbody>
</table>

No racial breakdown is given of the previous figures except to say that there were no cases of whites treated for venereal disease in 1981. According to a G.P. in Paarl the problem of venereal disease is particularly prevalent in the Mhekweni township. 42 As was noted in the demographic section the number of adult males in the township far exceeds that of females due to the large number of migrant workers. Increase in venereal disease is one of the factors associated with large numbers of migrant workers. Even though the trend is toward an increase in the number of cases of venereal disease in the area, these figures are likely to be an underestimate. This is because people are reportedly reluctant to use the health authorities' clinics because they are pressured into revealing their sexual contacts. 43
Mortality

The following tables indicate the main cause of mortality in the Paarl area. 

Table 10

<table>
<thead>
<tr>
<th>WHITE</th>
<th>'COLOURED'</th>
<th>AFRICAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cause</td>
<td>Total</td>
<td>Cause</td>
</tr>
<tr>
<td>1 Heart Disease</td>
<td>49</td>
<td>Heart Disease</td>
</tr>
<tr>
<td>2 Disease of the blood vessels</td>
<td>20</td>
<td>Respiratory disease</td>
</tr>
<tr>
<td>3 Malignant tumours</td>
<td>18</td>
<td>Diseases of the blood vessels</td>
</tr>
<tr>
<td>4 Senility</td>
<td>8</td>
<td>Malignant tumours</td>
</tr>
<tr>
<td>5 Respiratory disease</td>
<td>7</td>
<td>Motor and other accidents</td>
</tr>
<tr>
<td>6 Prematurity</td>
<td>3</td>
<td>Diseases of the intestine, gallbladder, liver and urinary system</td>
</tr>
<tr>
<td>7 Road accidents</td>
<td>3</td>
<td>Prematurity and congenital defects</td>
</tr>
<tr>
<td>8 Diseases of the urinary system</td>
<td>2</td>
<td>Manslaughter</td>
</tr>
<tr>
<td>9 Diseases of the blood producing organs</td>
<td>1</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>10 Disease of the intestine</td>
<td>1</td>
<td>Meningitis, diseases of the nervous system, measles</td>
</tr>
</tbody>
</table>

Table 11

<table>
<thead>
<tr>
<th>WHITE</th>
<th>'COLOURED'</th>
<th>x</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cause</td>
<td>Total</td>
<td>Cause</td>
</tr>
<tr>
<td>1 Heart Disease</td>
<td>8</td>
<td>Not defined</td>
</tr>
<tr>
<td>2 Thrombosis</td>
<td>6</td>
<td>Diseases of the lung</td>
</tr>
<tr>
<td>3 Cancer</td>
<td>6</td>
<td>Diseases of the heart</td>
</tr>
<tr>
<td>4 Not defined</td>
<td>3</td>
<td>Other diseases</td>
</tr>
<tr>
<td>5 Cancer</td>
<td>1</td>
<td>Cancer</td>
</tr>
<tr>
<td>6 Thrombosis</td>
<td>1</td>
<td>Thrombosis</td>
</tr>
<tr>
<td>7 Stillbirths, prematurity and malnutrition</td>
<td>6</td>
<td>Gastro-enteritis</td>
</tr>
</tbody>
</table>

x As in the rest of the Divisional Council report, no figures are available for the African population
FOOTNOTES

1. Interview, January 1983.
2. Interview with nursing sister of Paarl Municipality, January 1983.
4. Interview, February 1983.
5. Interview with police official, January 1983.
8. Interview, January 1983.
11. Interview, February 1983.
15. Interviews conducted December, January and February 1982/3.
18. Written reply to questions, January 1983.
21. Letters sent to the P.S.F.A.
22. Interview with Dr. Moller, January/February 1983.
24. Ibid.
27. Interview, February 1983.


