HEALTH and DISEASE

NUTRITIONAL DISORDERS

1975 - 1978

HANSARD 10 18/4/75 -

Q. Columns 724 & - 25 -

Health + Dis - Nutritional Dis

Distribution of skimmed milk powder

*3. Dr A. L. BORAINE asked the Minister of Health:

(1) How many (a) local authorities in White areas, (b) Bantu authorities and (c) mission hospitals participated in the distribution of skimmed milk powder in the financial year 1974-'75;

(2) what quantity of powder was distributed by each of these agencies during that year;

(3) what amount of subsidy was paid on the powder distributed by each agency.

†The MINISTER OF HEALTH:

(1) (a) 179

(b) 1 (in White areas).

(c) 36.

These authorities have participated in the distribution of skimmed milk powder as well as the new PVM mixture (Protein - vitamin - mineral - mixture). This mixture has replaced the skimmed milk powder in the Southern Transvaal and the Natal areas as from 17 October 1974.

(2) (a) 384 044 kg skimmed milk powder and 23 412 kg PVM mixture.

(b) 1 500 kg skimmed milk powder.

(c) Unknown.

(3) (a) R178 807 for skimmed milk powder and R25 284 for PVM mixture.

(b) R765 for skimmed milk powder.

(c) Unknown.

In regard to (2)(c) and (3)(c) I wish to point out that skimmed milk powder and the PVM mixture is prescribed and supplied as a medicine As from 1 April 1974 such expenses, as in the case of other medicines, are met from the current accounts of mission hospitals and therefore separate figures are not available.

C.T. 11/6/75

Liver cancer in Blacks: Toxin find

Cape Times Political Staff

HOUSE OF ASSEMBLY. — South African medical researchers have made "significant" progress recently into the cause of the extraordinarily high incidence of liver cancer among Black people.

This was revealed in the annual report of the South African Medical Research Council which was released in Parliament yesterday.

The high incidence of liver cancer is found among Blacks in various parts of Southern Africa.

The researchers based at the National Research Institute of Nutritional Diseases at Parow have found that the ingestion of the "mould Toxin aflatoxin" is the most likely cause of the disease.

As a result it is now possible "to predict fairly accurately" the cancer rate if the average daily intake of the toxin by a group of people can be established.

In turn, this means, says the report, that strict control of the contamination of food is possible, and suggested methods for analysing food for this contamination have been circulated.

"Technical assistance has been supplied to the food industry and this collaboration, in turn, resulted in a comprehensive study designed to test the efficacy of control procedures for the detection of contamination during manufacture."

The researchers found that the aflatoxin had been ingested by various Black groups such as the Ovambo, the Onyalai in Sekukuniland, and Bushmen. They also conducted research into incidence of liver cancer in Mozambique, and other parts of Southern Africa.

The researchers may have found the cause of one of the major killers of Black people.

93

Black doctors need facilities

Cape Times 22/8/75

PROFESSOR I W F Spencer, Professor of Comprehensive and Community Medicine at the University of Cape Town said last night that there was a need to train African doctors and assistants.

Delivering his inaugural lecture in the Beattie Theatre at UCT, Professor Spencer said: "There is a need for post-graduate facilities so that African doctors could practise in every sphere of society, including the rural areas."

There was great urgency in the homelands for the extension of mission hospitals into a comprehensive community health service.

Professor Spencer said that a patient could not be treated in isolation from his family, work or community situation, or from "the cultural, social and economic levels of existence".

Professor Spencer said the pill had changed social mores and added to promiscuity, extra-marital infidelity and venereal disease. "It has not done much to drop the world reproduction rates, as it does not adequately reach those people of the world who need it most."

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~~98~~

~~256~~

Health & Diseases & D.

Soweto heart disease rate 'formidable'

2578/73

(72)

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The Argus Bureau

LONDON.—An extraordinarily high rate of heart disease among schoolchildren in Soweto has been blamed chiefly on overcrowding and poverty there, in a survey published in the latest issue of the British Medical Journal.

The survey found that in one age group about 20 out of every 1 000 children suffered from rheumatic heart disease. The researchers conclude: 'The socio-economic status of the community must be improved if optimal prevention is to be achieved.'

Yet, they say, the survey figures do not represent the full extent of the problem in the Black townships near Johannesburg. The survey was conducted among schoolchildren, a relatively privileged group, and rheumatic heart disease would be more prevalent in poorer children who do not attend school.

Widespread rheumatic heart disease is usually associated with impoverished communities. The incidence of the disease has been declining throughout the world with the emergence of wealthier societies.

FORMIDABLE

The researchers say the disease remains a formidable health challenge in South Africa in spite of the declining incidence in other economically advanced countries.

It would take a long time for conditions in Soweto to improve sufficiently and so the survey calls for a comprehensive preventative campaign.

The cost of instituting and maintaining such a campaign, it claims, would be less than the cost of treating sufferers in hospitals.

In all, 12 050 children from 2 to 18 years were tested between May and September 1972. The disease was found in 6,9 out of every 1 000.

The rate is much higher in older children. The incidence in the group from 6 to 18 years old was 7,1 in every 1 000.

The highest figure in a comparable survey was a rate of 5,3 in 1 000 in the Rocky Mountains in the United States. That survey, however, was conducted between 1956 and 1961 among predominantly 18-year-olds.

Other comparisons given reveal an incidence of 3,8 in 1 000 in Japan nine years ago; 1,4 in Northern India; 1,7 in Denver, U.S; and 1,0 in Barbados.

A survey five years ago among 500 children in one school in Teheran, Iran, showed a rate of 22 in 1 000.

The Soweto rate of 19,2 in 1 000 was found in children in the seventh school grade. The age group of highest occurence was 15 to 18 years, and girls were slightly more suspectible than boys.

Of all the children found to be suffering from rheumatic heart disease, for 82,5 percent it was the first diagnosis.

The most prevalent contributing factor to the high rate of the disease in Soweto, in the view of the researchers, was overcrowding. Families of eight children recorded an incidence of nearly 15 in 1 000.

The survey was conducted by 10 senior cardiologists representing several medical institutions in South Africa, including the Department of Medicine at the University of the Witwatersrand and the Johannesburg General Hospital.

Argus ?

THE ARGUS, WEDNESDAY NOVEMBER 26 1975

MoH on poor Coloured conditions

THE social and economic conditions of the Coloured people in Cape Town are on the whole unsatisfactory with malnutrition, a high illegitimacy rate and poor housing, according to the Medical Officer of Health, Dr R. M. Langerman.

The report, which covers 1974, outlines the social and economic differences between Cape Town's White community, its Black inhabitants and the Coloured people.

Dr Langerman goes on: 'A section of them (the Coloured people) are skilled tradesmen and earn good wages, but the majority are unskilled labourers and many of the men earn less than R20 a week in full employment.

INCOME

'The family income may be augmented where possible by earnings brought in by the wife and children. The measures taken for the prevention and relief of distress are inadequate, and there is no compulsory insurance against sickness.'

The Coloured make up the majority of the residents in Cape Town. In 1974 there were 246 200 White people, 443 710 Coloured people and 95 000 Blacks living in the Peninsula.

MALNUTRITION

The report adds: 'There is much malnutrition among the Coloured people. Housing, apart from municipal schemes, is expensive and poor.

'The social and cultural level is low but is showing signs of steady improvement.

'The principle of compulsory education does not as yet apply to non-Whites. The illegitimacy rate is high and venereal disease is rife.'

'The social contrast between Whites and Cape Coloured people can be expressed by the statement that whereas among the Whites it is only a small minority who belong in the depressed classes. Among the Coloured it is the majority

HOUSING

'The same contrast is seen in housing conditions. A small minority of Whites live in overcrowded conditions, but the majority of the Coloured people do.'

The report says the various sections of the community are 'to a great extent inter-mingled.'

It adds: 'There is nothing approaching complete segregation of the races.'

The report says that the Department of Community Development's attempts to unscramble the present 'hotch-potch of White and non-White areas' is placing an additional strain on the municipality's attempt to reduce overcrowding and slum clearance.

MORTALITY RATE

The infant mortality rates, regarded as one of the most sensitive indexes of health conditions of a community, show that in 1974, 43 White infants under the age of one year died.

However, 526 Coloured babies and 296 Black babies under one year died in the same period.

The death rate for every 1 000 live births is 12.0 for Whites, 38.9 for Coloured people, 68.7 for Blacks and 29.1 for Asiatics.

The principal cause of death among non-Whites is gastro-enteritis. Among White babies it is prematurity.

(1) 92
(2) 209

Apartheid divides blacks — student

Daily Dispatch 15/12/75

EAST LONDON — It is impossible for a non-existent community to demand human rights, according to Mr G. Mposelwa.

Speaking at the Human Rights Committee's public meeting held here yesterday to commemorate the signing of the United Nations declaration of human rights, Mr Mposelwa, a theology student said: "The first battle is self-discovery, knowing oneself and respecting oneself and not having other people telling you who you are."

He said apartheid taught blacks to hate other blacks and this indoctrination was carried on through education, radio and now television.

The homeland policy was a further step away from liberation as they had been created to confuse and divide the black people in South Africa.

Dr T. Thomas told the 150 people present that in a six week period last year 77 children died of malnutrition in the Ciskei.

She said that while white South Africans spent money trying to loose weight black South Africans were dying from lack of food.

Migrant labour and the resultant family disruption was producing a monster and an illegimacy explosion.—DDR.

SUNDAY TRIBUNE, FEBRUARY 15, 1976

STARVATION

How can this man support a wife and four children on R42 take-home pay

Doctor slams Verulam low wages as TB puts children in hospital

By TERRY McELLIGOTT

DOCTORS have again warned Verulam Town Board that it is paying some of its workers starvation wages, resulting in kwashiorkor, tuberculosis and other illnesses.

In spite of a similar warning last year, two men employed by the Parks and Gardens section are getting only R51 a month — before deductions.

Mr Soobramoney Govender has four children. Home for them is one-room corrugated iron shack for which he pays R15 rent. Water streamed down the walls during this week's downpours, dampening the floor on which most of the family sleep.

Disgrace

A leading doctor said this week that such low wages were a disgrace to the Indian-run town.

Meanwhile the Mayor, Mr Y. S. Chinsamy, a member of the Indian Council, is playing hide and seek with the Press over this issue. He failed to return my calls to make an appointment this week.

Holiday

Until late last year Mr Govender's wage was R40 a month before deductions. A day's pay is knocked off if the month includes a public holiday.

His take-home pay last month was R41,68. R5,50 was deducted for the days he was off sick and after he paid his rent he had R36 left.

Six employees in the public health department get only R57,50 a month.

A doctor told me that a few months ago the wife and three children of one employee were admitted to hospital with tuberculosis.

Early last year a local doctor appealed to the Town Board to pay resonable wages. He had treated children of Town Board workers and was shocked at their health. Some had kwashiorkor.

The doctor submitted a report on low-paid employees, including Mr Govender, to all board members.

It said: "I am sure the board is aware the poverty datum line is about R120. In these circumstances I appeal to the Town Board on humanitarian grounds to pay its employees a reasonable wage."

Rocketed

Since then the cost of living has rocketed and Mr Govender's rent has gone up from R8 to R15 almost negating the rise in his pay.

Doctors and other medical staff have concentrated since then on giving advice to Town Board employees' families on nutrition and hygiene, helping to cut the illness rate.

"Alcoholics"

When a row blew up over the doctor's warning last year, Mr Chinsamy issued a statement saying some Indians employed by the Town Board were "either alcoholics or drug addicts" who spent their money on drink and drugs to the neglect of their families, and that the board could not be blamed on the score of low wages.

He also gave a list of wages paid to Indian labourers and [illegible]ed employees. The lowest wage he [illegible]tioned was R75.

Regarding kwashiorkor the doctor said in his [illegible]

"I requested Sister Lela to get to the [illegible] the underlying problem as I felt probably kwashiorkor was due to ignorance on proper feeding, alcohol or poor budgeting. This is not the case. It is below the [illegible] wages."

Manifesto

The Government has set a figure of R1 a month as the poverty level in its anti-inflation manifesto. The unionists intend to use this as a minimum demand in future negotiations, says Mr A. Grobbelaar, general secretary of Tucsa.

(1) 462 - Unfed
(2) 86
(3) 260
(4) 334
(5) Health + Dis - Nutritional Assess.

(1) Squatters - Cape
(2) Housing - Cape
(3) 85
(4) 320

200 000 ARE WITHOUT HOMES IN CAPE TOWN

Sun. Times (Extra) 4/4/76

HERE ARE some interesting points about what has become known as Cape Town's squatter problem:

● There are an estimated 200 000 Coloured and African squatters in greater Cape Town. Officially the number of squatter families is 21 600.

● At Vrygrond the Cape Town City Council provides water, refuse removal, a night-soil bucket system, street lights, gravel roads, two soccer fields, a shop and a chemist.

● Each shack is charged R6,50 a month and, while the services provided for the 8 000 people there are inadequate, it is regarded as steps in the right direction.

● There are 38 000 Coloured families waiting for houses in Cape Town.

● The former Deputy Minister of Bantu Administration, Mr Punt Jansen, says the total number of Africans "illegally" in Cape Town is 90 000.

At the end of 1974 only 802 African families were on the waiting list, because only that comparatively small number had their "papers" in order.

● In Parliament last year it was announced that certain urban Africans would be allowed to build houses, and own them on a 30-year lease basis.

● The Prime Minister said three years ago: "Employers, whoever they may be, should not only see in their workers a unit producing for them so many hours of service a day. They should also see them as human beings with souls."

Malnutrition: warning on poor feeds

STAR 16/9/75

"We suspect mothers do not give babies enough feeds during the day," a paediatrician told a nutrition education seminar in Soweto.

"About 30 percent of children who attend the out-patients clinic at Baragwanath Hospital in Johannesburg are malnourished," said a leading paediatrition at a Nutrition Education Seminar in Soweto held at the weekend.

The specialist said that basically the standard used for malnutrition here is based on that conducted in two American cities.

"Children have their heights and weights measured and plotted on a graph called the percentile chart.

"If a child falls below a certain line on the graph at a given age, it means that the child is malnourished. In a healthy population only 3 percent weigh less than they should at a given age."

At Baragwanath, the 30 percent figure is only for the children in the outpatients department.

The paediatrician said that experiments have been conducted to see how mothers made up children's feeds.

"We suspected that feeds were too weak. Instead of putting one scoop of powder to one scoop of water we suspected they were putting one scoop of powder to three, four or more scoops of water. We thought this was probably why the babies didn't grow or gain weight.

"The other possibility was that mothers were making up feeds much too strong, as is the case in America and England. They put 8 or 10 scoops of powder into about 170 ml of water.

Milk powder has a certain amount of salt in it and babies can't excrete the salt as easily as adults," he said.

"If the baby gets ill, the salt level in the blood rises and the baby cannot cope. This causes a particular type of gastro-enteritis which is very dangerous and can result in brain damage.

"We tried to see if the more sophisticated and wealthy mothers were the ones who used too much powder, and whether the poorer ones were the ones who made up the feeds too weak. But it didn't seem to work that way. There was no real relationship between the two.

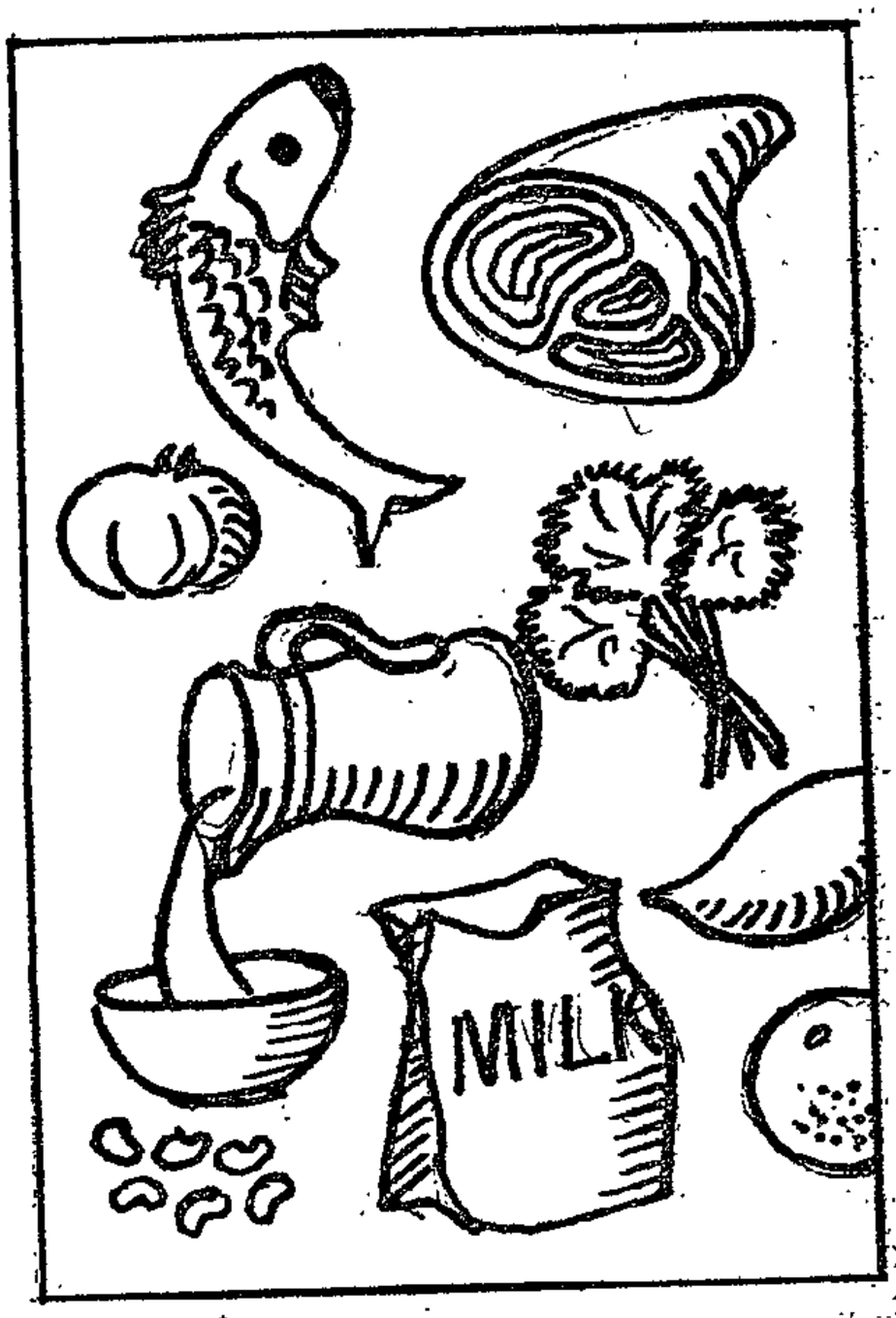
"What we now suspect is that the mothers don't give ENOUGH feeds per day. The baby may get one or two strong feeds but he doesn't get enough during the whole day.

"We found that premature babies, whose mothers had been taught in hospital to give say, six or seven feeds a day, were doing well. They did not pacify the baby with a bottle of water, instead they gave him more food.

"What we want to emphasise is that mothers must make up the feed as it says on the tin. Even if it tends to be weak, they must be sure to give the baby enough feeds during the day. The baby doesn't grow any faster from strong feeds.

"He may grow but he would grow fat and it is now believed that fat babies make fat adults.

"Breast feeding is still by far the best method, but if you're going to do artificial feeding you must learn to do it properly," the paediatrician advised.



"We suspect mothers don't give enough feeds."

Health + Disease - Nutritional Dis

Super-mealie is on the way

By DANIEL MOTHABELA

MALNUTRITION among Blacks will be reduced because the Government has decided mealie meal is to be fortified and enriched.

Dr J. Gilliland, co-ordinating director of health services at the Department of Health, says that vitamins in the form of nicotinic acid and riboflavin will be added to white mealie meal as the result of tests carried out over the past three years by the National Research Institute for Nutritional Diseases.

The additives will combat deficiency diseases such as pellagra and kwashior khor, said Dr Gilliland.

Purity

"Refined white mealie meal has the kernel removed and this is the source of these important vitamins," he said. "People tend to equate white meal with purity but it has very little nutritive value."

The price of mealie meal will not rise because of the additives, he went on. The whole cost, amounting to about R1,5-million a year, will be borne by the Government.

Educational programmes consisting of lectures and films will soon be launched to explain the reasons for fortifying mealie meal to Black consumers.

A spokesman for the milling industry told the Express that acceptability tests had been carried out in the northern homelands at the request of the industry.

"If we had fortified the mealie meal without the certainty that Black consumers would accept it, the industry would have suffered when they refused to buy it," he said.

Important

Mr Harry Makubire, director of a Johannesburg welfare organisation, said it was most important that the mass of Black consumers should be told well in advance of the plans to fortify meal.

Professor J.D.L. Hansen, Professor of Pediatrics at the University of the Witwatersrand and director of the Metabolic and Nutrition Research Unit at Baragwanath hospital, said the enriching of mealie meal would be "a positive step forward in ameliorating malnutrition among Blacks in rural areas".

Health: Diseases — Malnutritional diseases

Health Dis - Nutritional Dis -

Blacks' growth stunted — Report

DAILY DISPATCH 15/6/76

CAPE TOWN — South African medical researchers have found that according to international standards, the height of up to 75 per cent of black people is stunted.

They have found that except in the Transkei and Ciskei, the incidence of tuberculosis pointed "to a downward trend."

The results of this research is contained in the latest report of the Medical Research Council released in Parliament.

The report says the National Research Institute for Nutritional Diseases said that compared with international standards of height for age, "66-75 per cent of blacks are stunted, five to seven per cent serverely so. In whites, comparative figures are 25-30 per cent, none, however, being severly stunted."

However, on weight for height basis, most blacks and whites were found to be in the normal range.

"As assessed by international standards, which are used by most local authority health departments, roughly 75 per cent of black schoolchildren require extra feeding," it added.

The tuberculosis research unit said incidence of the disease shows a downward trend.

"The exceptions are the Transkei, Ciskei and adjacent centres where unchanging high annual rates of infection of four to seven per cent are found in blacks."

A random survey sample had found that in the Ciskei 11 per cent of adults had lung lesions, the annual infection rate was 4,2 per cent and by the time children were 11-14 years old 40 per cent had contact with TB. — PC.

92

Expert says unrefined product best

ARGUS
27/6/75

THE consumption of refined wheat and maize products in preference to unrefined should be discouraged, a researcher at the nutrition conference at Tygerberg Hospital said yesterday.

Mr A. S. Wehmeyer, of the Food Chemistry Division of the CSIR, in Pretoria, presented a paper on the Nutrient Content of South African Unrefined and Refined Wheat and Maize Products.

He said there seemed to be an increasing tendency to use more refined maize and wheat products, even though — with the exception of protein and carbohydrates—the nutrient content of these cereals has 'definitely reduced' in the process of refining.

DEFICIENT

'The riboflavin and nicotinic acid content of maize is lower than in wheat and the diet of people whose staple food is mainly maize, could be deficient in these two vitamins—especially if the refined products are used for the preparation of food,' he went on.

He also said special sifted maize meal showed a significant loss in nutrients compared to unsifted meal, whereas roughly two-thirds of the nutrients present in unsifted meal was taken away during refining to baker's cones.

'The exception is the protein content, which is much less affected by refining than the other nutrients,' he said.

In the case of bread, he said, the housewife could now buy at a higher price a sliced, wrapped, enriched whole-wheat bread and a super white bread, also sliced and wrapped.

'While the latter may have a price advantage, there is no doubt that the former is by far superior from the point of view of nutrition.

Monday,
July 19, 1976

DAILY DISPATCH

Founded 1872
★ Price 10c

STARVATION

"Six children died yesterday and another six will die today in Mdantsane because of malnutrition or related disease."

So begins a three-part Daily Dispatch investigation by Peter Davis on starvation among children in the Ciskei.

Davis says: "The problem is enormous. There are 24 480 malnourished children in Mdantsane alone — or 65 per cent of all children under the age of five."

The problem is enormous ...

In the Ciskei this year nearly 10 000 malnourished children under five will die.



It is stunting the Xhosa people mentally and physically.

Hospitals do their best but under-pressure departments often have to accept six times as many patients as they can reasonably cope with.

It is a horrible form of childhood suffering . . . causing tiny, anxious, wizened, little creatures who are old and skeletal-looking.

Kwashiorkor (a disease stemming from inadequate food) bloats its small victims.

Sometimes their eyes are so swollen they cannot see. They are miserable, distrustful and anti-social.

And, says Davis, there is no co-ordinated, interdepartmental and interdisciplinary nutritional policy for the whole nation.

Even as you read this, children are dying of starvation. Many more are suffering.

The three-part series is an important, researched investigation into a terrible problem of our time and of our environment.

It is intended not to much to shock as to place the facts before the public — and perhaps, in some measure, help to save the lives of children.

The articles begin today on page 8.

68 per cent who suffer

July 20, 1976, D.D

All around us there are children who are malnourished — children who do not have enough of the right kind of food to eat.

In Mdantsane alone, a Daily Dispatch survey has found that 67.7 per cent of the children under five years old are malnourished.

Statistics are difficult to get, but taking the malnourished children in Mdantsane at a round 68 per cent, this could mean there are as many as 24 480 children in the township who are badly nourished.

This is the number of children who are below the third Boston percentile — the standard which is generally accepted as the malnourished line.

Taking at least 10 homes in each of Mdantsane's 10 zones, the Daily Dispatch team weighed 118 children below the age of five.

The scales used were checked by two scale companies and the 118 children were chosen at random. Their weight was only taken if the parents or guardians could give the child's date of birth.

It was impossible to properly randomise the sample, because often there were no children under five in a particular house, or else the child was left with a grandmother, aunt or nanny who did not know the child's exact date of birth. There was not one parent in the sample who did not know a child's date of birth, and only one parent objected to a child's weight being taken.



Children are dying here

By Peter Davis

Because of transport problems, the homes taken at random tended to be those near the main roads of each zone.

Details of diet were also asked for and it was confirmed that samp and mielie meal was by far the most important food for children of all ages.

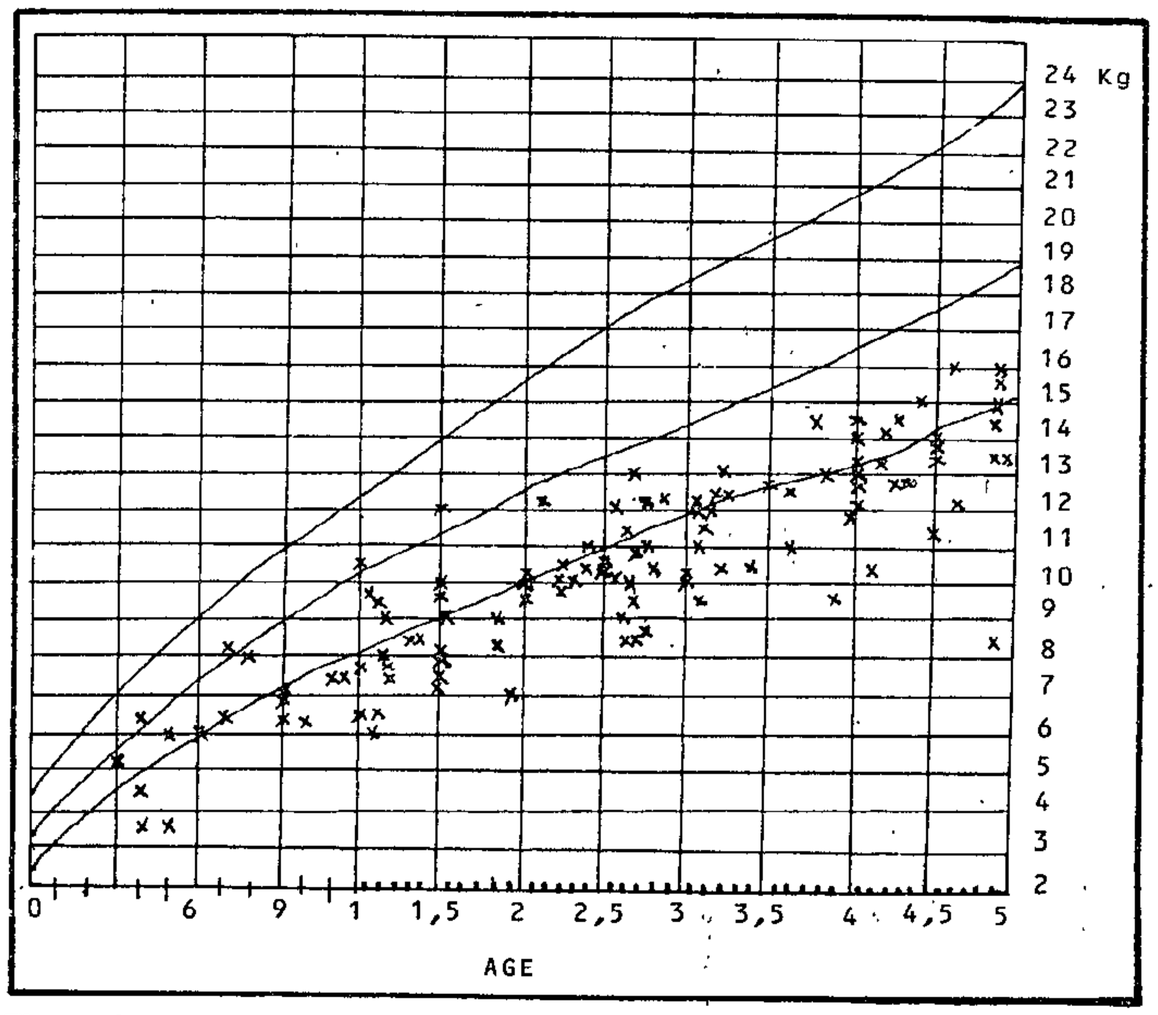
Where powerdered milk was given, the amount of powder used was far too little, such as a heaped teaspoonful in a litre of water.

When milk ran out, most turned to what is called sweet water, sugar mixed into water.

In the sample, 80 of the 118 children weighed were below the third Boston percentile, which means they were malnourished and at least 12 per cent were so underweight that they were either starved, or had kwashiorkor.

The Boston percentile was formed by doctors in Boston in the United States who plotted the scatter of weights to the age of 100 healthy looking children.

With the 50th percentile as the norm, children falling below the third percentile are considered malnourished — in other words, their weight for age is too low for normal growth; they are generally stunted and are particularly susceptible to disease such as gastroenteritis and measles from which they often die because of their lack of resistance.



The results of the Daily Dispatch survey on malnutrition are shown on this graph. The bottom line represents the Third Boston Percentile and State Health accepts that any child whose weight for age falls on or below this line is malnourished. The survey found that of the 118 children weighed at random in Mdantsane, 68 per cent were malnourished and in need of proper food.

The Boston percentile is accepted as the standard of nourishment and both the Transkei and the Ciskei use it. State Health also accepts that any child on or below the third percentile is in fact malnourished.

In the Mdantsane survey, only four of the 118, or 3,1 per cent were above the average fiftieth percentile and the other 29 per cent were scattered between the malnourished line and the average line.

Our figures fall into line with other figures in other areas. A study by the Institute for Social Research at Nqutu in KwaZulu shows that of 536 in-patients at the hospital there, 70,5 per cent were diagnosed as suffering from some form of malnutrition.

As Dr Trudi Thomas of East London says in her paper, Their Doctor Speaks, which describes social conditions in the Ciskei: "Malnutrition is probably the most intrusive problem in this reserve, denoting, as it does, a horrible form of childhood suffering.

"It is common, affecting hundreds of children each year overtly as fully fledged kwashiorkor or marasmus cases and thousands less obviously, but nevertheless stunting their physical and mental health and growth."

Or, as the Nqutu study sounds the warning that poverty and malnutrition are so rife that the traditional Zulu physique is changing — they are becoming puny, stunted and mentally enfeebled people.

The same could be happening to the Xhosa in the Ciskei.

The high cost of curing

The costs of curing people are high — the patient costs at Frere Hospital are an average of R25 a day.

The cost of preventive medicine is much cheaper, and ensures a healthy population.

If every kwashiorkor and marasmus patient was treated in hospital, as he should be, it would cost Frere Hospital R3,7 million just for the Mdantsane patients.

A child with kwashiorkor or marasmus would need to stay in hospital anywhere between three weeks and three months.

Taking an average of 50 days, it would cost R1 250 to treat a badly malnourished patient.

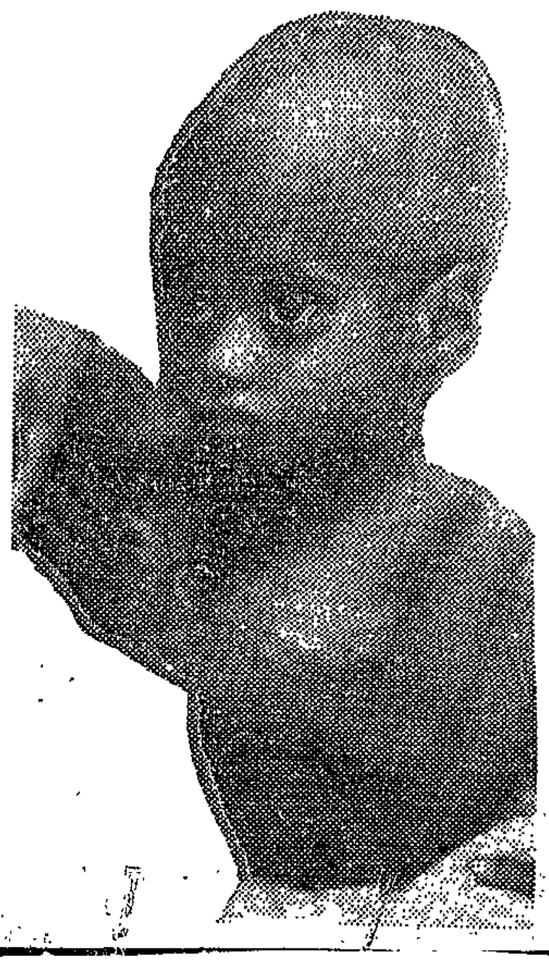
World statistics show that the number of under five year olds in any underdeveloped population is between 18 per cent and 22 per cent.

The official population of Mdantsane is 128 000, but this figure is notoriously underestimated. So, taking the population of Mdantsane at a still conservative 200 000, at 18 per cent there would be 36 000 under fives in Mdantsane.

A Daily Dispatch survey of 118 homes chosen at random shows that 68 per cent of the children under five are malnourished — their weight for age was well below the accepted norms.

This means there are 24 480 malnourished children at Mdantsane of which our survey found that 12 per cent were so underweight that they were likely to be suffering from kwashiorkor or marasmus — a total of 2 938 children.

If all these were treated in hospital, it would cost R3,7 million for Mdantsane patients alone.



Of course, not all these are treated at hospitals. Many die and others are treated as out-patients because of the shortage of bed space in hospitals. *It is only the worst* cases who are admitted into hospital, and 35 per cent of these die anyway, but, according to a paediatrician, definite cases of *marasmus and kwashiorkor should be treated in hospitals.*

In a survey in the Ciskei, 51 per cent of kwashiorkor and marasmus patients, treated as out-patients; died compared with 15 per cent who died after hospital treatment.

If there was a co-ordinated feeding policy in Mdantsane, practised on a preventive medicine basis, not only would malnourished children cease to clog up the paediatric sections of hospitals, but the whole scheme would be cheaper.

A child needs a minimum of 500 grams of powdered milk a week to keep healthy at a factory cost price of 64 cents. This means that a milk scheme to feed the 24 480 malnourished children in Mdantsane would cost R15 667 a week for milk.

A milk scheme could feed the entire malnourished population of Mdantsane for 236 weeks, or four years and two months for the same cost of hospitalising only 2 938 children.

The food is available and in large quantities. At present, the Dairy Control Board has a surplus of 10 000 tons of powdered milk in stock — enough to make 90 million litres of milk.

This surplus could feed 417 000 malnourished children for a whole year.

90

90

MPs hail survey on malnutrition

24/7/76
PD.

EAST LONDON—The Daily Dispatch survey on malnutrition in the Ciskei has been hailed by MPs and MPCs who have called for urgent steps to remedy the situation.

The MP for East London City, Mr Harland Bell, said the Daily Dispatch's malnutrition survey should be submitted immediately to the Secretary for Health with a demand for action.

"I am sure there were many readers who were shocked by the facts revealed in the malnutrition survey, unfortunately the government does not seem to take a serious enough view of the situation in the Ciskei despite the fact that malnutrition, not only among our black people, but also the Coloured people, was raised in Parliament last month in the health debate."

Mr Bell said the root cause of the situation was poverty and unemployment and the government had to be called upon to accelerate, through dramatic steps.

Firstly there should be a crash programme of preventative measures such as adequate supplies of subsidised or free milk and fortified maize meal and secondly a positive approach to the education of the people — perhaps in the direction of home industries to ease the poverty which was apparantly rife.

"Clearly a co-ordinated effort will have to be made and the suggestion of the formation of a co-ordinating council to deal with the whole problem seems to me to be a good one."

Mr Bell said the government claimed it was actively engaged in fighting malnutrition, but its efforts seemed to be woefully unsuccessful and the Secretary for Health should be made aware of the full facts.

The MPC for Griqualand East, Mr John Malcomess, said the malnutrition problem would not have been as acute if the government had not moved people from the white areas to the homelands.

"The government did a silly thing to load all those people into Mdantsane before ensuring there were sufficient job opportunities before they came."

Mr Malcomess said charity was no solution in the long run because of the size of the malnutrition problem.

"The only long term solution is for the government to make it more attractive to set up in the greater East London area.

"Increased job opportunities for the residents of Mdantsane would mean a lot more money circulating there and this would rub off on the whole population."

Mr Malcomess said the government would first have to make concessions because industries setting up in East London would be far from their markets and would need concessions to make them competitive.

The MPC for East London City, Mr J. C. V. Hunt, said the Daily Dispatch had done a fine job by exposing the problems of malnutrition and he had not realised the problem was as serious as it was.

