

HOSTEL DWELLERS ORGANISE FOR BETTER LIVING CONDITIONS

The various forms of influx control and migrant labour have shaped the quality of life of thousands of men and women who come into the urban areas to look for jobs. One of the institutions closely related to migrant labour is the compound or hostel accommodation provided by industries which employ large numbers of workers.

Some figures

Amongst these employers, it is mainly the mines and the various municipalities which house workers in hostels or compounds. The mines alone house a total of 440 000 men in hostels.

Other industries, as well as the various municipalities, account for an additional 217 hostels which accommodate an estimated total of 300 000 men. (These figures do not include the number of women and children who, mostly unofficially, room in with the male hostel dwellers). Johannesburg alone has 17 hostels for municipal workers.

The size of these hostels, and the extent of overcrowding, become clear if we look at the average number of people per hostel.

In the Vaal/Reef area, there are over 200 hostels with an average of 2 000 and more persons per hostel. The largest hostels in the country are to be found in Langa (accommodating 11 941 men), Mamelodi (accommodating 11 790 men), and Diepmeadow (accommodating 10 800 men). (These figures were compiled in May 1985).

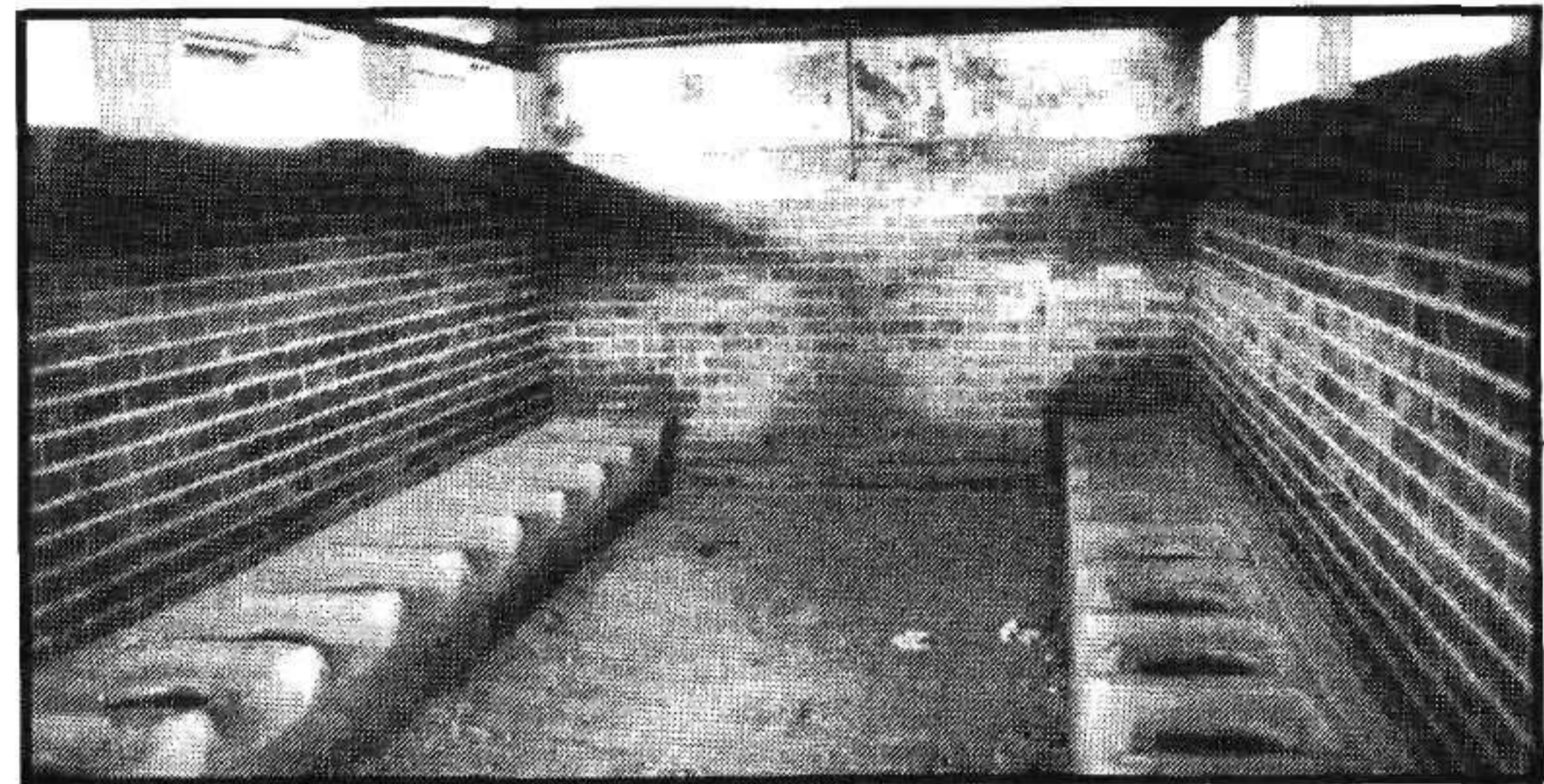
Despite the fact that this accommodation brings with it a whole range of health and social problems, the government does not plan to abolish it. On the contrary, Dr Gerrit Viljoen, Minister of Co-operation and Development, announced last year that another R11,5 million had been budgeted for the construction of six new hostels.