32. Interview, January 1983.


35. Interview with M.O.H. and nursing staff, January 1983.


38. Interview, January 1983.


42. Interview with Dr. Moller, January/February 1983.

43. Interview with Dr. Moller, January/February 1983.


MAP 1

DISTRIBUTION OF HEALTH SERVICES IN PAARL

KEY

General Practitioners •
Clinics •
Hospitals •
HEALTH SERVICES IN PAARL

For the purpose of analysis the health services in Paarl can be divided into private and public sectors. Private services in the area are supplied by General Practitioners, factory clinics and a clinic run by the African Food and Canning Workers' Union. Health Services offered by the public sector are those of the State Health Department, The Cape Provincial Administration, The Paarl Municipality and The Paarl Divisional Council.

**Private Services**

**General Practitioners**

There are 36 General Practitioners in the Paarl area. As map 2 shows, most of these are located in the centre of the town. The G.P.:population ratio for the Municipal area of Paarl is 1:1950. These G.P.'s do however serve a much wider area than just the town of Paarl and thus the ratio is much higher.

As was shown in the socio-economic profile the majority of Paarl's inhabitants cannot afford private medical treatment unless they belong to a medical aid scheme or if the farmer pays for the cost of treatment for his workers and their families. Pienaar found that 48% of rural workers in his study received free medical treatment as the farmer paid the G.P. for treatment of his workers. On the other hand, in some cases farm labourers had payment for medical treatment deducted from their pay at the end of the week.

Farmers reasoned that it was generally better to take their labourers to a private G.P. rather than clinics or day hospital because of the delay in receiving treatment at the clinics and day hospital. Such delays are not only inconvenient to the patient but mean lost time at the work place for the farmer.

**Factory Clinics**

Another area of private medicine in the town of Paarl is clinics established by the major employers. Each of the major employers employ at least one
nursing sister, and have well-equipped clinics. The services offered by these clinics to employees are generally family planning, health education and first aid.

The same employers offering health services at the work place encourage all employees to join a medical aid scheme. For whites this is generally compulsory, while 'Coloured' and African employees are given the option to join. In general, medical aid schemes seem to enjoy more popularity with clerical rather than manual employees. The number of 'Coloured' and African people covered by medical aid schemes is small.

The African Food and Canning Workers' Union has a sick fund to which both workers and employers contribute. The union used to have a panel of doctors and a dentist to whom workers could go but since May 1981 have established their own clinic. The clinic hours are arranged to allow members to attend after working hours. The clinic has proved successful so far but is subject to fluctuating demand due to the seasonal nature of the food and canning industry.

Public Health Services

Provincial Administration Services

The Cape Provincial Administration has a hospital and a day hospital under its control in Paarl. The hospital is presently a non-teaching hospital but its status may change in the near future. The hospital is situated in the White residential area of Paarl. The day hospital is situated in the 'Coloured' area of Paarl (Paarl-East). Paarl Hospital was opened in 1954 and the day hospital in 1977. As the day hospital is regarded as a sub-unit of Paarl Hospital, separate statistics for each hospital are difficult to ascertain. The Medical Superintendent of Paarl Hospital said that posts in the two hospitals were interchangeable depending on the demand for particular services. The hospital does not compile an annual report and figures given below are drawn from a list of questions submitted to the Medical Superintendent. Much of the information concerning the day hospital was derived from a visit to the hospital and through questioning members of staff at the hospital.
Table 12  
Staff at the Paarl Hospital (1981)

Medical Personnel (full-time)
13 Medical Officers
2 Interns
1 Paediatrician (1 Clinical assistant, paediatrics)
1 Gynaecologist (1 Clinical assistant, gynaecology)

Sessional Posts - Specialists
Orthopaedic 6
Radiology 6
Gynaecology 3
Surgery 7
Physician 6
Ear, Nose and Throat 1
Urology 1

Nurses 360

Table 13
Bed Capacity and Occupancy at the Paarl Hospital (1981)