"The Department of Health must immediately provide the finance for milk schemes and these must be followed up by registering children and weighing them regularly at clinics to ensure that the milk is getting to the right places."

Mr Hunt said there were several clinics in Mdantsane and the basic organisation was there to deal with the problem.

The Medical Superintendent of Frere Hospital, Dr F. L. S. Visser, said while the malnutrition survey was interesting, it was more of a social problem than a medical one.

"Essentially, our function is curatitive — we treat the sick. But we do realise it is better to prevent than to cure and we do try to practice preventative medicine by teaching patients to look after their health."

Dr Visser said at Frere, milk was given as a medicine to those patients who needed it.

A nutrition clinic was started at Frere recently and about 200 children a week receive milk.

The Medical Superintendent of Mdantsane Hospital, Dr P. E. Pistorius, agreed there was a malnutrition problem, but said there was no simple answer because the problem was a socio-economic-medical one with many facets.

Dr Pistorius said hospitals such as Mdantsane were trying to give deeper more comprehensive services and attempting to strike a balance between the curatitive service and the preventative service such as immunisation, family planning, health education and rehabilitation.

"The preventative services are hospital centred in that the hospital provides the lead and spreads the information."

Dr Pistorius said in Mdantsane PVM (a high protein food) was freely available and used as a medicine distributed through the clinics. Public health nurses and health visitors did follow-up work and nutrition was only one of the many facets of the education approach.

East London's Medical Officer of Health, Dr J. van Heerden, said the main problem was economics and there were few labour intensive industries in East London.

Another problem was that people had to travel a long way to work and many spent more than they should on transport and less on food.

"Another aspect of malnutrition is that some people are indifferent. A mother has five children and when she has another one, she doesn't really mind if he is a little malnourished.

"This is borne out by the poor attendance at nutrition clinics," Dr Van Heerden said.

The municipality has clinics at Parkside, NorthEnd Buffalo Flats, Duncan Village, Cambridge, Ziphunzana where skim milk is issued when needed.

The regional director of the Institute of Race Relations, Mr O. Joseph, said the Daily Dispatch had performed a vital service by underlining the appalling incidence of malnutrition in the Ciskei.

"The causes are clearly complex and a many-sided approach to the problem is called for."

Mr Joseph said purely palliative measures was not the answer. Immediate steps should be taken to deal with the present situation, but at the same time, long term planning was essential.

"There must be a phasing out of migrant labour and a programme of employment, education and self-help is needed.

"Here, trade, industry and voluntary welfare services, both black and white, have a part to play, as has the homeland authorities and the white administration," Mr Joseph said—DDR.

90

Hansard 11 col 784
6/4/76

Distribution of skimmed milk powder protein-vitamin-mineral mixture.

643. **Dr. A. L. BORAINE** asked the Minister of Health:

(1) How many (a) local authorities in White areas, (b) Bantu authorities in White areas and (c) mission hospitals participated in the distribution of skimmed milk powder and protein-vitamin-mineral mixture in the financial year 1975-'76;

(2) what quantities of (a) skimmed milk powder and (b) the mixture were distributed during that year;

(3) what amount of subsidy was paid on the (a) powder and (b) mixture distributed.

The **MINISTER OF HEALTH:**

		(i) Skimmed milk powder	(ii) Protein-vitamin-mineral mixture	(iii) (i) and or (ii)
(1)	(a)	123	49	—
	(b)	—	—	—
	(c)	—	—	36
(2)		174 083 kg	33 750 kg	
(3)		R99 216	R34 880	

The above figures are for the period April 1975 to 26 March 1976.

90/2248.

CT. 15/11/76.

Malnutrition goes up with price of food

By TONY ROBINSON

THERE ARE clear indications that malnutrition is increasing in the Cape Peninsula and this appears to be directly related to rising food prices.

No statistics are available on the problem, but Professor M D Bowie, acting head of the Department of Paediatrics at the University of Cape Town, said a good indicator was the number of patients admitted to the "drip room" at the Red Cross War Memorial Children's Hospital.

During the first five months of this year the number of patients was about 20 percent higher than for the corresponding period last year. The number of deaths has almost trebled.

The "drip room" is used to treat patients suffering from diarrhoeal diseases, a condition clearly associated with malnutrition.

During the first five months last year, 2 376 patients were admitted to the drip room and there were 19 deaths.

During the first five months of this year 2 893 patients were admitted — an increase of 517 — and there were 52 deaths. This is nine more than the 43 deaths recorded during the whole of last year.

Professor Bowie said this seemed to indicate that there were more cases of malnutrition and that they were more severe.

He said there had been no change in the method of treatment and the running of the drip room was progressively improving.

Dr Frank Mitchell, Medical Officer of Health for the Divisional Council of the Cape, said the problem could be a result of rising food prices.

Even the price of heavily subsidized skimmed milk powder had gone up, and during the past six months there had been a lower distribution of the powder by the council, he said.

This situation exists in spite of the fact that there is a huge surplus of skimmed milk powder in the country.

Mr T J H Maree, manager of the Dairy Board, said the surplus was world-wide, and in South Africa it amounted to 9 000 tonnes.

One of the reasons for this was substitute known as PVM which had been promoted in competition with skimmed milk powder.

There was no export market for it and the board was looking for ways to get rid of it. One possibility was to use it in animal feeds.

But Mr Maree emphasized that the board did not want to do this and would rather use it for human consumption.

"If anyone can come to us with an outlet for human consumption that does not affect our existing markets we will be happy to co-operate. But it must be an additional market."

He said the board could not give away the surplus, but it would sell it at a considerably reduced price.

At present skimmed milk powder sold to local authorities is subsidized by about 50 percent by the Public Health Department as part of a programme to fight kwashiorkor.

Mr N Freeman, organizer of the Peninsula School Feeding Scheme, said he would like to co-operate in helping the Dairy Board reduce the surplus.

90/2248

(90)

Malnutrition increases as food costs go up

DD 16/11/76

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But Mr Maree stressed that the Board did not want to do this and would rather use it for human consumption.

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Mr N. Freeman, organiser of the Peninsula School Feeding Scheme, said he would like to co-operate "to the fullest extent of our resources" in helping the Dairy Board reduce the surplus. He intends writing to the Board immediately. — DDC.

(90)

DD- 19/1/76

More babies are dying

More than 25 per cent of blacks who die in the major urban areas of South Africa, are children who have not reached the age of one full year.

This shocking infant mortality rate is revealed in the latest statistics released (for 1974) by the Department of Statistics.

The figures also reveal that 40 per cent of people who die in these areas are children who are under five years of age.

However, an astounding factor about the figures is that in spite of the large number of people who died in 1974, the figures for that year show a marked improvement in deaths from previous years.

In 1969 the total number of recorded deaths was 40 421 while the total for 1974 stands at 31 410.

Apart from 'ill-defined diseases, other causes, unnatural causes,' and 'infant deaths as a result of complications of pregnancy and childbirth', which account for 52,1 per cent of the total number of deaths, the biggest killers are pneumonia — 12,6 per cent, enteritis and diarrhoea — 10,4 per cent, malignant tumours (cancer) — 6,1 per cent, and tuberculosis — 5,7 per cent.

The compilers of the report state that even with the concerted efforts of registering authorities in trying to get blacks to register deaths, many still fail to do so and this indicates the figures are well below the real number of people who die.

The figures show a slight drop in the number of deaths recorded in 1973 in the same areas. They also show a slight difference in individual disease toll over the years.

While pneumonia was the biggest killer in 1974, its percentage share for 1973 was 11,4 while diarrhoea and enteritis accounted for 11,8.

The sex distribution of deaths by age corresponds to the previous years — many more males than females in the age group 15 to 64 years died. In the higher age groups more females than males died.

Because the figures are taken in the urban areas, they do not give a full account of the enormity of the death rates, which are likely to be much higher in the rural areas, some of which do not have sufficient medical facilities.

One of the striking features about the figures is that in the middle ages, the men far outnumber the women — a factor which should be as a result of the migrant labour laws.

Another striking factor is that among the infants and children more people died in summer months — January, February and March — while the lowest figures recorded are for December — 6,2 per cent, November — 6,1 per cent, and May — 7,5 per cent,

May, November and December have the lowest figures for both males and females while July and August have the highest figures for males.

Of the total number of deaths recorded, 23 107 were medically certified, 2 181 confirmed by judicial inquiries while 6 120 were confirmed by police. The remaining two were confirmed by other sources.

More than half the total number died in hospitals — 17 279, and the rest died in other places.

— *Leslie Xinwa*

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B/12/76 DD

Skim milk plea for underfed children

EAST LONDON — In one of the most fervent pleas heard in the council chamber of the Divisional Council of Kaffraria, Cllr M. E. Mills asked: "Must we wait for these children to get kwashiokor before we can give them skim milk?"

Before council was a motion by Mr Mills that a decision taken in October be rescinded. On October 8 council voted to discontinue the sale of Kupugani foodstuffs by their nursing sisters in the black areas.

The Government subsidises the distribution of skim milk to three groups of unhealthy children. The children have to be ill before receiving the foodstuffs which could have prevented their illness.

"What about the rest of the children who have malnutrition," Mr Mills asked. "Must we wait for these children to get kwashiokor?"

Mr Mills said the State Health Department had said it was a waste of time for the nursing sisters to collect money from those who wanted to buy Kupugani products. He said he could not see how trying to keep children healthy was a waste of time.

Cllr C. J. Blumenthal, in backing Mr Mills, said if children did not get the proper foods when they were still young, it could lead to many illnesses, including blindness.

The secretary, Mr L. Daubermann, said the sisters could be given R25 to buy Kupugani foodstuffs — mainly skim milk — and when they had sold all they bought, buy more.

Council then decided to rescind its October decision. — DDR

KDM 10/11/77

Refugee camp disease threatens Queenstown

Own Correspondent

QUEENSTOWN. — A warning that the killer disease, gastro-enteritis, in nearby refugee camps could spread to Queenstown was given at the weekend.

Five babies a day are dying from gastro-enteritis at the Thornhill Camp, the Queenstown public health inspector, Mr W. Coetzee, has warned in a memorandum on the threat to Queenstown

The memo has also gone to the divisional council, and provincial and State health departments.

The Chief Minister of the Ciskei, Mr Lennox Sebe, and members of the Ciskei Cabinet, yesterday made on-the-spot inspections at Thornhill, about 25 km from Queenstown.

They also attended a massed tribal prayer meeting for refugees from Herschel and Sterkspruit who have died since they fled to the camps.

According to Dr Barbara Seidler, who is in charge of the immunisation programme, the arrival of the Cabinet comes at a time when the death rate has mounted to five or more a day.

Nobody in this shanty town could give an exact count of the deaths for December, or in January, so far, she said.

"The babies are dying of gastro-enteritis and diarrhoea," she said.

"The adult deaths are attributable to malnutrition and the consequent incidence of diseases like kwashiorkor, tuberculosis and pellagra."

A Frontier Hospital spokesman estimates that Dr Seidler has inoculated every man, woman and child on Thornhill, about 30 000 people.

Yesterday she continued her 14-hour-a-day stint at her makeshift hospital in the bare, unfurnished rooms of the former Thornhill farmhouse.

The superintendent of the Frontier Hospital, Dr R. Schaeffer, said yesterday: "I am satisfied Dr Seidler has done absolutely excellent work in providing medical and sanitary facilities in the all-too-short time she has been given.

"I have no absolute knowledge of the Thornhill death toll, but it stands to reason this must be high among the undernourished, no matter where they are."

Certain cultural institutions also, are often directly affected by th
farmer's attitude. There ... s not allowed, for
instance, the traditional ... ll-nigh impossible

Some farmers, however, are ... l and cultural
problems engendered by soc... eir staff in over-
coming these wherever pos...

Educational Facilities.

State assistance is availa... ection of primary
grade schools on their fa... ed by the farmer,
but are paid by the State ... ceed beyond the
primary grades, such in... n. By no means
all farm children recei... on, and much depend
on the initiative of th... nity for the provis
of educational facili...

It will thus be seen ... very considerably
within the system. ... ly insignificant
cash wage is paid, rec... of feed, grazing
cipts, decent housin... ooling, can do much
to make the stand... d, a farmer who does
not provide adequate ... a token form of the
system and the policy ... wage paid, is also
not unnaturally the ... evere labour problems
Organised agriculture ... d by such farmers
with no needs for more ... to prohibit the
direction of labour to ... formed Bantu Adminis-
tration Boards the machi... ars to have been
provided. It could appe... in such a case, effor
are being made to stem th... se of labour unrest.

The Relationship between ... sting between a farmer
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and his staff is a highly ... those responsible
those responsible for for... merce or industry.
For implementing it, it i... neither is its signifi
This is a fact which is s... houlder-to-shoulder
understood. The farmer ... and particularly in
contact with his staff. ... system, his attitude
view of the status attach...
and personality come to play an important role.

Cape Times TUESDAY, JANUARY 11, 1977

Typhoid epidemic at squatter camp

Numbering more than 20 000, they are former residents of the Glen Grey and Herschel districts who chose to move to the Ciskei when those areas became incorporated into Transkei.

Meanwhile it was learnt here yesterday that fears of disease among the refugees were made known to the Ciskei Government as far back as November last year.

On November 11, the Secretary of the Divisional Council, Mr C Loftus, wrote to the Secretary of Health of the Ciskean Government in King William's Town, saying that health officials were concerned about the possibility of epidemics of infectious diseases occurring and spreading, and asking that the settlers be immunized.

Meanwhile the Ciskei has for the time being stopped moving refugees to Thornhill.

About 500 families from Herschel were to have moved to Thornhill yesterday, but were stopped.

Four immunization points set up at Thornhill by the Ciskei Department of Health are immunizing about 3 000 people a day.

Govt to blame for typhoid deaths, says Ciskei official

Own Correspondent

QUEENSTOWN. — The Commissioner-General for the Ciskei, Mr J J Engelbrecht, said here yesterday there was no danger of a gastro-enteritis epidemic at the squatter camp near Thornhill in the Queenstown district.

He was commenting on reports that children at the camp were dying of the disease at the rate of five a day.

Mr Engelbrecht said conditions at the camp were not ideal, but this was because the occupants had been moved there in haste.

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Ciskei seeks Republic aid to stem disease

KING WILLIAM'S TOWN — The Ciskei Government will formally request assistance today from the South African Government in containing the danger of epidemic disease at Thornhill, it was learnt here yesterday.

The request will be conveyed to the Commissioner General for the Ciskei, Mr J. J. Engelbrecht.

The Ciskei Secretary for Health, Dr H. Coldham, who returned from an extensive tour of the camp, said yesterday:

"Not a single baby died on Monday and I find that very encouraging. It looks as though we are getting on top of the situation."

At least 10 000 of the more than 30 000 former Herschel residents have been inoculated and or vaccinated.

Dr Barbara Seidler, the sole qualified medical practitioner in the entire area controlled by the Ciskeian Government, had time yesterday to leave her clinic to visit one or two of the four outlying immunisation centres.

Dr Coldham's discouraging news was that the Ciskei health team had been unable to erect soup kitchens to provide supplementary nourishment. He was hopeful the necessary arrangements would be completed in the next day or two.

Other good news was Dr Coldham now has a new assistant.

He introduced his assistant to Dr Seidler, who was too occupied with patients, she said, to remember his name.

But as the Ciskei Government continues battle against disease in the camp, Dr Coldham laughed when asked whether he would agree with the resources at the disposal of the health department were adequate. That was an understatement, he said.

The Swiss-based Bureau for Rural Development research showed the ratio of doctors to people was less than one to 10 000. The ratio of hospital beds was 4,5 per 10 000 people.

On the availability of medical personnel, the review noted 10,8 per cent of the medical posts and 3,6 per cent of the nursing posts were vacant in 1972.

Dr Coldham said the figures were not up to date, but little had changed since the publication of the review about a year ago. DDR-DDC.

Gastro outbreak hits EL, but no alarm

ST LONDON — An outbreak of gastro-enteritis is being experienced in East London and the number of patients calling on doctors, the Frere Hospital and Mdantsane Hospital has increased — but doctors are confident there is no cause for alarm.

According to the East London district surgeon, Dr B. Wingreen, the increase in patients is seasonal and attributable to the hot weather.

"We have experienced a build-up in gastro-enteritis patients, especially this year among adult sufferers, but this is a normal seasonal occurrence and is no cause for alarm," he said.

Dr Wingreen said during the hot months one encountered a conglomeration of germs, diseases and viruses and through this many people contracted bacterial gastro-enteritis.

Dr Wingreen said most of the patients his department had treated were prison personnel, police families and defence personnel.

"Usually the gastro-enteritis upsurge lasts about four months, but East London is not experiencing a crisis or epidemic," he said.

The East London Medical Officer of Health, Dr J. Van Heerden, was of the opinion that in East London, Mdantsane and Duncan Village, the seasonal increase in patients was as normal as it had been over the past years.

"We have not been told of any major outbreak and my department is content that this year's spate of patients is not abnormal to other years," he said.

Dr Van Heerden said the current increase was not abnormal.

And the Medical Superintendent of Frere Hospital, Dr F. Visser, said the number of outpatients suffering from gastro-enteritis had dropped slightly from that of last year.

"For the past nine years over the summer season people suffer with gastro-enteritis But I am unaware of any epidemic and anticipate this seasonal outbreak to end by April," he said. — DDR.

Woman fights disease in refugee camp

ARGUS 14/1/77

The Argus Correspondent

DURBAN. — Amid the misery of the disease-stricken Thornhill refugee camp near here a tall, blonde Swiss doctor is fighting a tireless battle to stem a mounting death toll.

She is Dr Barbara Seidler, who took charge of the campaign when the emergency broke out nearly 10 days ago and has worked tirelessly up to 14 hours a day getting it under control.

A highly efficient organiser, she established a base hospital in an old farm house and clinics throughout the Thornhill area to immunise the 30 000 refugees.

She is assisted by 25 trained African nursing sisters.

There has not been a death since Sunday but the total fatality toll in the Ciskei camps is believed to be about 300.

CARE NEEDED

Dr Seidler has even found time during the crisis to draw pictures to hang on the walls to instruct mothers.

These pictures show which food should be given to babies and the general care needed to ensure the survival of a healthy child.

Before she had been instructed by the Ciskei Government not to talk to the Press, Dr Seidler said the true story of Thornhill was a humanitarian one.

AN EXAMPLE

She said the help which had been given to the refugees and the assistance offered since their plight became known was an example to the whole country.

Since the camp had been publicised, offers of help had poured in from all sections of the community.

The superintendent of the Queenstown Frontier Hospital has praised Dr Seidler's efforts and said that to have immunised 30 000 people in so short a time against major contagious diseases was 'nothing short of miraculous.'



DR BARBARA SEIDLER with one of her charges at Thornhill refugee camp.

Help arrives at Thornhill

The Argus Correspondent

QUEENSTOWN. — Vehicles carrying food, medical supplies and mechanical equipment have been arriving at the Thornhill refugee camp near here.

Canned goods, grain, fresh fruit and vegetables are being brought from King William's Town in Ciskei Government vehicles to ease the plight of residents.

The emergency lift also included urgently needed fresh water and building materials.

Officials are confident that within a week Thornhill camp will be transformed.

Meanwhile, farmers on the Ciskei border are perturbed about the settlements. They had expected that the district would remain an agricutural area and not be used for settlement. They point out that there are few work opportunities in the area.

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The emergency lift also included urgently needed fresh water and building materials.

The Ciskei Government is also to put up a prefabricated hospital with 12 beds for serious cases.

Work is continuing on a school in the settlement and a large number of mobile toilets are being erected.

Food is being allocated to the three chiefs in the camp who in turn will distribute rations among the families.

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ARGUS 24/5/77

(90)

'Neglect of diet in SA has led to many complaints'

SA urged to change policies on food

The Argus Boland Bureau

STELLENBOSCH. — Professor Leonie van Heerden, head of the Department of Home Economics at Stellenbosch University, urges that South Africa must urgently revise its food policies in order to generally upgrade the health of the nation.

Professor van Heerden believes it should not be only the Department of Agriculture which should play a major role in formulating food policies, but that equal responsibility should be gien to the Department of Health.

'The major concern of the Department of Agriculture is to protect the interests of farmers and not consumers,' she claimed, adding that the health of the nation was suffering becaue there was little or no control over the essential quality of foodstuffs, or eduation about proper eating habits.

Eating habits

'There matters should all be the concern of the Department of Health.'

Professor van Heerden recently returnd from a visit to Australia where she read a paper to the seventh International Dietetics Congress.

The Congress was attended by 1 200 delegate from about 60 countries.

The major theme was the need for proper health education in terms of correct eating habits. Professor van Heerden said she was impressed by the number of countries which already had advanced food control policies.

SA neglect

'They have come to realise that much sickness stems from poor diet and their health departments are playing an active role in trying to prevent rather than just cure diseases, by spending millions on high pressure educational programmes.'

Neglect of the problem in South Africa had led to a high incidence of tooth decay, heart complaints, diabetes, obesity, malnutrition and gastro-enteritis.

An example of the sort of problem the Department of Health could tackle was an investigaton of the fibre content of South African diets, especially with regard to highly refined foods such as white rice, white bread, white flour and white sugar.

In forefront

'The tragedy is that South Africa's dietetic training is on a par with, if not better than, most other countries,' Professor van Heerden said. 'But our excellently qualified people are not being allowed to contribute to the overall health of the country by being given official status and encouragement.'

'Also we have large food resources, but our geneal level of knowledge about how to utilise them effectively is limited.'

Schoeman is challenged

JOHANNESBURG — The Black Sash yesterday challenged the Minister of Agriculture, Mr Schoeman, to tell the queues of unemployed at Johannesburg's labour bureau that "nobody went hungry to bed in South Africa."

Several organisations reacted strongly to Mr Schoeman's statements this week that while people starved in many of the states that attacked South Africa, nobody in South Africa went to bed hungry. South Africa sat with a problem of surpluses, he added.

"One surplus that South Africa has is a surplus of hungry people," the Black Sash's national president, Mrs Sheena Duncan, said yesterday.

Mr Eugene Roelofse, consumer watchdog for the South African Council of Churches, challenged Mr Schoeman to say when last he visited Soweto, Mamelodi or Langa.

The national vice-president of the Housewives' League, Mrs Yvonne Forshaw, asked: "Will the Minister only be concerned about the inflationary price of basic foodstuffs when people are dropping dead in the streets from starvation?"

Mrs R. S. Napier, of the African Children's Feeding Scheme, said: "We feed 22 000 children a day so there must be a need. I am sure we don't reach all the people that need help."

Mrs Phillis Lloyd, president of the Johannesburg branch of the National Council of Women, said statistics of the incidence of kwashiorkor gave the lie to Mr Schoeman's statement.

Prof J. V. Reid, dean of medicine at Natal University, said while the number of people who were starving might be minimal, there were severe nutritional problems not adequately dealt with in South Africa.

— DDC.

Ref: 3PG/St

Dear

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7/12/77

Malnutrition blamed for Transkei deaths

90

CAPE TOWN — A medical survey of children living in a rural Transkei village has found that nearly 30 per cent die of malnutrition before the age of two, many as a result of the broken homes and poverty caused by the migrant labour system.

The survey, published in the latest issue of the South African Medical Journal, was carried out at St Lucy's Hospital, at Tsolo. It covered 84 per cent of all children under the age of five living at the nearby village of Jacweni, a total of 231 children.

It found that 49 per cent were malnourished by the age of 18 months and this rose to 57 per cent by the age of 30 months. Of these 20 per cent had died. Thirty per cent died by the age of two.

A doctor who contributed to the survey claimed that the main cause was the migrant labour system.

The survey found that the two most important factors were an income of less than R30 a month and poor dietary knowledge. — DDC.

Labour system blamed

RDM 8/12/77 (9)

Own Correspondent

CAPE TOWN. — A medical survey of children living in a Transkei village has found that nearly one in three die of malnutrition before the age of two.

A doctor who contributed to the survey claimed the main cause was the migrant labour system.

The survey, published in the latest issue of the South African Medical Journal, was carried out at St Lucy's Hospital at Tsol

Transkei's malnourished children

DD 23/1/75 (90)

A medical survey of children under the age of five in the Tsolo district of Transkei has found that there is extremely high incidence of severe undernutrition.

It also found that 294 of 1 000 babies born in the area died before they were two years old and that 20 per cent of the babies died before they had had their first birthday.

More than half the children surveyed in the village of Jecweni, ten kilometres away from St Lucy's Hospital in the Tsolo area, were below what is regarded as the normal lower limit for well-fed black children.

These findings have been reported by Dr R.A.P. Stott and Miss Gill Westcott in the South African Medical Journal.

They say the area served by St Lucy's about 40 kms in radius, is much the same as most in Transkei and "it is not noticeably better or worse off than surrounding areas."

But throughout the Tsolo district, at clinics for children under five years of age, large numbers of malnourished are encountered. There were over 200 admissions for kwashiorkor in 1975, roughly the same as in 1965, and the geographical distribution was unchanged.

This finding implies that neither the nourishment nor the economic position of people living in the Tsolo district have changed over the past 10 to 12 years.

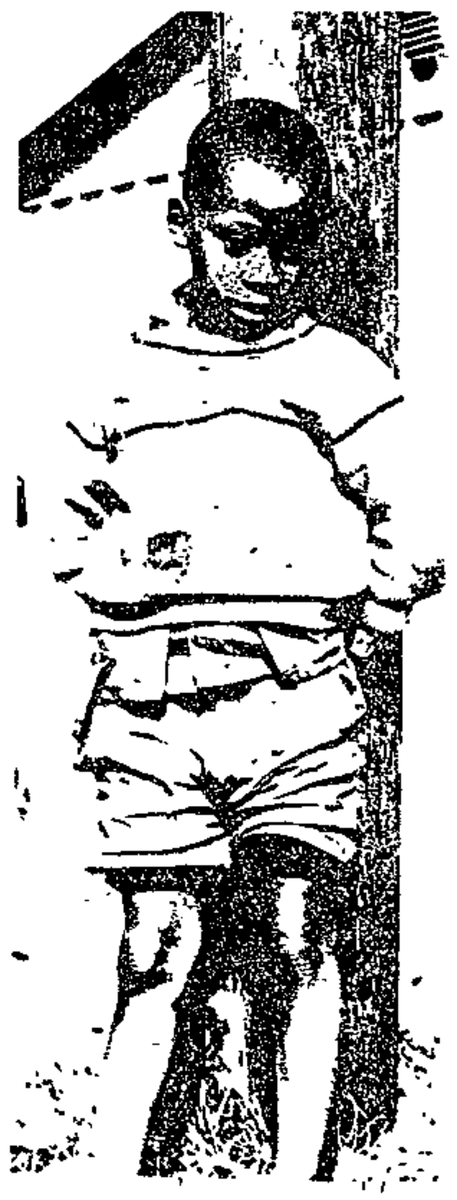
Dr Stott and Miss Westcott conducted their survey to assess the overall extent of malnutrition to plan an appropriate health education programme. They said this could not be gauged from hospital statistics "because one knows that so many malnourished children are never brought to hospital."

At present most dietary teaching is based on the premise that mothers do not know what is good for their children, but others have pointed out that it is generally poverty which prevents satisfactory diets.

"Dr Trudi Thomas claims that the main cause of malnutrition is the broken homes and destitution which often result from migrancy. If this is true, certain implications for health education follow. The teaching of nutritional principles alone is probably ineffective; budgetary advice and measures towards economic rehabilitations are more likely to be relevant," they wrote.

As a result of the survey, Dr Stott and Miss Westcott wrote: "The influence of attendance at the baby clinic should be discerned, both on the diet mothers said they gave their children and on their health knowledge. However, there was no significant direct relationship between attendance and whether the child was underweight.

"It therefore appears that dietary knowledge can go a long way towards protecting children from unfortunate family circumstances, but it does not invariably do this: nor does a raised income necessarily ensure that children are well nourished, although it makes this much more likely. Both factors are required for a healthy child population. Child welfare would certainly benefit from the existence of more employment opportunities for men in the homelands, which would ensure that a higher proportion of the income earned is available to the family."



The poor of Transkei where 30 out of every 100 babies die before the age of five.

This is a significant finding. Not only does it suggest that a substantially increased health education programme is necessary in Transkei for mothers, but it also supports the desirability of people finding work at the place where they live. In short, the migratory labour system has a detrimental effect of the health of children.

They found that "a considerably higher proportion of the children in families were below BTP (the Boston Third Percentile which represents the normal lower limit for well-fed children) compared with 35,6 per cent of the other children." They also found that "a considerable higher proportion of children in families not supported by the child's father were below the BTP." Of the children supported by the father, 69 per cent were of the expected weight-for-age, but of the children not supported by the father, 50 per cent were below the BTP.

When the average family has an income of only R25 a month — R4 per head — the researchers found a significant improvement in the average nutrition of children and 29 per cent of the babies were under BTP. When the average income per family was R30 or over, only 18 per cent of the babies were under BTP.

It is quite remarkable that of the 125 babies surveyed, 12 came from families with incomes of less than R10 per month — which is under R2 per head. It is even more remarkable that only 50 per cent of these 12 babies were actually under the BTP weight.

The researchers found that "more mothers who had eggs, milk or vegetables at home had children above the BTP. The discriminating effect of a vegetable garden was not great; however, the possession of a field appeared to have a significant effect of its own on malnutrition."

The researchers said the average income of the mothers, from all sources was R25,05 per month, and incomes were most frequently found to fall in the range of R10 to R15. With this level of income, it is not surprising that mothers cannot supplement (at an estimated cost of R5 to R7 a month) or replace (at R10 a month) breast feeding with powdered milk.

In conclusion, Dr Stott and Miss Westcott said: "This study serves to highlight the extremely high incidence of severe undernutrition in this rural homeland population, particularly in children just over the age of weaning. More than half of the children in the location studied passed through a period of being below the BTP in weight and a considerable proportion were also below the BTP in height.

"The two most important factors associated with a weight below the BTP were an income of less than R30 a month and the lack of sound dietary knowledge (not necessarily related to formal education)."

If these findings are generally applicable to the whole of Transkei which would appear to be the case, they paint a sad but not unexpected picture. It reflects a high infant mortality rate with about 300 children out of every 1 000 dying before the age of five, low income for families with perhaps R4 to R5 per head per month, and a frustrating task for the health service.

It must surely be high time that Transkei and Ciskei laid down a legal minimum living wage for any worker recruited as a migrant labourer in "white" South Africa, particularly in Cape Town where the average wage paid to people recruited from the two countries is below the Poverty Datum Line. Then, like Lesotho, Transkei and Ciskei could require that a significant proportion of the salaries be paid at home, not in the cities.

On top of any moves to try to ensure living incomes for Transkeian families, it seems clear that the health care and health education programmes must be extended as much as possible. Certainly Dr Stott and Miss Westcott have highlighted these urgent needs.

— *Barry Streek*

HANSARD. 7. 13 March 1978
-21-
Question 291. Cols. 394

(90)

Barbel are also one of our predator problems. The blue heron is the worst of the lot and then comes this cormorant for young fish and the barbel. There's a natu ver. The barbel scramble up this furrow ponds and do tremendous damage.

Bantu children treated for malnutrition

291. Mr. N. B. WOOD asked the Minister of Plural Relations and Development:

(1) How many Bantu children have been treated for malnutrition at hospitals and clinics under the control of his Department in the last year for which figures are available;

(2) at how many hospitals and clinics, respectively, was such treatment given;

(3) what is the estimated cost of such treatment.

The MINISTER OF PLURAL RELATIONS:

(1) and (3) The required information is unfortunately not available.

(2) Hospitals: 3.
Clinics: 24.

Tilapia

The quickest s the ordinary Tilapia mossambica. B y we don't get them much bigger th weight too but at half the price of t ing. The Tilapia get into the water

EDA: It will g the Tilapia is cutting your productivity? Well I'm of the opinion that the Tilapia actually improve carp growth. They clean up a lot of the things that the carp can't eat.

We started off almost pessimistically with our kurper. We reckoned we'd have to dry the stuff. We put them on wire nets to dry but it was not necessary because people kept on buying them before they'd get dry.

Now look at this pond, which hasn't got carp in it. The water looks more vibrant. I think the thing to do ultimately is to use only male kurper and to alternate between carp and Tilapia. There are probably 4 000 fish in that pond but I like the way the water looks. It's probably got a good concentration of zoo-plankton and various dragonfly larvae. It's got a light colour rather than that murky look where the carp are. So I think we should alternate them.

or local epidemics, had their part to play: when the times of trouble had subsided, deferred marriages took place in large numbers, and the number of births following upon them swelled the population. One significant factor in eighteenth-century population growth was the call for working hands. [illegible] is essentially necessary to a rapid increa[illegible] a great and continued demand for labour [illegible] reinforced one another; certainly Europe [illegible] was drastically different from what it [illegible]

Behind these general observations [illegible] ences. Cruelty, destitution, infanticide ([illegible] imate babies) remained wholesale kil[illegible] frequently been told," Adam Smith re[illegible] Scotland for a mother who has borne tw[illegible] The death of an infant was as common a [illegible] the poor. Goethe, who came from a pro[illegible] later could not recall how many of his [illegible] And the historian Edward Gibbon, wr[illegible] century, coolly noted that "the death [illegible] parents may seem an unnatural, but it is [illegible] given number the greater part are extin[illegible] own infantile constitution had been so w[illegible] my brothers, my father's prudence succe[illegible] Edward, that, in case of the departure [illegible] appellation might still be perpetuated [illegible] inaccurate, but it testifies to the power [illegible] imagination of the eighteenth century.[3]

The Persistence

Whatever else it changed, the growth in [illegible] hierarchical structure of society. All acro[illegible] government was in the hands of the fe[illegible] Republics and monarchies alike were [illegible] oligarchies. The gap between rich and poor, powerful and powerless, enfranchised and disfranchised, remained wide. It was spanned by a few narrow and precarious bridges bearing the one-way traffic of charity and the two-way traffic of social mobility: the ruin of old and the rise of new families. But this, though spectacular, was relatively light. Some hundreds of enterprising tradesmen and bankers moved upward, their financial success the ticket to social ascent. But to speak of a "rising bourgeoisie" is to neglect a fact of central significance: by

[3] See Gibbon's *Autobiography* (ed. Dero A. Saunders, 1961), 53; for a correction of this report, see D. M. Low, *Gibbon's Journal to January 28th, 1763* (n.d.), xxix.

buying rural properties and marrying his children into the gentry or the aristocracy, the affluent bourgeois did not rise—he disappeared. He himself might acquire a patent of nobility; many merchants, including prosperous slave [illegible] failed, his offspring succeeded.



[illegible] isie, put it in [illegible] s gentlemen, [illegible] nildren, or at [illegible], Parliament [illegible] f the highest [illegible] Commoner, [illegible] ple," was on [illegible] that unlike [illegible] "a minister [illegible] referred to [illegible] en, to some [illegible] o a handful [illegible] ip. Even in [illegible] e played by [illegible] all minority [illegible] ial life and [illegible] Russia and [illegible] ir local lord [illegible] nperial city [illegible] ss code—a [illegible] ocial niche. [illegible] ned to be a [illegible] beans were [illegible] xceptional [illegible] st brilliant [illegible] e working [illegible] urages the [illegible] here wages [illegible] igent, and [illegible] d" merely

[illegible] a device for ensuring high productivity; it was sheer equity that those "who feed, cloath and lodge the whole body of the people, should have such a share of the produce of their own labour as to be themselves tolerably well fed, cloathed, and lodged." But this was the voice of the radical Enlightenment; other, harsher voices were more representative of the age: "Everyone but an idiot knows," Arthur Young, the influential writer on western European agriculture, said in 1771, "that the lowest classes must be kept poor or they will

[34] Franklin L. Ford, *Strasbourg in Transition, 1648–1789* (1958), 15.

STAR 25/7/98

GST to cost Santa extra R80 000

~~310~~ 90

Fighting tuberculosis will cost Santa an extra R80 000 this year after a refusal by the Department of Inland Revenue to exempt the organisation from the General Sales Tax.

The charitable organisation is to fight the department over its refusal, claiming that the Sales Tax Act should be amended.

Executive director of Santa Mr Clive Greathead said: "We are registered as a charitable organisation.

SUBSIDY

"But according to the definition of a charitable organisation in the new Sales Tax Act, we do not qualify."

Mr Greathead said this would mean an extra R20 000 a year out of public funds.

"It will also mean an extra cost of R60 000 a year at Santa centres. These are subsidised to the tune of R4,5-million a year by the State Health Department — so Inland Revenue will have to claim the tax off them," he said.

AUSTERE

Mr Greathead said he was sure other charitable organisations would not conform to the department's definition and would have to face greater expense as well.

"We applied for registration in three spheres — for our national organising body, our SANTA centres and our branches.

"I am now going to lodge appeals against the refusal of the department to exempt us, as I feel we do fall under the narrow definition of the Act."

The Act states that a charitable organisation was one that carried out charitable activities including the provision of food, meals, board lodging, clothing, comforts or amenities to aged people, children, and physically or mentally handicapped people.

"People suffering with tuberculosis are apparently not regarded as handicapped by the department then," Mr Greathead said.

CENTRES

"Our Santa centres are austere hospitals, where 14 000 people were treated last year, but as they are not registered as hospitals they, too, are not exempt from CST.

"Our branches provide food and meals for the relief of indigent TB sufferers and their families."

VICKI ROSENTHAL reports on a 16-year hospital study

Number of malnourished black children soars

Sunday Tribune 1/10/78

90



A six-month-old baby suffering from severe marasmus, a form of malnutrition. The muscles are wasted and there is virtually no subcataneous fat

NEARLY half of 92 379 children admitted to Natal's major Black hospital between 1960 and 1975 were seriously malnourished, according to a recent report in the South African Medical Journal. Over one-quarter of the malnourished children died.

The incidence of malnutrition has shot up in the seventies, "probably due to unemployment", a lecturer in the pediatrics department at the University of Natal told the Sunday Tribune this week.