At the same time, the minister announced that some family units had been built. But the number of family units seems very small when compared to the thousands of people still housed in hostels. (According to the minister, 1 756 family units had been built at Worcester, Kuils River, and Langa; and 314 at Sharpeville and Boiphatong). Some of the single sex hostels which have been converted into family housing are of an appallingly low standard.

MAJOR HEALTH AND SOCIAL PROBLEMS OF HOSTEL ACCOMMODATION

Poor housing

On the whole, the hostels built by local authorities are of poorer quality compared to those built by employers. Many of the hostels have no proper floors or ceilings. In many cases, there are no doors to individual rooms, and ventilation is inadequate. The majority of hostels do not have electricity for lighting and other energy needs. There are hardly any places to lock money or other possessions.



Mine compound toilets

Overcrowding

The official figures of inmates per hostel show that most hostels are full, but not overcrowded. However, these figures do not take into account that facilities are inadequate, and that hostel inmates often include wives and children of men who officially live in the hostels. In actual fact, the degree of overcrowding is alarming.

In some cases, one finds up to 14 people sharing a room sized 2m x 3,75m. Children of migrants, when visiting the city, often sleep under their parents' beds. It is therefore not surprising, given the high incidence of TB in the Transkei (which is the home of most migrants in Cape Town), that this disease is a major health problem amongst Cape Town's black population.

Apart from TB, any communicable disease is likely to spread very easily and quickly in conditions of overcrowding. Upper respiratory tract infections, as well as skin diseases, are very frequent.

In addition, the limited and inadequate facilities, and the lack of privacy, cause a great deal of stress and tension among hostel residents.

Sanitation and water supply

Most of the ablution blocks in hostels are in very bad condition. In most instances, 22-25 people were found to share one toilet. This inevitably causes problems of blockages and leakages. There is the added problem of poor maintenance by the local authorities who are very slow in responding to emergency calls. Showers are few and provide only cold water. Because of the toilet problems, many of the showers have been converted by residents into open toilets.

This has serious health implications. The supply of water and washing facilities for clothes and utensils is also inadequate. One or two taps are supposed to serve each block. This leads to queues, and it does not encourage cleanliness.

Under these conditions, hostel inmates cannot wash themselves and their clothes as thoroughly and often as they would need to. The health problems arising from this are skin problems, enteric infections, and urinary tract infections.

