

Special issues

- Women
- Occupational health
- Returnees
- Family and child health

Women

Women's issues are sadly low down on the political agenda of most progressive organisations, and health is no exception to this. In a conference that lasted one week, 2 hours of the last session of the last day were devoted to women's health. Even then the women's health workshop was run parallel with 3 other workshops. This meant that only 30 women and 6 men attended the session, and they in turn attended one of 3 parallel discussions: maternal and child health, women and mental health, and reproductive rights (contraception, abortion, sterilisation) with sexually transmitted diseases.

A major theme to come out of all these workshops was that women's issues had been marginalised at the conference, and that affirmative action must be taken on women's issues in the future. Any debate or decision on health policy must ask the question "How does this affect women?". This positive approach towards women is not intended to exclude men, but rather to include them in the debate without allowing them to take over. It was agreed upon that women should have significant central positions on political structures and not just on a token basis. More particularly, the benefits versus risks of having a women's ministry was raised.

The discussion on women's mental health was dominated by the urgent need to deal with the effects of the war in Natal on women and children. As a longer term strategy, the importance of educating both the community, political activists and primary health care workers on the relationship between emotional and physical health was stressed, and the need for permanent support systems such as safe houses for battered women was suggested.

Any real headway with reproductive rights will only be made if there is a fundamental change in the relationship between men and women.

The discussion on contraception did not focus on the advantages and disadvantages of the various methods, but rather on the rights of a woman to give informed consent based on adequate health education. The same applied to the question of sterilisation. On the question of abortion policy the group unanimously recommended that abortion should be available on demand, backed by comprehensive abortion counselling services. The definition of exactly what everyone meant by "abortion on demand" was not discussed.

The Maternal and Child health group spent the first part of their discussion looking at the problems with the current definition of maternal health. Maternal health in this context tends to focus on the woman merely as a vehicle of child

bearing, rather than on the woman at all ages and in all states of fertility. This broader definition of maternal and child health was accepted, but it was also noted that there was no section looking at children's health in the conference. Much of the remaining discussion concentrated on UNICEF's proposal to come to South Africa after change has come, and to introduce their child health survival strategies here. Participants from the Frontline States cautioned us that although UNICEF has many good things to offer, there are many drawbacks to the way they operate. Their strategy is implemented without consultation with progressive health structures working in the field, nor with women of the country themselves.

It was noted that urgent research need to be done inside the country into what would be a suitable maternal and child health strategy, and this should be complimented by external research looking at UNICEF's role in the Frontline States. □



Returnees

This workshop concentrated on the issue of returnees. Two papers were given, the first by P. Naiker of the ANC, the second by L. Floyd of the Detainees Service. The papers and discussion reflected the areas outlined below.

A Repatriation Committee has been set up by the ANC and will communicate with the structures within South Africa. Approximately 18-20 000 returnees will need direct assistance (excluding Umkhonto We Sizwe cadres and those in self-exile) although many exiles are self-sufficient and will not need direct material aid. Part of the preparation for returnees must involve the integration and registration of ANC health personnel.

Psychosocial, medical and rehabilitative support will be needed. Exile has often resulted in anxiety and depression particularly felt by those who experienced torture while in South Africa.

Orphans of cadres who have died have to be taken care of. (The ANC needs to collate concrete figures to help preparations.)

As far as possible children should be placed with relatives, friends or foster families, with institutionalisation being the last option. Counselling and support will be needed for the children and the families they live with. Payment of foster parents (by the state or the ANC and

community organisations) needs to be addressed. The tracing of families will be one of the problems to be faced.

Some cadres have married people from the countries of exile and those families must be accommodated. Many who grew up in exile speak foreign languages and special courses may be needed to assist them in learning English.

Teenage pregnancies and substance abuse also need to be dealt with as does care for those cadres disabled during action.

Employment, housing and general social support as well as care for the aged will be needed. Certain qualified cadres may need additional training to work in South Africa. This should be looked into.

ANC cadres were only tested for HIV when entering countries that required this. However, the issue of AIDS in relation to returnees needs to be highlighted in order to dispel the myths that have been established around this issue.