In 1975 nearly 4 000 children suffering from serious malnutrition were admitted to Durban's King Edward VIII hospital. In the late sixties only 2 000 were being admitted a year.

Between 1960 and 1975, the total number of admissions went up by a third, whereas malnutrition admissions more than doubled.

The average cost per patient per day at the hospital is R22, according to superintendent Dr P. Truter.

Separate figures for malnutrition patients are not available. Most kwashiorkor patients stay in hospital a month.

Apart from being a preventable disease which causes widespread suffering, malnutrition is costing the taxpayer a great deal of money.

Malnutrition lowers resistance to disease and is largely responsible for the "unacceptably high" incidence of infection and deaths among Black infants, says the Medical Journal report.

And the deaths, directly and indirectly from malnutrition, further entrench traditional resistance to birth control — people continue having huge families because of the high risk factor.

The 16-year study carried out at the King Edward VIII hospital, one of the most extensive surveys of the patterns of disease in Black and Indian children ever done in South Africa, found a disturbingly high rate of preventable disease.

These included:

● Tuberculosis: the incidence of TB in the pediatric unit at the hospital remained at a steady seven percent from 1960 to 1975. Fourteen percent of the patients died.

● Measles: Ten percent of children admitted to the pediatric wards had infectious fevers, chiefly measles.

Fraction

This is only a fraction of those suffering from these diseases, as the rest were admitted to a unit not included in the study. Infant mortality from measles is high.

● Congenital syphilis: There was an "alarming rise per year" in congenital syphilis, from 14 admissions in 1960 to 68 in 1973. Twenty-two percent of the babies died.

● Gastro-enteritis, dysentery, typhoid fever: These, and other diseases of the alimentary tract, accounted for 13 percent of admissions. This does not include children suffering from non-specific gastro-enteritis complicating malnutrition and other diseases.

The report notes that gastro-enteritis, typhoid fever and dysentery could be largely prevented by laying on pure piped water and adequate sewage disposal as an alternative to the "communal all-purpose stream."

With regard to tuberculosis, the authors point out that until a large proportion of the population has been immunised and "the nutritional and socio-economic status of our Black population improved, it is unlikely that the admission rate for this disease will fall."

The nation-wide immunisation programme against measles "does not encompass all infants of all races, and the death rate from mealses in Black infants ... remains high."

Congenital syphilis, which results from promiscuity, is partly the result of the fragmented families created by the migrant labour system, the pediatrics lecturer said.

But an increasing number of mothers were being treated for syphilis at antenatal clinics, she added.

Education in preventive health and a greater emphasis on preventive health by medical authorities are essential if malnutrition and infectious diseases are to be curbed, the lecturer said.

Putting more money and effort into prevention rather than cure would be less costly, easier to accomplish and much more rewarding, she said.

She also called on employers to be more tolerant towards breast-feeding mothers.

Marasmus, a form of malnutrition which mainly affects children under one, has shown a fairly steady annual increase, from 540 admissions in 1960 to 2 759 in 1975.

(90)

When there's not enough food to go round...

TOO YOUNG TO DIE

Sun. Tribune 18/5/77



This appealing baby was starving to death when admited to hospital

Today the SUNDAY TRIBUNE publishes the third in a series of articles about the plight of black children. Our last report dealt with the meagre facilities available for orphaned and abandoned children and those in need of care and protection. Today CAROLINE CLARK spotlights child malnutrition.

GOLI is the African name for Johannesburg. The city of gold. Yet in Johannesburg, as well as throughout the country, an ugly problem continues to leave its mark on each generation — child malnutrition.

Experts agree that in the present unfavourable economic climate the number of children affected by malnutrition and its associated diseases is bound to increase.

Poverty, ignorance and over-large families are the root causes of malnutrition, and consequently black children are highly vulnerable.

No accurate malnutrition statistics are available but one of our leading paediatricians, Professor John Hanson, says there are up to 50 percent underweight children in some areas.

Three or four percent suffer from kwashiorkor and marasmus — a result of severe malnutrition. Child mortality in these cases runs to about 20 percent.

Doctors generally agree South Africa has a high malnutrition rate for an industrialised country, but no worse than developing countries in the rest of Africa and elsewhere.

Medical men and sociologists agree the malnourished black children of South Africa are victims of a number of political, social and economic forces.

- Not enough money is devoted to them by the State or private sector to ensure that through feeding schemes and food subsidies they have enough to eat.
- Too few educators are available to teach black families about proper nutrition and family planning, especially on a level they can understand and afford.
- For one reason or another, black breadwinners are not earning enough money to feed their children adequately.

This week the **Sunday Tribune** spoke to the doctors involved with child malnutrition and visited the hospital wards where some are treated.

In one paediatric ward at Baragwanath Hospital, which serves Soweto, I found five of the 25 children on the ward had been admitted for malnutrition. Three of these had kwashiorkor.

Of the others, the majority were underweight in terms of Western standards.

The kwashiorwor children were very easy to spot. One baby, a lovely bright-eyed child called Caroline, was terribly thin. Tiny spindly legs on the 16 months old body were the size normally associated with an eight month old baby.

It was strange to see a straight-backed, gurgling 16-month old that looked the size of an eight-month-old babe in arms.

Caroline's case history was not uncommon. Abandoned by her mother, she was left with granny. Granny fed her only on porridge. The result was kwashiorkor.



The shrivelled arm one of the horrible signs of undernourishment

At present she is recovering. First she started lightly on protein but is now being given a good high protein diet. Health educators will now speak to granny and tell her the score.

But Caroline's granny is poor and there are 11 people living at home. Built up at Bara now, she may be back on the borderline of starvation soon.

And says the paediatrician who took me round the ward, this is a common problem. Children who were well nourished by their parents, often suffer when mother decides she has to go back to work.

Then, normally the babies are sent off to stay with grannies in the rural areas or with child minders in Soweto.

"When I ask mothers why they have let the babies get into the state they are", a paediatrician at Baragwanath told me, "they say they haven't been able to keep an eye on the child because they haven't been able to get off work. This may be true."

Annie — another malnutrition victim — looks grotesque. She is very fat, but is terribly underweight.

She has the body of a two-year-old but is four. She can't walk or talk and is mentally retarded. She has rolls of fat, packed with the ugly skin disease associated with malnutrition. She also has bulldog jaw — the fat hanging jowls which tell doctors she is starving and not obese.

Abandoned

Again she is abandoned. Her father is in jail and she lives with granny. Her mother works in a laundry. Granny says she used to be able to walk, but now she can't speak or walk.

"Retarded children are often not well looked after," the paediatrician told me. "Also you must remember, we get the bad ones."

She said by recognised standards, child mortality through malnutrition in South Africa about 20 percent of severely malnourished children — was a bit high.

She also said she perceived a slight increase in malnutrition, probably due to the present economic climate.

Professor Hanson who is Professor Paediatrics at the University of the Witwatersrand, and head of the Department of Paediatrics at the Johannesburg Children's Hospital, Baragwanath Hospital and Coronationville Hospital, insists the elimination of malnutrition should be the first priority of any community.

In England and Japan, where malnutrition was rife after the war, massive state programmes had been launched to ensure children were properly fed.

He is in favour of both the bare foot doctors of China, and experiment of village health workers in Lesotho.

Professor Hanson was disappointed that while there was malnutrition here a R48-million food subsidy had been stopped.

What was the answer?

"There are no simple solutions," Professor Hanson said. "But the root of the problem is economics. If you raise the standard of living, malnutrition goes."

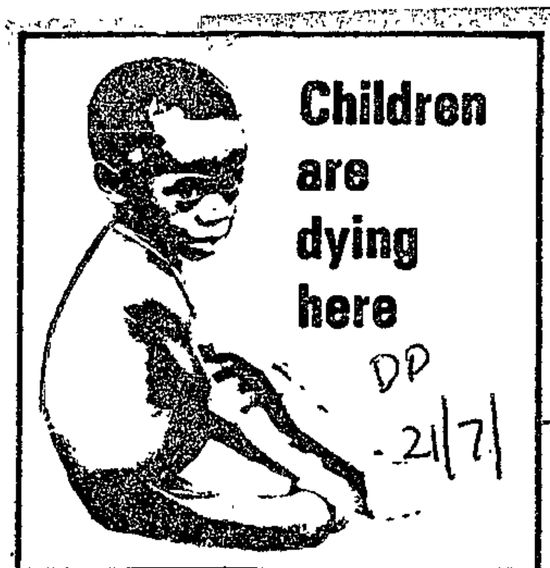
For the time being, in Soweto, the situation was improving. Most of the serious cases were in the rural areas.

Suggestions

He suggests a number of measures would bring about an improvement:

- Better co-ordination of state, provincial and local authority health services.
- Introduction of a country-wide pre-school welfare clinic system.
- The adoption of a growth or health card system for all children.
- The encouragement of breast feeding.
- More creches and nurseries for pre-school children of working mothers.
- Improvement of wage structures for unskilled workers.
- Food supplements for underweight children and the provision of meals for industrial and farm workers.
- More research into the incidence and effects of malnutrition and better methods of health education.

Malnutrition problem on increase



Children are dying here

DP 21/7/76

By Peter Davis

Malnutrition deaths are approaching crisis proportions. The facts are:

An average of three children die every hour from malnutrition.

Every day 75 or more black and Coloured children die because they lack the right food.

Each year at least 24 000 black and 3 500 Coloured children under the age of five die from malnutrition.

with mielie meal and so it is not really suitable for young babies.

Neither of these hospitals have a follow-up system to ensure that malnourished children collect their milk regularly and are given it in the correct proportions.

St Matthews Hospital near King William's Town serves a population of about 80 000 people, nearly half of whom are children and 60 per cent are malnourished.

St Matthews runs a kwashiorkor team, which is doing good work in the area, but even so, the medical superintendent, Dr W. G. Greig, says at least 100 children die of malnutrition in the hospital every year and malnutrition is still increasing.

He estimates that of the children in the area suffering from malnutrition, at least 50 per cent are not discovered and do not receive medical attention.

Although St Matthews runs a fairly sophisticated milk scheme, Dr Greig said the scheme was not an end in itself.

"It helps to keep those malnourished children who reach us alive, but it does not solve the problem."

Some of these problems include migrant labour, lack of agricultural know-how and ineffective family planning.

Every child who comes to St Matthews is weighed and those whose weight for age falls below the third Boston percentile standard are fully investigated.

The kwashiorkor team will visit the family of such a child to find out about home conditions and background. If inadequate care is found and the child is a serious case, he is admitted to hospital with the parent or guardian if possible who can then learn proper care.

Those whose conditions are not too serious, are put on to the milk scheme.

It has been found that many children suffering from kwashiorkor or marasmus are admitted to hospital and when discharged, they return within a short time with the same condition.

The kwashiorkor team at St Matthews follows up children who have been discharged to ensure they are properly cared for.

About 3 000 children in the area are being supplied with milk and soup at 70 milk stops in 20 villages in the area.

The parents or guardians of malnourished children collect collect milk at their nearest milkstop once a month. Those who can afford it, buy the milk at 10 cents a packet, but those who cannot are given a free supply.

Children over a year old are supplied with soup.

The government also supplies PVM and pays R1 000 towards the kwashiorkor team which consists of two staff nurses and two vehicles.

The Zanempilo Health Centre near King William's Town is a clinic run by Black Community Programmes and serves a population of about 5 000 children.

Of the 3 900 people who attended the clinic last year, 290 had distinct malnutrition problems and of those who were not referred to hospital, 20 died of malnutrition or related diseases.

A Zanempilo health visitor follows up all malnourished children who come to the clinic. Those who cannot afford the milk sold at lowest prices, are given it free.

The clinic also has a self-help scheme and parents of undernourished children are organised into groups to make articles such as purses, bags and mats so they get some sort of income to care for their children.

Zanempilo's Dr M. A. Ramphele said the milk schemes were only emergency relief programmes which could never be meaningful until the root problems were solved.

She listed these as being migrant labour, job reservation, unemployment, low wages and the lack of education facilities.

"Until these are solved, the clinic can only help to a limited extent and any other scheme is unlikely to be effective."

Dr Ramphele said family planning was not the answer to the problem, because no matter how small a family was, if there was no income, there was just no food. It could only be effective as a long term programme after the major problems had been overcome.

Of the 120 children admitted to the Mount Coke Hospital every month, 60 per cent suffer from kwashiorkor, marasmus or other malnutrition related disease and of these, about 25 die.

Fifty per cent of the malnourished children were not admitted to hospital because of the lack of beds and only the most serious cases were admitted.

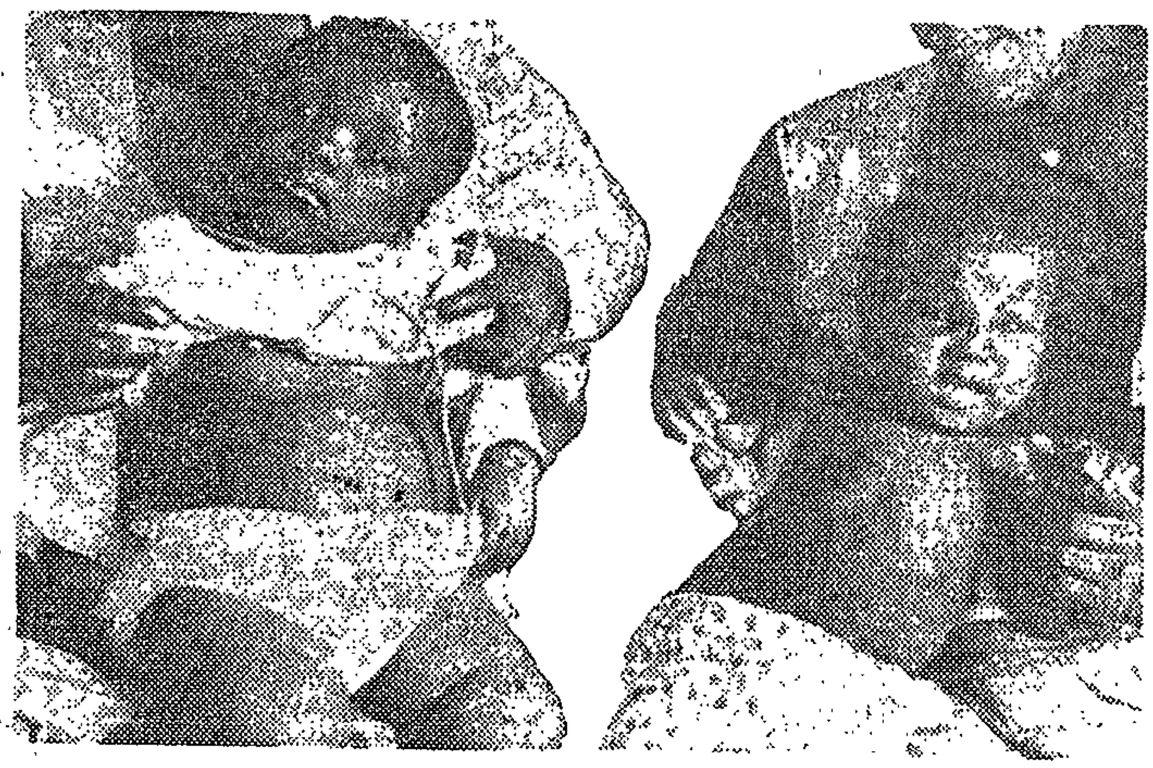
Milk, soup and PVM is supplied to malnourished children while parents are taught about child care and family planning.

A nurition school is soon to be opened and the Anglo American Corporation has donated R5 000 towards this. A garden will be attached to the school, to educate parents on the most nutritious types of vegetables to grow.

Mount Coke's Dr R. S. McDaide, said the schemes were only chipping the top of the iceberg and were not solving the problem in any way.

"The problem is large and deep and urgently needs a solution."

Dr McDaide said some of the basic problems were migrant labour, illegitimacy, illiteracy, low income and custom.



No milk for two months

Several cases of kwashiorkor reported in East London show a preponderance of instances where there is either no father to provide for the child or he has no employment.

Case A of extreme kwashiorkor brought to hospital was of a mother dressed in ragged clothes. She was thin and appeared underfed herself.

Blinded in one eye the woman was unemployed and received a disability grant of R20 every two months. She has to feed seven children. The family live in the country with no land and cows. She said they were waiting for an allocation of land.

Case B was one of a young mother, the father of whose child worked on a farm. She did not know how much he earned but he bought a few groceries, but no milk. She said the farmer did not provide rations as part of the man's salary.

The baby had been taken off breast-feeding recently and the breasts were dry and she had no other source of protein.

"We are hungry, we are struggling," said one mother whose husband, an unemployed builder who had a few casual jobs, was only able to give her R10 a month for her two children. The mother was in rags and very thin

A 15-year-old mother dressed in rags brought in a one-year-old 4,5 kg baby, also dressed in rags. She said she was turned out by her own mother when she got pregnant. The boyfriend was in Johannesburg and had abandoned her and her baby. The mother and baby were living with destitute grandparents.

Sometimes she got food for her baby 'by asking other people.'

The mother of a one month old illegitimate baby whose father had deserted the mother said she fed her baby on goat milk mixed with water which was one third normal strength of milk. They understood this was too weak but they could not afford more.

They live off the land and could only make money by selling a chicken or a goat from time to time.

They lived with her sister who was with her husband at a hostel but as this was illegal they had to get up early so as not to be seen by municipal police. A grandmother who accompanied the mother said the baby could not be carefully and correctly cared for.

The father of one baby was a contract labourer. He was unemployed and awaiting a recall ticket to the Western Cape. A trader had given her R10 during this period. They had no cattle and the baby went without milk for about two months sometimes.

Employment the only alternative to chaos

The only real solution to malnutrition in the Ciskei is massive employment, so that families may live together and earn a reasonable wage.

The population in and around East London is expected to double within the next 24 years, which means Mdantsane will have to be at least double its size — in fact, the Potsdam development will be much bigger than Mdantsane

As Dr Trudi Thomas says in her book, Their Doctor Speaks: "The immediate and urgent development of the homelands is essential and, although it must involve the expenditure of vast sums of money and effort, it is the only alternative to eventual chaos."

A survey done in the Ciskei showed extreme poverty among those with malnourished children. It showed 11 per cent were completely destitute, 30 per cent received R10 or less a month; eight per cent received between R11 and R20 and nine per cent of the families got more than R20.

But these figures do not show the true picture. Some of the examples show that on R10, four children and a grandmother had to be supported. Seven people had to live off R20 plus an old age pension. One widow received R2 a month for five children. Another R10 for seven children.

Pauper rations for a child under 12 consists of: 1,5 kg mielies, 30kg mielie meal, 1kg beans, 50g margerine, 2kg skimmed milk powder and 250g of salt. These are monthly rations and at an East London supermarket, they would cost R8,89. Township shops and trading stores are likely to be more expensive.

Such is the state the people of the Ciskei find themselves and it is not that they do not want to work, but migrant labour systems and abject poverty have forced them into their situation.

Work is urgently needed to keep the family together. As Dr Thomas says: "All long term planning must aim at the establishment of normal family life, for if we tamper with basic biological and psychological forces, there is a grave risk of producing a monster.

"Nobody disputes that sound family life is an essential ingredient of a sound society. It follows that the disruption of family life will lead to the disorganisation of society. This has already occured in the homelands.

"These people are handicapped, in distress and they need a helping hand," Dr Thomas says.

The health departments also have certain obligations.

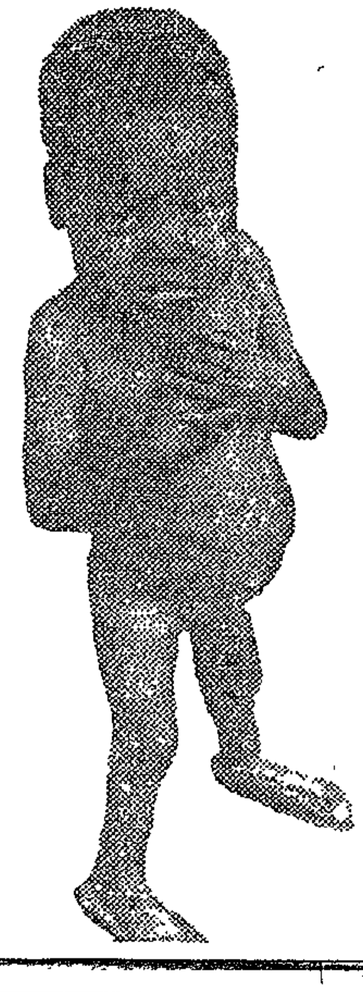
Writing in the SA Medical Journal, Dr G. S. Fehrsen, says three things can be expected from the Department of Health:

1 It should have an explicit nutrition policy for the whole country. The policy should be long term and not just "first aid". It should not be a policy of handouts, but one which would lead to self sufficiency.

2. The department should be able to provide statistics of the extent of any problem.

3. The department should co-operate with all the important bodies in nutrition to form its policy and should coordinate the work of all the bodies concerned.

This then are the problems we face and the extent of their solutions.



There is no national policy to combat malnutrition and the high mortality rate of children under five, but individual hospitals and clinics are doing what they can — but all admit they are reaching far too few children and malnutrition is on the increase.

A nutrition clinic was started at Frere Hospital recently and about 200 children are given a milk ration every week free of charge.

The trouble here is that often the bus fare and the 50 cent admission charge costs more than if the milk was bought.

Only the most serious are admitted to hospital because of the shortage of beds in the paediatric section at Frere.

At present, there are 70 beds for children at the new Mdantsane hospital, although there will be more when the hospital is fully commissioned.

Here, too, only the most serious cases are admitted to hospital, the rest being treated on an out-patient basis.

There are 11 clinics in Mdantsane, but none of these deal specifically with malnutrition. A high protein food called PVM is given free of charge to those whom the doctors and nurses consider are in need of the enriched food.

One problem with PVM is that it is a porridge-like food, in fact it is often mixed

The face of starv

92 19/7/76. DP

STARVATION

Six children died yesterday and another six will die today in Mdantsane because of malnutrition or related diseases

And in the whole of the Ciskei, 25 children a day die through malnutrition, or 9 420 a year, under the age of five years old.

The problem is enormous. A Daily Dispatch survey shows there are 24 480 malnourished children in Mdantsane alone — or 68 per cent of all children under the age of five.

If this figure were used for the whole of the Ciskei, based on the 1970 census figures, there would be 62 083 malnourished children.

Yet there is no combined effort to solve this problem which is stunting the Xhosa people mentally and physically — the people who will constitute the Xhosa leaders of the future and the workforce of industry.



Children are dying here

By Peter Davis

Hospitals' pediatric departments often run at up to 600 per cent more than capacity

Hospitals throughout the Border do their best to stem the tide of underweight children suffering from diseases such as kwashiorkor and marasmus, but their pediatric departments often run at up to 600 per cent more than capacity.

State Health is helpful and supplies life-giving milk at all hospitals free of charge, but often it costs the people more to take their children to the hospitals than the cost of the milk.

Much has been written about the serious problem of malnutrition. The South African Medical Journal has a nutrition supplement, there have been hundreds of papers and several booklets, but still no centralised action.

In her book, Their Doctor Speaks, Dr Trudi Thomas, who now works in East London, said malnutrition in the Ciskei was due to the fragmentation of family life, caused by migrant labour.

Tiny, anxious, wizened little creatures who are old and skeletal looking

"Malnutrition is perhaps the most intrusive problem in this reserve (Ciskei), denoting a horrible form of childhood suffering. It is common, affecting hundreds of children each year overtly — as fully fledged kwashiorkor or marasmus, and thousands less obviously, but nevertheless stunting their physical and mental health and growth."

Dr Thomas says marasmus is a form of infant starvation and happens to babies in their first year of life causing tiny, anxious, wizened little creatures who are old and sketetal looking.

Kwashiorkor usually occurs after the first year of life due to an unrelieved mielie meal diet, without milk or other protein. It bloats its small victims — sometimes their eyes are so swollen, they cannot see — making them miserable, distrustful and antisocial.

"The ordinary curative approach to the problem of malnutrition detects less than half its incidence and deals only with acute cases.

"Of the children who are detected, ten to 50 per cent die in hospital and up to half of those discharged die at home. So more than half the problem dies, or does not offend because it remains out of sight."

Although poverty and ignorance play a large part in malnutrition, Dr Thomas claims it can only be brought under control when families can live together within travelling distance of their work.

Malnutrition is a huge problem and can only be met with a huge solution

In her survey, based on thousands of interviews in the Ciskei, Dr Thomas shows 60 per cent of malnourished children are illegitimate; 80 per cent, legitimate and illegitimate, were not supported by their fathers, most of whom were working in the cities; 10 per cent had fathers who were sick, unemployed or dead which left 10 per cent who received any sort of support from their fathers.

In contrast, 80 per cent of well nourished children were legitimate and supported by their fathers.

"Malnutrition is a huge problem and can only be met with a huge solution, requiring huge resources of manpower and money. Not to do it is much cheaper — half the problem dies and the rest require little to support their miserable existence — but this solution is intolerable as malnutrition entails human and childhood suffering."

Malnutrition is a national problem, bigger than that of road deaths

Similar thoughts are echoed by Dr G. S. Fehrsen in an article in the SA Medical Journal of December 1975 called Malnutrition in South Africa.

Dr Fehrsen says he has been unable to trace the existence, at any time, of a co-ordinated, interdepartmental and interdisciplinary nutrition policy for the whole nation.

"We, as members of an economic community based on free enterprise, must accept the responsibilities of our freedom. Malnutrition is a national problem bigger than that of road deaths.

"Clinicians, dieticians and researchers are those who should be able to tell all the others concerned about the extent and gravity of the problem.

"Because the medical and related professions are the only ones who really can judge the seriousness of the problem, they should go further than to produce scientific papers. They should also act as educators, catalyst and conscience of the other parties concerned with malnutrition."

Dr Fehrsen also criticises the food industry.

"At the moment, a large sector of the food industry is still guilty of misinformation, of marketing luxury items in needy areas and also of creating secondary needs in communities that do not have even enough to feed themselves adequately."

Dr Fehrsen suggests a big consortium can take over the production and marketing of protein-vitamen-mineral supplements, on a non-profit basis which would have an immediate effect on the death rate of children under five years old.

It is part of the race relations problem which makes it political dynamite

In the SA Medical Journal of August 1974, Mr H W van der Merwe says whites driving through the Transkei see smiling faces of black children along the road and know nothing of the horrible suffering in the homelands.

"Malnutrition is part of the race relations problem in South Africa which makes it political dynamite.

"A belief that politics (and that implies race relations) is the specialised field of the politician is one of the major reasons why the South African public has failed to face squarely the problem of malnutrition."

Mr Van der Merwe accuses professionals, including doctors, of shying away from political issues when there was an urgent need for involvement in issues such as malnutrition.

Despite these warnings, little children, all suffering horribly from the lack of proper food, are dying.

In another survey taken in the area served by St Matthews Hospital in the Ciskei, it was found that 33 per cent of the children suffering from kwashiorkor or marasmus died.

Fifty per cent of the cases are not discovered and do not get medical attention

In a 10-week period of the survey and during an intensive nutrition campaign, 895 new cases of protein-calorie malnutrition were detected. Of these, 292 children were suffering from kwashiorkor-marasmus and 603 from low weight for age.

Of those with kwashiorkor-marasmus, 142 of the more severe cases were put into hospital and 150 were managed as out-patients. Within six weeks after the end of the campaign, 15 per cent of those in hospital had died as well as 51 per cent of those who were managed as out-patients.

These are figures for those who attended hospital. It is impossible to find out how many children die before they even get to hospital, but one doctor has estimated that 50 per cent of these cases are not discovered and do not receive medical atten-



19/7/76

Children too weak to toddle

Malnutrition means, simply, bad nutrition.

There are many forms of malnutrition, such as obesity and the various vitamen deficiencies. But the most serious and urgent to correct is protein-calorie malnutrition in young children.

As the name suggests, children with protein-calorie malnutrition (PCM) suffer from a shortage of protein, the best and cheapest form of which is milk, and a shortage of calories, which means they do not get enough food of any sort, even carbohydrate foods like mielie meal, to keep up health and growth.

The weight of children suffering from PCM falls below what is acceptable for that particular age.

There are three main, but overlapping, categories of PCM.

The first and mildest is undernutrition and these children are stunted and undersized.

The other two forms have some differences, but they may be equally severe.

Babies with a thin layer of skin stretched over bone and skull which is clearly visible

One is marasmus, really infant starvation, which usually occurs in the first few months of age, up to one year. The baby may look skeletal with a thin layer of skin stretched over bone and skull which is clearly visible beneath it. These children are given some protein, like very diluted milk, but generally receive too little food for growth.

Children suffering from nutritional marasmus are particularly liable to infections such as bronchopneumonia and gastroenteritis.

Marasmus is a serious disease. A survey in Pretoria showed the death rate to be 34 per cent of patients with marasmus. Another problem is that children respond slowly to treatment, weight gain is slow and recovery is often retarded by frequent bouts of gastroenteritis or bronchopneumonia, so that it often takes months before a child can be discharged from hospital.

And, when a child is discharged — often too soon because of the lack of bed space in hospitals — many return within months suffering from the same problem, because there has been no follow-up to ensure that the child is fed properly.

In spite of feeding marasmic children with full cream milk, the Pretoria survey found that this high intake of calories took a long time, and the weight of the children increased slowly, or not at all and many of the children died before their body weight showed any increase at all.

Kwashiorkor is the other form and occurs in the toddler age group — except in those children who are too weak to toddle.



It happens when children are weaned from mother's milk or other infant formulae to the predominantly adult maize diet (mielie meal and samp).

Because there is not enough protein in the tissue and blood of the children, their bodies begin to swell up grotesquely. The protein of maize meal is about eight per cent and the protein is of a poor quality, so that the diet has an inadequate protein content.

At the time of their admission to hospital, many kwashiorkor cases are also suffering from an infectious disease, such as gastroenteritis.

A kwashiorkor child is noticeably underweight and his bone age might be retarded. His feet and legs, hands and face are often swollen. His hair is usually sparse and it may take on a reddish colour.

Kwashiorkor children need a great deal of attention. Because they lose their appetites, great patience is necessary to induce the children to take their feeds.

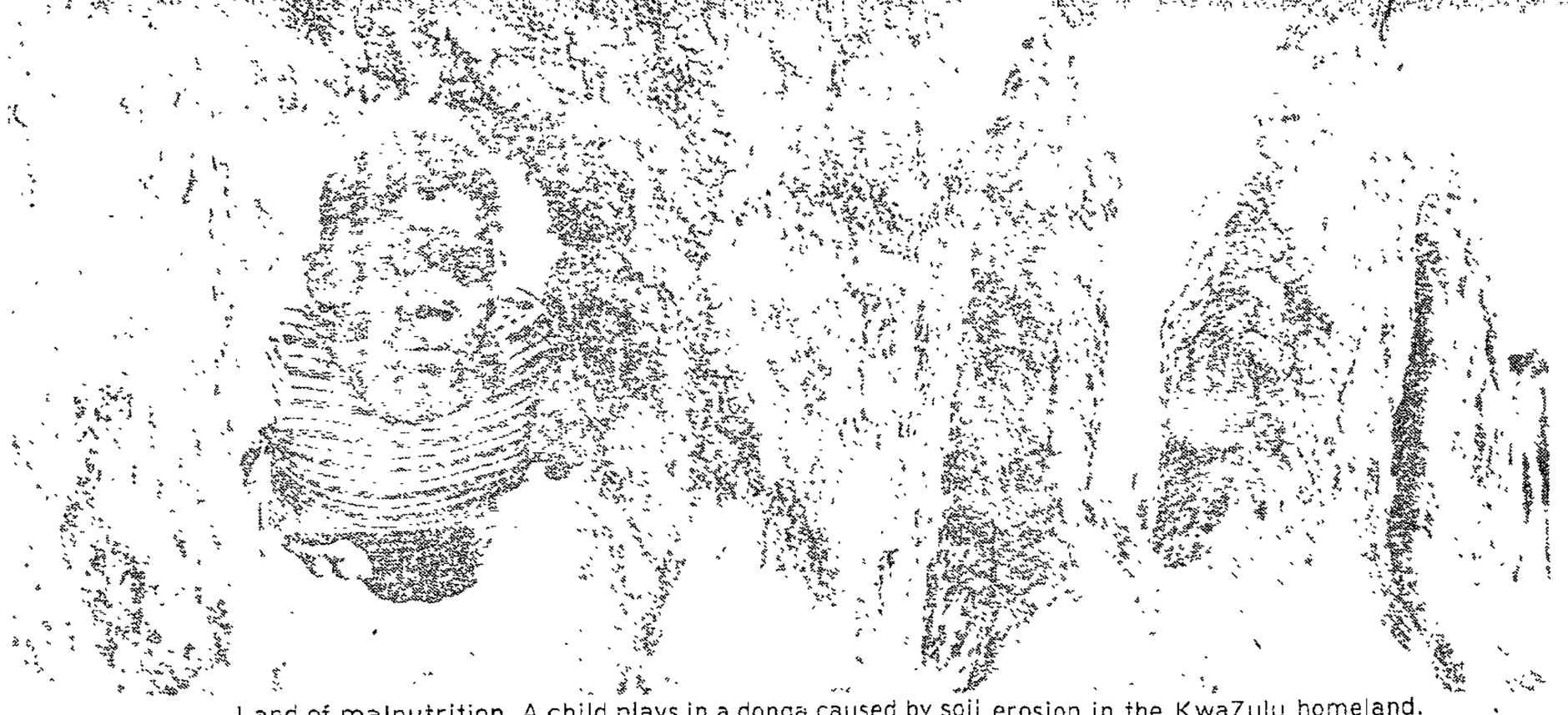
Mild cases are treated as out-patients, but because of the shortage of bed space in Border hospitals, children who should be hospitalised, are treated as out-patients. Often they do not come in for treatment and many die

Inside Mail

So sick

Little ones who suffer malnutrition

Until his retirement seven years ago, Dr Anthony Barker fought malnutrition in a home and hospital. Recently "Mail" reporter MONTSHIWA MOROKE and photographer PETER MAGUBANE visited the hospital. They found the problem is still malnutrition.



Land of malnutrition. A child plays in a donga caused by soil erosion in the KwaZulu homeland.

"SEPARATE development sounds more elegant than apartheid, but the effect is the same in pain . . . it is even so with those areas we used to call reserves, which we now call homelands . . . But the harsh fact remains that beyond this cosy title, these areas of African habitation are at best stultifying, at worst destructive."

— Dr Anthony Barker, addressing the University of the Witwatersrand on malnutrition in the homelands, in 1971.

Dr Barker had worked for more than a quarter of a century among the people of KwaZulu. Most of his patients had suffered from malnutrition.

Recently the Rand Daily Mail visited the hospital and clinics administered by Dr Barker until his retirement seven years ago. And the problem is still malnutrition.

Seven young doctors serve a population estimated at more than 150 000 in an area of 1 600 sq km. They man the Charles Johnson Memorial Hospital at Nqutu, and 15 clinics, 10 of them mobile. Together the 500-bed hospital and the clinics treat several hundred patients a day.

The hospital superintendent is Dr Greg Wells. One of the assistant doctors is his wife, Dr Mary Harrison.

Dr Wells discussed the problem of the wasted young malnutrition sufferers whom we saw among the patients — dejected children with [illegible]



One-year-old Bus siwe Gumbi came to the Charles Johnson Memorial [illegible] from kwashiorkor and pulmonary tuber[illegible]

their skin and distended stomachs above their thin legs.

The children suffer from either kwashiorkor or marasmus — both diseases of malnutrition.

"Kwashiorkor is common in children between one and two years old," Dr Wells said. "It is caused by the sudden weaning of the child from breast milk to porridge only. This is usually the result of the mother having to go to work, leaving the child in the care of a granny who has no other food to offer."

The child's body became swollen and covered with sores, he said. Low resistance to disease increased the danger of infection.

In the 12 months from 1976 to 1977, 296 cases of kwashiorkor were admitted — although probably one in 10 of kwashiorkor cases in the community never reached hospital, Dr Wells said.

"About 50% of the children treated in hospital for kwashiorkor will die within a year of discharge because on their release they invariably go back immediately to living under the conditions which were responsible for their admission in the first place."

In one paediatric ward, six of the 34 patients were suffering from marasmus. In another, 29 of the 49 patients lying in cribs and cots suffered from kwashiorkor. There were also 18 mothers staying at the hospital with their children.

In a third ward, 29 of the 71 patients had kwashiorkor. Other ailments included measles, typhoid, tuberculosis and gastro-enteritis.

Dr Wells then described marasmus as "malnutrition usually affecting children under one year old." The disease was chronic and usually caused by early weaning of the baby, substituting very diluted powdered milk for breast milk. The baby adjusted to the inadequate food and stopped growing. Because of the low body weight, gastro-enteritis and dehydration lead to serious complications.

Marasmus was commonly associated with twin pregnancies and with very young mothers who lacked confidence — leaving aunts and grannies to rear the children.

Among the patients was Nokwazi, aged two, who was brought to hospital by her granny. She had been coughing and vomiting for a week, her granny said. Her mother, a mental case, had run away from home.

Busisiwe, aged one, was suffering from both kwashiorkor and pulmonary tuberculosis — and undergoing tests for pneumonia. She too had been brought to hospital by her granny, who said she had been fed on sour milk and porridge. When she developed diarrhoea, her granny gave her herbal remedies and soap enemas.

Busisiwe was illegitimate. Her mother had run away from home. Her father, who worked in Johannesburg, did not maintain the child.

Cinekeleni, aged two, was brought to the hospital by her mother, also with a swollen body and suffering from diarrhoea. She too had been fed on sour milk and porridge. Later she was taken to a Zionist faith-healer who prescribed vomiting remedies and enemas.