<table>
<thead>
<tr>
<th>Bed Capacity</th>
<th>Occupancy</th>
<th>Occupancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male medical</td>
<td>40</td>
<td>Male medical 68,8%</td>
</tr>
<tr>
<td>Female medical</td>
<td>20</td>
<td>Female medical 102,7%</td>
</tr>
<tr>
<td>Male surgical</td>
<td>56</td>
<td>Male surgical 76,3%</td>
</tr>
<tr>
<td>Female surgical</td>
<td>60</td>
<td>Female surgical 84,2%</td>
</tr>
<tr>
<td>Maternity</td>
<td>54</td>
<td>Maternity 101,3%</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>66</td>
<td>Paediatrics 73,5%</td>
</tr>
<tr>
<td>Casualty</td>
<td>20</td>
<td></td>
</tr>
</tbody>
</table>

The Day Hospital
Services offered at the day hospital are:
Casualty               X-Ray
Maternity              Outpatients'
Minor Surgery          Dentistry
Paediatrics
A number of specialist sessions are held at the day hospital throughout the week. For more major surgery, patients of the day hospital are sent to Paarl Hospital or referred to Cape Town. Although designed as a day hospital, the hospital makes a number of beds available to patients for over-night stays, since the demand for medical treatment in Paarl has been so great. These beds, particularly in the Casualty Department of the day hospital, are insufficient to meet the demand and one official of the hospital placed the shortage of beds at 100%. The day hospital treats some 400 to 500 patients per day and authorities estimate that the facilities in the hospital are designed for about half that number.

The original concept of the day hospital was that it should be run, as far as possible, both medically and administratively, by 'Coloured' staff. Such a policy seems to have been unsuccessful for various reasons. One is that there was reluctance on the part of 'Coloured' doctors to work at the day hospital.

Municipal Health Authority

The Municipality runs three clinics plus the Sonstraal T.B. Hospital. The clinics are: the Patriot Square Clinic for White people, the du Pre le Roux Clinic for 'Coloured' people, and the Mbekweni Clinic for African people.

Table 14

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>'Coloured'</th>
<th>African</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Officer of Health</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Medical Officer (full-time)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Medical Officer (part-time)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Inspectors</td>
<td>7</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Health Sisters (visiting)</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Health Sisters (registered)</td>
<td>4</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Nursing Assistants</td>
<td></td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Radiographer</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The clinic for white persons is situated in the centre of the town and seems to be rather under-utilized in comparison to the clinics for 'Coloured'
and African persons. The greatest use of the clinic for White patients is made by pregnant women and mothers of young children. Contraception is another under-utilized service offered by the clinic. The clinic for 'Coloured' patients offers the following services: Family Planning, T.B. treatment, Ante Natal Care, Post Natal Care, Immunisation, treatment of Venereal Disease and a Teenage Club for 'Coloured' youth which aims at Health Education.

The clinic was established in 1976 and its establishment is regarded by the Health Authorities as being one of the main reasons for the improvement in the health status of 'Coloured' people in Paarl in recent years. The clinic is severely over-crowded, however. Officials working at the clinic said that they would require twice the number of staff to treat all their patients adequately. On some days, the clinic treats over 300 patients, and the single doctor on duty may see over 100 babies in a single morning. Patients at the clinic complained of waiting for up to 3 hours. During this time there is insufficient seating to accommodate them.

The Municipal Health Authorities offer health services to a number of factories in the area, who do not employ a staff nurse. The services offered are usually for T.B., Health Education and Contraception. The clinic for 'Coloured' patients remains open on a Tuesday evening in order to treat patients who cannot attend during the day.

The Municipal Clinic at Mbekweni which was established in 1977, offers the same services as those at the clinic for 'Coloured' patients, with the exception of X-Ray facilities. A Post Natal Clinic is held on one day a week, and a doctor is in attendance. Besides this service, the people of Mbekweni make extensive use of the T.B. treatment facilities at the clinic. Observation at the clinic and discussion with people in the township indicates that the clinic is generally adequate to meet the needs of Africans in the area.