The returning ANC community must be incorporated into the existing mass organisations down to the level of street committees.

A national reception committee must be formed by the ANC in consultation with the MDM, the Church and existing civic and welfare structures. Community organisations and those with experience in the field of counselling and working with political prisoners should be involved.

The issue of funding must be ad-

ressed. Money is needed for the staffing and running of the Reception Centres. Present services within the community must be utilised and the option of using state services must be decided upon. A breakdown of areas to which returnees will be going must be provided.

The workshop agreed that all returnees, irrespective of their political affiliation, should be serviced by one co-ordinating committee and recommended that organisations take up the issue of returnees urgently with their constituencies to ensure that organisations provide specialised services in accordance with anticipated health and welfare problems and that they work through and in conjunction with existing local reception committees. □

Children and family

The workshop was attended by about 9 people representing mainly the welfare sector. The group was fortunate to have as one of the participants Ms Graca Machel, who shared important developments that had occurred in Mozambique in response to the needs of children.

The objectives of the workshop were:-

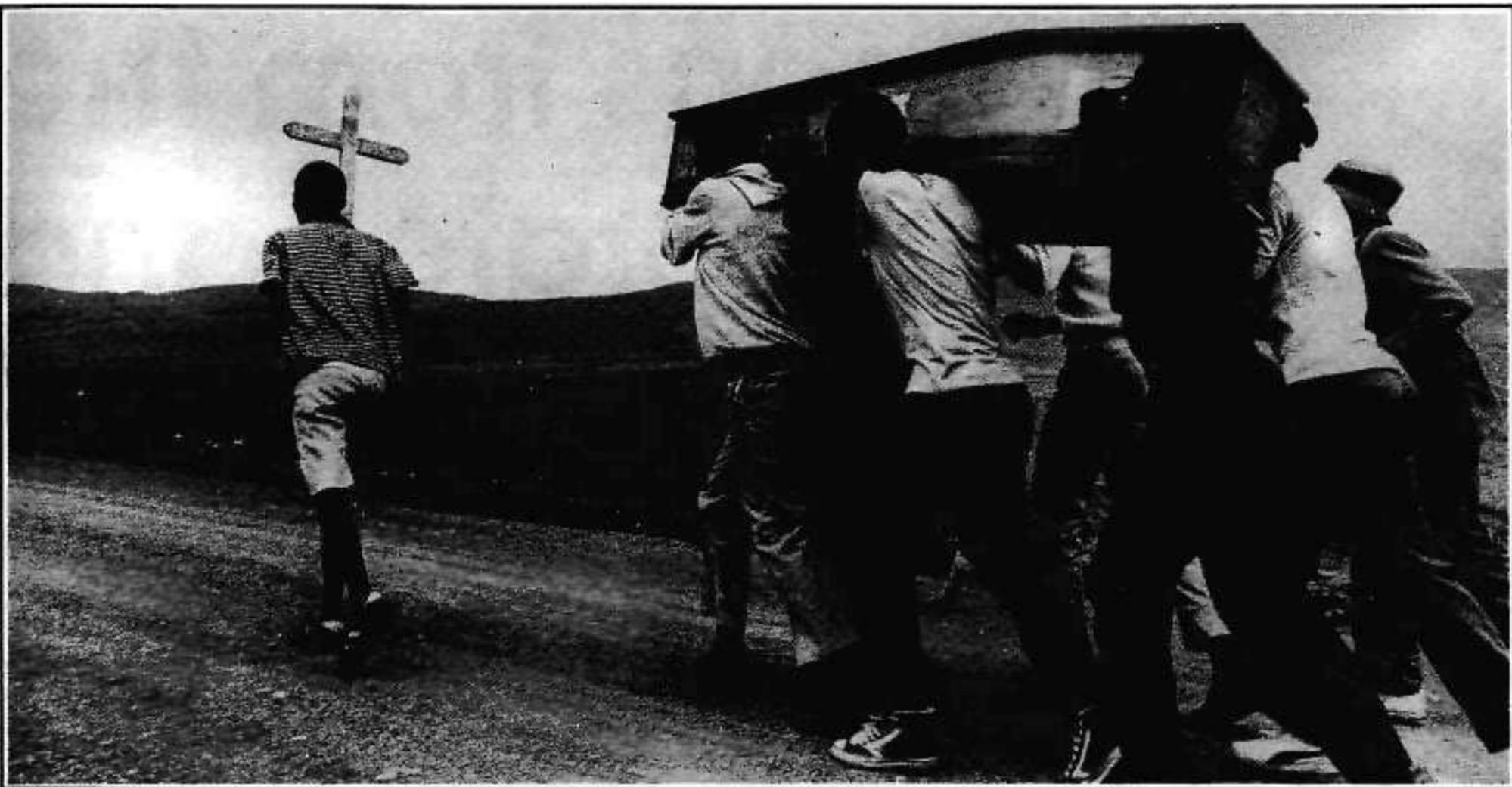
1. To identify issues and elements that a future welfare policy should contain.
2. To discuss the basis for promoting a children's rights campaign.
3. To develop strategies for meeting the needs of children.
4. To identify areas in which these rights were being violated.