Fuel

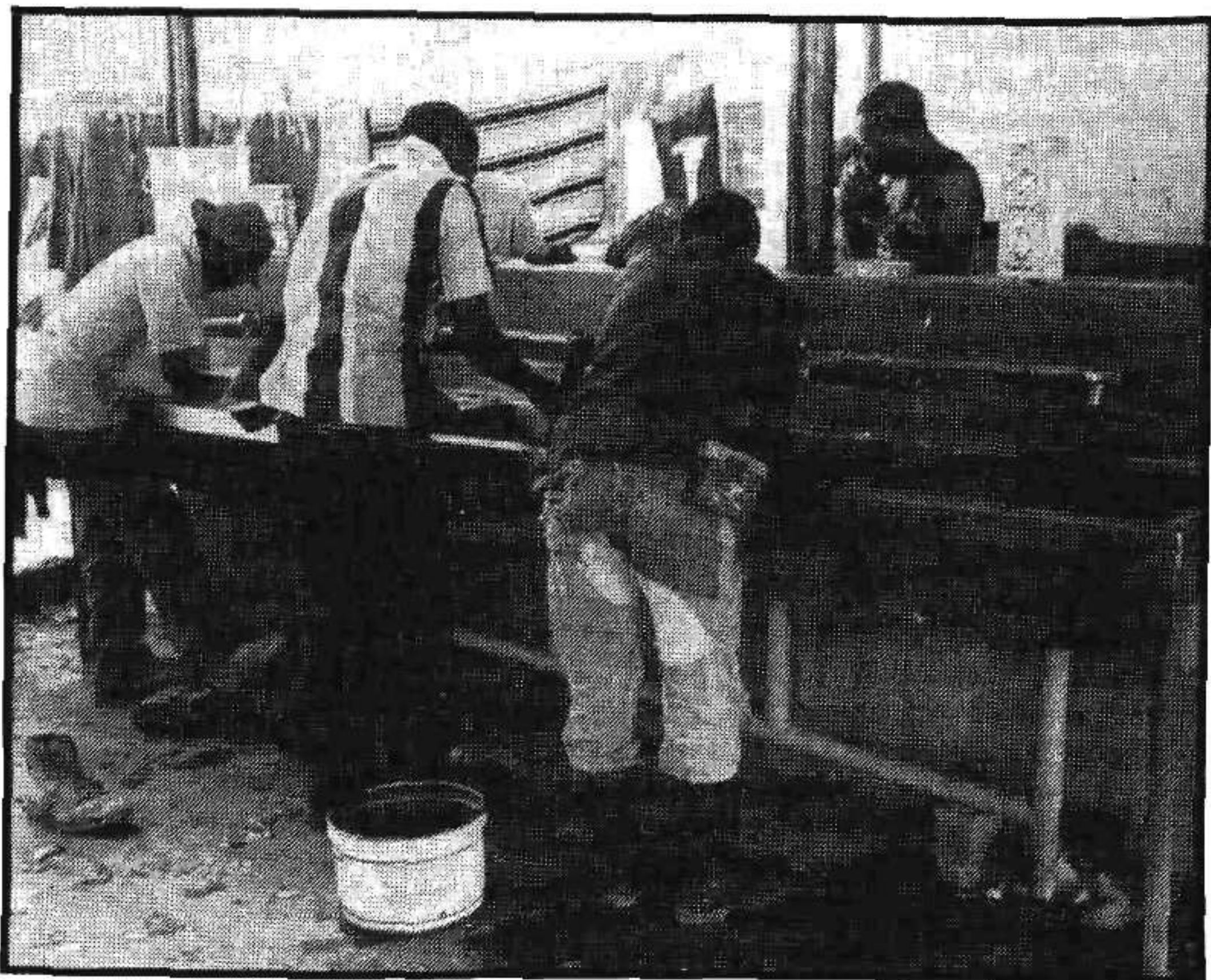
The lack of electricity forces people to use paraffin as the main source of energy for both cooking and lighting. Under conditions of overcrowding, this leads to the following health hazards:

- Burns occur during cooking and from lamps. This affects small children in particular.
- Paraffin poisoning of children due to lack of safe storage out of reach of children
- Pollution due to impure paraffin, and the lack of adequate cooking facilities with chimneys and ventilation. Food is prepared in rooms in which there are up to 18 persons. In addition, many hostel inmates are heavy smokers. All this makes the pollution level intolerable, especially for small children and unborn babies. This kind of pollution also aggravates upper respiratory tract infections and causes coughing.