The Divisional Council Health Services

The Divisional Council runs a total of 24 clinics and is the most widespread service in geographical terms. The clinics are located at:

The services offered by the Divisional Council are:

- Family Planning
- T.B. Treatment
- Ante Natal Care
- Post Natal Care
- Immunisation
- Treatment of Venereal Disease

These services are mainly preventative.

In addition to the above services being offered in clinics, the Divisional Council operates two mobile clinics. The stops made by these mobile clinics are shown on map 2. An innovative service offered as a joint project between the Divisional Council and State Health is a mobile dental clinic.

Table 15

<table>
<thead>
<tr>
<th>Staff of the Paarl Divisional Council Health Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Medical Officer (part-time) 1</td>
</tr>
<tr>
<td>Health Inspectors 4</td>
</tr>
<tr>
<td>Health Nurses 1</td>
</tr>
<tr>
<td>Nurses 10</td>
</tr>
<tr>
<td>Nursing Assistants 3</td>
</tr>
</tbody>
</table>

A part-time doctor of the Divisional Council makes about 20 visits to clinics per month. Most of the work is done by nurses of the Health Department, who are in attendance at a clinic once a week, during the morning, and then go on house calls in the area for the remainder of the day. The mobile clinic calls at set venues for one hour at a time during the week. The mobile dental clinic, in its first year, attempted to visit all schools in the Divisional Council area in order to extract as many

teeth as was necessary, and then return to schools the following year to
do mass fillings. This programme has been over-loaded because of the
poor state of the teeth of many 'Coloured' school children, and thus the
project is taking considerably longer than anticipated.\textsuperscript{16}

The Divisional Health Authority is constantly updating and improving
its service, with many of its clinics being pleasant and well-equipped.
The older clinics however, seem to be rather small and inadequate.
Some mobile stops offer no shelter whatsoever to patients attending the
clinics.

\textbf{Ambulance Service}

Five ambulances are operated by the municipality, and are controlled by the
Fire and Ambulance Department. The ambulances are modern and fully
equipped, with a sixth ambulance in reserve, which is not as fully equipped
as the other five. The Chief Fire Officer of Paarl considered that there
were adequate numbers of ambulances in the area. He thought, however,
that the service was being abused by many, and that ambulances had become
'A taxi service rather than an emergency service'.\textsuperscript{17} When questioned
about the efficiency of the ambulance service, he said that the turn-out
time of ambulances in his department was usually about 2 minutes. If
there was a multiple request for an ambulance, the severity of each case
was taken into account to decide which call should be given priority.
He reasoned that language and communication were a problem, particularly
with African people, and the severity of a case may not be conveyed by
the person calling for the ambulance. He also stated that in his 25
years of experience with the ambulance service, he had received only two
complaints, neither of which came from African or 'Coloured' people.

The Divisional Council operates two ambulances in the rural areas, and
for an area of this size, one may conclude, that this is inadequate. In
future, however, all ambulance services in both Paarl rural and urban
areas are to come under the control of the Divisional Council.
Gross expenditure for the respective departments are given below:

Table 16 Expenditure on Health in the Paarl Area (1981)

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
<th>% of total Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paarl and Paarl East Day Hospital</td>
<td>R8 000 000</td>
<td>90,22</td>
</tr>
<tr>
<td>Preventative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Municipality of Paarl Health Department</td>
<td>513 161</td>
<td>5,78</td>
</tr>
<tr>
<td>Divisional Council of Paarl</td>
<td>353 849</td>
<td>4,00</td>
</tr>
<tr>
<td></td>
<td>R8 867 010</td>
<td>100,0</td>
</tr>
</tbody>
</table>

These figures highlight the disparity between curative and preventative medicine in the Paarl area. Many of the diseases afflicting the 'Coloured' and African population groups in Paarl are rooted in the poor socio-economic conditions experienced and are preventable.