The workshop's deliberations were facilitated by the paper, *Towards a Child and Family Policy*, by Ms M. Naidoo. Her paper highlighted the various deficiencies with the existing legislation as well as the various forms of abuse that children experience and the need to develop a child and family policy for a future South Africa as well as during the transitional phase.

Discussion began by expressing concern about the plight of children under repression and more specifically the Natal situation. This issue needed to be urgently addressed at a national level and various sectors of our community need to



Many rural families have been divided through the system of migrant labour. The importance of children and family life must be stressed, both in rural and urban areas.



Comrades bury two youths allegedly abducted and killed by Inkatha vigilantes - welfare will need to work together with other sectors to assist the thousands of people affected by the violence in Natal.

be mobilised on this issue.

Specific strategies that emerged were:

In the short term

1. Link up with Women's organisations and UNICEF to jointly take up the issue.
2. Recognise that welfare needs to link up with other sectors to respond to the problem of dislocated children from the Natal violence.

In the medium term

Accept that we do not live in a normal society and we need to develop a policy which takes this into account.

In the long term

Formulate a policy for children and families on the basis of a non-racial South Africa, based on principles of equity, appropriateness and community participation.

How to achieve this

1. Use any available platform to stress the importance of child and family life.
2. Put children and families on the agenda of progressive organisations.
3. Ensure that relevant research is undertaken.
4. Evaluate and assess the effectiveness of current interventions in order to plan future programmes. □

Occupational Health

The workshop was attended by around 30 delegates. Papers were presented covering general aspects of occupational health including international health and safety standards; specific initiatives taken by trade unions in South Africa and their implications for the debate on a national health service, and for the types of research that are required; and a FAWU representative presented the experience of the FAWU workers' clinic in Paarl. This paper demonstrated how a clinical facility can function under union control. The need to link environmental health concerns to occupational health and welfare activities was also discussed.

The workshop recommended that participants should pursue the goal of an occupational and environmental health and welfare service as an integral part of the future national health service. Such a service should be responsive to community and trade union organisations, involving them as participants in the provision of the service and in defining research agendas.

The specific suggestions made by the workshop were:

☆ Health workers' unions can campaign for better working conditions for their members and address the question of health, safety and welfare at work.

☆ Professional and campaigning bodies involving health workers can look for ways to assist campaigns on health, safety and welfare at work and in the environment which are carried out by trade unions and community organisations.

☆ Delegates can look for ways to initiate research into existing occupational and environmental health and welfare resources to assess them in the light of the goal already mentioned, and how these can be transformed in keeping with the general principles endorsed by the conference on a national health service.

They can also carry out research into what types of training would be necessary. This would include both professional persons and people outside the professions (including trade union and community representatives). The results of this research should be made available to all progressive health workers' organisations, the trade union movement, and relevant community organisation, and should be fed into debate within progressive organisations around the question of the future national health service. □