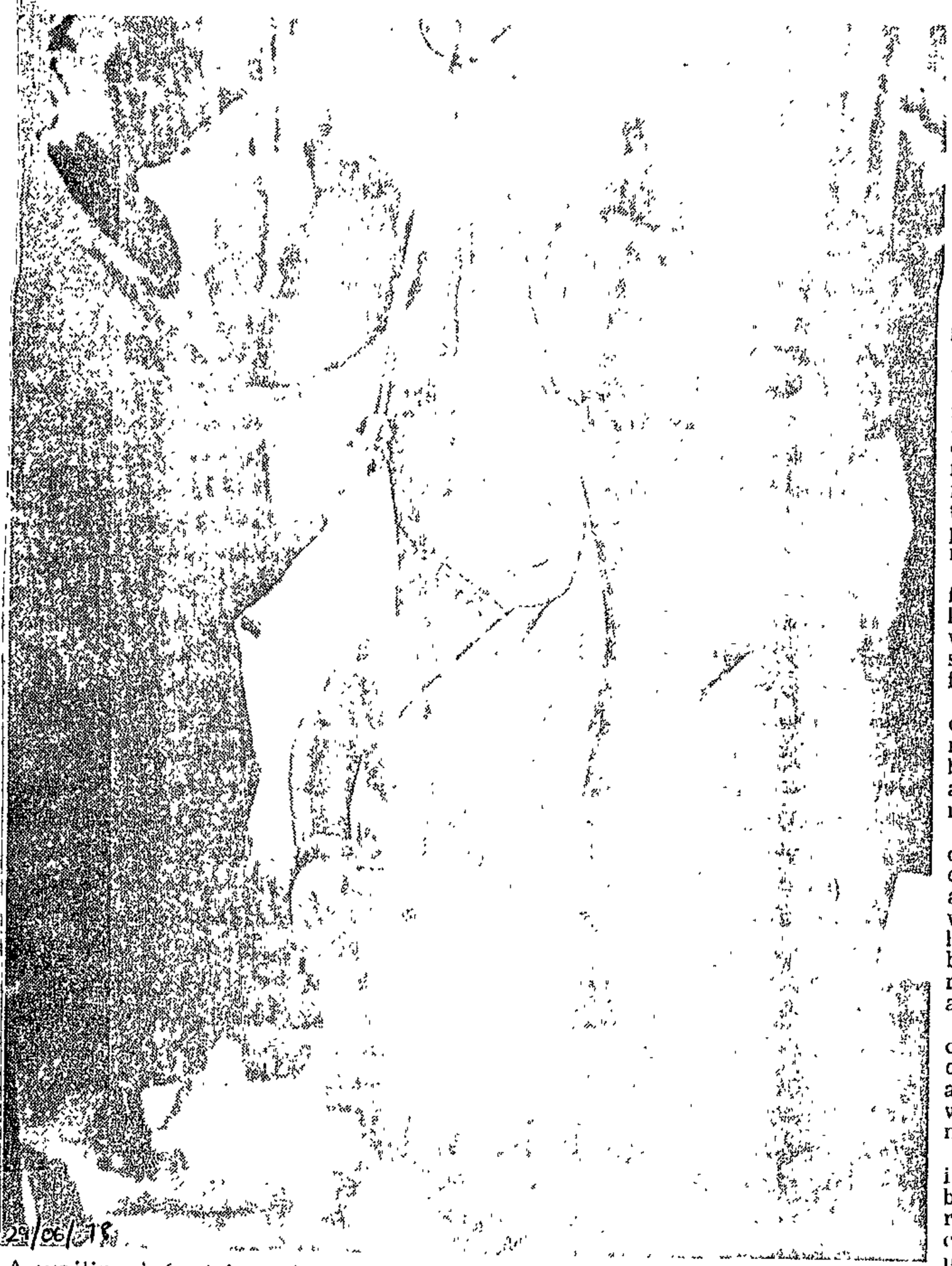
At hospital Cinekeleni was found to have advanced kwashiorkor. Her father, who works in Johannesburg, sends home R20 a month to feed three children.

Dr Wells said malnutrition caused long-term mental retardation. Children from broken homes, lacking love and warmth, were also retarded as a result.

It was usually a psychological shock for any child to be in hospital and away from his parents, but it was perhaps different in this hospital, Dr Wells said, because the children received more food, care and attention than at home.

Even so, 10 to 15% of the children died because they did not have enough defence against infection — even while they received treatment.

"The malnourished child is likely to be infected because of his low resistance, and the infected child is likely to become more malnourished. It's a vicious circle," said Dr Wells.



A wailing infant is weighed at a mobile clinic in the Nquthu District of KwaZulu.

90

HEALTH + DISEASE —
Nutritional Diseases
1979, 1980

90

Hansard

14(769) 19/5/80 (90)

Malnutrition

509. Mr. H. E. J. VAN RENSBURG asked the Minister of Health, Welfare and Pensions:

(1) What are the most recent estimates of the number of (a) African, (b) Coloured, (c) Asian and (d) White children suffering from malnutrition;

(2) what steps is his Department taking to deal with the problem?

The MINISTER OF HEALTH, WELFARE AND PENSIONS:

(1)(a), (b), (c) and (d) no exact figures for the incidence of malnutrition in South Africa are available.

An estimated 38 000 Black and 930 White children who were at risk of suffering from protein energy malnutrition benefitted from the subsidized skim milk powder scheme during the financial year 1979-'80. It is estimated that there were about 100 000 cases of pellagra in South Africa during the same period

(2) R622 000 was voted for combating nutritional diseases during 1979-'80 which includes an amount of R199 000 for the subsidizing of skim milk powder and protein-mineral-vitamin mixture products for the treatment of protein energy malnutrition.

The MRC did research in collaboration with the Department on the enrichment of maize meal with vitamins to combat pellagra and this maize meal is being marketed by private enterprise.

The Department also has an education programme on food and nutrition and also renders consultative services at district surgeoncies, clinics and hospitals.

(b)	(ii)	Typhoid Fever	1	0	0
		Tuberculosis	42	42	63
		Viral Hepatitis	0	2	1

Outbreak of enteritis in Vredenburg

Argus 27/2/79

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Argus Correspondent

VREDENBURG. — A large number of Vredenburg-Saldanha people are suffering from gastroenteritis, according to doctors at Vredenburg.

According to the doctors its cause can be attricuted to the high percentage of salt in the drinking water.

A spokesman of the Municipality of Vredenburg Saldanha says, however, that the water supply to Vredenburg Saldanha is hygienically fit for human consumption and according to the Department of Water Affairs the brackishness of the water was far worse in 1975 than at present.

The Municipality gets its water supply direct from the Department of Water Affairs pump station on the Berg River. The Municipality is responsible only for the distribution.

According to Mr J van der Merwe of the Berg River pumping station, water from Voelvlei dam supplements the Berg River to reduce the sal content.

Special nutrition plan for Ciskei

Political Staff

HOUSE OF ASSEMBLY. — A pioneering study of the nutritional status of people living in the Ciskei has lead to the adoption of a special programme by the homeland's government after extensive protein malnutrition was found.

The study, conducted by the National Research Institute for Nutritional Diseases (NRIND), disclosed that few black people in the Ciskei were aware that kwashiorkor and pellagra were illnesses, in spite of its prevalence.

Although a nutritional guidance programme had been adopted, the NRIND said that as an isolated endeavour "it may fail to correct all the nutritional problems encountered, and the important goal of socio-economic upliftment should not be neglected".

The institute said the enrichment of maize meal with nitronic acid and riboflavin had been shown to prevent pellagra, under South African conditions. As there were 100 000 cases of pellagra in the Republic, and as these could be treated only at great cost, it was hoped that a scheme to enrich maize meal would be implemented.

The institute, whose report was tabled with the report of the Medical Research Council, found that although the weight and height of Ciskei children aged to six months to two years was comparable to international standards, the prevalence of kwashiorkor was seven percent and of merasmus five percent.

The study also discovered a Vitamin A deficiency among black people in South Africa for the first time.

made during routine inspections.

Hansard 15 (9,7) 25/5/79

Enrichment of maize meal: pellagra

(90)

*3. Mr. H. E. J. VAN RENSBURG asked the Minister of Health:

Whether a decision has been taken on the enrichment of maize meal, if so, (a) what substances will be used to enrich the meal, (b) what quantities of each substance will be added to the meal, (c) when will the enrichment process (i) be commenced and (ii) be applied to all maize meal, (d) what

will the total cost be and (e) what results are expected regarding the incidence of pellagra.

†The MINISTER OF HEALTH:

Yes;

(a) nicotinic acid and riboflavin;

(b) 2,5 mg riboflavin and 25 mg nicotinic acid per kilogram maize meal;

(c)(i), (ii) as soon as funds become available but it does not prevent a private entrepeneur from commencing at any time at their own cost;

(d) an estimated amount of R1 million will be needed as subsidy for mixing equipment in mills and R600 000 will be required annually for the enrichment vitamins;

(e) a reduction of 85 percent in the incidence of avitaminoses including pellagra can be expected when enrichment is instituted on a national scale

Breast's best say doctors

THE breast is best say Durban paediatricians, because breastfeeding protects the baby against infection.

The breast is best, say psychologists and psychiatrists, because it increases the degree of touch and attachment between mother and child.

"The greatest cause of disease in the first year of life is artificial feeding," said Dr. W. Loening of the Department of Paediatrics at the University of Natal's Medical School.

And: When an American doctor had his nurses pick up the babies and walk up and down the ward with them, the mortality rate dropped, said a Johannesburg psychiatrist.

And: A study done some time ago at King Edward and Addington had shown a definite link between the development of the baby and the degree of loving, touching and caring, said a Durban psychologist.

The psychiatrist said the Anglo-Saxon culture was the only one of 53 reviewed that weaned its children under a year and was separated from its babies instantaneously at birth.

Even when the mother did breastfeed, the baby was usually fed clothed and the mother was all but clothed so the stimulus was diminished.

He said babies were usually born in an atmosphere of bright lights and hygienic efficiency and were cleaned, dressed and put behind glass as quickly as possible.

He praised hospitals where the baby was immediately turned back on to the mother's stomach, covered with a towel and left to rest.

"The washing can come later. We don't need clean hygienic babies. We must keep mother and baby together," he said.

later in life. When foreign proteins were introduced during the first few months of a baby's life, parts could be absorbed whole into the bloodstream, which could prepare the baby for allergic reactions later.

Dr. Loening said the ideal age for weaning a baby would be about eight to nine months, depending on the level of sophistication of the family. The baby should then go straight on to a cup where it was less likely to pick up an infection than from a bottle.

BRIDGET MONK

Instead, he said, there was a conditioning against touch so that when the children became adults



they would find it difficult to touch or to comfort, which, in turn, could lead to sexual problems.

The baby and young child, the psychiatrist said, needed constant touch and contact — this need was obvious between about seven and nine months, reached its peak at around 18 months and gradually waned until the child was ready to be separated from its mother at about three years old. The gradual separation, and, in the case of breastfeeding the weaning, should be done according to instinct.

"Instead, children are placed in stationary, cage-like cots alone, and later they are introduced to toys which is one of the curses of our society. We involve the baby with things and never offer ourselves."

The psychologist said a look at the paintings of mothers and children showed the importance of the hands and touch to the concept of mothering.

"In their sketches, the artists sometimes had the hands in 12 different positions, trying to find the right one to show caring motherhood," he said.

But to the paediatricians, the most important aspects were those of health and nutrition.

Dr. Loening said that breast milk was best because:

Antibodies and protective cells passed on to the baby from the mother protected it against infections like gastro-entiritis.

The proteins and fats were in a form the baby could digest — something specially important for very young babies.

And it could protect the baby to some extent against allergenic states

Mennonite Central Committee se Konferensie oor: 'Die Rol van Geskiedkundige Vredeskerke', Gaborone, Botswana. Verhandeling voorgelê oor: 'The Role of Churches in Promoting Justice in Southern Africa' (Oktober).

Konferensie van die Afrikaanse Calvinistiese Beweging, Potchefstroom (Oktober).

(c) Deelname aan Welsyns- Professionele en Openbare Organisasies

Die Direkteur het aktief gebly in die Suid-Afrikaanse Instituut vir Rasse-Verhoudinge as 'n lid van die Weskaap-Distrikskomitee, die Nasionale Uitvoerende Komitee en van



Fund to beat malnutrition is launched

JOHANNESBURG — A massive fund-raising campaign to eradicate malnutrition among children in southern Africa was launched here yesterday by the executive director of World Vision of Southern Africa, the Rev. Ron Brauteseth.

Addressing a Press conference at which he announced the establishment of a World Vision Hungry Children's Fund, Mr. Brauteseth said hunger and malnutrition were "the biggest enemies" with which southern Africa had to contend.

However, there were no statistics to support WVSA's concern about malnutrition as it was no longer a notifiable condition.

Mr. Brauteseth said there was evidence that 25 percent of the babies in Soweto could be suffering from malnutrition, while 20 percent of the children admitted to Baragwanath Hospital for curative medicine died as a result of malnutrition.

Mr. Brauteseth said the fund would be introduced as follows:

● A survey would be undertaken among churches and caring groups, and 6 000 forms had already been posted. It was hoped to receive replies by the end of July.

● The campaign would be extensively publicised so that the public would "respond spontaneously".

"At the end of July R400 million will be added to pay cheques in the form of tax cuts.

"Higher income earners will benefit to the tune of R40 to R50 a month. So we appeal to the tax-paying public to share something of this windfall with the thousands of malnourished children in southern Africa.

A national fund-raising promotion called "forty-hour famine" would be started from October 19. For 40 hours from 8 p.m. on October 19 to 12 noon on October 21 people would be asked to go without four main meals and be sponsored for each hour they don't eat. — (Sapa.)

navorsings-Fellows het aansienlik tot die Sentrum se program bygedra: dr Sheila T. van der Horst, afgetrede mede-professor van Ekonomie, U.K., en professor J.L. Boshoff, gewese Rektor van die Universiteit van die Noorde.

LIDMAATSKAP

Soos voorheen gemeld, is die Sentrum vir Intergroepstudies geregistreer as 'n maatskappy. In die Memorandum en Statute van Vennootskap word voorsiening gemaak vir die benoeming van eenhonderd lede. Tans is daar 57 lede en hulle sluit die volgende in:

a) Drie stigterslede:

Mnr J.G. Benfield
Mnr H.L. Kennedy
Mnr P.G.T. Watson

Sewentien persone wat gedurende die afgelope 10 jaar lede van die Beheerraad was (* dui stigterslede aan):

Professor E.V. Axelson
Professor J.F. Beekman
Professor J.F. Brock
Mnr C.S. Corder*
Professor W.H.B. Dean
Dr J.P. Duminy*
Professor G.F.R. Ellis
Biskop A.W. Habelgaarn
Mnr E.V.E. Howes*
Professor M.F.Kaplan
Ds. W.A. Landman
Mnr G.K. Lindsay
Sir Richard Luyt
Professor S.J. Saunders
Professor H.W. van der Merwe
Mede-professor D.J. Welsh
Professor Monica Wilson

Malnutrition report

90 5/1/79 Nm

JOHANNESBURG — A Sapa report on Tuesday, incorrectly stated that the Rev. Ron Brauteseth said there was evidence that 25 percent of babies in Soweto could be suffering from malnutrition, while 20 percent of children admitted to Baragwanath Hospital for curative medicine died as a result of malnutrition.

What Mr. Brauteseth said was that there was evidence that 25 percent of the babies in Soweto could be suffering from malnutrition, while 20 percent of the children admitted to hospitals throughout the country for curative medicine died as a result of malnutrition. — (Sapa.)

27/7/79 Argus (90)

Blacks believe family planning is subtle form of genocide, says professor

BLACKS in South Africa believed that family planning was a subtle form of genocide designed to control the size of their population, Professor P M Smythe, retired professor of paediatrics at Natal University said in Cape Town yesterday.

Professor Smythe — who is working temporarily in the Paediatric Department of Tygerberg Hospital — gave a lecture entitled The Effect of Malnutrition on the Developing Brain as part of the hospital's Health Year programme.

He said the only way to solve the problem of malnourished children was to encourage breast-feeding and family planning. 'But a Zulu doctor told me recently that blacks regard family planning as a form of genocide,' he said.

He said there was a definite relationship between family size and the incidence of kwashiorkor (a disease caused by protein deficiency) among the lower income group.

CRITICAL YEARS

Children might recover from the physical effects of malnutrition during infancy, but there was evidence that lack of proper nourishment during the critical growing years — particularly the first two years of life — could cause brain damage.

Professor Smythe explained the findings of a study started about 20 years ago by two of his colleagues when he worked at Groote Schuur Hospital.

He said 20 severely malnourished infants, and 20 well-nourished infants from the same coloured socio-economic group, were selected and continually assessed until they grew into adulthood.

IQ TESTS

In general the malnourished group had a smaller average head circumference. The first in a series of IQ tests done every five years showed that the malnourished children had an average IQ of 56, and the well-nourished group 72.

Should one meet a child from each of the groups in the street, physically one could not tell the difference between them,' he said.

Most of the well-nourished group passed Standard 7 at school, and some went on to matriculate, while only one of the malnourished group passed Standard 7.

The ongoing study followed the children into adulthood, and Professor Smythe said it was interesting to note that most of the malnourished children were now 'useful members of society', employed usually in simple factory jobs. 'However, there is little doubt they could have achieved more had they had correct feeding during infancy,' he said.

'The outlook for children malnourished in infancy is therefore not catastrophic, but they are denied the right of reaching their optimal capacity,' he said. It was 'horrifying' to think of the millions of children in the world not being fed properly during their 'critical' growing stages.

3/8/77 R20 (90)

Hunger hits children

By Trudy Thomas

Children who are malnourished in their first few years of life may never attain the intellectual potential with which they were born, and in particular may have difficulty in grasping the rudiments of reading and arithmetic.

Children who are dull and preoccupied with chronic hunger cannot concentrate well and so do not derive much benefit from their lessons, and a great deal of their education goes wasted.

According to a recent university survey, malnutrition is prevalent among black children in and around East London. Up to 40 percent of infants and toddlers are affected and at least 10 per cent show signs of grave disease.

Even more startling was the finding that 75 per cent of schoolchildren between seven and eight years weighed in below acceptable limits for their age.

It is clear that a serious situation exists where huge sections of a whole community are being handicapped by hunger from living and learning to their full capacity.

In the 1940s there was a similar picture among white schoolchildren in whom more than one in three were found to be malnourished. This problem was promptly and effectively remedied with an excellent schoolfeeding scheme consisting of soup and mince meat with bread, fruit and raisins, and — on Fridays — ice cream. Coupled with this was a drive to create jobs for their parents because it was recognised that their unemployment was the basic reason for their children's inadequate diet.

At present unemployment figures for black parents are alarming. Translated from statistics to reality this means no job for father, no money at the end of the month and no food for the children whose weight charts often faithfully reflect their families' fortunes, rising when the father has a job and falling precipitously when he is retrenched.

Even working parents often cannot afford an adequate balanced diet for their children because of low wages. Also inflation tends to hit the poorest first and worst, and has affected such essentials as bread, milk and maize.

Domestic workers are often breadwinners for their families. Their average wage in East London is R27 a month, which may not even buy two loaves of bread and a litre of milk after the bus fare is paid. The old standby, samp and beans, which provided bulk as well as protein, has slipped out of the reach of many people because of the cost of fuel needed to cook it and the rising price of beans.

More and more people are forced to sacrifice balance for bulk and are resorting to plain mealie meal as their staple. Many children have milk, fresh or sour, only three times a week and vegetables as a weekend treat.

While adults can manage on a predominantly maize diet, and may even get fat, children who should be growing cannot eke enough energy from it, and younger children cannot even take enough of the bulky, boring diet to sustain themselves.

Maize by itself is a poor food. It does, however, contain protein components, and although the body cannot use them when eaten alone, the addition of quite small amounts of high protein foods such as milk can round it out and transform it into a nutritious diet.

The East London Mayor's School Feeding Scheme makes use of this fact, and although it does not have the resources of a government scheme it attempts to fill the nutrition gap by providing a 25 gram high protein biscuits each day for every primary pupil. It offers, at the cost of a few cents for each child, a well-organised and practical way for the community to make a real contribution to the quality of life, ability and health of thousands of children, both now and in the future.

Recognising the critical importance of providing a balanced and adequate diet for children to ensure optimum physical and intellectual development, the committee of the Year of the Child in East London has adopted the Mayor's School Feeding Scheme as one of its main projects.

All schools have been asked to compete in a drive to boost the funds and the winners each term will receive a trophy donated by the Mayor.

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Die Universiteit van Kaapstad het benewens 'n bydrae tot die bedryfskoste van die Sentrum, ook vir die Sentrum sedert sy stigting in kantoorruimte voorsien. Met die uitbreiding van personeel het ons die huisie op die laer

Mede-professor D.J. Welsh
Professor Monica Wilson

Infant deaths: low wages blamed

GRAHAMSTOWN — The appalling high incidence of black infant deaths in Grahamstown was attributable to a "vicious cycle" of below-the-breadline wages, unemployment, and shockingly overcrowded living conditions, according to Mrs Mercia Wilsworth, a Grahamstown anthropologist who has made extensive studies of the black community over the last few years.

Mrs Wilsworth, who recently completed an MA thesis on poverty in the townships, specifically blames the infant death rate — which is double and sometimes treble that of other centres in the Eastern Cape — on "poverty datum line wages" paid by white Grahamstown employers.

This applied particularly to female domestic workers, she said, many of whom were the sole breadwinners of their families.

Figures released this week showed that one out of every four black babies born in Grahamstown last year died before the age of 12 months, while in 1977 the figure was one in three.

Grahamstown had an infant mortality rate among blacks which is four times as high as the average for the entire country and nine times higher than Johannesburg.

Mrs Wilsworth also disputed claims by the Grahamstown Officer of Health, Dr C. Dreyer, that a substantial number of black births go unregistered, thus giving a low estimate of births in relation to deaths which affected the accuracy of the infant mortality figures.

She said that extensive inquiries in the black community revealed that the majority of blacks registered their children soon after birth.

The Commissioner in Grahamstown, Mr P Nel, whose office provides the births and deaths figures used to calculate the infant mortality rate, also confirmed that most births were registered.

"The people have realised that without birth certificates their children will have trouble going to school, their residential rights can be affected and they won't be able to obtain reference books later on."

Mrs Wilsworth said it was significant that nearly 12 per cent of black infant deaths last year were listed in the annual report of the Health Department as being due to malnutrition and kwashiorkor.

A further 40 per cent of the babies died of gastro-enteritis, recognised by medical authorities as one of the most common causes of deaths among malnourished children.

Apart from 'appalling low wages", Mrs Wilsworth said that overcrowded and unhygienic living conditions in the townships aggravated the health risks.

"The government has frozen housing development for 20 years which has resulted in the mushrooming of backyard shacks many of them flimsy damp and overcrowded." — DDC

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Telefoon: 65-4145; 69-8531 Uitb. 766

INLEIDING

Gedurende die eerste nege jaar van sy bestaan het die Sentrum vir Intergroepstudies gereeld 'n jaarverslag oor sy werksaamhede gepubliseer. Om die Sentrum se 10de verjaarsdag op 1 April 1978 te vier is die jaarverslag in 1977 vervang deur 'n Oorsig oor die Eerste Tien Jaar.

DIE OORSPRONG EN DOELSTELLINGS VAN DIE SENTRUM

Die Sentrum word grootliks gefinansier deur die Abe Bailey-Trust wat ingevolge die testament van Sir Abe Bailey gestig is. Dit is geregistreer as The Abe Bailey Institute of Inter-Racial Studies Limited (Beperk deur Garansie) - 'n maatskappy beperk deur garansie en sonder 'n aandele-kapitaal kragtens die Maatskappywet 1973 (Wet Nr. 61 van 1973).

R2 a month would have saved babies

18/9/79 DD 90

EAST LONDON — One in every four black babies born in Grahamstown last year died when just R2 a month for each could have saved them.

Health authorities revealed last month that the black infant mortality rate in the Grahamstown area was four times higher than the average for the entire country and nine times higher than Johannesburg.

In the Tsolo area in Transkei, 20 per cent of the babies surveyed died before reaching their first birthday and 300 out of 1 000 died before the age of two, according to an article by Dr R. A. P. Scott and Miss Gill Westcott in a medical journal last year.

No definite surveys have been conducted in the Ciskei and other rural Border areas, but experts believe the situation to be more serious than in the rest of South Africa.

Experts say well over half the recorded deaths in the last year were due directly or indirectly to malnutrition.

A nationwide campaign has been launched to combat the problem of malnutrition by collecting funds for extensive feeding programmes.

World Vision, an organisation which operates in 50 countries feeding over 22 000 children, has organised a 40-hour fast which everyone can take part in. The date of the fast is to be from October 19-21.

The organisation's communication department manager, Mr David Cuthbert, said yesterday all money collected in the Border would be used to combat malnutrition in the Border area.

If 6 500 people in the Border were to participate in the fast, each person being sponsored at only 10c an hour, R1,6 million would be raised and the infant mortality rate could be cut by 50 per cent, Mr Cuthbert said.

It costs R1 000 a month to treat a child suffering from malnutrition whereas fortified milk and soya products worth R2 a month could keep a child out of hospital according to calculations by Dr Trudy Thomas, an East London expert on nutrition.

The infant death rate in a Border squatter camp, said Mr Cuthbert, dropped considerably when feeding programmes were introduced. The same, he said, could be done in other areas in the Border.

The high mortality rate is attributed by nutritional experts to socio-economic reasons — migrant labour and low wages being the most important.

When mortality rate figures were released last month, the regional inspector of health services in the Eastern Cape, Dr J. Krynau, promised to launch a full investigation into the problem. Last night he could not be contacted for comment. — DDR

Malnutrition ad shocks Health Secretary

90 DD
20/9/79

CAPE TOWN — Full page advertisements in a Sunday newspaper and afternoon newspapers claiming that 100 000 children could die from malnutrition and related diseases in the next 12 months have shocked the Secretary of Health, Dr J de Beer

The advertisements, placed by an organisation known as World Vision to raise funds, present "an inaccurate impression," Dr de Beer said in an interview yesterday.

"I am shocked at the fact that newspapers could carry such an advertisement. It gives quite the wrong impression," he said.

He confirmed, however that it was "reasonable" to estimate that about 100 000 children under five of age could die from malnutrition and related diseases in the 12 months to come.

This was not the fault of the Department of Health, but rather the fault of parents who did not bring their children to clinics, hospitals or district surgeons who were present in every area of the country.

Local authorities were not taking sufficient advantage of the department's powdered milk and vitamin enriched muxture schemes, and in one year the amount of money set aside by the department for the schemes had not even been fully taken up by local authorities

The department was engaged in a campaign to inform people, particularly in the rural areas, of malnutrition, he said.

Dr de Beer emphasised that he was grateful for the work done by welfare organisations, but said they should stay in close liaison with the authorities.

"I haven't heard of them. Who are they?" he asked.

Mr David Cuthbert, World Vision's communications director, said yesterday the purpose of the advertisements was to "get people to sit upright and take notice".

"In our travels around South Africa we have found that there are thousands of people starving, and people don't think there are. They think the government has everything under control, but the government is usually the first to admit that they haven't," he said. — DDC

DD. 22/9/79

Call for study on malnutrition

(90)

CAPE TOWN — The responsibility for the undesirable extent of malnutrition in South Africa should not be laid at the door of health and social welfare authorities or the economic situation, the Cape director of hospital services, Dr R. L. Kotze, said in a statement.

He was reacting to fullpage advertisements which have appeared in newspapers alleging that 100 000 children could die from malnutrition and related diseases in the next 12 months.

He said it was true that periodically cases of malnutrition in children took up the larger proportion of beds.

"No children, however, are treated under the beds as far as I am aware, although in exceptional circumstances the facilities are overcrowded to an undesirable degree.

"I have to point out that it is an over-simplification to ascribe malnutrition only to a lack of food or lack of the right food."

Dr Kotze said the initiating factor was very often gastro-enteritis, neglected by parents.

In the overcrowded family situation the problem of malnutrition was overwhelming. A step-up in the family planning programme would bring a major improvement.

He said a comprehensive study of malnutrition should be carried out and all causing factors judged fairly.

Meanwhile, the health authorities were doing their best in the "most realistic possible manner." — SAPA.

RAND DAILY MAIL, Monday, October 1, 1979

Top milling companies out to fight pellagra

Own Correspondent

CAPE TOWN. — Pellagra, a nutrition disease affecting more than 100 000 people in South Africa annually, could be combated by the use of vitamin-enriched maize, Dr Jean du Plessis of the Medical Research Council said at the weekend.

Dr Du Plessis, who is attached to the MRC's National Institute for Nutritional Diseases, was commenting on a recent announcement that two major milling companies were to introduce fortified maize products.

Pellagra was caused by a deficiency of two B-group vitamins, riboflavin and nicotinic acid, he said.

The symptoms of pellagra included diarrhoea, skin and mouth lesions and dementia (mental derangement). The rural black population were most affected by the disease because of maize being their staple diet, Dr Du Plessis said.

"This is not due to the refinement process, maize just does not contain sufficient quantities of riboflavin and nicotinic acid to supply the body's needs," Dr Du Plessis said.

A scheme was launched four years ago to obtain a national maize fortification scheme, but failed due to a lack of funds, Dr Du Plessis said.

"The Medical Research Council has been campaigning for maize fortification for some time as its research has clearly demonstrated the benefits of fortification for staple users.

"A national scheme is technically and economically viable and would result in at least a 70% reduction in pellagra patients seen in hospitals each year."

The cost of maize fortification to combat pellafra would total R460 000 or 2 to 3 cents for 80kg of meal, Dr Du Plessis said.

Extensive field tests carried out over a period of two years showed that the use of fortified meal could erase all signs of the disease.

Vitamin enrichment had been used to counteract the disease in other parts of the world and no harmful side-effects had been detected, he said.

The first clinical indication of the disease was a rough skin. As the condition deteriorated the skin began to peel and would resemble bad sun burn. In its severe form it could cause mental derangment, Dr Du Plessis said.

The disease could manifest itself in the form of dementia without passing through the first signs which was the reason why most mental patients were treated with vitamins as a matter of course, he said.

The treatment of pellagra was quick and permanent. This also applied to the treatment of mental derangment caused by pellagra.

How war is hitting the children

2/10/77

Heidi Holland: Salisbury



Effective distribution of food could stop the agony of [illegible]on.

ı war-torn Rhodesia the ıternational Year of the hild is being marked by eath and disease. In the st few weeks at least 100 abies in the Salisbury ea alone have died from easles since a major idemic spread swiftly ırough the densely popated townships of veral urban centres.

An intensive inoculaon campaign has been erating for a month in e city, using mobile ınics and loud-hailers to arn parents of the ngerous illness.

Professor John Axton, ean of medicine at the niversity of Rhodesia, scribed the measles outeak as "frightening". e said the disease should ng since have been un- r control in Rhodesia if per cent of children ere vaccinated — as they ıd been in peace time.

But the war has efeated the struggle to onquer disease in hodesia, once a country ıth one of the best edical infrastructures in frica. Preventive serces now barely reach the ibal trust lands, where ıe mass of the population ve in conditions of ineasing danger, poverty ıd isolation. No one nows any more how any children are dying neglected illnesses in mote villages that have en stripped of all social ıd medical services durg the years of bloodshed ıd destruction.

Those who have sought refuge in the towns are living in overcrowded rooms in African townships and servants quarters or in refugee camps where outbreaks of disease spread faster than the overtaxed medical facilities of municipal and government services.

A recent report of the International Committee of the Red Cross (ICRC) detailed the rapid increase as a result of the war of all forms of malnutrition illnesses, including the gravest, kwashiorkor. The effects of even mild cases of malnutrition have become tragically evident as Professor Axton blames the severity of the current measles epidemic on the weak physical state of the victims, and as health officials warn of the susceptibility of malnourished children to further disease crises.

Polio is the ugliest possibility of the future if vaccines do not reach the war zones in the coming months, while the ICRC reports a recurrence on an alarming scale of infectious disease like tuberculosis and other respiratory illnesses.

Dr Jan Bengtssen, Salisbury-based medical co-ordinator of the ICRC, said malaria, sometimes in its serious and often fatal cerebral form, was on the increase in the rural areas

He reported that he had never seen the skin disease scabies on the scale evident throughout Rhodesia today, particularly on children. Unless this highly contagious outbreak was treated quickly and properly, he said, it could lead to death from septicaemia.

Health officials in Salisbury say the scabies epidemic is already beyond control. The problem is simply too vast to combat. Doctors are at a premium in the wake of white emigration from the country and refugees from the tribal trust lands are often reluctant to seek early medical help for fear of being sent back to the war zones.

It is estimated that 500 000 people from the tribal trust lands have come to Salisbury to escape the rural bloodshed. Hundreds more converge daily on urban centre throughout the country.

About half are children, often living in crude shelters made of plastic garbage sacks, or lean-tos of corrugated iron and chicken wire, or simply beneath the sky until they find a pile of rubble to call home.

Many refugees have settled with relatives and friends in the established African townships. Meagre pay packets spread more thinly than ever before while the cost of living in Rhodesia rises and unemployment figures soar.

Some are assisted by relief organisations. Four hundred refugees have found protection in the Chirambahyo transit camp built recently near Salisbury by the ICRC. There tribesmen live in wooden houses and receive supplies of mealie meal, meat and vegetables from the Red Cross.

Their children queue every morning for milk rations, watched by hungry youngsters outside the comfortable boundary of the ECRC village, where an orange a day is sometimes the best destitute parents can manage.

Other relief agencies, like World Vision and Christian Care, issue irregular supplies of food and some clothing in the acres of squalor surrounding the Red Cross camp, to children who roam the dusty streets wasting their learning years waiting for peace.

Education has become a frail hope for the children of the tribal trust lands. Half the schools in the country have been closed as a result of the security situation and at least a quarter of a million now have no access to teaching.

A sociologist at Rhodesia University said: "We have recommended the implementation of open-air classes to absorb both the teachers and some of the children who have been displaced by the war. But so far the government has not introduced this emergency measure."

Many handicapped children have lost their places in specialist institutions in recent months Loreto School for the Deaf and the Morgenster Schools for the blind and deaf have been closed or their work severely curtailed as a result of the security situation.

And the number of war orphans grows every month in Rhodesia. The extended family system of tribal custom traditionally absorbed the destitute of a community, so that the child without parents was never alone and homeless in the past.

But conditions in the tribal trust lands have deteriorated so badly, with some villagers living almost solely on grass seed, that extra mouths have become an impossible burden.

By the end of 1979, the Year of the Child, Rhodesia's first war orphanage will be built near Bindura. And perhaps another in 1980 — GEMINI © *Copyright*

World Vision of hunger

More than 350 000 children under the age of five in Southern Africa are suffering from malnutrition and 100 000 of these children could die this year, the executive director of the World Vision Organisation of Southern Africa, the Rev Ron Brauteseth, said.

He was reacting to a statement by the Secretary of Health Dr Johan de Beer, who queried these figures and said the Department of Health could not give its "unqualified support" to World Vision's fund-raising campaign.

In an interview with SAPA, Mr Brauteseth rejected certain accusations made by Dr De Beer about the motives of World Vision.

Dr De Beer had said that the "highly emotional" approach by World Vision in newspaper advertisments "tends to make the motives of the organisation suspect". Mr Brauteseth said World Vision Southern Africa had been registered under the Companies Act as an incorporated association not from South Africa sources.

World Vision also tried to keep administration costs at an international average of 19,1 per cent of its total international income.

"However, in getting World Vision of Southern Africa off the ground, our expenditure on administration is running above this average, but will decrease with each year" he said.

Mr Brauteseth explained that 80 per cent of World Vision's funds came from donations by private people.

"We currently have about 1 700 sponsors of children. Each sponsor donates about R13 per month".

World Vision was currently supporting about 40 child care projects.

These included clinics, creches, orphanages; Salvation Army homes, and feeding schemes, Mr Brauteseth said.

Of the total aid given by the organisation, 85 per cent went to black children, 10 per cent to Coloureds and five per cent to white children. An Indian project was also being launched.

"We have on computer the names and addresses of every single beneficiary of this organisation and it is at all times open to inspection by the authorities",

Mr. Brauteseth said the organisation was now setting up an independent panel which would handle applications for aid. So far 95 applications had been received.

Two of the projects currently being sponsored were in Wilhelmina Kloppers Creche in Mafeking and Lotlamoreng Creches in Mafeking. Both the Creches fall under the Church which Reformed Church

World Vision of South Africa was founded in 1966 on a part-time basis in Port Elizabeth. A full-time office opened in Johannesburg in 1973.

The worldwide organisation was launched by Dr Bob Pierce, after his trip in South-East Asia, where he was struck by the appalling conditions under which children had to live, Mr Brauteseth said.

It started in South Korea and has grown to a worldwide organisation with active support of about 800 countries, and a budget this year of R59,5m.

It was World Vision that recently focussed the attention of the world on the plight of Indo-Chinese boat people refugees.

"The only countries where we are not welcome or allowed are those that are Marxist and communist, such as Angola" Mr Brauteseth said.

However, the organisation does act in a supporting role to help Christian children behind the Iron Curtain. Reacting to the Secretary of Health's accusation that advertisements placed by World Vision contained a "noticeable degree of distortion of the facts" Mr Brauteseth said his organisation kept records of all photographs and facts and they could be backed up.

"If our motives can be considered as suspect, what then is the level of concern for suffering mankind in South Africa?

He also made public a letter he had written to Dr De Beer in which World Vision reiterated that "at no stage of our planning to promote the WV Hungry children's Fund, did we intend to apportion blame of any kind to any kind to any authority, department or person. It is not the policy of World Vision to criticise anyone in the process of rendering aid".

The letter added "you are correct when you claim that the advert was "shocking". I submit respectfully that it was so because it was factual. There are many doctors with whom I have spoken, who can confirm these facts and more as we also have discovered".

Mr Brauteseth said the objective of his organisation was to partner the Christian church in the spreading of the gospel, "by giving visibility to the proclaimed gospel. Words are cheap, but giving visibility not," he said.

May Bennett, Ridgeworth

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May Bennett, Ridgeworth

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FAST TO FIGHT STARVATION

MALNUTRITION in South Africa is a bottomless pit, said Dr C W Wright of the South African National Tuberculosis Association (Santa).