Accessibility of Services

Geographic Distribution

Map 1 indicates that in terms of general practitioners, the 'Coloured' and African population groups in Paarl are at a distinct disadvantage due to the centralisation of G.P.s around the centre of Paarl. Long queues at the practice of the G.P. shown close to the Huguenot Station are some indication of the dearth of G.P.s in the 'Coloured' areas.

The two provincial hospitals are both fairly accessible for White and 'Coloured' patients living in the town areas. The African population of Mbekweni has further to travel, however. Perhaps the most disadvantaged group, in terms of geographical accessibility, are those living in the rural areas. Most rural workers have to rely on their employers to get to the curative services.
The Municipal clinics in Paarl are well situated, and a minimum of travel is required by the respective population groups. The task of the Divisional Council is a much more difficult one, due to the geographically extensive area served.

**Quantity of Services**

As has been mentioned, there is a need for more beds in the Paarl East Day Hospital, and overcrowding there may be leading to a poorer service. Given a conservative estimate of the population served by the Paarl and Paarl East Hospitals as 150 000, and a bed capacity of 316, the bed:patient ratio for the area is 2.1 per 1 000.

The clinic for 'Coloured' patients, which is extremely overcrowded, attempts to serve some 45 000 people.

The two mobile clinics of the Divisional Council, though an appropriate service for the rural areas, are numerically inadequate. There would seem to be inadequate shelter for those attending the mobile clinic sessions.

The services of the dental clinic operated by the Divisional Council and State Health are also unable to cope with the demand in the rural area, and another mobile clinic is being sought by the Divisional Council. As this mobile clinic is reportedly the first of its kind in the Cape Province, the Divisional Council is justifiably pleased with its acquisition. Whether such a curative approach is the most effective is questionable, however. Better results might be achieved through more effective preventative treatment.

**Transport**

A crucial factor in accessibility of services is transport. Again, the Black/White and urban/rural dichotomies come to the fore. Access of whites to the already centralised white health services is further enhanced by the fact that their socio-economic position affords them private transport in both urban and rural areas of Paarl. The local bus and train services in Paarl are good. The exception to this case is that there is no bus service to the Paarl East Day Hospital. Although situated in
a so-called 'Coloured' area, the day hospital is some distance from the poorer and more heavily populated areas of Paarl (see Map 1). This position is further compounded for those travelling from the Mbekweni Township and from the rural areas. The Systems Manager of the local transport company indicated that a service to the hospital would be forthcoming after a feasibility study had been carried out.\textsuperscript{19} The number of people using the day hospital seemed to indicate that a bus service to and from there would not only be feasible, but absolutely essential.

A skeleton service is operated by the bus company for certain rural areas on Saturdays. During the week, however, the rural worker is reliant on the willingness of the farmer for transport to town for treatment. An improved bus service may have the effect of reducing the strain on the ambulance services, particularly in the rural areas.

Fees

There is no cost to the patient for treatment received from the Municipality or Divisional Council. Dental treatment given to adults by the Divisional Council costs R1,00, but is free to children.

With regard to treatment offered by the Provincial Hospitals, fees are charged according to the following schedule:

Table 17  Fees at Provincial Hospitals\textsuperscript{20}

<table>
<thead>
<tr>
<th>Monthly Income</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>R0 - 50</td>
<td>R0,50</td>
</tr>
<tr>
<td>R50 - 100</td>
<td>R2,00</td>
</tr>
<tr>
<td>R100 - 200</td>
<td>R4,00</td>
</tr>
<tr>
<td>R200 - 300</td>
<td>R8,00</td>
</tr>
<tr>
<td>R300 - 400</td>
<td>R9,00</td>
</tr>
<tr>
<td>R500 - 600</td>
<td>R10,00</td>
</tr>
<tr>
<td>R600 +</td>
<td>R12,00</td>
</tr>
</tbody>
</table>

As can be seen from the above schedule, even those falling into the lowest-
earning wage group have to pay a fee for medical treatment. As has been demonstrated, not only are the majority of African and 'Coloured' people in Paarl impoverished, but there are large numbers of unemployed who find it extremely difficult to pay the nominal fee of R0.50. While there is no race discrimination in the schedule of fees, it can be seen that the wealthier a person is, the cheaper the service is relative to his/her income, i.e. for a person earning R51, the fee proportional to his income is higher than that of the person earning R500-600. The schedule thus discriminates against the majority of poor patients.

