

# PRIMARY HEALTH CARE IN SOUTH AFRICA

Most health services provide curative or preventive services. Primary health care aims to provide promotive preventive, curative and rehabilitative services in one.

## WHAT IS PRIMARY HEALTH CARE?

Primary Health Care (PHC) is a World Health Organisation concept, and is defined as essential health care made universally accessible to the whole population with full community participation. PHC deals with the main health problems, provides promotion of proper nutrition, safe water and sanitation services, maternal and child care, family planning, immunisation, control of prevalent disease, health education, and treatment for common conditions. PHC should be an integral part of the country's health system, and should be part of an overall economic and social development, without which it is bound to fail.

## PRIMARY HEALTH CARE IN SOUTH AFRICA

In 1980, the National Health Policy Board made Primary Health Care the basis of the National Health Facility Plan for South Africa, including the homelands. PHC is viewed by the National Health Policy Board and by many health workers as an apolitical "cure-all" - a method of improving the health status of the whole population without requiring any overall change in the social and political system.

This paper shows how rural health services under the banner of Primary Health Care, help to support the existing political system.

## PHC SHOULD BE UNIVERSALLY ACCESSIBLE:

Health services are not free. They are also geographically badly situated and transport is expensive. These problems make it difficult for people to get comprehensive health care.

Underprovision of health services available to the urban and rural poor leads to overloading of the services and long delays.



Queues last the whole day...

### PHC SHOULD OFFER ESSENTIAL HEALTH SERVICES:

Primary health care should be part of a policy to provide basic social and environmental services such as water, sanitation, education, employment, transport, and housing services.

The priorities of the state should be to combat the diseases of the majority of the people such as infective diseases and the diseases of poverty. However, the present provision of social and environmental services favours the white urban dwellers. The health priorities of the state are largely those associated with diseases related to the western lifestyle, (diseases of that minority of the population) such as heart attacks requiring an emphasis on expensive and sophisticated treatment.

### PHC SHOULD BE BASED ON FULL COMMUNITY PARTICIPATION

This means that the community should control their health services and should decide on issues like what services are provided, where they should be sited, and at what fee.

In South Africa, community participation is usually limited to powerless, unrepresentative advisory committees.

### WHY IS THE PHC PROVIDED BY WOMEN?

The vast majority of health care providers in rural (and urban) areas are women. What are the reasons for this?



Most rural men work as migrant labourers, and so the majority of those able to work in rural areas are women. Few men work in primary health care because the opportunities for well paid employment are few, and men are expected to earn sufficient money to support the family. Furthermore, health work and nursing are usually seen as "women's work", because of its similarity to "mothering".

PHC is directed mainly at women and children because they make up the majority of the population in rural areas. The emphasis is on promotive and preventive health work. This involves an emphasis on changing the behaviour of the patient. Persuasion is thus a large part of the work of PHC workers, and women are thought to be best able to influence other women.

#### HOW IS PHC ORGANISED IN RURAL AREAS?

Health services in rural areas usually consist of hospitals, clinics, and community-based services. The provision of PHC takes place mainly in the clinics and the community-based services.

The clinics are usually staffed by one or two state-registered nurses, who frequently have very little training to provide PHC services. The clinics provide all aspects of health care, curative, promotive and preventive service. Simple health problems are usually dealt with by the nurse, who has a limited range of medicines and facilities at her disposal. Antenatal care and uncomplicated deliveries take place at these clinics. Health education, "well children's clinics" and immunisation are provided and the nurse may do some home visiting. More serious health problems are referred to a hospital.

The clinic services however, have large gaps in the provision of comprehensive health care and the community-based services are meant to fill these.

The community based services are often staffed by two types of personnel. These are community health workers who are usually state-employees and trained for six months, and voluntary health workers who receive limited training.

These personnel are supposed to promote improved personal habits and they encourage vegetable gardening, attendance at immunisation clinics, purification of water, and sanitation. Their curative skills are limited to a few simply treated illnesses such as infantile gastroenteritis (diarrhoea and vomiting), which responds well to oral fluid replacement.

Both categories of personnel usually wear distinctive uniforms resembling those worn by nurses, while the lay workers wear distinctive head-scarves, dresses, matching skirts and berets. This serves to distinguish them from the other members of the community.



The community health workers are often selected by the local chief and are frequently related to the chief or local businessmen and traders. They are paid approximately R100 per month and are supervised by hospital-based personnel.

