Diversity in Health and Social Care 2007;4:163–5

Editorial

Poverty and health in developing countries: a South African perspective

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There is no doubt that there is a relationship between poverty and health. The impact of this relationship is particularly apparent in South Africa, as compared to other developing countries, because so many of the lives of its citizens were affected by the inequality of the apartheid system. This system created a sense of inadequacy and inferiority among black people whilst cultivating a high sense of achievement and superiority in white people. Black people were to be, according to the founder of the policy, HF Verwoerd, nothing more than drawers of water and hewers of wood (Mzolo, 2005:3).

Under apartheid, black people were forced to live in rural areas where they did not have access to services and facilities which were concentrated in the cities. To find work, black people had to become migrant labourers, moving from their homes to the cities where they lived in hostels. This situation led to disorganized family homes, high rates of divorce, children left homeless and without proper care and low literacy levels. The level of poverty amongst families increased (Fassin and Schneider, 2003:3).

The situation changed rapidly after 1994 when apartheid was brought to an end by the African National Congress (ANC) as the ruling party under the leadership of Dr Nelson Rholihlahla Mandela. The party developed strategies and policies for redressing the past inequalities between races particularly those with regard to women, children, disabled and blacks who are now referred to as historically disadvantaged (HD).The ANC found the whole economy of the country in a shambles especially after the Rubicon speech of President PW Botha in 1985 which indicated political uncertainty in the country and thus discouraged foreign investors (Fourie, 2000:179).

After the takeover, the ANC established an economic development policy, the Reconstruction and Development Policy (RDP). The policy listed five key programmes which were a point of focus in the country: meeting basic needs; developing human resources; building the economy; democratising the state and society; the implementation of the RDP. All five programmes impacted on the improvement of the level of poverty and the health status of the nation. The RDP emphasised the need for affordable health through the introduction of primary healthcare services in order to improve and maintain the health status of the South African population (Seekoe, 1999: 10).

Primary healthcare services were emphasised and implemented as an essential element of healthcare as indicated by the World Health Organization (WHO, 1978:6) declaration at the Alma Ata conference. Health services were reconstructed in order to be accessible to everyone. Some were amalgamated; those serving whites only or blacks only were brought together and some were closed. Healthcare services were made free for all thus accommodating vulnerable groups such as children, pregnant women and geriatrics. Rural areas were particularly in need of health services; resources had to be redistributed. This meant that healthcare workers had to be retrained and encouraged to work in rural areas with the poorest of the poor communities. A policy has been developed by the Department of Health to pay a rural allowance to healthcare workers who agree to relocate (RDP, 1994:50).

However, change came with its own new challenges; the reconstruction of healthcare and the introduction of free healthcare services have brought a burden to healthcare workers. Post-apartheid South Africa, with a population of 40 million people, spends a large proportion of its GDP on health, more than most developing countries, yet it has poorer health than countries which spend considerably less (Abedian *et al*, 2000:3). High levels of illiteracy mean that people are uneducated; ignorance leads to healthcare problems as people do not have the knowledge or skill to take care of their health. Children in poverty situations are less likely to have seen a physician in the past year, less likely to have been vaccinated, more likely to be overweight and more likely to smoke. There is also a relationship between poverty and the higher incidence of cancer, asthma in children, mortality, coronary heart diseases, adolescent depression, teenage pregnancy, obesity and paediatric hospitalisation (Lustig and Strauss, 2007:194).

This is part of the legacy of apartheid. Public services are overcrowded with clients coming for free services. Healthcare professionals are confronted with long queues of clients on a daily basis and have limited resources to perform their duties; they are, therefore, overworked and underpaid. The salaries remain low which leaves professionals with no option but to migrate and to look for greener pastures in developed countries such as the United Kingdom, Australia and America (Nursing Update, 2006:10).

The issues of poverty are continually being addressed. The growing economy of the country is still a challenge. The inflation rate is rising on a daily basis. The RDP was criticised for not bringing economic growth and so a new economic policy has been introduced: Growth Economic and Redistribution (GEAR). The aim of this policy is to improve the economy, reduce the level of poverty, create employment and continue to ensure redistribution of resources. Fiscal and monetary policies emanated from GEAR in order to ensure economic growth and reduce poverty. The role of the fiscal policy is to ensure growth redistribution through distributing the national budget according to needs in order to improve the level of education, health status, social services and environmental health services. Through this policy poverty is being relieved by the provision of social grants to the HD and the poor (Fourie, 2000:170). Grants for maintenance are issued to children from birth up to 14 years of age, the aged receive old age pension grants. Disability grants are given to the disabled and those with certain diseases, including HIV/AIDS. The Government is now debating the issue of providing a Basic Income Grant (BIG) to all the unemployed poor members of the community.

The provision of free education is still debated, but higher education grants are given in the form of scholarships and student loans to increase the level of education. The government has established a commission which has the responsibility of taking care of the needs of the HD youth. The Umsobnvu youth fund aims to turn young people into entrepreneurs by training them to own and run their own businesses, helping to create employment and lower the rate of poverty. The Skills Development Act focuses on developing skills in HD communities through on-the-job training to improve the problem of the skills shortage among black people. There is a programme of learnerships which benefits young people.

Under apartheid the education of black people was the lowest in quality; most of the young people completing grade 12 are now battling to enter higher education either because they cannot make the grades or because their parents are not able to pay. These young people are registered in learnership programmes which are run by private services who receive funding from the government. These programmes enable young people to develop skills for different sectors such as health, basic agriculture, finance, and tourism with a view to either opening their own small businesses or getting employment (Skills Development Act no 97 of 1998).

HIV/AIDS is a particular challenge. AIDS was responsible for 25% of all deaths and mortality from AIDS was 3.5 times higher than in other population groups in women aged 30–39 years (Fassin and Schneider, 2003:3; Whiteside and Sunter, 2000:50). Social inequities in income and employment status are predictors of HIV/AIDS infection. A low income is associated with greater exposure to risky sexual experiences, increased frequency of sexually transmitted infections and delayed or absent diagnosis and treatment. People living in poverty may be less concerned about their health and future because of the harshness of their situation. Children are at risk of being sexually molested by men because of the myth that having sex with a virgin will cure AIDS (Fassin and Schneider, 2003:3; Seekoe, 1999:80). These are all challenges for South Africa today.

Change continues to occur rapidly in South Africa, but history continues to show through the surface of present situations and events; the marks of apartheid are deeply inscribed in the bodies and minds of people who have lived under it. To alleviate poverty and promote health in developing countries such as South Africa, the economy must grow. It is important that the focus of South African policy makers is on human capital, natural economic growth in order to alleviate poverty and socioeconomic development which is sustainable. Economic growth that leads to the alleviation of poverty and the improvement of the health status of the population is fuelled by the creative and physical capabilities of its people.

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