This statement is included in a pamphlet on the World Vision 40-Hour Famine campaign. Santa deals with more than 100 000 known cases of malnutrition in South Africa.

World Vision is engaged in a campaign to raise funds to help feed the thousands of hungry and malnourished children in the country. A request to the public to participate in its 40-Hour Famine project is expected to draw a response from more than 200 000 people.

More than one million people throughout the country will be involved in the campaign either as participants or representatives or as sponsors. The 40-hour fast aims at making the participants feel the real pain of living without food for a longer period.

In a strongly worded statement, World Vision criticised the fact that some people enjoyed three meals a day and ignored the facts of starvation which reached them daily through the media. It also called the fact that people should starve in as wealthy a country as South Africa "nothing short of a national disaster".

Each day, 41 000 people in the world, half of them children, die — from malnutrition. This means that one person dies every two seconds. In South Africa About 100 000 children under the age of five will have died within 12 months from diseases related to malnutrition.

The 40 Hour Famine is intended as an annual fund-raising project, aimed at mobilising public compassion and resources to wipe out malnutrition in Southern Africa. The money will go to World Vision Hungry Children's Fund.

The Fund will sponsor feeding schemes for hungry children of all races, as well as community nutrition training programmes to benefit the children of tomorrow. These activities will be controlled by responsible local organisations monitored by an independent panel of nutritionists appointed by the Fund.

Anyone may participate in the Famine on condition they are in normal health. The Famine will not have negative side efects on a healthy person.

Persons who have recently undergone surgery, pregnant women, people with history of diabetes, gastric or duodenal ulcer, heart disease or severe kidney complaint, are advised not to participate. Children under the age of ten should not go without food for 40 hours.

The 40 Hour Famine Project will take place from Friday, October 19 at 8 pm to Sunday, October 21 at 12 noon. Participants going on the 40 hours of fasting are requested to ask for sponsorship for every hour they stay without food.

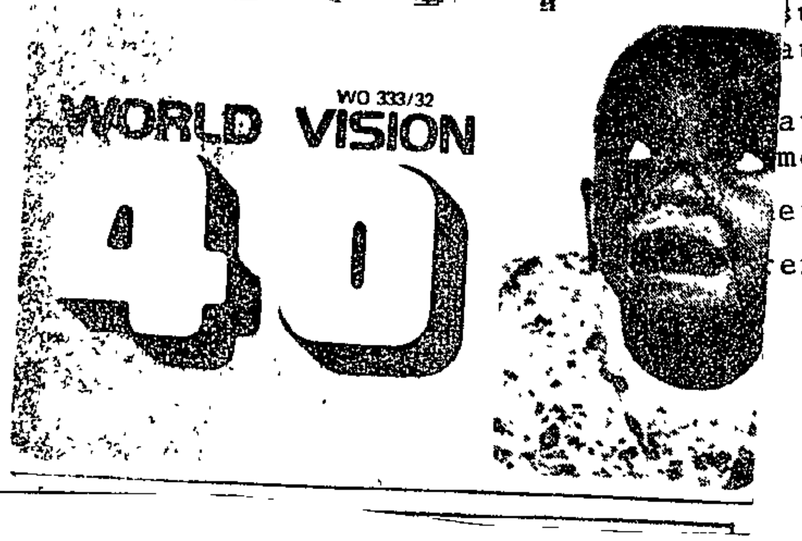
The World Vision are representative for the Southern Transvaal Mr Rabie Ziki, told **POST** that many schools in Soweto were going to participate in the Famine



Mr Rabie Ziki of World Vision.



These children are victims of malnutrition. Why should they starve to death?



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processes is essential; and the division will have to be more fine the more discriminating public decisions can be. [10]

The results of programme budgeting may be valuable in themselves, although the mere procedure does not necessarily ensure that better decisions will be made. Their potential is realised only if there follows an assessment of the value of expenditure in each programme.

2.2 Programme Evaluation

Methods of evaluation range from simple procedures for looking at costs, where the conclusions are left largely to intuition, to highly complicated processes which present more or less clear-cut solutions. For these more precise methods, most of the value judgements have to be made in advance. Some points on the spectrum between these two extremes are analysed below.

2.3 Looking at Expenditure

Basically, one is looking for inconsistencies. It was a basic logical axiom, basic to economics, is that a rand should be of approximately the same value in whichever programme it is spent. If the social benefit from the marginal expenditure on one programme is greater than that on another, one can do better by withdrawing funds from the latter programme and increasing expenditure on the first. By simply looking at a breakdown of the budget between programmes, the amounts spent on each may be compared with our intuitive notions of how much 'ought' to be spent on these things. Our judgement will depend on what we consider the benefits of expenditure under each programme to be, a process which cost-benefit analysis seeks to formalise (see below). For example, if it can be shown that expenditure on preventive medicine constitutes approximately 2% of all expenditure on health, [11] it may be felt that the benefits from this kind of provision warrant an increase in the share of the budget allocated to it.

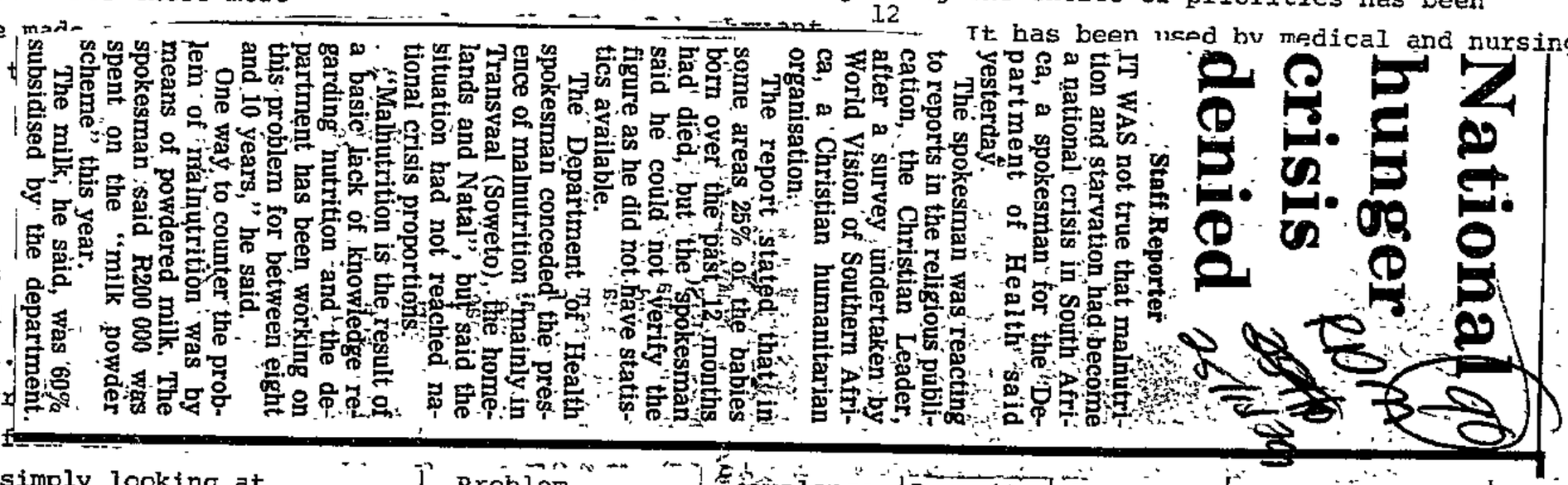
Unfortunately, such intuitive processes can pick out only the grossest incongruities which are recognised by all, whatever criteria of 'value' are used. The optimum level of expenditure on a particular objective is, from the point of view of intuitive judgement, highly uncertain, because of the wide variation in benefits attributable to a particular type of spending.

This is partly due to a deficiency in information on the results of the programmes which can be resolved by recourse to appropriate data. Nevertheless, there will also be differences of judgement which cannot be resolved without prior agreement on the relative valuation of different benefits which have to be fed into the analysis; and in the intuitive process, these two factors may not be differentiated.

A very large proportion of decisions are now taken with no further analysis than this. Any further steps involve a way of systematically valuing the benefits of different programmes to render them comparable to one another.

2.4 An Informal Method for Setting Objectives

The following method for guiding the choice of priorities has been [12]



National hunger crisis denied

Staff Reporter

IT WAS not true that malnutrition had become a national crisis in South Africa, a spokesman for the Department of Health said yesterday.

The spokesman was reacting to reports in the religious publication, the Christian Leader, after a survey undertaken by World Vision of Southern Africa, a Christian humanitarian organisation.

The report stated that in some areas 25% of the babies born over the past 12 months had died, but the spokesman said he could not verify the figure as he did not have statistics available.

The Department of Health spokesman conceded the presence of malnutrition mainly in Transvaal (Soweto), the homelands and Natal", but said the situation had not reached national proportions.

"Malnutrition is the result of a basic lack of knowledge regarding nutrition and the department has been working on this problem for between eight and 10 years," he said.

One way to counter the problem of malnutrition was by means of powdered milk. The spokesman said R200 000 was spent on the "milk powder scheme" this year.

The milk, he said, was 60% subsidised by the department.

It has been used by medical and nursing

Problem	Prevalence	Severity	Community concern	Vulnerability to management	Total
Large & poorly spaced families	++++	++++	+++	++	96
Inadequate ante-natal & obstetric care	++++	++	++	+++	48
Malnutrition	+++	+++	++	++	36
Need for medical care	++	++	++++	++	32
Specific diseases:					
V.D.	++	++	++	++	16
Dental problems	++++	+	++	++	16
TB	+++	+++	+++	++	54
Common cold*	++++	+	+	-	0
Yaws*	-	++	+++	++++	0

* Added to test scoring method

CT 17/12/79 (90)

Dispute over SA 'starving' thousands

TED OLSEN reports

THE PLIGHT of South Africa's "starving thousands", graphically depicted in full-page newspaper appeals recently, has brought R260 000 flooding into the coffers of World Vision, an American-based relief organization which plans to launch massive feeding programmes next year — if the starving can be found.

This week the Cape Times spoke to World Vision in Johannesburg (who maintain there are more than 500 000 starving children in South Africa) and to nutritionists and Department of Health officials, who not only deny that starvation exists as a problem worth note, but believe the mere distribution of free food will be counter-productive.

Sceptical

A spokesman for the Department of Health in Pretoria said health officials remained sceptical of World Vision and "their playing on the emotions of the public. They launched their campaign in South Africa without prior consultation with us or existing social organizations. We will be keeping a watchful eye on them".

The Rev R E Brauteseth, a former Methodist minister from Benoni who is now the head of World Vision in South Africa, admitted there were "immense problems" facing World Vision in establishing "credibility and a decent track record" in South Africa.

Part of the problem was the need to convince the public and authorities that starvation was prevalent in certain areas of the Republic — and to do this without the highly emotive advertisements depicting shrivelled infants near death from starvation which the Newspaper Press Union and the Department of Health stopped in September.

Funds

Another problem was the use of funds collected from concerned South Africans who raised money by enduring "sponsored 40-hour famines".

Mr Brauteseth conceded last week that more than 50 percent of the R260 000 collected in this way had been spent in "administration".

Most of this expense had been used to pay for advertisements in weekend nespapers — "we have to spend a lot on an initial publicity thrust to bring the plight of the starving to the collective awareness of the public, although I must emphasize we are not trying to send everyone on a collective guilt trip".

He said the percentage spent on administration would drop in the new year as more money came flooding in.

"We have received only a quarter of the returns from our sponsored famines and this means we could end up with anything from R750 000 to R1 m by the end of January."

A panel consisting of nutritionists and health authorities would eventually meet to advise World Vision's social workers on how best to distribute this amount — minus the percentage absorbed in administering the programme — among the dozens of organizations which have applied for financial aid.

The panel will include Professor James Murray, director of the South African Institute for Medical Research; Mrs J Patterson, nutritionist for the Director of Health Services; Professor Fredrica de Villiers, of the University of Potchefstroom's nursing department; Mrs M E Backerberg, senior lecturer, Department of Nursing, University of the North; Professor J D L Hansen, head of pediatrics, University of Witwatersrand Medical School, and Professor S Geerson of Unisa.

Mr Brauteseth emphasized that their opinion would not be final and World Vision would administer the relief.

He said a reason for this was that many on the panel were still sceptical as to the extent of starvation in South Africa. "It seems only World Vision and those out in the field who speak from grass-roots experience are prepared to admit that at least 500 000 — possibly, far more — are really starving.

"It is almost as though we live in two worlds.

"The world of the officials holds that starvation isn't true.

"Now, I'm not in the position to contest their opinion. But I must also voice the opinions of those who are working in the actual field — who say if you double your figures, you would still be short."

Mr Brauteseth said the starving were not necessarily in the bush. One of the greatest need areas was just 12 km out of Port Shepstone on the South Coast of Natal — the Murchison area, location five.

"Workers there are appalled at the starvation among families living in huts. I should imagine that our far-flung rural areas are the worst-hit. There are many factors. One doesn't like to be quoted as saying that people who come to the cities don't send money home, because that may not generally be true. But there are a large number who don't."

The Cape Times found that opinion among nutritionists was mostly adverse towards World Vision — because of the emotive appeals "for vast sums of money to solve a problem that does not exist".

A nutritionist from the National Research Institute for Nutritional Diseases said: "Starving is a nice emotional word. I would consider you're starving if you're in danger of life and limb. I don't really think this is true in South Africa.

"The fact is that there is enough food here to feed everyone. We're self-sufficient. There are areas where distribution of food rather than an absence of it may be a problem, and there are areas where many may not be getting enough to eat. But 500 000 starving — no."

He said it was one thing to publish pictures of starving children in newspapers, "but it's quite another to produce them".

Recently a spokesman for the Department of Health said: "We do not agree that 500 000 people are starving in South Africa.

"Sensational appeals aimed mainly at shocking the public in order to obtain larger donations should be avoided. Financial gain should always be weighed against the possible detrimental effect of such action."

Co-operate

Should World Vision liaise and co-operate with the Health Department as other organizations did, the relief thrust could be co-ordinated. The need for health education and self-help programmes would be emphasized.

"But the free distribution of food does not offer long-term solutions and may only be counter-productive.

"Because of the abundant food supply in South Africa and the adequate facilities to supply food to those in need, starvation is extremely rare here.

"Malnutrition occurs more often. But this problem has been largely solved and has decreased dramatically over recent years.

"Local authorities throughout South Africa are involved in the distribution of nutrient food substances to persons in need. The amount of money set aside for the schemes is not fully taken up by the local authorities. Should malnutrition be a problem for any local authority, funds are available.

"Some 450 district surgeons of the Department of Health offer similar services in areas not covered by the local authorities.

"Under the circumstances, the Department of Health is unable to give its unqualified support to this organization, and although it solicits the participation of the community in all matters of health, it cannot advise the public to participate in this effort before being fully informed.

"We will certainly be keeping a watchful eye on World Vision and feel responsible to the public as well as to possible recipients from this programme."


S.A. Daily Hunger

Thousands are starving in South Africa

SA to be hit by food strike

Jesus Unhappy

Appeals for aid

WIWV?

TAX WINDFALL

TID-BITS

HELP THE HUNGRY

WORLD VISION

Join the 40 hour famine

WORLD VISION OF SOUTHERN AFRICA

A World Vision advertisement in the form of a newspaper, alleging that thousands starve in South Africa.

RDM 11/12/75 (1) 244 (2) 90

'Poverty, not ignorance, is cause of malnutrition'

Staff Reporter

IT WAS pointless to talk to blacks about malnutrition when they had no money to buy proper food, or to tell them to grow vegetables when they could be evicted because they could not afford the rent, Miss Mankekulu Mahlangu, secretary of the Soweto Action Committee, said in Soweto at the weekend.

Miss Mahlangu was addressing a meeting on "good nutrition in the development of a people" at the YWCA centre in Dube Village. The meeting was organised by the Cripple Care Association.

She told the meeting that nutrition meant good feeding. This was not a privilege but a right.

It was pointless, she added, to talk to blacks, especially the handicapped, about nutrition.

The plight of the disabled was serious. A social worker had told her the disabled were given R47 every two months to maintain themselves and their family.

"Last year, when I was at Kupagani, we did an experiment on a survival diet. We found that a family of five on a survival diet needed R37. This diet did not include meat but meat substitutes," she said.

When you take into account what the disabled get, you will realise that their position is worse than anyone living on a survival diet.

"It is with these points in mind that I ask myself whether it is worth telling you about vegetable gardens in your backyards when I know you may be evicted from the house tomorrow and leave them behind because you could not pay your rent."

She stressed that malnutrition in the black community was caused by poverty, which she said was a result of unequal distribution of wealth within the country.

People were wrong when they said malnutrition was due to ignorance. Once, blacks knew nothing of malnutrition because they had access to wild fruit, vegetables and meat.

Post 6/12/74 (90

Anglicans to cut meals in favour of the hungry

BISHOPS, clergymen and lay members of the Anglican Church are to eat drastically cut meals for the rest of this week and to distribute food to hungry people in the area.

Members of the church's provincial synod yesterday agreed to the symbolic gesture because of the moral embarrassment caused to them by the big meals provided by caterers at Rhodes University's Kimberley Hall residence complex.

The food cutbacks will save R600 and lunchtime meat and vegetables will be distributed to families reported by a Grahamstown relief organisation to be suffering greatly from hunger.

Until now synod members have had big breakfasts, three course lunches and four course suppers.

Cereals, porridge and fruit juice will now be dropped from the breakfast menu. Lunch will consist only of fruit, bread and tea and coffee.

Soup and fish have been cut from the supper menu and members will eat meat and vegetables, pudding, bread and tea and coffee.

Earlier this year Rhodes was faced with a similar situation when a visiting speaker, Professor Herbert Adam suggested that guests at an important function send the food prepared for them to needy people in Grahamstown.

Yesterday's decision will allow catering staff at the residence to have a longer midday break.

The Reverend Peter Lee of the Natal diocese said that despite the decision the synod was still grateful to the university for its efforts. "I'm partial to trifle," he said.

The synod declared its belief that simple food "witnesses more appropriately to Christ in our situation."

STARVATION (241) (242) (90) FM 11/1/80

The pangs of South Africa

In recent months, the world has been shocked by pictures of starving children.

The most familiar victims are Cambodians, stricken and driven out by the war in that unhappy country

But it is not only in Cambodia that people starve. Unhappily they do so in SA as well Here, however, a gamut of political, economic and social factors have combined to spawn the problem.

But starvation is a complex phenomenon and, in SA, there are various causes

Lack of nutritional knowledge among blacks is one. Another is that an increasing number of black women are compelled to supplement household incomes by working So they leave their children in the care of old folk who neither have a knowledge of proper diet needs, nor the energy to care, even if properly instructed Absence of mothers is a major factor in rural areas, much more so than in urban areas, because poverty is now forcing young women to swell the ranks of migrant workers.

The major cause of debilitating malnutrition is precisely that: poverty. A measure of its extent is provided by data on black wages

Research by Markinor African Syndicate in 1976 revealed that 43% of Soweto households were living below the poverty datum line (PDL), which now stands at

R172 a month for a family of six in Johannesburg If the modifications of Edward Batson, the pioneer of PDL research in SA, are taken into account — that, when a household's income exceeds the PDL by about 50%, it is only then in a position to purchase the foodstuffs necessary for a balanced diet — then even more people are living below starvation levels

LOOKING AT POVERTY

A group that includes medical doctors and welfare organisations has launched The Hunger Concern Programme to combat starvation in SA.

Still in the initial stages, it is now engaged in field studies to determine the extent and nature of poverty in various regions. Dr Selma Browde, who together with Dr Nthato Motlana started the programme, tells the *FM* that a major priority is to employ a full-time field worker Then, once the task of amassing data has been accomplished, action will follow to tackle some of the causes and manifestations.

Journalist John Kane-Berman, author of *Soweto*, estimates that about 80% of Soweto's residents fall into this category.

The problem of low wages is aggravated by conditions which militate against any efforts to better the overall standard of living, particularly in Soweto The attitude that urban blacks are not permanent (an attitude, fortunately, on the wane) has helped create a generally unhealthy and despairing society A major indication of this is the high expenditure on alcohol.

In his study of Johannesburg's black city, Kane-Berman notes, "Malnutrition is a grievous problem in Soweto, its causes to be sought not only in poverty, but in a wide range of inter-related socio-economic factors, among them the level of education"

If the majority of urban blacks live below the PDL, the situation in the rural areas is worse In Nqutu in KwaZulu, a typical rural area visited by the *FM* for this article, the average monthly income is R20. Living standards here and in similar areas have, moreover, been deteriorating in recent years.

The recent economic recession hit rural people hardest because of escalating unemployment And rural conditions are likely to become even more depressed if proposals flowing from the Riekert report are fully implemented and urban blacks are included in a new economic dispensation, while unemployment is confined to the countryside.

The massive resettlements undertaken by Pretoria to establish compact racial and ethnic enclaves have also exacerbated matters Between 1971 and 1974, an estimated 400 000 people were relocated from white farms. Black labour tenants, who were allowed to live on these farms in exchange for seasonal work, at least enjoyed the privilege of raising stock. Their few cows and chickens provided the protein necessary to counter malnutrition.

Mass removals, often to remote, arid areas, have meant that ever more people have been exposed to malnutrition In addition to this, the at best meagre openings for employment for these people have been effectively cut off by distance. So the spiral of unemployment, poverty, and starvation has been given added impetus by political considerations

Starvation in its various forms has many social effects. Liz Clarke, a KwaZulu social worker, comments "The most significant contributory cause of malnutrition in our rural areas is the social chaos that results from the migratory labour system. We are unable to curb malnutrition"

If the causes of starvation are complex, its effects can be stated in simpler terms. At Baragwanath, seven out of 10 cases admitted to the paediatric department suffer from malnutrition. Even if the diagnosis is gastro-enteritis, pulmonary tuberculosis or pneumonia, the underlying contributory factor is often malnutrition, the breeding ground for a host of other ailments. In one hospital in KwaZulu, 75% of children admitted, of whom 10% later die, have malnutrition as the primary diagnosis

High infant mortality is a dismal fact of black life But there is a social and economic toll too While difficult to measure, low productivity among black workers has, as a major contributory factor, malnourishment and undernourishment. Professor H L Watts, as director of the Institute of Social Research at Natal University, has stated that "the costs of poverty are many, and they are usually hidden. But, as taxpayers, we have to pay indirectly quite a proportion of the costs insofar as they relate to ill health, lower productivity, stupid workers whose brains are permanently retarded at an early age through malnutrition."

Once starvation has become endemic, a vicious cycle sets in. The director general of the World Health Organisation has noted "The inevitable result is a downward spiral in which poor, malnourished parents produce malnourished children, who in turn will become poor and malnourished parents."

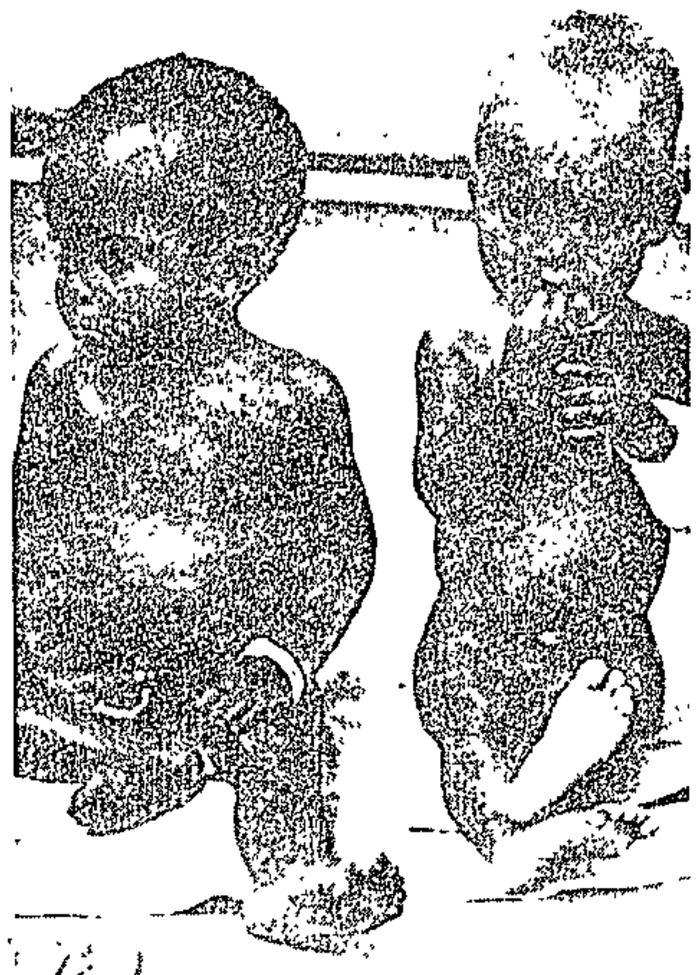
Prospects for alleviation, especially in the rural areas, are bleak What makes the pangs far worse is the unpalatable fact that starvation in SA is closely related to race, and moreover exists cheek by jowl with immense wealth. Starvation is thus a racial injustice which feeds a sense of grievance in a politically tense situation.

Any attempt to tackle starvation will have to look into the political and economic conditions that govern blacks. Chief among the socio-economic palliatives should be changes in the structure of employment to improve the situation of African workers. This means that a significant number of blacks (on moral and economic grounds) should be allowed to enter skilled, higher-paid jobs. Fundamentally, this means scrapping influx control and permitting market forces to operate freely in the industrial centres.

For the rural areas, "a much larger infusion of development capital and technical assistance," according to Natal University economist Jill Natrass, will aid in increasing average living levels.

But less insistence on politically determined population removals, which cause social disruption and economic deprivation, will surely go further in the direction of tackling the problem.

The ideologues of Pretoria would have done well to consider this while digesting their Christmas turkey



The most common and vivid image of starvation is of swollen-bellied children. These shrivelled and piteous victims suffer from kwashiorkor — a serious protein deficiency, but not the worst. Marasma is the most severe indication of malnourishment.

The victims, as in kwashiorkor, are children. They are underweight, dried-up creatures, who look like old folk.

The major cause of malnutrition is a deficiency of proteins milk, meat, eggs, etc. Often, as is the case among blacks, the intake of excess carbohydrates, such as mealie meal, usually to the exclusion of other foodstuffs, causes an imbalance. The swollen belly of kwashiorkor cases is the result of excess carbohydrates

Plan to fight malnutrition

An East London doctor, Dr Trudi Thomas, has proposed a six-step scheme to counter malnutrition in the rural areas of South Africa.

Writing in the Environment and Development Agency publication, Link, Dr Thomas said: "The problem of malnutrition can only fully yield to structural social and economic change.

"But there are some immediate and effective things which can be done, and because malnutrition can damage children for life, and causes suffering and death, it is very important that we do whatever we can."

The six steps proposed by Dr Thomas are: a reliable milk distribution scheme; family planning; vaccines against measles; primary health service nurses; community development; and health education.

Dr Thomas has long been associated with attempts to reduce malnutrition, particularly in the Ciskei, and her challenging views should be considered seriously by anyone who is interested in trying to reduce the incidence of this terrible affliction.

More than that, her proposals are practical. If there is sufficient will in government circles those steps can surely be implemented as a matter of urgency.

No system of government in the entire world can be justified if innocent children are condemned to be hungry and sick because of the ignorance and poverty of their parents.

It is even less justified in a country, such as South Africa, which can clearly afford to institute the kind of steps proposed by Dr Thomas. As has been said many times, malnutrition and hunger are a serious problem in many areas of Southern Africa.

Dr Thomas outlined the situation herself: "In some rural areas, about one in four black babies dies in the first year, usually from hunger or diseases associated with it. For those who survive, more than half can expect to go hungry often.



Dr Trudi Thomas

"A recent survey in the Ciskei found that more than 50 per cent of the three-year-old children were malnourished, and that 15 per cent suffered from overt marasmus and kwashiorkor. Eighty-three per cent of children between the ages of seven and eight weighed below the acceptable weight limit.

"Undernourished children perform poorly at school. There is disagreement about whether this is due to malnutrition, or due to the poverty which accompanies malnutrition.

"There is, however, increasing evidence that a shortage of protein in the early years limits brain size and impairs the intellect.

"Whatever the combination of these factors, we have strong evidence that 75 per cent of whole communities are growing up under conditions which may be stunting not only their physical, but also their mental development."

That situation should be regarded as a crisis. In anyone's terms, no one can afford to have it continue.

Dr Thomas says: "Malnutrition is often



Political Correspondent BARRY STREEK reports

hidden. It occurs among people with little voice and no way of making it heard. It is often found in deprived, depressed and unmotivated communities.

"These communities are so poorly serviced that nobody sees the problems. In one ten-week period, when we went out into the field to look for patients, rather than waiting for patients to come to the clinics, we found 895 new cases of malnutrition.

"This was three times more than we expected to find. Of these, 150 were put in hospital, which completely overloaded the hospital facilities.

"Another 150 were treated as outpatients with milk and advice. They were the less affected ones, who had guardians who were better able to look after them, but about six weeks later it was found that 51 per cent of them had already died.

"The problem is enormous. It overwhelms doctors as well as hospitals. There seems to be no way to stem the tide, and sometimes in their frustration and helplessness, doctors develop negative attitudes.

"It is not primarily a medical problem. It is basically a social and economic problem, a result of a badly disorganised society, and a severely depressed economy. I am not going to go into the cause of this, except to say the primary and worst offender is the migrant labour system, and a poverty wage structure for workers who go alone to the towns."

The first step in her plan is a "well-organised, well-supervised, regular and reliable" milk distribution scheme which would provide 500 grams of high protein supplement for each child every week. Defaulters should be followed up.

It has been successful before. "In one sample of a nutrition service reaching 3 000 children, it was found that 90 per cent of those who attended were thriving. All were malnourished before admission to the scheme, and in 35 per cent there was a record over months or years of deteriorating nutrition, until they joined the nutrition scheme, when their weight graphs turned upwards."

One of the objections to this scheme, she wrote, was usually cost: can we afford it?

The real question, she rightly says, should be: Can we afford not to afford it?

"A comparison of the cost of our present curative approach versus a preventive approach is mind-boggling. It may cost R1 000 to keep a child with severe kwashiorkor in hospital for one month. This sum could be used instead to keep 500 children supplied with protein supplement for one month."

The second step is family planning. She says that it is superficial to claim that big families cause malnutrition because "you can't pay low, exploitative wages, and then tell a man to have a small family because he does not earn enough to support a big one.

"But if you can convince people that you advise family planning because you care about their situation, and not because you want to make the population smaller, then they usually respond gratefully."

The third step is the compulsory vaccination of children against measles because this disease uses up a child's protein reserves, "leaving him vulnerable to other infectious diseases for up to six months after getting measles.

"It seems crazy that smallpox immunisation is compulsory, when there has been no known case of smallpox for years whereas hundreds of children die every year from measles. Measles vaccine is freely available, but has not yet been made compulsory."

The next step, the training of primary health service nurses, is ideal because nurses are "cheaper and easier to train than doctors, and they can be chosen for their aptitude and interest in community medicine."

The fifth step is community development or community restoration. It implicitly recognises that there was once a community which gave support to its members and out of integrated home life and viable livelihood, communities the people choose can be designed.

The final step, health education, is the least important, according to Dr Thomas, because it could only be used as part of community restoration.

"In the 1930s and 1940s, more than 33 per cent of white schoolchildren were malnourished. It is interesting that it was not considered that they or their parents required health education. What they got was the most generous school feeding schemes, and jobs were created for their parents.

"If I were given money either to create work or to health educate, I would create jobs. This would achieve the aims of health education, without actually giving that education."

In this succinct and penetrating manner, Dr Thomas has proposed achievable steps to help rid South Africa of malnutrition. Surely neither the government nor the people can ignore them?

Hunger scourge



lealtime... Mrs Sheila Kemp (centre) and Mrs Magdalene Khambule ight) serve some of their 200 daily "customers" at the Non European Hospital in Johannesburg

Malnutrition is a serious problem for many in South Africa. **HELEN ARON** examines the issue.

At A time when reports of malnutrition and deficiency-related diseases continue to appear in the medical Press and to come in from a wide spectrum of concerned bodies an especially earmarked R700 000 food relief allocation by the State Department of Health is being underutilised by local health authorities and other health care personnel throughout he country.

This is just one of the anomalies of the South African situation today — desperately needed funds have been allocated but lack of follow-through by formal directive from Pretoria is resulting in less than optimum effectiveness of the food relief fund.

Doctors charge certain local health authorities with insufficient application to the task of eradicating under-feeding and with lack of appreciation of the seriousness and enormity of the problem.

Socio-economic conditions for any population group are reflected by mortality and morbidity rates — constantly under surveillance by the medical profession.

One of the most authoritative of such surveys appeared in the SA Medical Journal of May 12 last year, providing in a comparative study of mortality rates of various groups, an arsenal of statistical ammunition providing uncontrovertible evidence of wide disparity between white as against black and coloured population groups. The shock facts are:

- Mortality rates for both black and coloured children 1-4 years old were 13 times as high as for whites.
- The majority of deaths in blacks and coloureds occurred in children under five years of age.
- Deaths of coloured and black infants and those below one year of age were six times that of whites.
- Coloured deaths caused by endocrine/metabolic/nutritional causes were 21 times as high as for white infants. Of these 96% were due to kwashiorkor, marasmus and other forms of deficiency disease.
- Tuberculosis, enteritis and pneumonia — malnutrition linked diseases triggered by the body's lowered resistance to infection — account for a high mortality rate with 85% of deaths due to the pneumonias, 18 times that of white children in the same age category of 1-4 years old.

The authors, Professor C H Wyndham, Hon Prof of Environmental and Work Physiology, at the University of the Witwatersrand and Dr L M Irwig of the National Research Council call for a special national co-ordinating committee to be instituted by the State Health Department with the sole object of reducing infant mortality through health care programmes.

Conversely, proof that improved living conditions are equally reflected in mortality rates is shown in the much lowered child mortality rate for Cape Coloureds in Cape Town — after 20 years equal to that of whites in South Africa as a whole.

For the rest of the country's non whites, especially rural blacks however, the collective forces of prolonged drought, resettlement schemes, inflation and widespread unemployment are reaping a mountainous toll in human lives, hardest hit being the infant and the toddler... the 1-4 year old.

Doctors, welfare workers and a cross section of concerned authorities are unanimous in calling on the Department of Health and the Department of Education and Training to take further food relief action.

They are calling for:

- The urgent revival of the school feeding scheme, in operation until 1952, to be applied especially to children "at risk" — under-fed and under-weight for age.
- All local health authorities to compulsorily make full use of the skimmed milk powder subsidy available from the State Health Dept.

An indication of the extent and degree of need was seen in the application to World Vision, an international Christian aid organisation, of no less than 93 calls for food relief.

World Vision, which has been engaged in 450 development programmes in 40 countries, stated that 80% of these calls for aid were from the rural areas.

One of the calls for aid was for R50-million — for the feeding of the total Ndebele population recently resettled in their new homeland near Groblersdal.

Mr David Cuthbert, World Vision's dynamic fundraiser was speaking at a recent meeting called by Dr Selma Browde, principal radiotherapist in the Department of Radiation Therapy at the Johannesburg General Hospital and Dr Nthatho Motlana, Chairman of the Soweto Committee of Ten, to discuss methods of malnutrition combat.

Many of those present gratefully acknowledged such voluntary organisations such as the African Children's Feeding Scheme, that of the Union of Jewish Women, the Cape Peninsula Feeding Scheme, the Durban-based Community Chest, the East London Voluntary Feeding Scheme and that of the Rotary Clubs.

However the greatest need was seen to be in the rural areas where schools were less accessible to the urban community with expertise and easy methods of co-ordination between the relevant authorities.

Referring to the remoteness of rural school children, Dr Browde said they should not be made to feel they are the forgotten people — "Out of sight out of mind."

Asked to comment, Professor J Hansen, head of the Department of Pediatrics at the General Hospital in Parktown said there appeared to be an apparent, though unintentional, contradiction in planning for educational advancement which may have arisen as a result of an oversight but which should urgently be remedied.

"Last year was International Health Year and the International Year of the Child," he stated, "a year in which massive provision has recently been made by the Department of Education and Training for the expenditure of R97-million on desks, buildings, technical schools, teacher training facilities etc — but no food subsidy.

"The result is that the child may be to hungry and apathetic to absorb any teaching."

Professor Hansen stressed that in planning for black education the social realities of the schoolgoing child must be taken into account.

"Black parents leave home early in the morning often when it's still dark. The child doesn't eat a breakfast or even a midday meal.

"His first meal may in fact be at supper time. Children MUST be fed by mid morning otherwise much of the teacher's efforts will be nullified."

Professor Lucy Wagstaff, Professor of Community Pediatrics at Wits Medical School added that children are unable to consume enough in a single meal such as supper to meet their total growth requirements — they MUST be fed at least twice a day.

Professor Wagstaff said: "School feeding should be implemented as soon as possible and should relate to all children — it should be preventive. We should not wait until we have children 'at risk.' "

Asked to comment, Mr Jaap Strydom, Regional Director of the Department of Education and Training for Soweto, agreed a good case for school-feeding existed especially if the expansionary moves of his department were to be fully effective — "And what with the unemployment situation being what it is today, many of these children will be dependants of the jobless."

Joblessness, according to a major new employment study by Dr A Roukens de Lange of the Department of Applied Maths at Wits, now stand at 2 200 000 or 27% of the economically active population.

Estimates of only five dependants of one man unemployed results in the grim figure of 11-million people who are seeing no form of income; the majority of these will be children.

Even where both parents were not jobless — a further disheartening statistic — Shuenyane, Mashigo and Eyberg in the SA Medical Journal No 51 showed that 30% of the 186 families studied in a medico-sociological survey existed below the poverty datum line. The survey appeared in 1977; the 1980 position is likely to be worse.

Incontrovertible as the realities were, the Department should not be handing out food and funds holus bolus, doctors felt.

One third, Professor Hansen suggested, should be contributed by the State, one third, by the school, and one third by the parents.