**Impediments to Effective Use of Health Services**

The residential status of Africans in Paarl and their treatment by the Western Cape Administration Board has had a negative effect on the use of health services in the area. In the past, officials of WCAB have used the Municipal Health Clinic in Mbekweni as a place for arresting so-called illegals in the Paarl area. Such was the extent of this practice, that it led to the intervention of a doctor from the Municipal Health Authority. Since this doctor's approach to the WCAB, African women have used the clinic's grounds as a refuge from the WCAB officials, as an agreement now exists that people will not be asked for passes when in the clinic's grounds. In addition, instances were cited of African people suffering from TB being transported back to their homelands, if found to be illegally residing in the Paarl area. Such a practice has led to a great deal of distrust of the Health Authorities by African people in Paarl.
FOOTNOTES

1. Telephone Directory Western Cape Districts.
2. Pienaar, p.27.
4. Interview with farmers in the Paarl area, January 1983.
5. This was the opinion of a farmer interviewed in the consulting room of a local G.P. February 1983.
7. Interview with Medical Superintendent of Paarl Hospital, January 1983.
8. Interview with Medical Superintendent of Paarl Hospital, January 1983.
9. Interview with Senior Male Nurse of Paarl East Hospital, January 1983.
10. Interview with Senior Male Nurse of Paarl East Hospital, January 1983.
11. Interview with Medical Superintendent Paarl Hospital, February 1983.
12. Interview with Medical Superintendent Paarl Hospital, February 1983.
15. Interview with Doctor of the Municipal Health Authorities, January 1983.
17. Interview with Chief Fire Officer of Paarl, February 1983.
18. Information through written request to respective authorities.
20. Written request to Paarl Hospital, February 1983.
21. Interview with Senior Nursing Sister, Paarl Municipal Health Authority, January 1983.
22. Interview with Paarl General Practitioner, January 1983.
To anybody interested in what is happening in Southern Africa at the present time, it is clear that an understanding of changes taking place in the field of labour is crucial. The whole debate about the political implications of economic growth, for example, revolves very largely around different assessments of the role of black workers in the mines and factories of the Republic. Many of the questions with which people involved in Southern Africa are now concerned relate, in one way or another, to the field generally set aside for labour economists to cultivate. The impact of trade unions; the causes of unemployment; the economic consequences of different educational policies; the determination of wage structures; the economics of discrimination; all these and more are matters with which labour economists have been wrestling over the years in various parts of the world.

At the same time there are many who would argue that these issues are far wider than can be contained within the narrow context of 'labour economics'. These issues, it is pointed out, go to the heart of the whole nature of development. In recent studies, commissioned by the International Labour Office, of development problems in Columbia, Sri Lanka, and Kenya, for example, leading scholars have identified the three crucial issues facing these countries as being poverty, unemployment, and the distribution of income. Thus the distinction between labour and development studies is becoming more blurred as economists come face to face with problems of real life in the Third World.

It is here too that an increasing number of people are coming to see that study of the political economy of South Africa must not be done on the assumption that the problems there are absolutely different from those facing other parts of the world. Indeed it can be argued that far from being an isolated, special case, South Africa is a model of the whole world containing within it all the divisions and tensions (black/white; rich/poor; migrant/nonmigrant; capitalist west/third-world; etc.) that may be seen in global perspective. Be that as it may, the fact remains that the economy of Southern Africa (for the political and economic boundaries are singularly out of line with each other) is one of the most fascinating in the world. It is one on which far more research work needs to be done, and about which further understanding of the forces at work is urgently required. It is in order to attempt to contribute to such an understanding that Saldru is issuing these working papers.