Recreation

There are virtually no facilities for entertainment, both in the hostels and in the surrounding townships. There is thus hardly any outlet for people to relax and entertain themselves and their friends except through drinking and smoking in overcrowded shebeens within the hostels or in nearby townships.

The health hazards are predictable: there is a high incidence of alcohol abuse and sexually transmitted diseases. Apart from these obvious health hazards, there are social problems resulting from boredom and depression. People find it difficult to establish friendly and responsible relationships with other people around them.



The supply of water and washing facilities in hostels is usually inadequate

Family life

Women and children are officially "non-existent" in most hostels. But, in fact, they are a reality of hostel life. There are many children who are born and bred in these squalid conditions, and others who come for regular visits. There are also "partners of convenience" who have moved in with some men for mutual benefit.

A study of the Nyanga hostel found that 79 percent of the men were married, and that every second man in the hostel was living with a woman with one or more children. Some of the health problems of these families are tied up with their illegal status, which limits their access to health facilities. As a result,

- Immunisation coverage is very low
- Ante-natal care and family planning is relatively poor, given the requirement to give address or registration, and the fear of being detected
- Psychological and emotional deprivations and strains occur because of family disorganisation and lack of privacy
- There is a high incidence of violence and sexual assault on girls and women, as well as child abuse.

The struggle for better living conditions

It was the affected workers themselves who first started to do something about their living conditions. In June 1985, hostel dwellers in the Western Cape formed an organisation which was initially named "Western Cape Men's Hostel Association". Later, the organisation was re-named "Western Cape Hostel Dwellers' Association" (WCHDA) in acknowledgement of the role of women in the hostels.

One of the major goals of the organisation is to press for the right of workers to live with their families near to their places of work.

Other aims are:

- to work for full residence and employment rights, and an end to the present contract system
- to work for an upgrading of facilities and amenities
- to encourage and provide opportunity for adult education and cultural activities
- to develop good relationships with fellow residents who already live with their families in townships.

The organisation works in close co-operation with existing trade unions.

The WCHDA started out in Nyanga, Langa, Guguletu and Umfuleni, and is spreading to other townships in the Western Cape.

THE HOSTEL DWELLERS' HEALTH CARE PROJECT

Existing State Health services for hostel dwellers

All hostels (whether those of the mines, the municipality, or industry) at present fall under municipal jurisdiction, as far as public health aspects are concerned. Municipal health inspectors are supposed to visit the hostels regularly.

Emergency care is provided by teams trained in first aid, at or near the site of the accident. Local hospitals provide the back-up service. For curative care, hostel dwellers are supposed to go to the factory health services, to local general practitioners, or to local hospitals.

All these services are grossly inadequate; but the areas most neglected are preventive care (health screening, immunisation, family planning) and health education.

That is the reason why a health project was set up, which works in close co-operation with the WCHDA. The main aim of this project is to deal with the problems of hostel dwellers, with the active participation of those involved, so that the project will become a community effort and will strengthen the demands for a better deal from the authorities.

The health project's main thrust is a health education programme which focuses on the causes and the prevention of diseases, and self-help groups and techniques.

A training programme is to enable elected members of the community to take charge of health care in the hostels. This training programme includes health

education, first aid, treatment of certain ailments, referral procedures, immunisation and oral rehydration promotion, and counselling skills.

An awareness programme regarding family relations is to deal with the effects of family disorganisation.

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