"And you don't need milk, elaborate kitchen or refrigeration," emphasisted Dr Selma Browde, initiator of a highly successful patient feeding scheme at the Non European Hospital now run by the Union of Jewish Women.

"All you need is a Cadac-type gas burner and a kitchen table on which to prepare sandwiches. You give hot soup prepared from a total vitamin supplement soup powder which is delicious, whole wheat bread and peanut butter — nutritious and inexpensive."

Dr Brode felt that if this scheme were to be adopted nationally efforts of child malnourishment would decrease with immediate effect.

For the infant and the toddler, local health authorities have a skimmed milk subsidy available, yet doctors demanded to know on what grounds certain clinics were not utilising this most important life-giving service — was the local health authority negligent in not informing mothers of the service or were the black mothers not sufficiently assiduous in regular child clinic attendance?

"That R700 000 must be spent, every penny of it," urged a pediatrician from the rural areas. "Not to do so at present is simply criminally negligent."

Dr J P Kotze, senior nutritionist with the Department of Health confirmed that R700 000 was annually voted for skimmed milk and that it was being under-utilised

And where the total allocation was not fully spent per annum, the sum unspent would not be added to the next year's budget but would be calculated to make up the shortfall to R700 000 again.

There was no gain in "saving".

Doctors felt that school feeding was imperative from both the humanitarian and political point of view.

A recently published report states that a UN anti-apartheid body has resolved to call on the Commission on Human Rights to investigate crimes against South Africa.

Uplift in Alex



Residents in Alexandra township stir in their sleep and wrinkle their noses when the Baca tribesmen from 21st Avenue start work at 4 am.

The Bacas' job: To empty by hand the bucket toilets used by 50 000 residents in the old black township adjoining Sandton.

The stench of human excrement fills the morning air as the Transkeian Bacas trudge from toilet to toilet.

On bad days when the buckets are full their contents slop on to the workers' overalls.

The buckets — left standing by the roadside — are often overturned before they can be emptied into the sewerage truck as it inches through the streets behind the workers.

An ideal breeding ground for a host of diseases, the toilets themselves consist of open outhouses and the buckets are easily toppled by residents and their animals.

A sewerage system was in fact built for Alex during the pre-administration board era of the Peri-Urban Board — but it was never connected to township homes earmarked for demolition by a Government determined to convert Alexandra into a hostel city.

Even now that Alex has been "saved" by the Government as a family township the costs of connecting houses to the old sewerage is prohibitive — at least until plans for upgrading Alexandra have been finalised, according to a spokesman for the West Rand Administration Board.

Seepage

In the meantime an emergency R200 000 has been obtained to improve sanitation at schools in Alex by installing mobile toilets of the type used in aircraft and by connecting some schools to the sewerage system.

But seepage from adjacent bucket toilets at homes will continue to threaten health conditions at schools.

And the schools host worms and gastro-enteritis — rare diseases in the well-fed white child but extremely dangerous for undernourished black babies.

Two-month-old Ethel Siko was one such victim. Severely dehydrated by gastro-enteritis, malnourished and with a congenital heart condition, the baby was kept on a drip at the Alexandra Clinic for two days while mother Sylvia kept a constant vigil at her side.

Feeding

Staff had tried and failed to persuade Sylvia Siko to take Ethel to Tembisa Hospital because of the baby's critical condition. The tearful mother insisted on treatment at the Alexandra Clinic with its dedicated staff and 40-year record of service to the community.

Gradually the baby was coaxed away from death. When admitted to the clinic her weight was 2,5 kg. After two days on the drip and a week of special feeding she was back to her expected weight of 4 kg.

"She was nearly finished," the relieved mother said once her baby was on the road to recovery.

"Our biggest problem is the underweight child," said one of the doctors at the clinic. A combination of gastro-enteritis or worms and poor diet led often to kwashiokor, she said.

Services

But "kwash" resulted mainly from poverty and ignorance — not through lack of care by Alex mothers.

Their responsiveness to instruction is illustrated by excellent attendances at the "Well Baby" clinics on Mondays, Wednesdays and Fridays by mothers keen to learn about health care from Sister Mary Thema, a veteran with 41 years' service at the Alex Clinic.

Other services provided by the clinic cover family planning, antenatal care, a maternity unit, paediatric, eye and dental clinics, adult care, community visits, a busy casualty bay and social work.

Costs for the average 500 patients a day are half the consultation fees asked by the Provincial Administration.

But the clinic is struggling to make ends meet.

The University of the Witwatersrand and the students' rag make large grants to the clinic. Final-year medical students supplement the permanent staff by day and run the casualty bay at night.

Some of the services may have to be discontinued, however, unless an extra R30 000 a year can be raised.

The Medical Students' Council of the university is planning a competition to help the clinic over its immediate financial difficulties. The council hopes prizes will be given by business concerns in Johannesburg.

People interested in the competition should contact Mark Hersch, convener of the 1980 "Wits-for-Alex" Appeal, at the medical school in Johannesburg (Telephone 724-1561, extension 128, mornings only).

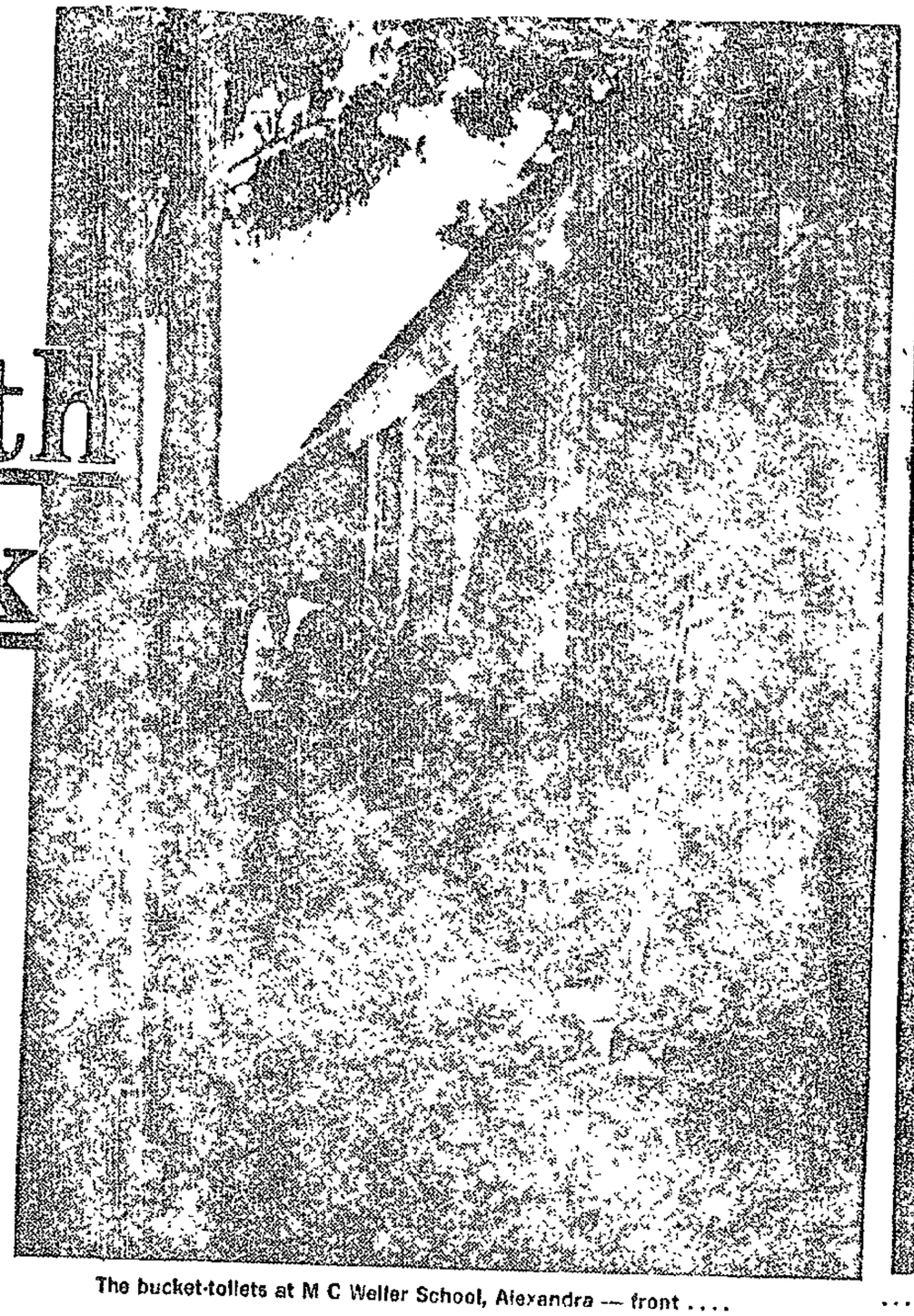
But the clinic needs long-term financial assistance as well if it is to survive.

While appalling health conditions prevail in Alexandra, a critical shortage of funds threatens the 40-year-old clinic providing essential health services to the Johannesburg township. ROB MEINTJES reports.

Appalling health hazards in Alex



Alexandra has been "saved" as a family township. But the babies of Alex run the gauntlet of diseases such as gastro-enteritis and worms — rare in the white suburbs.



The bucket-toilets at M C Weller School, Alexandra — front ....



... and back. Bucket toilets at schools and houses in Alex are easily overturned by residents and their animals — the contents flow into pools of excrement.

Photographs by ERIC HEINZE.

FOOD SUBSIDIES

False economy of malnutrition

It's a safe bet that a new round of food price increases is imminent Recently, Agriculture Minister Hendrik Schoeman warned that even the price of brown bread may have to be increased.

Surely it is high time government heeded the scores of warnings from doctors, welfare workers and health experts about the appalling extent of malnutrition? Humanitarian considerations apart, the present neglect is false economy, which costs the country millions of rands annually in hospitalisation

No-one can calculate the cost of a generation growing up physically and mentally stunted, but it is a simple fact that it costs only a few cents a day to feed a child while the cost of a hospital bed runs from over R10 per day in medium-sized hospitals for blacks in Natal and the Transvaal, to R50 a day in some of the large hospitals and up to R75-R80 in training hospitals (These statistics are drawn from a report by the South African Medical Research Council, re-published in the SA Medical Journal, May 13 1978)

Reliable statistics about malnutrition are difficult to obtain. According to the council's report, the Department of Health had estimated that at least 100 000 people with pellagra are treated as in-patients or out-patients annually In 1976, the department said that 286 district surgeons reported 48 783 cases of kwashiorkor, 37 855 of pellagra and 1 008 of beriberi. But these figures are unreliable and have been discontinued. Incidentally, it has never been explained why kwashiorkor was removed from the list of notifiable diseases Then there are other complaints For instance, eye lesions, associated with malnutrition And who knows how many ordinary illnesses, such as TB and pneumonia, may have been brought on by it?

The underlying causes — poverty, unemployment, the migrant labour system, ignorance and the over-crowded, underdeveloped homelands will take many years to eradicate. (*FM* January 11, 1980). At least until the political restraints which distort the economy have been removed, these by-products of apartheid will remain a national responsibility. Last year, government provided some R97m for new school, teacher-training and so on. But no child can learn properly on an empty stomach. The old scheme, run by the Department of Social Welfare & Pensions, was stopped in 1958. It had been badly mismanaged, with a lot of waste and misuse of funds.

A new scheme, to avoid waste should be selective regarding both schools and students, and subject to constant review These are not insurmountable problems.

The African Children's Feeding Scheme provides 25 000 full balanced meals a day at centres in Soweto and a number of towns on the Witwatersrand at a cost of R10 per child per annum "There is no wastage", stresses organising secretary, Kay Glynn Teams of nurses and social workers check schools and homes for malnutrition. Children pay 3c a day unless they can't afford it. The (Cape) Peninsula School Feeding Association fed nearly 120 000 children at 221 schools every school day in 1979 (Average cost, 3c per meal, consisting of either thick soup and bread, or flavoured skim milk, with bread and spread). Wastage, organising secretary, Norman Freeman, told the *FM*, has been cut to as little as 3% Schools have to apply, and are then inspected The problem of "selecting" which children to feed, Freeman says "sorts itself out automatically, as those who don't need the food don't take it"

In May, by which time the departments of Health and Social Welfare & Pensions will have been amalgamated, a spokesman for the former told the *FM* it will survey 20 000 children in the 6-8 age groups at schools all over the Republic. They will be chosen at random to establish by average in which groups and localites the needs are greatest. This will be completed in about a month, and will be repeated annually A sensible beginning.

The skimmed milk powder subsidy of R199 000 annually (not R700 000 as previously reported), intended for babies and young children is not being fully used by the local authorities. Even health forums held by the department at various centres haven't woken them up This is "criminal negligence" as one doctor said. Until now, the subsidy has been 56% of the cost to the local authorities. From April 1981, it will be increased to 87,5%, so that the local authorities will only pay 12,5%. They must be forced to make full use of it. Part of the trouble is that mothers have to take their children to the clinics to get the powdered milk. More conveniently situated distribution points are needed

In the rural areas and homelands, the problem is aggravated by ignorance and "taboos" which, it is thought, probably contribute more to malnutrition than actual food shortages, though more use could be made of fortified foods, particularly maize meal

The Department of Health, with the Medical Research Council and the Research council for Human Sciences, recently made a survey in the Ciskei. They found about 3% of children under five were suffering from third degree (severe malnutrition (The Department uses the Gomez classification, accepted by the World Health Organisation. This measures protein-energy malnutrition (pem) by the percentage of expected weight for age and sex).

Following the report, a team of experts will be sent to the Ciskei to give advice and training, for instance to nurses, on feeding and treatment

Such surveys must be repeated throughout the country. Within the limits of its resources the Department of Health seems to have been working along the right lines.

The onus is now on government to give the new Department of Health Welfare & Pensions the green light.



Subsidised feeding . . . it can be done

Doctors fear winter deaths

By ARNOLD GEYER

FIFTY-thousand South African children will probably die of malnutrition in rural areas this winter and a further 100 000 children's lives are at risk, say two leading doctor-politicians.

Dr Nthato Motlana, chairman of the Soweto Committee of 10, and Dr Selma Browde, a PFP member of the Johannesburg City Council, said yesterday that poverty, malnutrition and infant mortality in rural areas had taken on such enormous proportions that existing organisations could no longer cope.

Instead, a major rural development organisation, incorporating existing smaller bodies, would be launched soon to tackle these problems.

Representatives of organisations as well as individuals concerned with combating rural poverty met in Johannesburg last night to discuss the setting-up of such a body.

No details of the meeting could be obtained, but Dr Motlana and Dr Browde, who have led the Hunger Concern Campaign for the past few months, admitted their campaign could no longer cope with the growing infant mortality and malnutrition and would therefore "slot in" with the body.

"We have to pool our resources both to remedy the symptoms and prevent the causes of rural poverty," Dr Motlana said.

This would include the reintroduction by the Government of a free school feeding scheme, the widespread application of preventive medicine and assistance to people in resettlement areas and homelands to build up their own livelihood, he said.

Mr Victor Allen, the co-ordinator of the proposed umbrella organisation, said the four priorities facing it would be food production, the creation of work and occupation opportunities, the production of cheap fuel, and the provision of appropriate and adequate housing.

Dr Browde said the increase in tuberculosis cases in resettlement and homeland areas was twice as high as official Government figures.

"We have realised that we have to go much further than feeding children — we have to look at the causes, like unemployment, resettlement, bad irrigation, earth erosion and the growing of suitable foodstuffs," she said.

BURLAND*LIST

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1265:D	1956	
1266:T	SHONA L	
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Health facilities for blacks 'are poor'

Black health care was "inadequate" in South Africa and the nation's doctors were badly distributed, a professor of community medicine said at a genetic conference in Johannesburg yesterday.

Professor John Gear, professor of community medicine at Witwatersrand University speaking at the conference organised by the Medical Students' Council at Wits, said that blacks did not get much in the way of health care.

He said the mortality rate among white infants who died in the first year of life was 22 to every 1,000 births, but comparative figures for coloureds and blacks were 139 and 136 respectively.

"Health care for blacks is inadequate and there is a shortage of doctors to treat them in rural areas. Two thirds of South Africa's people live in rural areas but 94 percent of doctors practise in urban areas.

Others who addressed the conference were Professor S A Strauss, professor of criminal law at Unisa, and Professor L Cavalli-Sforza, a leading American professor of genetics, who agreed that compulsory sterilisation reminded him of nazi Germany.

Significant points made were:

● Professor Gear said something should be done to control South Africa's rapidly increasing population.

● Professor Strauss said that the liberalisation of the country's abortion laws would not do away with backstreet abortionists.

● Professor Strauss and Professor Gear said that South Africa was "light years" away from abortion on demand.

Big probe as hunger hits thousands

STAR 23/5/80 (90)

By Bob Kennaugh, Medical Correspondent

South African health authorities are doing a nationwide survey which will show the extent of malnutrition affecting tens of thousands of children in rural areas.

The intensive survey of 32 000 children of all races between the ages of six and nine is already in an advanced stage, according to a spokesman for the Department of Health.

It has been estimated that at least 50 000 South African children could probably die of the effects of malnutrition this winter and thousands more are undernourished.

Most disturbing is the fact that a high proportion of the unemployed are between the ages of 20 and 29 — more than 42 percent of the economically active in this age group at which job expectations are highest.

Skimmed milk

At the same time a big surge in food prices has accelerated the consumer price index, and the inflation rate for the 12 months to April was 13,4 percent.

The food price rise reflected a 2,27 percent increase for April alone.

A South African Government - subsidised skimmed milk scheme does not operate in the homelands and independent states. Commenting on the findings of Dr Browde's survey, Professor John Gear, professor of community medicine at the University of the Witwatersrand, said as many as 750 000 black children may be undernourished.

Not only did black people in rural areas not get adequate medical care but there was a critical shortage of doctors to treat them

Improved health services in these poverty-stricken areas had to be

To Page 3, Col 9

The Hunger Concern Programme, led by Dr Selma Browde, PFP member of the Johannesburg City Council, and Dr Nthato Motlana, chairman of the Soweto Committee of 10, recently sent scores of letters to rural hospitals, clinics and mission hospitals. Their campaign is committed to fighting malnutrition and infant mortality.

Replies from medical superintendents, churchmen and others were alarming. It was not intended to survey some of the homelands and independent states but letters reached kwaZulu, Bophuthatswana and Transkei.

Out of work

Responses from homelands and rural areas revealed that malnutrition was widespread and that kwashiorkor (severe malnutrition), tuberculosis, pneumonia, and marasmus (extreme emaciation, particularly in infants) were common in some regions.

This survey has been done at a time when the Department of Statistics

struck the blow.

Anomaly of hunger in SA while food is exported

STAR 23/5/80

90

Political Correspondent

THE ASSEMBLY — It was most unfortunate that a country like South Africa that exported food should have such a high malnutrition rate, the PFP spokesman on health, Mr Horace van Rensburg, said today.

"The belief held by the South African public that no one in South Africa need go hungry is a false belief. It is important that they be informed of these circumstances," he said.

"Malnutrition is far worse in Third World countries but that doesn't mean we mustn't give the problem our serious attention."

Mr Van Rensburg quoted from an article in the South African Medical Journal which showed that the death rate of black and coloured cildren between the ages of one and four was 13 times higher than that of whites.

The deaths were primarily caused either directly or indirectly by malnutrition or malnutrition-related diseases.

Mr van Rensburg said malnutrition was experienced mainly in the rural black areas because of low food production capacity, lack of training in production and problems related to the nature of land ownership.

It was also more difficult to reach these people with nutrition education and food services such as distribution of milk powder.

"It would be unwise to think that the problem can be solved overnight but it needs our urgent attention," he said.

In reply to a question by Mr van Rensburg, the Minister of Health, Dr Munnik, said no exact figures were available for the incidence of malnutrition in South Africa.

"An estimated 38 000 black and 930 white children who were at risk of suffering from protein-energy malnutrition benefited from the subsidised skim milk powder scheme during the financial year 1979-80," he said.

The NRP spokesman on health, Mr Nigel Wood, said it was a tragic anomaly that South Africa exported food while there was serious malnutrition.

Nationwide survey on malnutrition

From page 1

backed up with better socio-economic conditions, including better housing and employment opportunities, according to Professor Gear.

A spokesman for the Department of Health said today that the nationwide survey would make the best evaluation of nutrition undertaken in South Africa. The survey will not include the homelands and neighbouring independent states.

In the past smaller surveys have been done by the Medical Research Council, the CSIR and some universities — but these have been limited.

The spokesman said the department would work closely with the recently formed Regional Health Organisation for Southern Africa, whose members included representatives from the homelands and independent states.

"The idea is to work out a strategy for heath in the whole region. Nutrition, malnutrition and the consequent diseases, will certainly be discussed."

The Transvaal needed a special development subsidy from the Government to provide services to the industrial boom areas in the

TO ALL:

Religious Leaders	Member
Members of Parliament	Provin
Newspaper and Magazine Editors	Busine
Members of the Public	Trade
Committee members of cultural,	politic

BANNING & DETENTION WITHOUT DUE PROCES

The Civil Rights League is deeply pert
punishments of detention and banning o
law, and the subsequent situation in w
contraventions.

COURTS ARE EXCLUDED

The courts are, in effect, compelled tc
punishment without having any knowledge
of restriction has already been imposed

The League protests that the courts are
and judging the evidence on which peopl
"security" legislation. Thus, when ac
courts, for example on charges of havin
under a wide-ranging definition and some
pressure of incommunicado detention, a
excluded from the jurisdiction of magist

Using banning for political or other rea
officials, when the victims have not com
having them convicted and sentenced in c
of the law, creates confusion between th
that may lead to weakening of respect fo

INNOCENT UNTIL PROVEN GUILTY

The fundamental principle of law is that
guilty. There must be no departure fro
form - yet that is what happens when peo
Civil Rights League calls on the Govern
punishment without judicial process.

SMOKESCREEN

There are those who persuade themselves
they must have merited their punishment
rather than imprisoned. This is the wa

The belief that there can be no smoke wi
realisation that permanent smoke more pr

Those who believe that officials cannot m
example: the interference with parliamen
and Mr. Biko's death.

Far from bannings being merited, these restrictions very often silence people of goodwill who have the influence to bring our people together in peace - when there is a desperate need for voices of reconciliation to be heard.

WEEK OF THE INNOCENT - FROM 26TH MAY

p.t.o.

Page 12
POST, Friday, May 23, 1980

STORM IN A FEEDING BOTTLE

WASHINGTON — Baby-feeding practices in South Africa have helped persuade American law-makers to pass a Bill controlling infant foods.

The US House of representatives voted by 388 to 15 to approve a measure regulating the safety and nutrition of substitutes for mother's milk.

The Bill now goes to the Senate.

The legislation follows a series of Congressional hearings on the marketing practices of multinational companies.

Citizens' action groups contended that vigorous marketing of baby foods to unsophisticated mothers boosted infant mortality.

BREAST-FEEDING

They said breast-feeding promoted immunity to disease, some baby foods were critically deficient in chloride, and people ignorant of hygiene exposed babies to infection by using bottles.

Material presented at the hearings included a study of the baby-feeding practices of mothers at the King Edward Hospital in Durban.

The study found that 42 percent of babies under one month were solely or partially bottle-fed, and 51 percent of babies aged between two and three months were solely bottle-fed.

A Durban doctor was quoted as saying that bottle-feeding was popular "largely due to advertising — particularly over that powerful medium, the radio".

FIRST CHOICE

He was quoted further: "However much the promoters of artificial feeds may precede their sales talk with statements that breast-feeding should be the first choice, the damage is easily done in a population which particularly equates obesity in children with health."

The head of a major baby food manufacturer said in evidence at the hearings that his company's South African subsidiary had been told to stop using a certain advertisement.

The company agreed that there should be no advertising or other promotion designed to increase sales to the possible detriment of breast-feeding.

200 000 may be affected by malnutrition, says N Tvl doctor

The harvest of hunger...

STAR 26/5/80 (90)

Replies to scores of letters sent to all parts of the country by the Hunger Concern Programme were alarming.

A letter from an Aliwal North creche said: "We are operating a creche and nursery school for black children aged from six months to six years, many of them are suffering from malnutrition."

A kwaZulu hospital disclosed: "Ours is a rural hospital of 300 beds catering for a population of 100 000. The local people are very needy and our children's wards are half full of malnutrition cases."



Barren, eroded land provides a backdrop for Edith (9) and her baby sister, Hilda (six months) in the Thaba Sione Village between Lichtenburg and Mafeking where malnutrition is rife.

By John Murray

Twenty children crammed in and under a single bed in a northern Transvaal hospital, their scalps covered in pocks, their stomachs distended and their limbs skeletal . . . Horrific, yes, but typical of the tragedy of malnutrition now rampant in South Africa.

A report disclosed last week that 50 000 children like them could die this winter, and a doctor in the area said this weekend the situation was only "the tip of the iceberg."

RECRUITING

Villagers, grey with hunger, beg farmers recruiting reapers to employ them so they can earn the five bags of maize that will have to last them the six months till the next harvest.

Thousands are fighting for life against the meanness of the parched, windswept dust bowls of the Lichtenburg area.

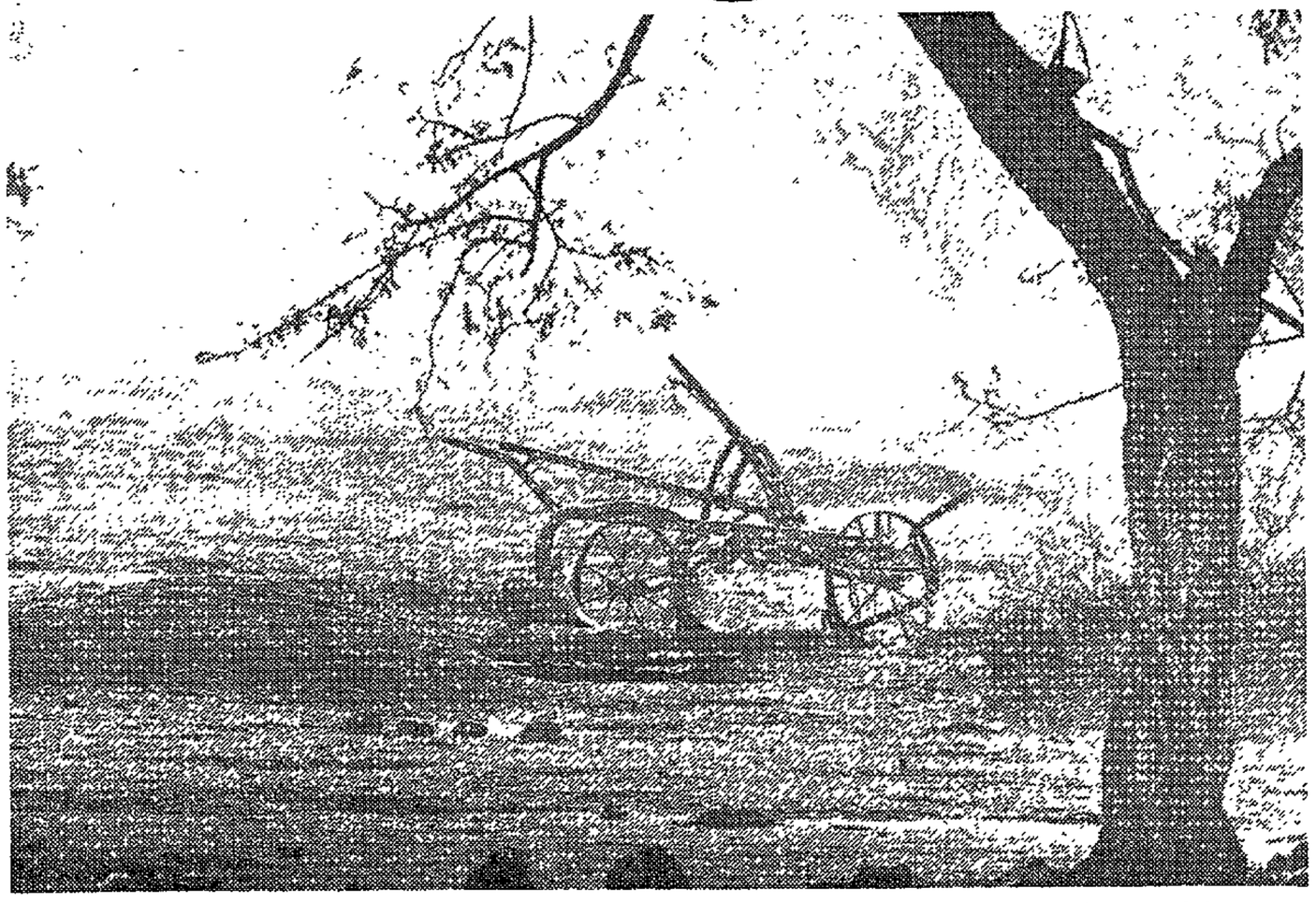
LABOUR

For years, traditional taboos have prevented people from bringing seriously undernourished children forward for skilled medical attention.

Ignorance means that mothers are using the milk of goats, cows or even artificial milk instead of their own.

Contaminated river water, a maize diet without the vital vegetables and fruit, neglect by mothers working in towns, and illegitimacy exacerbate the rate of malnutrition.

Official and public indifference has been shaken only recently by the urgency of the need for millions of rands' worth of supplementary nutrients.



A desolate scene in the Northern Transvaal where the livelihood of people is being threatened by poor crops and rising food prices. ● Pictures by Graham Gainsford.

BATTLED

Farmers who have lived for generations in the Northern Transvaal, doctors, politicians and churchmen gave these descriptions this weekend as leading Johannesburg citizens battled to stimulate concern.

Prosperous Lichtenburg farmer Mr Morland Mathews, who stood for Parliament as a United Party candidate in 1970 and 1974, said the situation was "pitiful".

Dutch national Dr M Bac, of the Gelukspan Hospital, would not allow photographs of the dozens of children in his D5 malnutrition ward to be taken and he was reluctant to give details because the Bophuthatswana government had warned him that to do so would be "politically dangerous".

SURVEY

But he talked of a survey started in February this year backed by the South African National Institute of Nutritional Research and the Rotterdam School of Medicine.

"There could be 200 000 children affected in the 50 villages we service inside and outside of the black state," he said.

"But this is only the tip of the iceberg. We don't know the real situation."

In a letter to the Hunger Concern programme led by Johannesburg city councillor Dr Selma Browde and the chairman of the Soweto Committee of Ten, Dr Nthato Motlana, Dr Bac has said that 40 percent of the children who died in his hospital in the first half of last year suffered from malnutrition.

He believes the rest of the "iceberg" lies beneath a surface of traditional reticence in isolated rural areas.

Headmen of villages asked if this was true and what they did about the lack of food, reacted much like elderly Abram Thebenapelo of Thaba Sione:

Shielding his eyes from the swirling dust and scorching territory that has been without rain for more than three months, he said: "Ons help net mekaar, nkosi. Ons help net mekaar" ("We help each other").

Small Jo'burg firm to feed hunger area

STAR 30/5/80

90

Shocked by disclosures of widespread malnutrition in rural areas, employees of a Johannesburg company have decided to donate R300 a month for food to one affected area and deliver it themselves.

There has been strong reaction from the public and Parliament to reports in The Star that 50 000 children could die this winter and that 200 000 children in one Western Transvaal area alone could be affected by malnutrition.

Almost all employees of a small engineering firm in Johannesburg responded to an appeal by Mr Geoffrey Parry, the managing director, to help villages hit by drought and winter conditions.

"We will collect about R300 a month for four months to be used to buy high protein food," said Mr Parry. Employees will select a particular community and then personally take the food to them every two weeks.

"If only we can see them through the winter, their chances of survival will improve. We can feed up to 20 people but other larger firms could provide for more and individuals could also help."

Dr Selma Browde, PFP member of the Johannesburg City Council, said she was gratified that there had been positive response and this could be the start of an even greater effort.

Dr Browde and Dr Nthato Motlana chairman of Soweto's Committee of Ten, launched the Hunger Concern Programme to fight malnutrition and infant mortality in rural areas.

The Minister of Health, Mr Munnik, yesterday dismissed the reports of malnutrition and accused Dr Browde and Dr Motlana of "only trying to place us in a very bad light in the eyes of the rest of the country and of the world."

South African health authorities are doing a nation-wide survey of 32 000 children of all races to establish the extent of malnutrition. The survey will not include the homelands and neighbouring states.

A spokesman said the department would work closely with the recently formed Regional Health Organisation for Southern Africa, which includes representatives from the homelands and independent states.

Together, the authorities would try to work out a strategy for health for the whole region.

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War declared on hunger

A community scheme has been launched to supply food and water to rural families suffering from malnutrition.

The scheme has evolved from the Hunger Concern Programme started by Dr Selma Browde, a PFP Johannesburg councillor, and Dr Nthato Motlana, chairman of Soweto's Committee of Ten.

Its aim is to fight malnutrition and infant mortality.

The Hunger Concern Programme sent scores of letters to rural and mission hospitals and received reports that 50 000 children would die this winter.

In one Western Transvaal area alone, 200 000 children could be affected by malnutrition.

SHOCKED

Shocked by the malnutrition problem a small Johannesburg company has decided to give R300 a month for food, for four months.

"There has been an encouraging reaction to the call for help," said Dr Browde today.

"The rural Linkage Scheme will link donors in the urban areas with recipients in the rural areas.

Reacting to a dismissal by the Minister of Health, Dr Munnik, of the malnutrition reports, Dr Browde said: "The Minister appears to be misinformed about the objectives of the Hunger Concern Programme."

She said in rural areas, malnutrition and hunger were caused by several factors, including:

- Ignorance about feeding.
- Some people were resettled in areas where there was little food, land was not suitable for farming, not enough water and insufficient jobs.

She said she and Dr Motlana had interviewed the Secretary for Health before launching the Hunger Concern Programme.

Individuals or companies waiting to take part in the rural linkage scheme may contact Dr Browde at 725-4215.

Malnutrition reports pooh-poohed

(90)
RDM
28/5/80.

Political Staff

HOUSE OF ASSEMBLY. — The Minister of Health, Dr Lapa Munnik, has dismissed reports that there is "malnutrition beheind every bush" in South Africa.

He also accused Nr Ntatho Motlana, chairman of the Soweto Committee of Ten, and Dr Selma Browde, former MPC for Houghton, of "only trying to place us in a very bad light in the eyes of the rest of the country and of the world".

In a recent study Dr Motlana and Dr Browde said about 50 000 South African chidren would die from malnutrition this winter, while a further 100 000 children would be at risk for their lives.

Dr Munnik was replying at the end of the Health Vote to Mrs Helen Suzman (PFP Houghton), who said: "A country as affluent as South Africa, and blessed with so many economic resources, should not have these numbers of cases of malnutrition, and indeed near starvation, if we are to believe the reports"

She also called on the Minister to make kwashiorkor a notifiable disease again.

In reply, Dr Munnik said: "The department is doing its best to prevent malnutrition."

He did not agree with the figures given by Dr Browde and Dr Motlana, and described an article on their study in the Rand Daily Mail as "very nasty".

He continued: "I think these are figures which have been published for a semi-political reason in a paper that certainly does not favour the Government.

"I think they are only trying to place us in a very bad light in the eyes of the rest of the country and of the world.

"Their scientific evaluation was based on replies they received to letters they sent to a lot of mission hospitals, letters in which they asked how many people were suffering from malnutrition.

"I practised for 12 years on the border of Transkei If I saw five dozen cases of severe malnutrition in those 12 years, it was a lot.

"I cannot accept this story of malnutrition being beheind every bush," he said.

Three times as much milk powder was being distributed at Atteridgeville near Pretoria than at Mamelodi, which had a higher population.

"Either milk powder is not being distributed or there is no malnutrition. The fault does not lie with us. The machinery is there which has been creasvted by the Department of Health over a number of years," Dr Munnik said.

Even smaller municipalities were not making use of the offer of milk powder.

"One can take a horse to the water but one cannot make it drink. If all the milk powder is used we will give further subsidies, but we cannot feed every child who is a potential case of malnutrition."

Asked by Mrs Suzman about making kwashiorkor a notifiable disease again, Dr Munnik said: "I shall consider it and consult the Department. It is not always a result of insufficient food."

WEEK OF THE INNOCENT - FROM 26TH MAY

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'Political' malnutrition

(90) Political Staff Cape Times 28/5/80

HOUSE OF ASSEMBLY. — The Minister of Health, Dr L A P A Munnik, has dismissed allegations that there is "malnutrition beheind every bush" in South Africa.

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* You may not prepare any document for publication.

* You may not belong to any organisation or attend its meetings.

* From 6 p.m. on Friday 30th May to 6 a.m. on Monday 2nd June you are under house arrest and may not leave your home.

BEAR IN MIND THAT YOU HAVE BROKEN NO LAW ...

Please remember that the Banned live under these conditions year in and year out. Many of them are people who used to play a full and valuable role in their communities, which they are now prevented from doing.

Remember too the families of the innocent Banned and Detained who share their suffering.

NO PUNISHMENT EXCEPT THROUGH THE COURTS - JUST LAWS JUSTLY APPLIED

Issued on behalf of the Civil Rights League, 527 CTC Building, Plein St., Cape Town 8001 by Dr. K. Hughes (Chairman).

Survey on hungry children nears end

STAR 3/6/80 (90) (241)

A nationwide survey that will show the extent of malnutrition in rural areas in South Africa will be completed this week, a spokesman for the Department of Health said today.

The official nutrition survey of 32 000 children of all races between the ages of six and nine is the biggest of its kind ever carried out. Information will be collated but results will not be known for months.

Meanwhile a community scheme committed to supplying food and water to people suffering from malnutrition in rural areas has been launched.

The Rural Linkage Scheme, evolved from the Hunger Concern Programme was initiated by Dr Selma Browde, PFP member of the Johannesburg City Council, and Dr Nthato Motlana, chairman of Soweto's Committee of Ten.

The Rural Linkage Scheme is dedicated to linking donors in urban areas with recipients in the rural areas. People from the cities will give food directly to the undernourished. They will communicate with the people and find out why there is a malnutrition problem in some areas.

