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# The Impact of Political Violence on Health and Health Services in Cape Town, 1986

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A study of the political violence which occurred in Cape Town townships from the latter half of 1985 was done by the Medical Research Council. The study included communities or sizable segments of communities affected. This article, based on that study, focuses on the period from May to June 1986.

The outbreak which occurred during this period, mainly affected African townships. It was characterised by the mass dislocation of about 6 000 people, and resulted in severe strains being placed on formal, informal and voluntary health services.

## Community based Survey

Investigations into political violence often poses a threat to the safety and security of field workers. Twenty five male and female health workers from the townships were employed as interviewers. They had also participated in developing questionnaires.

Cluster sampling was used because there were no readily available lists of houses or recent maps. It was calculated that a sample of approximately 1 700 households, selected proportionately to township size would be required to yield estimates with suitable precision. A total of 1 545 households were visited.

As a result of the political polarisation that occurred in these communities, several of the interviewers, who had been forced to abandon their homes during the political violence of May to July 1986, were not able to interview safely in Old Crossroads township. Similarly, several current residents in an area severely affected by the violence were reluctant to interview in certain other areas.

Data was collected by a questionnaire covering access to work, school attendance of nurses' children, presence/absence of violence or intimidation, continuity/curtailment of services and nurses assessment of the standard of care during the unrest.



KTC, Cape Town. *Photo: unknown*

## Survey Results

Overall, 82,8% of households in the township had access to regular transport, 87% had clean and sufficient water available, 83,2% of households appeared to have regular removal of bucket toilets and 67% reported adequate street lighting.

Problems with these services in the high impact area emerged in the peak months of the violence, between May and July. Over 80% of the disruptions reported in these areas occurred during the peak month. The proportion of households, whose access to family planning or day hospital services was disrupted, was much greater in high impact areas than in low impact areas.

## Survey of Nurses

There was a 75,7% response from nurses to the questionnaires. This low response from nurses is probably related to a feeling that participating in the survey might be viewed as 'informing' against the community and so, in a real sense, some nurses might have felt vulnerable. The current analysis is based on a total of 162

respondents.

Eighteen nurses needed to make alternative transport arrangements between May and July to get to work. All of these nurses were from either the midwife obstetric units or the day hospital serving the high impact area.

Twenty two nurses were discouraged from going to work during 1986. Seventeen of these stated that this occurred during June. Twenty eight nurses reported some aspect of their nursing services having been stopped during 1986, with home visiting being the most affected service.

Nurses from the high impact areas reported that preventive clinics, postnatal services in maternity antenatal services, and sexually transmitted diseases clinic services had been curtailed during the height of the violence.

With curtailment of certain essential services, difficulties relating to their home situations, personal danger en route to and while at work, and an unexpectedly increased workload, it was important to determine whether the nurses were able to maintain their usual standard of care. Of the 162 respondents, 115 said that they were able to do so. Of the 47 respondents who felt unable to maintain their usual standard of care, 25 were from the midwife obstetric units. This was probably due to the fact that these nurses, in particular, were unable to maintain home visits to mothers and their newborns. These duties are perceived by midwives to be a vital service.

## Conclusion

Despite the problems researchers had to confront in doing research in a polarised community, refusals to answer questionnaires occurred in less than 5% of households approached. Moreover, the consistency of results across the areas of the survey, suggest that there was a considerable and widespread impact of political violence on the health of the community and the delivery of health services especially in the 'high impact' (severely affected) communities.

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