The lay workers are usually volunteers, and their knowledge comes from lectures and demonstrations by the community health workers and other health service personnel.

## HOW DO THESE PHC WORKERS REINFORCE THE EXISTING INJUSTICES?

Primary health workers have many beneficial "medical" effects. However, they also have some detrimental social effects.

- 1) PHC as practised in South Africa tends to shift people's attention away from the social and political causes of ill health.
- 2) PHC provides the appearance of a comprehensive rural health service, while in fact services remain totally inadequate.
- 3) PHC services tend to co-opt a number of articulate members of the community who might otherwise be active in demanding improved services.
- 4) PHC works against democracy and real community control of health services by placing some community members in positions of status above others without making them responsible to the community.

### SHIFTING ATTENTION AWAY FROM SOCIAL ISSUES

Community and lay health workers often inspect people's homes and advise them on how to promote improvements in the health of their families. Often, however, these workers blame those that suffer from disease. Poor hygiene, for example, is blamed on laziness and not on poor water supply. Malnutrition is blamed on ignorance and not on poverty.

In this way the PHC blames the victims of ill-health for their problems. The health services often view community members as "ignorant, lazy, and stubborn" and the community-based workers absorb some this attitude. PHC workers thus often shift attention away from the real causes, and this confuses the community and reduces the pressure for the overall social and political change.

### PHC IN SOUTH AFRICA PROVIDES THE APPEARANCE, BUT NOT THE REALITY OF A COMPREHENSIVE HEALTH SERVICE

To the unaware person, a health service consists only of uni-

formed people, treating and preventing disease from hospitals and clinics. In rural South Africa, PHC provides this appearance. The hospitals and clinics exist, albeit of often relatively poor quality. The community workers, who are usually uniformed, look like fully-trained nurses. The whole service, especially the community-based services help to persuade outsiders and the community that the state cares for the poor.

The state pays the salaries, buys medicines and vehicles, and provides hospitals and clinics. All of this gives the appearance that the state is concerned.

At the same time the health service demands that the community also must help to pay - by giving money towards the building of clinics, by chlorinating their own water, by building their own sanitation facilities, and by paying a fee at the clinic.

If disease and illness is still rife, then it is often blamed on the people themselves, because it is said that the state has already made its contribution to health. In this way, a substantial portion of the costs of providing rural health care, such as purifying water, providing clinics, housing and the costs of medical care itself, are passed onto the rural communities.

#### PRIMARY HEALTH CARE SERVICES CO-OPT MANY POTENTIAL CRITICS

The health services act as major employers of trained and semi-trained people, such as nurses and clerks, in rural areas. This helps pacify a potentially powerful and articulate group by "buying" them with jobs and bringing them under state discipline.

#### PHC IN SOUTH AFRICA WORKS AGAINST DEMOCRACY

The community health workers and lay health workers are not democratically appointed. They are usually chosen by local authorities, and are responsible to them and the health services only, and not to the community.

The position-holders in these groups of community health workers are frequently teachers or the wives and daughters of

chiefs and businessmen. These health workers often hold similar views to the officials and businessmen, and may blame the community members by saying that they are "lazy" and "dirty". These health workers often behave in an authoritarian way. For example, they sometimes demand fines from people if their yards are dirty.



The lay health workers are usually passive, but they too may become affected by the authoritarianism and arrogance of the elites, and may take similar attitudes. Thus, the community based health personnel may reinforce the powerlessness of the community in the name of promoting their health, by dividing the village into "clean" and "dirty", "educated" and "ignorant" or "officials" and "villagers".



The services draw their authority from the existing power-structure and not from the will of the people. The health workers therefore often tend to side with the officials, against the common people, on many issues. The combined effect is to reinforce the undemocratic power structure and perpetuate the disunity in the villages.

This prevents united action to achieve community demands. The frustration of community members is often directed at the individual low level officials, instead of at the system itself.



### CONCLUSION

In South Africa, the health services reflect and promote the present inequalities in our society. Primary health care in rural areas helps to define conflict in those areas by:

- \* providing a highly visible "gift to the people" which costs the state very little
- \* causing conflict within communities and perpetuating disunity and undemocratic structures
- \* "buying off" with jobs or status, people in rural areas who might otherwise have been critical of the homeland system
- \* turning the blame for health problems away from the social system and instead onto the victims of the system.

These effects occur because of the undemocratic structure of the society and its health services. Even when progressive health workers have been involved in primary health care projects in South Africa, they have failed to overcome many of these problems.