A small Johannesburg engineering company has offered R300 a month for four months for food. Employees will make deliveries themselves.

Wrong eating habits

FR 11/6/80 90

THE history of the struggle against nutritional diseases includes the names of many devoted people.

Although Gaspar Casal referred to pellagra as far back as 1679, it was only in about 1930 that patients suffering from this illness were described in any detail in medical literature Pellagra is characterised by the cracking of the skin and various degrees of mental disturbances. This disease is associated with a shortage of certain vitamins.

The name "Kwashiorkor" is given to a disease that literally means a baby deprived of breast feeding. Apparently Dr Cicely Williams, a woman doctor on the West coast of Africa, was the first person to describe the disease.

Protein - energy - malnutrion is another name appearing under the large group of deficiency diseases and indicating a lack of several basic nutrients.

Separated milk powder for children and food enrichment are the two most important weapons with which the Department of Health has armed itself in this major battle. The powdered milk scheme was initiated in 1962 and enriched maize meal is receiving special attention.

Besides the worldwide problem of millions of starving human beings, there is also the question of those who over eat or follow wrong diets. The Department of Health's Nutritional Services are available to all for this purpose

Modern man is continually indulging in wrong eating habits, one of the most important being the consumption of too many refined cereals. The more cellulose or roughage there is in one's plate of porridge for breakfast each morning, the better.

There are enough calories but never in the right place at the right time

The cry of the hungry



And in South Africa — a child at a Port Shepstone mission hospital.

LAST MONTH, Tanzania reported that unless it received immediate food aid, thousands of people, plagued by poor harvests, drained by the war against President Amin, and crushed by rising oil prices, would starve. It was not the only country in such straits.

Neighbouring Zambia is trying to increase its maize imports after a poor harvest last year and indications of an even poorer one this year. In mid-September last year the Food and Agriculture Organisation (Fao) in Rome, which has an early warning system for such things, listed 20 developing countries effected by abnormal food shortages.

IN 1969, U Thant, the United Nations Secretary-General, announced: "The members of the United Nations have perhaps 10 years left in which to launch a global partnership to improve the human environment, to defuse the population explosion and to supply the required momentum to development efforts".

More than 10 years have passed since then. There has been no global partnership. Rather, there has been a series of catastrophic droughts; the environment more polluted, the price of basic foods has quadrupled and the world population has risen from 3 561-million to 4 414-million people.

There have always been famines, but the scale and ubiquity of hunger today is on a totally new scale. Since the 1950s 1 000-million people have been added to the populations of developing countries, and both the absolute numbers of poor, and their proportion in the total world population have increased rapidly. Today malnutrition is said to affect more than 1 000-million people; perhaps as many as 400-million live constantly on the brink of starvation.

Population continues to increase, often at three percent or more, in the countries least able to increase production. It is only in the wealthier countries, able to feed themselves, that the birth rate has fallen to below two percent, or even in some cases, like Britain, West Germany or the United States, to zero growth.

In 40 percent of the developing countries population growth continues to outstrip food production, and what food there is continues to suffer from high loss (up to 30 percent, because of climate and pests).

has shown that protein deficiency in infancy is thought to cause irreversible brain damage.

The suppliers are always the same, the industrialised West; the needy, always the 29 accepted "least developed countries" which lie, in two "poverty belts" one across the middle of Africa, the other from Afghanistan and across South-east Asia, where the per capita income in 1977 was about R120.

Before the Second World War, several African, Latin American and Asian countries were able to export grain. By the mid-1960s, they were all importing it in increasing amounts.

Poverty, ignorance, lack of transport and storage systems and economic patterns effectively ensure that the world continues to have, as Georg Borgstrom put it in his book Too Many "about 450-million well fed people living in comparative luxury . . . as against 2 400-million undernourished or in other ways deficiently fed and generally poor."

Deaths from malnutrition are common; of the 60-million that happen each year, between 10 and 20-million are thought to be the result of starvation.

They are rarely labelled as such. Disease unimportant to well fed people, kill hungry ones. The pre-school mortality rate, considered the best nutritional indicator, is 10 to 40 times higher in parts of Asia, Africa and Latin American than it is in the United States. At least half of these deaths are accepted as being due to malnutrition.

Deficiencies

Malnutrition does not always kill. It can cause marasmus, deficiency in protein calories, producing thin, wasted babies with wrinkled skin; kwashiorkor, or protein starvation, with which children become stunted and apathetic, with pot bellies; beriberi (deficiency of thiamine through eating polished rice); anaemia and rickets. It has long been known that malnutrition during the years of growth can cause physical deficiencies; more recently, evidence

Imports

All forecasts of future import needs of developing countries allow for substantial improvements in their agricultural production; if that does not happen, if more land is not used more intensively to increase yields, or if there are more droughts, then imports will have to rise yet higher. And there is no technology being evolved that provides the possibility of an increase in food production of a magnitude offered 15 years ago by the "green revolution".

However, they usually add that it would be economically and politically inconceivable to prevent people from upgrading their diet whenever they can, eating more meat, but that what could and should be done is to ensure that supplies going to feed cows can be drawn on in times of serious shortfalls of cereal supplies.

An FAO report, entitled Agriculture: towards 2 000, says hunger could be abolished; but not this century. And not unless there is what seems to be a new economic order, in which the world's resources are redistributed, production in the developing countries is modernised and more investment made in their economic future.

In the long term, it will not help to keep shipping food endlessly about the world. There is no alternative but to try to break the cycle of abject poverty and to distribute wealth so that people can afford to produce food themselves. The poor are malnourished, not because they are ill or their diet is deficient, but because they do not have the purchasing power to buy the food that exists.

Half Ciskei babies do not get enough food says survey

Indaba Reporter

About half of the two or three-year-old children in the Ciskei are malnourished with more than one in ten actually suffering from severe illnesses like marasmus and kwashiorkor due to shortage of food.

This was revealed in a survey carried out for the Ciskei Health Department in Mdantsane and some rural areas.

More than three out of four young schoolchildren are undernourished, according to the survey.

Because malnutrition is one of the main problems, a committee has been formed to investigate ways of relieving the problem.

One of the proposals was to arrange a symposium and to invite people from all sections of the community in order to create an awareness of the problem and to seek their ideas and co-operation in dealing with it.

The symposium will be at Cecilia Makiwane hospital on July 17 and 18.

A circular from the hospital says that although lack of food will always lead to illness and so appear to be health problem, in reality malnutrition is not only nor even mainly a medical problem.

Its basic underlying causes are socio-economic. Malnutrition occurred widely in poor communities in which social services were limited and scarce within these communities in families which were severely disorganised, the circular states.

The circular says that not only doctors and nurses, but industrialists, businessmen and economists who can advise about or provide employment, social workers and administrators who can ensure what aids are available to people, as well as ministers of religion, agriculturists and family planners are all concerned and will have to make a contribution if the problem is to be solved.

The symposium will attempt to place nutrition and malnutrition in its correct community perspective both as problem resulting from serious social and economic distress and one which will only yield to concerted community action and team work by people from many disciplines, the circular says.

Ciskei: the starved youth

By LESLIE XINWA

EAST LONDON — Half of all two and three-year-olds in the Ciskei are malnourished, a survey conducted by doctors for the Ciskei Government in 1978 has revealed.

But the figures may well be worse now with the drought that has gripped the Eastern Cape, the Director of Health Services in the Ciskei, Dr Charles Bikitsha, said.

The results of the survey were made known by Dr Trudi Thomas at the Ciskei Malnutrition Symposium at Mdantsane yesterday.

"Most were just stunted like mealie plants in a drought stricken field but one in ten in the towns and one in six in the country were actually suffering from sickness forms of malnutrition — kwashiokor and marasmus," Dr Thomas said.

She pointed out that the survey only counted those children who had survived while it was known that many Ciskei children did not reach the age of one.

"In Mdantsane — probably the "best" health area — more than one in ten die in their first year," she said.

The figure compared with one or two children out of 100 dying in privileged societies.

Figures from another survey which involved weighing 70 children in the eight-year-old group, were even more startling, she said.

In Mdantsane three out of four, and in the rural areas eight out of ten, were found to be undersized.

Dr Thomas also outlined methods of establishing whether children were malnourished.

Dr Bikitsha, who officially opened the symposium, said it was important to remember that for every one of the full blown clinical cases spoken about there were several with marginal symptoms discernible only to the most astute eye.

He said while South Africa was celebrating one of the biggest maize harvests in years, starvation and death of man and beast had struck the Eastern Cape.

The acting assistant secretary for welfare in the Ciskei, Mr N. Nduna, said 33 per cent of the adult population in the Hewu district suffered from pellagra while 50 per cent of the children were victims of marasmus.

Main problems were poverty, migratory labour, unemployment, illigitimacy and lack of education, he said. Ciskei Chief Minister, Chief L. L. Sebe, who spoke while paying a courtesy visit to the symposium, said school nurses should communicate direct with the organiser of nursing services as soon as they detected malnutrition in school children.

He hoped the symposium would bring out all the evils of malnutrition. — DDR

More jobs would end malnutrition — expert

EAST LONDON — If all parents had jobs and if those with too much would share with those with too little, there would be no malnutrition.

Pediatrician Dr Trudi Thomas said this at the Ciskei malnutrition symposium at Mdantsane yesterday where she presented a bold new plan to combat the problem in the area.

Dr Thomas, author of Their Doctor Speaks, a book about malnutrition in the Keiskamma district and the Ciskei, told the symposium: "If those with too much would share with those with too little, malnutrition would end."

She suggested a five-point plan which would fit in well with what was already being done in the Ciskei.

This included: awareness and detection, food supplement, immunisation, family planning and social services.

"We cannot rely on doctors and nurses only," she said.

She suggested that antenatal clinics ensure that expectant mothers were well fed.

All people dealing with children must be taught to detect suffering flowing from malnourishment.

Dr Thomas also suggested that milk be regarded both as a food and a medicine in cases where marasmus, kwashiorkor and other similar diseases were detected.

Dr Thomas said she had a vision — which she hoped would come true — of every zone in Mdantsane having its own creche where children could be brought up under proper conditions and cared for during the day when mothers were at work.

She did not think family planning was among the most important factors in curbing malnutrition.

She conceded there were cases where it could be suggested but she would opt for the provision of jobs as priority number one in fighting malnutrition because when parents had work, food would be provided for their children.

She had omitted nutrition education in her five-point plan because it was generally suggested in situations where it could not be applied.

Dr Thomas said the optimum use of present resources in the Ciskei could go a long way towards combating malnutrition.

"We need to define and report doggedly and persistently on the real needs of the people and insist on a budget and a system that really fits their needs," she said.

When this was done there would be no need for symposiums and five-point plans to combat malnutrition because it will have been eradicated, Dr Thomas said.

The Ciskei Director of Health Services, Dr Charles Bikitsha, said research had shown that malnourished children could still be salvaged and sometimes do better in schools than properly brought up children.

He suggested a return to traditional methods of feeding in the rural areas.

He said congestion in places like Thornhill and Potsdam had been manmade and money would have to be pumped in. — DDR



Cry hunger. Pediatrician Dr Trudi Thomas with a young victim of "marasmus" at the symposium yesterday. Dr Thomas, who has written extensively on the problem of malnutrition, said marasmus was basically a medical term for starvation. Its victims, she said, were usually one-year-old or under.

C. Times 19/7/80 (90)

Half Ciskei infants are malnourished — survey

Own Correspondent

EAST LONDON. — Half of all two and three-year-olds in the Ciskei are malnourished, a survey conducted by doctors for the Ciskei Government in 1978, revealed yesterday.

But the 1978 figures may well be worse now due to the drought that has gripped the Eastern Cape, the director of health services in the Ciskei, Dr Charles Bikitsha, said yesterday.

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"In Mdantsane, probably the 'best' health area, more than one in 10 die in their first year," she said.

The figure compared with one or two children out of 100 dying in privileged societies.

Figures on another survey which involved weighing another 70 children in the eight year-old group, were even more startling, she said.

In Mdantsane three out of four, and in the rural areas, eight out of 10 were found to be undersized.

Dr Charles Bikitsha, who officially opened the symposium, said it was important to remember that for every one of the clinical cases reported there were several with marginal symptoms discernible only to the most astute eye.

He said while South Africa was celebrating one of the biggest maize harvests in years, starvation and death of man and beast has struck the Eastern Cape.

It was also interesting to note, he said, that while the Ciskei was looking into the problems of hunger and being underfed, South Africa was concerned about being overfed.

The acting-assistant secretary for welfare in the Ciskei, Mr N Nduna, said 33 percent of the adult population in the Hewu district suffered from pellagra while 50 percent of the children were victims of marasmus.

Main problems were poverty, migratory labour, unemployment, illigitimacy and lack of education, he said.

The Chief Minister of the Ciskei, Chief L L Sebe, who spoke while paying a courtesy visit to the symposium, said school nurses should communicate direct with the organizer of nursing services as soon as they detected malnutrition in school children.

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Malnourishment problem in Ciskei

Own Correspondent

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The results of the survey were made known by Dr Trudi Thomas at the Ciskei Malnutrition Symposium in Mdantsane recently.

Describing the suffering children Dr Thomas said: "Most were just stunted like mealie plants in a drought-stricken field, but one in 10 in the towns and one in six in the country were actually suffering from sickness forms of malnutrition, kwashiorkor and marasmus."

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Hunger boosts crime in kwaZulu

The people of kwaZulu — despite starvation — can no longer afford to grow crops. "We plant, others reap," they say and tell of thuggery and theft.

Mr Howarth Nzimande, a lawyer in the Nqutu district and a permanent member of Chief Gatsha Buthelezi's Planning, Co-ordinating and Advisory Council (PCAC), says crime in the homeland has escalated because people are starving.

"I deal with cases of assault and theft every day in court. But things are getting worse," said Mr Nzimande.

And, in Natal's white areas, burglaries are reportedly increasing.

Deep in the heart of kwaZulu, in the Msinga district, a family outline their daily diet. They cannot afford meat.

WITHERED

In sugar cane land, the green and lush three-metre high cane stalks have withered and died, shrunken into pitiful clumps.

The Zulu owner of a four-hectare plot says that she, a widow with six dependents, has lost all her crop. Her vegetable patch — for cabbages and beans — has yielded nothing either.

Normally, she makes R4 000 a year out of her sugar cane crop and from this she deducts payments on a tractor. The fertiliser she bought last year is still visible on the dry and cracked land, still waiting for the rain to fall.

She will apply to the kwaZulu government for a drought **relief** payment and, for the rest, she must hope that one of her working children will send her some money. None has, so far.

* * *

KwaZulu's sugar cane harvest this year will bring in "at best" half of the 1,1-million tons expected. This means an income loss of R10-million to black sugar cane farmers, according to Mr H M S Ferreira, secretary of kwaZulu's Department of Agriculture and Forestry.

Natal's projected target of 2,1-million tons of sugar has been reduced to 1,7-million tons, white sugar cane areas being less hard hit than the black areas.

Similarly, while Natal's white areas have water flowing freely, there are no irrigation schemes, pipelines, taps or boreholes in kwaZulu. You walk in kwaZulu for your water — for kilometres and sometimes for one-and-a-half-hour stretches there and back.

This is how Mr Neil Alcock, a man who has lived among the Zulus for six years as director of Church Agricultural Projects sees it: "Hand-outs are short-term solutions. People cannot go down much further. It's almost the end of the road — and then we will face an explosive situation."

Report by Josie Brouard
Pictures by Clive Lloyd



Mr Elias Sibiya, allocated about 28ha of land by the chief of his district, stands in a field of dead, desiccated sugar cane.



Mr Howarth Nzimande: "People are looting and thieving — because they are starving."

Star's picture of starving child sparks off action



The picture that shocked Star readers: Reporter Josie Brouard with a kwaZulu child dying of marasmus — or starvation. Malnutrition is common in the homeland; things will get worse when the rains come and children suffer gastro-enteritis, says Dr F Constable, director of medical services in kwaZulu.

Readers want to help kwaZulu

A picture of a starving child, just a few hundred kilometres from home, shocked a host of Star readers who want to help the people of drought-stricken kwaZulu.

Housewives with food and baby clothes, businessmen with bags of maize and a truckload of cattle fodder, and a food-distributing organisation have all rallied round as Transvaalers to do their bit for kwaZulu's 3-million people who are suffering famine and drought.

The kwaZulu Government holds a meeting today to decide on suitable depot points and Transvaal-based stations to which help for kwaZulu can be forwarded — and The Star will keep readers informed.

Mr H M S Ferreira, kwaZulu's agriculture and forestry chief, responded warmly to the response of Star readers and said action would be taken today to help kwaZulu's people.

Mr J G Caine, a farmer in Kinross in the Transvaal, said: "I was appalled to read of what was happening just across our borders. What can I do to help?"

Mr Sam Green of Evergreen Ranch in Middelburg immediately offered 100 bags of maize and a truckload of cattle fodder. "I was shocked at the photograph in The Star," he said.

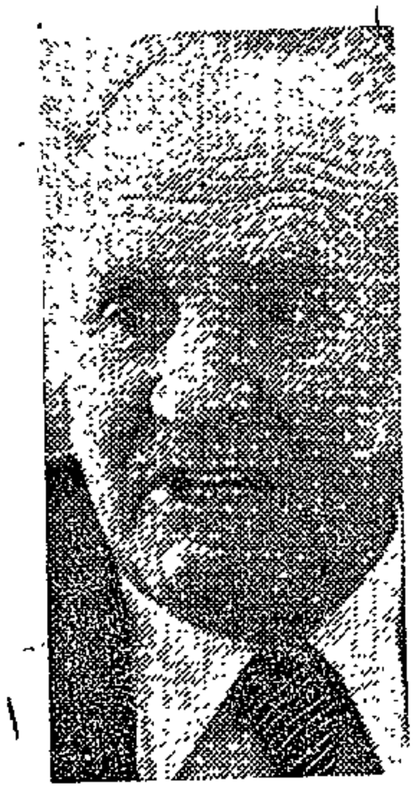
Mr Abdulrahman Zwane representative of the Islamic Missionary Society, is starting a fund-raising drive for kwaZulu inhabitants after seeing The Star article. The society will be distributing pamphlets to its members to make people aware of what is happening so close to home.

"We were dismayed to read what is happening in the homeland," Mr Zwane said.

Mr Len Atwell and Mrs Mary Hanna, who have run food relief schemes for black people for more than 15 years when their organisation was originally known as Kupugani, have also offered their services for the distribution of food to depots in kwaZulu.

The Star will keep readers informed once arrangements have been finalised by the kwaZulu Government.

● Page 27: Hunger boosts crime in kwaZulu.



Mr H M S Ferreira, secretary of kwaZulu's department of Agriculture and Forestry: "The truth of the situation is that kwaZulu's land has been overgrazed. The land is shrinking." Now Star readers have volunteered help to bring relief to the victims of drought in the homeland.

Malnutrition link with faction fighting

Pietermaritzburg Bureau

A MSINGA doctor has established a link between malnutrition and faction fighting in the grossly overpopulated Msinga district.

Faction fight hotspots were pinpointed as the worst-hit malnutrition areas by a health team when they mapped out malnutrition cases discovered in their area.

This was revealed by Dr J P McCutcheon, the medical superintendent of the Church of Scotland hospital at Tugela Ferry.

The economic distress that touches so many families there stems from faction fighting, he said.

'Many men working on the mines and living in hostels in towns away from the location leave their jobs in fear after being dragged into the faction fights.

'Families are left without breadwinners — either when their man deserts his job — or when he is killed in a fight,' he said.

It was almost impossible for anybody to remain aloof to the fighting as the men were put together in tribal groupings in the hostels.

The doctor and his wife are two of a handful of whites who live in the valley.

Few men injured in fights are treated at the hospital. Invariably a face 'appears' at a window, hunting out the patient.

The patient is then transferred to another hospital and his bed left empty for the night to prevent an innocent patient from being found assassinated in the morning.

This year there have been two faction fights — full scale attacks scheduled between clans in the district — interspersed with sporadic murder, according to Greytown police.

'The police try to keep the factions apart but it's a difficult task,' Dr McCutcheon said.

Weapons range from 'anything sharp' — to crude, home-made firearms.

Trying

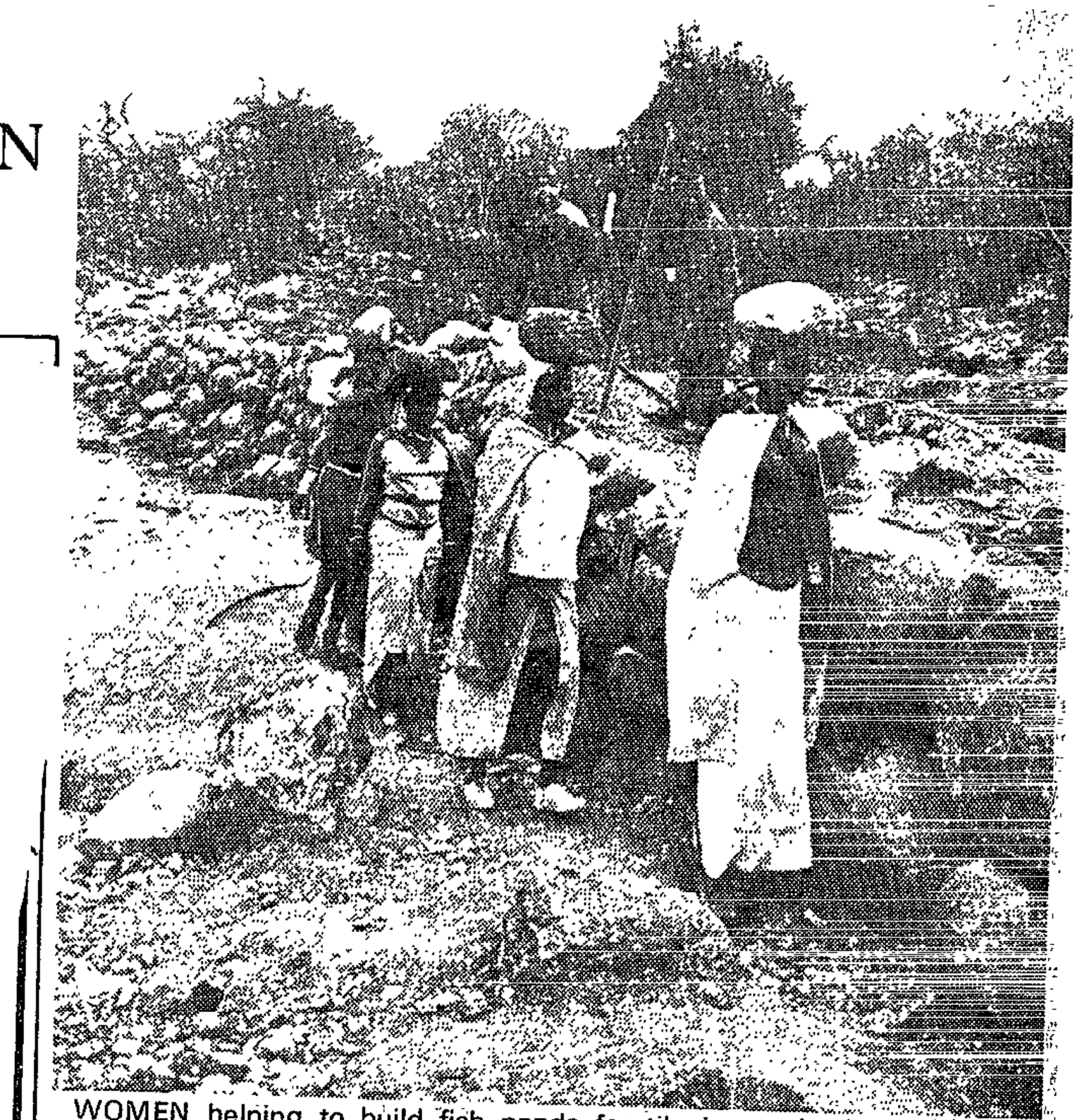
Wits anthropologist Johnny Clegg said: 'The fighting is the death spasm of a rural people trying to find an outlet for frustrations invoked by Government shortsightedness.

'Old grievances over land, women and cattle have been compounded through forcing so many people into a small area by Government legislation.

'Many people are dragged into the fighting because of the pass system. Every man has to carry a pass which identifies his family, no matter where he lives, giving him corporate loyalty to a clan.'

Saving themselv

Report:
PATRICK LEEMAN
Pictures:
ELIJAH ZONDI



WOMEN helping to build fish ponds for tilapia on the banks of the Tugela River.

back to the 1930s and are 'more than delapidated'.

Mr Terry Toohey, direc-

cal comment.'

He said the council applied a rebate system provided by an ordinance so

·s from starvation

Acacia seed pods and branches turned into stock feed

(90 WM 7&8/80

HUNDREDS of people are being saved from starvation during the drought at Mdukutshani in the remote Tugela Valley thanks to the activities of Church Agricultural Projects and one of its directors, Mr Neil Alcock.

In addition to pioneering a unique scheme whereby acacia seed pods and branches are processed into fodder which is a highly nutritious stock feed, Mr Alcock has introduced self-help projects such as the building of fish dams alongside the Tugela River.

Mr Alcock said yesterday that about 150 people, mostly women, were working on the projects which also involve a vegetable garden scheme and the promotion of homecrafts such as beadwork and basketwork.

'I do not believe in hand-outs,' he added. 'The women, for example, who are carting the stones to build the fish dams, want help and are prepared to work for it.'

The founder of Kupugani, an organisation formed to combat malnutrition in South Africa, pointed out that the fish dams were not only providing jobs for the immediate present, they also represented a long-term solution in terms of food production.

'You can produce more protein per hectare of water than you can per hectare of land,' he said.

Mr Alcock believes that 'Small is Beautiful' and maintains that Western technology is totally inappropriate for the needs of Third World countries.

One of the features of the farm is a water wheel erected from old parts and many other appliances similarly constructed.

Scientific

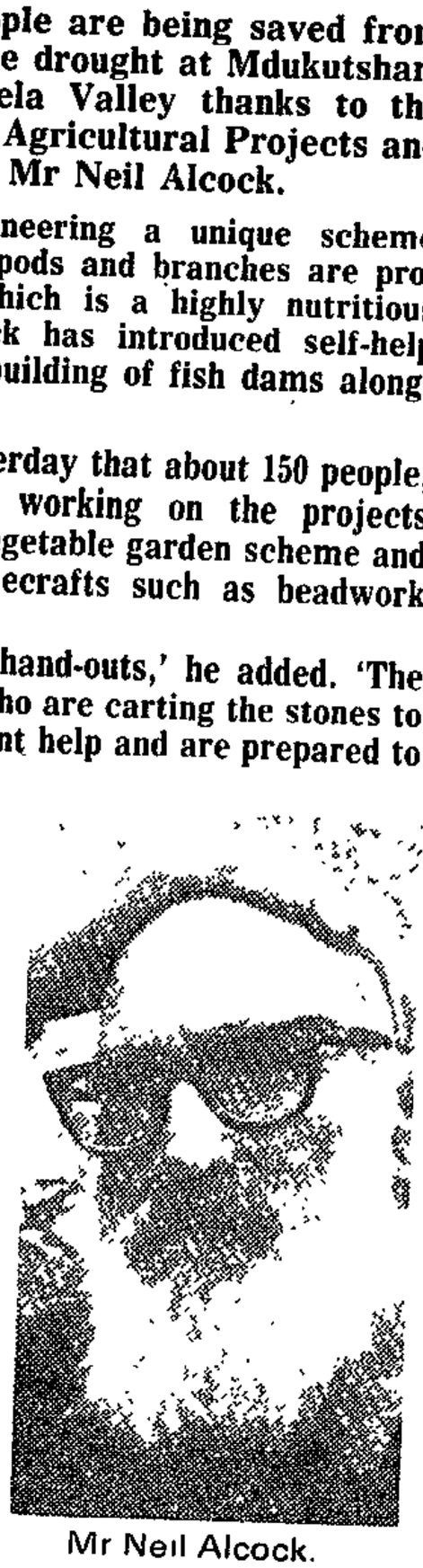
He is diverting water from another water wheel to feed 3 000 people.

Miss Sue Milton, who holds a masters degree in botany, is conducting a scientific study of the acacia scheme which is believed to be unique.

Experiments using fodder derived from acacia have been conducted in South West Africa, India and Australia, but only as a short-term palliative to cope with a drought situation.

The acacia scheme has really caught on among the local people and tons of acacia pods are brought in to the farm every week. The people are paid 20c a bag.

Dr J M Erskine, assistant general manager (agriculture) of the KwaZulu Development Corporation, said yesterday that in a drought any contribution was worthwhile and the KDC would support Mr Alcock in any way it could.



Mr Neil Alcock.



SUE Milton with the indigenous acacia tortilus. Stock fodder is made from the pods and branches.

Water cuts close school again

Mercury Reporter

THE Indian school for cerebral palsied children that has had to close six times in the past six school weeks because of unscheduled water cuts, yesterday closed its doors early again because the taps ran dry.

The plight of Spes Nova School in lower Reservoir Hills and its 95 needy pupils was reported in the Mercury yesterday. But even before the headmaster, Mr Arthur Gordon, had time to read the report he was faced with yet another cut and decided to close the school at 9 a m.

When the Mercury arrived, the 75 children who had hoped to attend school were preparing to be taken home — an hour after they had arrived.

Mr Gordon said: 'I had to close because the [illegible] me that there would be no water for at least six hours and I could not continue for that long without any.'

The school had managed to collect some water in rubber dustbins to give the children their early-morning toilet and prepare them for the trip home.

But the real tragedy of the water cuts and resultant early closures is that some children miss much-needed afternoon therapy sessions. This disruption to the therapy programme is detrimental to their progress, Mr Gordon said.

A spokesman for the City Engineer's Department, said yesterday that the stoppage at the school was due to dirt blocking a pressure-reducing valve. The pipe burst under the pressure because the pipes have been weakened by all the breakages that have been repaired.

WAR ON GASTRO

Battle to save babies at Red Cross

Medical Reporter

THE Red Cross Children's Hospital, Rondebosch, is successfully waging war against gastro-enteritis — the scourge of the poor — which provides the hospital with about 8 000 infant patients a year

This figure of 8 000 — and a peep into the hospital's 'gastro' drip-room where dozens of babies are rehydrated each day — might not be convincing evidence that the fight against the disease is successful.

However, Professor Malcolm Bowie, the hospital's head gastro-enterologist whose experience began in 1956 when the hospital opened, is satisfied that in the past four to five years the number of cases has decreased (from about 15 000 in 1976).

DEATH RATE

Even more important is the striking decrease in the death rate.

In his annual report issued recently Cape Town's medical officer of health, Dr R J Coogan, said gastro-enteritis had been dislodged as the No 1 killer among blacks and coloured people, and this had contributed to the remarkable fall in the city's infant mortality rates.

Professor Bowie produced the hospital's figures to corroborate this fact. In 1976, 79 infants died of the disease. In 1977 there were 34 deaths; in 1978, 26; and last year eight.

He said gastro-enteritis was a general term used for infective diarrhoeal disease. The disease is caused by viruses, bacteria and to some extent by parasites.

SYMPTOMS

The symptoms are vomiting and bad diarrhoea and in a normal, well-nourished child the condition usually rights itself without medical help.

The danger is dehydration, particularly in babies younger than a year.

The disease is encountered in all social classes, but in the upper classes it is self-limiting and short-lived. However, it caused 'havoc' among malnourished babies younger than six months.

It is these infants who are presented at the hospital suffering from severe dehydration.



A TINY 'gastro' baby sucks a dummy for comfort while an intravenous drip attached to her head feeds life-giving fluids into her system.



ONE of the many little patients dehydrated during a bout of enteritis is connected to an intravenous drip at the Red Cross Children's Hospital.

THERAPY

The hospital has a drip-room, where the dehydrated babies are given fluid therapy. They are admitted with their mothers, or a relative, for a day — sometimes longer, depending on how they respond.

Severe cases receive fluids intravenously and the less severe are rehydrated orally.

Professor Bowie said that during Cape Town's hottest months — February and March — there are between 60 and 90 babies in the drip-room each day.

The disease seemed to become more prevalent in hot weather, though the reason was not known.

MOTHERS

Mothers were invited to stay with their children to help with the nursing. A rest room, ablution facilities and meals were provided for them.

If a baby having rehydration treatment did not respond after three or four days in the drip-room, he was transferred to a special gastro-enteritis ward, which was opened last year. This allowed space for new admissions, to the drip-room.

The ward for chronic patients accommodated 12 at a time, and was usually full, said Professor Bowie.

Professor Bowie said the reason for allowing only short stays in the drip-room was because the disease was very infectious. Because it was caused by different viruses and bacteria, cross-infection could easily occur.

This was also the reason why 'gastro' patients could not be admitted to the general wards.

HYGIENE

While the babies were treated, their mothers received health education — such as bottle hygiene and nutrition — from community health nurses stationed at the hospital by informal arrangement with the municipal and Divisional Council health services.

Often the cured babies return with the same problem. 'It is sad, but we have a number of "many happy returns,"' said Professor Bowie.

He said there were many factors which had resulted in the decrease in patients with the disease. The most important of these were:

NOURISHMENT

- There had been an improvement in socio-economic conditions. 'Our patients are definitely looking better nourished.'
- The method and techniques of treatment had not changed, but efficiency and skill had improved. The major advance in this regard was the introduction of 'advanced clinical nurses' — highly trained sisters unique to the hospital.
- The introduction of the Peninsula's day hospitals had made for a vast improvement. The day hospitals were easily accessible, and cases were discovered earlier, before they became 'a lost cause.'

TRIBUTE

Professor Bowie said he wished to pay tribute in particular to the advanced clinical nurses, three of whom were employed in the drip-room.

These nurses, besides the usual qualifications coupled with midwifery and paediatric nursing certificates, had taken a special clinical course, equal to the paediatrics section of the final-year medical student's examinations.

The Red Cross Hospital was the only hospital to have introduced this course, and the graduates were on a par with junior doctors.

Professor Bowie described them as 'invaluable.'

He said Cape Town was not unique in the country with its high prevalence of gastro-enteritis. However, it appeared the problem was less severe inland.

At Soweto's huge Baragwanath Hospital the 'gastro' drip-room was far smaller than that at Red Cross, in spite of the larger population served.

War against hunger

THE KwaZulu hunger crisis is only the tip of an iceberg, say the organisers of a nation-wide hunger relief drive to be launched this week.

The South African Institute of Race Relations yesterday announced that it will begin a R250 000 campaign — to be named Operation Hunger — at a public meeting tomorrow.

The institute is taking over the Hunger Concern Programme (HCP) started last year by Dr Selma Browde and Dr Nthato Motlana, renaming it Operation Hunger and expanding it to include "crisis intervention" as one of its functions.

A preliminary survey has confirmed the dire need for a campaign to fight malnutrition throughout the country, from the Eastern Cape to the Northern Transvaal and particularly in black rural areas.

A Wits University academic recently said that as many as 750 000 children may be undernourished. One institute worker was told by the staff of a Northern Transvaal clinic which attends to 1 500 children a month that about 1 000 had protein deficiencies.

"Operation Hunger will respond immediately to the current crisis by channelling food, gifts in kind and money to those who need it," said Mr John Rees, director of the Institute.

Dr Browde, a Johannesburg city councillor, said the information gathered by the HCP pointed to such a vast problem that "we couldn't cope."

"The current drought has highlighted the widespread problem of malnutrition," she added. "It has only extended and aggravated the problem."

The institute has appealed to concerned people and organisations, particularly women's organisations, to attend tomorrow's meeting.

Hunger in SA not confined to kwaZulu: plea for help

Star 11/6/80

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CAB 79

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"Operation Hunger will respond immediately to the current crisis of channelling food, gifts in kind, and money to those who need it," said Mr John Rees, director of the institute.

"But we believe in encouraging self-reliance not handouts in the long term and the Hunger Concern Programme's commitment to finding long-term solutions will remain fundamental to our efforts."

CAN'T COPE

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"The current drought has highlighted the widespread problem of malnutrition," she added. "It has only extended and aggravated the problem."

The institute has appealed to concerned people and organisations, particularly women's organisations, to attend Wednesday's meeting.

"We've had a warm and immediate response to our proposals, but we need far more help," said Mr Rees.

"We have pledged our co-operation with organisations such as World Vision and the Red Cross, who are already in the field. We will also seek to co-ordinate our action with the relevant authorities in every area."

The campaign's inaugural meeting will be held at 9.30 am on Wednesday in the hall of Auden House, 68 de Korte Street, Braamfontein.

(90) RDM 14/8/86.

Alarming figures on SA child starvation

By ARNOLD GEYER

THE infant mortality rate for South Africa's black rural areas is much higher than for the vast majority of Third World countries, including Zaire, Niger and Botswana.

While 12 out of every 1 000 white children die — the third lowest rate in the world — the black rural areas show a death rate of 240 out of every 1 000 children. In Transkei the figure is 282 out of every 1 000.

These shock figures, supplied by the United Nations, the South African Medical Journal and the Medical Officers of Health for Johannesburg and Durban, were revealed yesterday at the launching in Johannesburg of Operation Hunger — a R2 500 000 nation-wide hunger relief campaign run by the South African Institute of Race Relations (SAIRR).

"Whites die mainly of diseases related to overeating, while blacks mainly die of diseases related to malnutrition," Dr Selma Browde, PFP city councillor, told the meeting.

Starvation, malnutrition and tuberculosis had taken on such "horrifying" proportions that immediate and massive State intervention was needed.

The causes underlying this deteriorating situation were various manifestations of apartheid such as mass population removals and the endorsement out of "white" areas of hundreds of thousands of blacks, she said.

The present drought in parts of Natal and KwaZulu seriously aggravated the already "shocking vastness" of the problem, Dr Browde said.

Mr John Rees, director of the SAIRR and chairman of yesterday's meeting, said the campaign would, as a short-term measure, help existing hungry people and, as a long-range plan, initiate self help and self reliance projects.

He proposed the campaign start by concentrating on two areas in KwaZulu, one in the Northern Transvaal and one in the Free State, where both food and fodder would be provided.

Mr Rees said they would co-operate with the two other major hunger relief organisations in the country — World Vision and the Red Cross.

● Editorial
Comment Page 10

It's war on starvation

Post 14/8/80

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THE ravages of the current drought in many parts of South Africa had jolted people into realising that serious malnutrition had existed for a long time, medical practioner, Dr Selma Browde, said yesterday.

Addressing the inaugural meeting of the Operation Hunger campaign, Dr Browde said: "The effect of the drought — coupled with the (forced) removals of people from one area to another and the thousands of people endorsed out of cities being unable to find work in rural areas and unable to subsist on the land — adds up to a horrifying picture."

Dr Browde said statistics on the causes of death among South Africans showed that whites died mainly of diseases related to over-eating, while blacks died mainly of diseases related to malnutrition.

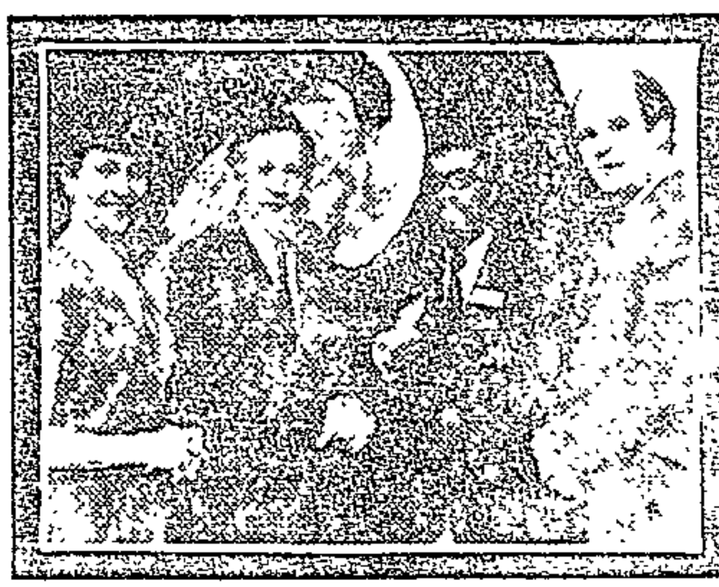
Malnutrition was not in the main caused by inadequate food production nor by the population explosion, Dr Browde said. Black people were prevented by circumstances from producing enough food for their needs and their cash income was often inadequate to buy enough of the food there was.

She said that 1976 figures showed that the infant death rate among white South Africans was higher than that in only Sweden and Ireland. It was lower than the rate in the United Kingdom and the United States.

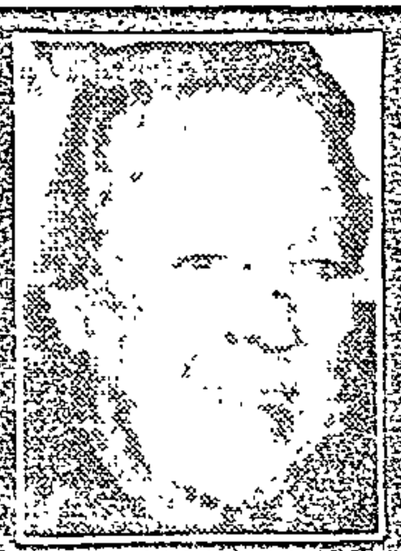
But the infant death rate among rural black South Africans was the highest in the world. It was considerably higher than the rate in Botswana, Zaire and Niger, she said.

The situation demanded massive government intervention, changes in the system of migratory labour and an end to forced removals.

Our KwaZulu Drought Relief Fund is 4



Simon Mgobhozi, personnel officer of the Royal Hotel in Durban, presents a cheque for R300 to David Wightman of the Sunday Tribune. Also in the photograph are Rajesh Sheik and John Ward of the Royal Hotel.



VELVET voiced Marti Monro has joined the thousands of people helping the Sunday Tribune Drought Relief Fund.

On Sunday August 31 he will give an evening of cabaret at the Copacabana, Beverly Hills Hotel, Umhlanga, with all proceeds going to the victims of the drought.

Tickets are R15 a head, which includes a five-star buffet dinner.

17/8/80 SUN TRIB

The dread disease strikes



This picture of seemingly good health is in reality a victim of the potentially fatal disease kwashiorkor.

By ROD JACKSON-SMITH

EIGHTEEN-month-old Mtembeni Ngema gazed engagingly into the camera and to the untrained eye she looked the picture of health.

But when stripped of her hospital garments her small body laid bare the stark truth. She is a victim of Africa's most rampant disease — kwashiorkor.

She is one of the lucky ones, however. Her desperate parents, who live near KwaMagwaza in the Melmoth district, realised they did not have the means or know-how to counter the disease in drought-stricken Zululand.

As the drought tightened its grip they realised their daughter would almost probably not survive the long, lean winter without a properly balanced diet. And there was the fear, too, that her weakened body would fall prey to influenza, which would have been fatal in her condition.

Instead of sadly accepting the "inevitable" — as an untold number of black families do — they took her to the nearby St Mary's Hospital, a mission station administered by the Anglican Church in Natal.

She was admitted on June 24, her body mass a meagre 6,4 kilos.

"A normal, well-nourished child weighs 10 kilos at one year," a hospital spokesman said this week.

Although her body still bears the signs of the disease she is now well on the road to recovery. It is impossible to say how long she will remain in hospital, but when she does leave, she faces an uncertain future.

"What she'll go home to we don't know, and within months she could be in the same condition as before," the spokesman said.

The same is applicable to thousands of people in KwaZulu and Zululand and is not a direct result of the crippling drought now being experienced in the area.

"Cases of kwashiorkor and related diseases are nothing new to us," the spokesman said, confirming the view of KwaZulu's Director of Health Services, Dr Frank Constable, who says none of the cases in the homeland's hospitals is connected with the drought conditions.

But the spokesman for the St Mary's Hospital leaves little doubt that the drought will push up the number of malnutrition cases in the months ahead.

"We have yet to see the full effects of the drought," he said.

FOOD — the crisis that is not due to drought's fell hand alone but also to structural economic factors

IN THE MIDST OF PLENTY

By ALF STADLER

Professor and head of the Department of Political Studies, University of the Witwatersrand. He is currently studying the politics of food, housing and transport

FAMINE and starvation stalk KwaZulu and the Ciskei. Malnutrition is widespread and chronic elsewhere too. And this in a country which exports large quantities of food, and where the rich eat well enough to suffer from the diseases of obesity.

The food crisis cannot simply be attributed to the drought. It has persisted through good seasons and bad since before World War One.

Nor is it the result of ignorance, either in matters relating to production or nutrition, for in earlier years the peasants of Southern Africa fed themselves and their families and also produced for the market.

Reforms

It is not the result of an overall failure of productive capacity, for agricultural production has soared since World War Two.

The crisis is directly the result of structural tendencies in the political economy of the region, tendencies which the State either supports, or is ineffective in counteracting.

It is, above all, the effect of a policy which concentrates rural populations on land which cannot sustain them without massive reforms and assistance.

Landless

This policy was developed hand in hand with the migrant labour system. Landless men were forced to work on the mines at wages below subsistence level.

By the 1930s, 30 000 family heads in the Transkei had no land. In turn, the migrant labour system had a deleterious effect on agricultural production and on the health of the people. Women were unable to carry out all the functions of agricultural production, and entered the wage market. They became increasingly reliant on trading stores for their food.

In the absence of agricultural co-operatives, they sold their maize to the traders.

The children suffered — malnutrition is most clearly evident in children after they have been weaned and their mothers enter the labour market. A study conducted in what is now Botswana during the 1940s showed a direct relation between malnutrition and the migrant labour system.

Wild plants

The State encouraged sheep-raising from early in the century. Yet contradictorily it pursued a policy of cattle-culling. Sheep denuded vegetation. The wild plants which went to making up the nutritious collation called mfino in Transkei became harder to find. Traditionally, maize and sorghum had been eaten as supplements to meat. On their own, they lacked vital nutrients necessary for a balanced diet.

The main local beneficiaries of developments in rural areas were a small minority who came to control most of the stock and access to land. By 1935 0,3 percent of stockholders held 70 percent of sheep and 50 percent of cattle in Transkei.

By the 1940s, people without stock amounted to 23 percent of the population in Natal, 35 percent in the Ciskei and nearly half in Transkei. By the middle 1950s, the "homelands", long in a state of serious decline, were in a state of collapse. Yet State regulation of influx to the cities forces increasing numbers of people to live in areas which have become little more than dormitories.

Model

Undoubtedly the land could support more people in these areas if appropriate reforms and measures were introduced. But the model of agricultural development which the state encourages is large-scale "industrialised" production.

In the white areas, agriculture is heavily concentrated in the hands of small numbers of large-scale farmers, who receive lavish State assistance in the form of loans, subsidies, marketing networks and magnificent technical assistance.

Tractor

Technical advice hardly comprehends the problems of the small-scale producer — when, a few years ago, I asked an official about equipment for small producers, he replied that if they could afford a small tractor, they could afford a big one. But the real problem is the producer who cannot afford a tractor, and the bigger problem is the would-be producer who has no land. There is little initiative towards land reforms even on the limited scale practised in countries like Mexico.

The main lines of the country's agricultural policy were laid in the 1930s. In effect it encouraged the production of exports and held local prices high by withdrawing "surplus" production from local markets. It encouraged the upgrading of production for international markets, while neglecting the needs of local consumers and small producers.

A distinguished British food expert called it a "policy of scarcity".

Food production and distribution is monopolised by the giants. The market gardens which once surrounded the major cities have been obliterated under suburban sprawl. Municipal regulations prohibit livestock in urban areas for health reasons, an assumption which deserves critical attention as family pets (inedible) also carry disease.

The major part of our food is produced in areas remote from most consumers. Food prices have escalated, partly because of costs of transportation and packaging.

Turbulence

There is a direct link between political power and control over food supplies. There is also a direct relationship between the cost of food and the levels of wages and wage demands, a relationship which unites a diverse array of interests on this issue, though the present system probably works to depress wages.

There is also a link, though sometimes complex and indirect, between food supplies and prices and political turbulence.

The miners' strikes of 1920 and 1946 were preceded by food riots and influenced by conditions in the reserves. Protracted struggles on the land have taken place for much of this century where the State has imposed controls over access to land or intervened in production.



The swollen tummy and loose skin tissue tells the story of yet another kwashiorkor victim

An answer to the food crisis?

9/9/80
Star
90

By Rob Cooper

As public concern grows over South Africa's massive malnutrition problem, a little-publicised Government feeding scheme has come to light that could greatly alleviate malnutrition — if it is put to greater use.

Dr Selma Browde and Dr Nthato Motlana found out about the scheme when they started the Hunger Concern Programme, after it became apparent to them that the problem of malnutrition and starvation in South Africa was far more serious than is generally realised.

They discovered that the scheme was not available to people in the homelands (where malnutrition is most acute) and that, within "white" South Africa, the scheme was underutilised.

"There is something wrong with the way it is being administered and publicised', Dr Browde said.

"The people who are responsible for carrying it out — local authorities and district surgeons — are either not capable of doing it, or they are not sufficiently interested."

A spokesman for the Department of Health in Pretoria explained how the scheme operates.

Local authorities who are aware of malnutrition among black pre-school children in their area can apply to their regional directors of health for money to buy subsidised skimmed milk powder.

In its last financial year, the Department of Health allocated R199 000 to the scheme, of which R184 230 was used.

This year, the budget is R280 000.

Although the amount has risen steadily over the last four years, more money might be allocated if local authorities made greater use of the scheme.

Once local authorities have been granted money they can use it to buy low-price skimmed milk powder from the Dairy Board.

The milk costs R1,66 a kilo of which:

- The Department of Health pays 90 cents;
- The Dairy Board pays 30 cents; and
- The local authority pays 46 cents.

However, the price may soon go up to R1,83 a kilogram.

At present, though, local authorities can get milk powder at a greatly reduced price of 46c a kilogram — but they must apply a year in advance so that the Department of Health can budget for them.

Once the milk powder has been delivered, it is usually sold at a low price to those who need it, or given away free if need be.

Dr Browde said that the scheme, as it operated at present, was inadequate in the face of the massive malnutrition problem.

"What one would like to see," she said, "is a reorganisation of the Government's milk scheme and its extension into the homelands.

"I don't think a real solution can be found without a massive Government programme. It will require enormous resources and enormous organisation."

Although feeding schemes do not touch the basic causes of malnutrition (low wages in the towns and land shortage in rural areas) this scheme, if properly organised and expanded, could be of major short-term benefit.

Part of the problem, Dr Browde says, is a lack of public awareness of the extent of malnutrition in South Africa.

Until the drought in Ciskei and kwaZulu turned a state of chronic malnutrition into actual starvation, there was incredible ignorance among not only the white population, but even the urban black population, about the extent of malnutrition. Many people just do not believe that there is starvation in South Africa.

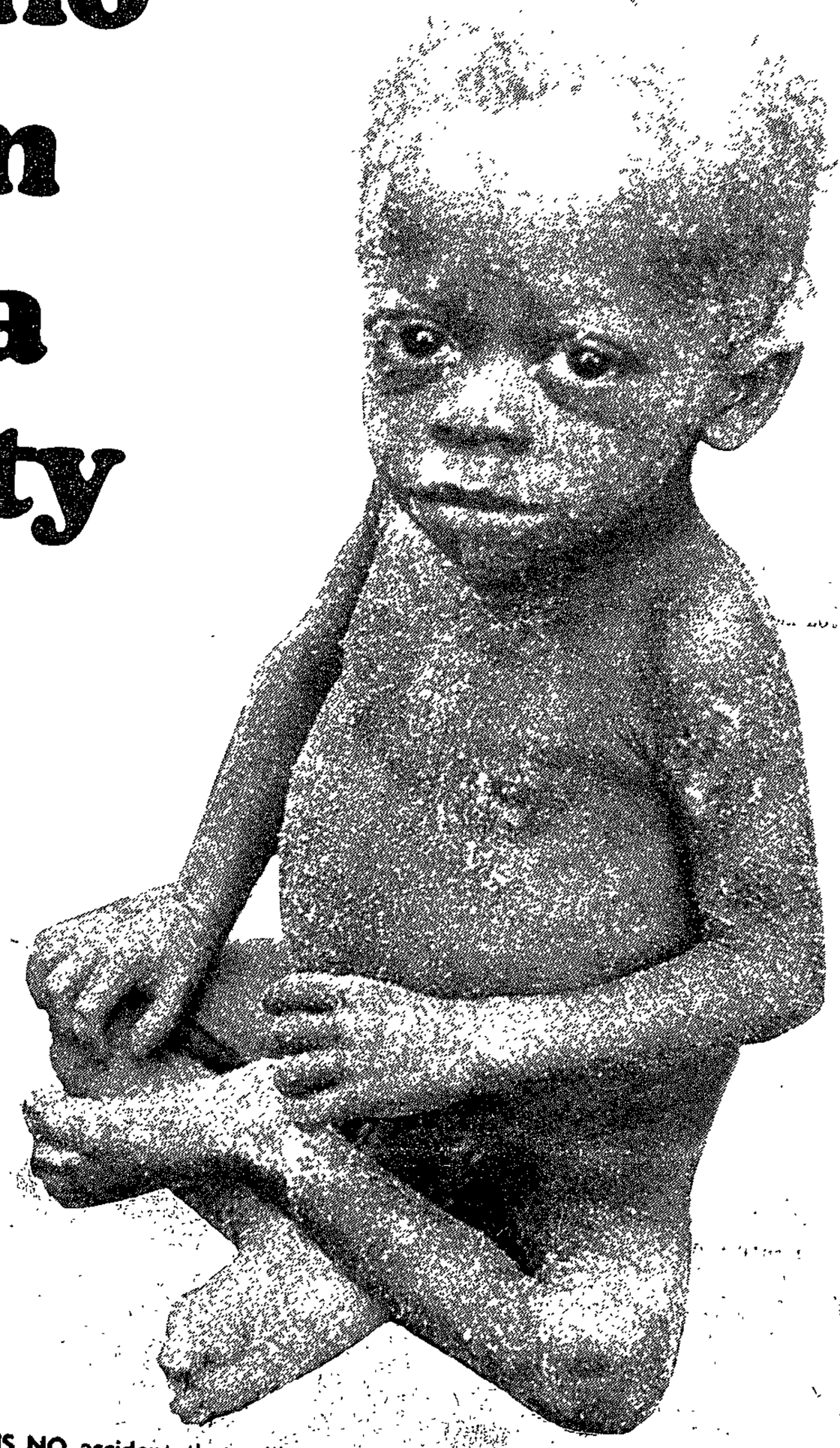
However, Hunger Concern Programme files are full of letters from rural clinics telling the same story of massive poverty and starvation.

One woman in kwaZulu was found to be boiling worms to feed herself and her family.

90

Children who suffer from hunger in a land of plenty

Starvation in the homelands will end when there is political change, argues a Sunday Post reporter



IT IS NO accident that millions of South Africans are starving.

"It is deliberate Government policy," Bishop Desmond Tutu, secretary general of the South African Council of Churches, told University of Natal students recently.

He said it was "diabolical" that people were starving, while the Government boasted about its food exports.

That hunger in South Africa is widespread is the concern of many. The causes, they believe, are ignorance or poverty or even laziness.

Some want to organise massive soup kitchens. Others believe growing spinach or soya beans is the answer. Still others want to start an organisation like the Urban Foundation.

But few name dispossession as the cause of the problem.

The main cause of hunger in South Africa is the dumping of people the industrial giant can't employ. And the rural areas have become the dumping grounds.

It is where people are found without land, without cattle, without jobs, without knowing when they will be called on to participate in the economy.

Consequently, the only things there are plenty of are poverty, disease, malnutrition and the breaking down of social structures like the family.

The only solutions, some observers believe, are new economic and political structures.

Dispossession — the result of dumping and the main cause of starva-



The way to tackle this problem is to raise black pay, but...

It took droughts in nearby areas of overcrowded kwaZulu and Ciskei to spur city dwellers to organise a water and food relief expedition, but it is long-term solutions, not occasional handouts, that are needed, writes ROBIN COOPER.

only provide jobs for a fraction of this number — for the rest the only chance of employment lies in migration to the cities of "white" South Africa where they increase competition for scarce jobs and thus help to keep wages low.

Homeland governments have to spend more and more of their scant resources on importing food as subsistence agriculture is completely incapable of feeding the rural population.

Increase

It has been estimated that food production in the Transkei will have to increase sixfold by the year 2000 in order to feed all the territory's people.

In the Ciskei — which could soon be one of the poorest areas in Africa — subsistence agriculture is even less productive; 47 percent of the land is eroded, 39 percent is overgrazed and only 15 percent is suitable for dry cultivation.

Policies

Much has been said recently about the need to arrest and reverse the declining productivity of the "reserves." The Institute of Natural Resources was recently given the go-ahead to investigate ways of doing this in kwaZulu.

The irony of this is that the present underdeveloped state of the homelands is the result of a century of government policies.

At the end of the 19th century prosperous black peasants in the Ciskei and elsewhere were producing and selling large surpluses of agricultural produce.

This incipient agricultural revolution (which the government seems now to be trying to re-start) was nipped in the bud by various land and labour policies designed to prevent black farmers from competing with white farmers, and to ensure an adequate supply of labour for the mines and farms.

Attemps to sidestep the hopeless agricultural situation by attracting industry have failed.

Despite incentives offered by homeland governments, investment in their economies has been neglgibile. What little there has been is concentrated in areas which do not promote economic development or provide many jobs. For example the tourist industry.

Inadequate

The only real source of finance for homeland development is the South African Government, but the small amounts it has provided have proved totally inadequate.

In 1977-78 total expenditure on the homelands amounted to R442-million out of a total South African budget of R16-billion. This figure represented 83,6 percent of the total budgets of all the homelands for that year.

Very little of even these small funds are available for development. The homeland spend large amounts on administration and providing social services for people who spend most of their productive lives in the white areas.

In 1977-78 Transkei spent 43 percent of its budget on social services, Venda 57 percent, QwaQwa 51 percent and Lebowa 59 percent.

Although thousands of people are starving, there is no shortage of food in this country. Between 1953 and 1972, the South African population increased by 2,4 percent a year while food production rose by 3,9 percent a year — more than enough to keep pace with the growing population.

Exports

The problem is not low production of food but inequitable distribution.

South Africa exports vast amounts of food — in fact food is now the fourth largest export after gold, manufacturing and raw materials.

However, these food exports (sometimes made at a loss) often have the effect of creating artificial shortages on the local market — pushing prices out of reach of low-paid black workers.

Black workers in the white economy are paid very low wages because of the fierce competition for jobs and because, in theory, the migrant worker's family is supported by subsistence agriculture in the homeland.

Wages

Black wages in Soweto are probably the highest in the country and yet in more than 60 percent of households the combined incomes of both parents are insufficient to meet the PDL (the minimum income for bare urbansubsistence).

In the rural areas more than 75 percent of families live below a PDL, adjusted to "lower" rural requirements.

From the above it should be obvious that the way to tackle malnutrition is to raise black incomes. This means paying black workers realistic wages and promoting self-sufficiency in rural agriculture.

To do this however would be contradictory to present government policies.

Recent strikes by black workers seeking higher wages have been met with repression eg the recent municipal workers' strike.

The development of homeland agriculture would first require the relief of overcrowding in these areas — this would require the direct reversal of the government's present policy of resettlement.

The bad side of the coin

STAR 24/9/80

(90)

The black people of South Africa, especially those who live outside the cities, have for generations been living in the shadow of hunger.

Every year tens of thousands of them starve to death and many more die from diseases related to malnutrition.

This year, severe droughts overcrowded kwaZulu and Ciskei put whole communities at risk and pricked white consciences into organising a huge relief operation.

This has helped stave off mass starvation in these homelands, but it has left untouched the deep-rooted causes of malnutrition in South Africa.

Deaths

It is long-term solutions, not occasional handouts that are needed. Until the structural causes of malnutrition are identified and tackled, the spectre of malnutrition will not recede.

This year, about 30 000 black children will die from malnutrition and many more from related conditions like gastro-enteritis, pneumonia, tuberculosis or measles.

There are three specific malnutrition syndromes — Kwashiorkor, marasmus and pellagra.

Kwashiorkor is a protein deficiency which causes swelling of the belly and limbs.

Marasmus, or protein-energy malnutrition (PEM), is the more serious state of severe wasting caused by a lack of proteins and calories. Pellagra is the result of a deficiency of B-group vitamins, and repeated bouts of it can result in dementia (madness).

In 1976 there were 26 000 reported cases of dementia caused by pellagra and it accounted for half of all admissions to Pretoria Mental Hospital.

Flies

Kwashiorkor and marasmus are especially common in the rural black population, affecting young children in particular. In summer the situation becomes even worse when the exploding fly population causes continual attacks of diarrhoea.

The disease also weakens resistance. Gastro-enteritis and pneumonia cause 60-80 percent of all black child deaths. Among whites, they account for less than 10 percent.

Even minor diseases like measles become serious when children are weakened by malnutrition.

Survey

In an attempt to gauge the extent of malnutrition, South African health authorities recently carried out a survey of 32 000 six-to-nine year-olds of all races. The results, which will be released in October, will not present a complete picture, however, as the survey did not include the homelands where most malnutrition is concentrated, and it ignored the 0—5 year old group in which most malnutrition deaths occur.

No other official statistics are available as malnutrition is no longer a notifiable disease.

Kwashiorkor was notifiable until 1967, when seven white cases and 9 765 black cases were reported.

Monitored

It was apparently dropped from the list of notifiable diseases because the Department of Health felt that incorrect diagnoses were being made.

Statistics are available on the incidence of malnutrition among children in Soweto. Professor Stein, head of pediatrics at Baragwanath hospital, has been monitoring children admitted to the hospital.

All black children are tested to find their nutrition rating on an international weight-for-age scale. Children found to be below the third centile on this scale (50 is considered normal) are considered to be at risk and in need of urgent attention.

The link between poverty and malnutrition emerges clearly. The number of malnourished children admitted to Baragwanath dropped as incomes in Soweto rose, but in 1978, the last year for which statistics are available, a still huge 39 percent of all children admitted were below the third centile.

Symptoms

Malnutrition is often blamed on the malnourished themselves. Common explanations are over-rapid black population growth, nutritional ignorance and unproductive farming methods.

However, these are not explanations. They are symptoms. Malnutrition is actually the result of a vicious circle of poverty in which blacks are trapped.

Blacks in the overcrowded homelands have too little land to subsist on and blacks in the towns, though better off, are paid too little to enable them to buy enough food for their families in town or in the homelands.

Prospects for economic development to alleviate the chronic poverty in the homelands are bleak. These areas are totally dependent on "white" South Africa for jobs, money and food, and are often seen as little more than reservoirs of cheap labour.

Every year more than 100 000 people come into the labour market in the homelands. The local agricultural economies can

First come, first served



Agnes Wela walked miles for a handful of beans



GOOD CHEER GREETS RELIEF TRUCK IN DRY KWAZULU BUT AS THE FOOD RUNS OUT THE DESPERATE SCRAMBLE BEGINS

Tribune Reporter

TO SEE people queueing under a sky dark with rain clouds for food provided by a drought relief fund is to understand the terrible cumulative effect of two dry years on over-grazed eroded land.

Rain has fallen in parts of KwaZulu and peasant farmers are again planting seed, but the dependence of many thousands of people on food from outside will not ease for months.

The drought has left them without crops. People are still hungry. And many are still being turned away empty-handed after waiting for hours to receive some of the 150 tons of food pouring into KwaZulu every week, paid for by donations to the Sunday Tribune/Red Cross Drought Relief Fund.

This week the Sunday Tribune watched a crowd of about 300 people being herded into queues by stick-wielding indunas, who were there to oversee the distribution of bags of mealie-meal and biscuits transported by truck to a spot in the Mapumulo district west of Stanger.

Mostly women, they had been waiting for hours.

They swarmed towards the truck but then good-naturedly allowed themselves to be formed into a queue that stretched further than would the truck-load of food.

"It's a case of first come, first served," a social worker said. "We try to see that old people, widows and the most needy get preference, but it's difficult to keep order once supplies begin to run out. We always have to turn some away empty-handed."

As the supplies dwindled, so too did the good cheer. Two women squabbled noisily in the line of anxious faces that watched the precious food disappear faster off the back of the truck than they were moving forward.

Suddenly they could stand no more. They surged forward, sweeping aside the indunas. Now they were a shouting, pushing throng, hands grabbing desperately for what was left.

With the mealiemeal gone, a worker on the back of the truck threw handfuls of tinned food into the crowd. Old women, shrieking children and mothers with babies on their backs scrambled for the tins. When the last one had been tucked away in a pocket or plastic carrier bag, those still empty handed looked as though they weren't sure whether to laugh or to burst into tears.

Mrs Inca Mars, vice-chairman of the Red Cross in Natal, has appealed to everyone to continue to give what they can until at least March. She said: "Our financial resources will have dried up after Christmas if we haven't received further help by then.

"Donations received by our fund amount to R400 000, of which we have spent R312 757 on 1 900 tons of food. Now we also supply meal ie and bean seeds for people to plant, over and above the food that must be bought."

Contributions can be sent to the Sunday Tribune at Box 1491, Durban 4000, or to the Red Cross at Box 1680, Durban 4000.

Contributions this week to the fund, which has raised more than R400 000, are: J. C. Farquharson R10 and Risecliff High School R314,57.

4.8 *Fission and Fusion*

In the stable nuclei the nuclear binding energy B_{Az} increases as the nucleon number A increases. To show the rate of increase we plot the ratio (B_{Az}/A) versus A in fig. 22. The ratio is approximately constant and reaches a maximum of ~8 MeV nucleon^{-1} for uclei ($A \approx 40$–120). values for light nuclei ributed to enhanced rface tension'. values for heavy nuclei an be attributed to d Coulomb repulsion of in these nuclei.

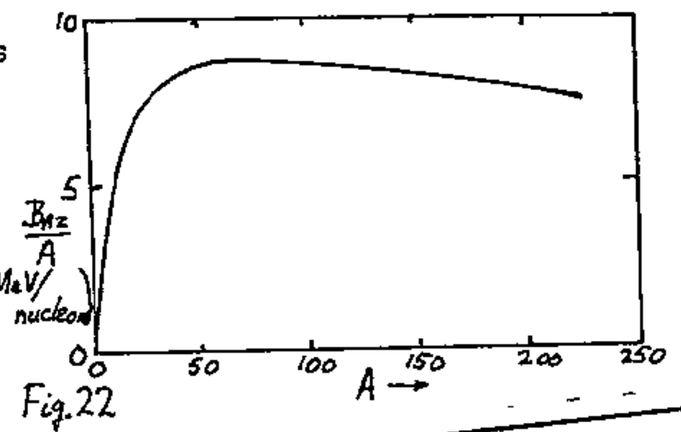
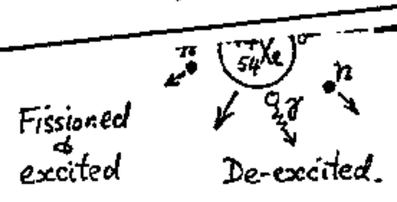


Fig. 22

light ($A \lesssim 10$) nuclei int...
eavy ($A >$ ...

Fig. 23 Example of a fission



5. *Interactions and Measurements of Nuclear Radiations*

We consider only radiations (particles) having kinetic energies in the energy range (between ~ 0.1 MeV and a few × 10 MeV) typical of nuclear physics. The interactions of these radiations with matter are basic to many phenomena and to many aspects of nuclear technology. Examples are the detection of nuclear radiation, the design of radiation shielding and the assessment of radiation dose.

5.1 *Interaction of radiation with matter*

As a representative group of particles (radiations) we will consider the electron, proton, alpha particle, neutron and gamma photon (e. ... the charged particles ... hich it is convenient

...teract predominantly ...r interactions with ...t the energies ... to the ionization ...tter in a process ...s between the ...ons of the ... energy in these ... until it is ... medium is

... particle). The distance ... to bring the particle to rest is called ...rticle (in that particular medium) at ...dent energy.

... particle therefore depends on the rate ...rgy along its path of travel, that is ...r unit distance ($-dE/dx$) along this ...ss ($-dE/dx$) depends on the density of the ... and the velocity of the particle. It is ...arge or a lower velocity. If we ...tons at the same energy, for example, ...er charge and (owing to their larger mass) ...refore, in a given medium, ($-dE/dx$) is ... for protons of the same energy and the ...n the proton range for the same incident ... cables below and fig.24(a)). Furthermore, for either particle, the velocity decreases, and hence ($-dE/dx$)

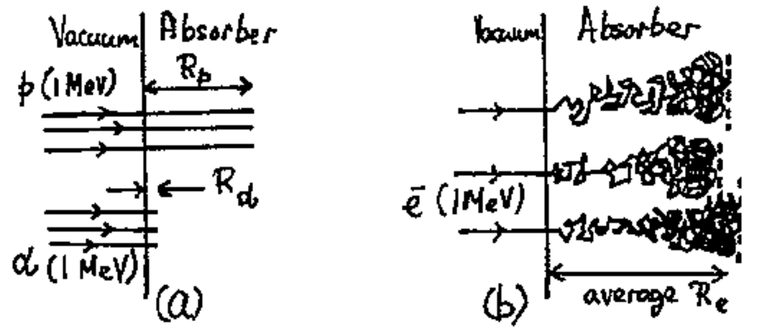


Fig. 24

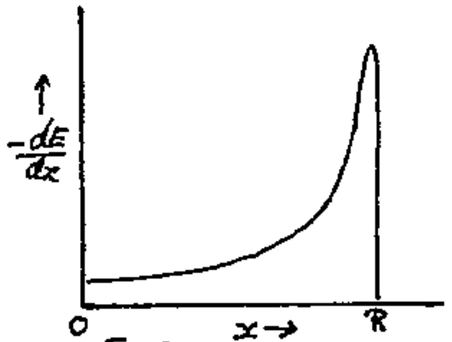


Fig 25

Plant will turn waste into food

From page 1

triggered their research project.

Mrs Jopie Bosman, Wits-trained biologist who heads the research team, told me the principle is that the nitrogenous waste is fed into a continuous "race track" canal into which algae of the genus Ankistrodesmus are introduced. A pump keeps the water turbulent to allow the algae to be exposed to sunlight.

"The main energy supply is the sun itself. It stimulates the algae. Our climate is ideal."

Apart from nitrogen being a natural food for green plants they also need carbon dioxide. Modderfontein produces the gas in huge quantities and is able to bubble it into the canals. This also keeps the pH level constant — an essential for optimum growth.

EXTRACTED

At the end of the canal the algae are extracted and then dried. The extraction plant for the demonstration plant is big enough to fill a large hall. The eventual plant for the fullscale scheme will be a huge complex costing millions.

The project manager is Mr Fadl Hendricks, a chemical engineer turned biotechnologist. He told me AECI had been aware of the possibility of using algae for years.

"But it was only when an Israeli scientist spoke on the subject at an international conference in Johannesburg some three years ago that we realised it could be done. The Israelis use sewage water.

"We thought we would try it with industrial effluent only. The feasibility tests have proved successful."

Next month Mrs Bosman and Mr Hendricks will present a paper on their project at a CSIR symposium on aquaculture in Pretoria.

SA leads in vast 'miracle food' plan

STAR 17/10/80

By James Clarke

A massive plant that will turn industrial waste into food is to be built at the AECI complex at Modderfontein.

Officials of AECI have been researching the project — which is like science fiction come true — in secret for almost three years.

If the demonstration plant is successful the proposed scheme will involve covering an area larger than Johannesburg city centre and Braamfontein with a system of zigzagging canals in which to grow algae.

Microscopic algae (dried) have been called "miracle food" and can be eaten by people. It is ideal for feeding to meat-producing animals.

The dried product looks a bit like blue-green sage and tastes something like spinach. Although it is extremely rich millions of Japanese eat it regularly in pill form as a health food.

In the United States the algae fetches R4 500 a ton as a health food.

The commodity could play a significant role in substituting for fish protein concentrate for animal feed, now in dwindling supply.

The plant at Modderfontein, which could cost many millions of rands, should produce about 10 tons a day.

The scheme is unique in that it will be the first one to use only industrial effluent. Its primary purpose is to remove nitrogen from AECI's waste water. But the high protein and vitamin food it will produce will help pay for the cost of treatment.



Mr Dick Lever (left), environmental scientist at Modderfontein, shows the interior of a canal system at AECI's huge food-from-waste plant. On the right is Mrs Jopie Bosman who heads the CSIR research. They are talking to James Clarke.

Secret

I was shown the secret pilot plant with its bright green canals spread over two hectares.

Mr Dick Lever, AECI's environmental and services manager, explained that the industrial complex inside Modderfontein's grounds had two forms of nitrogen effluent.

The stronger waste is sprayed over the veld surrounding the complex to fertilise pastures. For 17 years this effluent has been producing eight tons of grass per ha to raise Modderfontein's prize-winning stud cattle.

The weaker nitrogen waste (containing about 100 parts per million of nitrogen) was the problem. It is discharged into a local stream but now the Department of Water Affairs has asked all factories to reduce the amount of nitrogen. This

To Page 3, Col 10

Kwashiorkor study finds grim pattern

5-11-40 Rom 90

By ALISON GILLWALD

SEVENTY-TWO of 221 infants admitted to a hospital with kwashiorkor 15 years ago died in the first two to three years of life, say four Cape Town doctors who have completed a 15-year follow-up study of kwashiorkor patients.

Part 1 and Part 2 of the study conducted by Dr M D Bowie, Dr A D Moodie, Dr M D Mann and Dr J D L Hansen, at the Clinical Nutrition Research Unit of the University of Cape Town, appeared in the October edition of the South African Medical Journal.

The 72 infants — 32% of those admitted — died of malnutrition either at the time of first admission or shortly afterwards, the report said.

The subsequent physical growth and development of the survivors remaining in Cape Town was compared with that of 89 of their siblings who had never had kwashiorkor, but grew up in the same enviroment.

No differences were noted between the two groups but, considered together, they demonstrated a pattern of retarded growth and delayed development.

"This suggests an adaptive mechanism suited to survival in poor socio-economic circumstances," the report said.

"The years of poor growth in childhood and early adult life are not associated with an undue mortality in the early years of life.

"It is to this age group that intervention with short term solutions — food subsidisation and supplementation — should be applied with the expectation of demonstrable benefit."

The long term solution depended on advancing socio-economic conditions, bringing better nutrition and enlightened health practices which would eventually lead to improved standards of growth and development.

Should kwashiorkor develop in one child of a family group, it is usually concomitant with equally poor long term growth in the other siblings.

The study provided a continous record of a group of children as they grew from an infancy interrupted by admission to hospital with kwashiorkor, through a generally underprivileged childhood, to adolescence and entry into the labour market.

The report said economic circumstances had improved considerably during the period of study. The inadequate housing had improved and family instability had become relatively less marked.

Achievement in education resembled that of the population from which the sample was drawn, and there was no difference between that of ex-patients and siblings.

The majority of school leavers were in gainful occupation, but the nature of the work was unskilled or semi-skilled.

More than a quarter of the male ex-patients showed serious or potentially serious anti-social behaviour.

The social conditions of the ex-patients had changed.

The inflow of workseekers, the high birth rate and a sharp decline in infant mortality, had caused increasing pressure on accommodation, despite the rapid growth of local authority housing.

"Overcrowding now rivals economic factors in importance as a community problem."

It emerged that a pervading shortfall in achievement, as in physical growth, existed — which might be typical of a whole social stratum in which an individual's potential was never fully exploited.

"Although the majority will become wage-earning and law-abiding citizens, a sizeable number will join the ranks of social misfits," the report said.

Expert lists the grim toll of malnutrition

Own Correspondent

EAST LONDON — Of every 1 000 children born in the east Mdantsane township near East London, 167 do not reach their first birthday, according to a paediatrician at the township's Cecilia Makiwane Hospital, Dr Truth Thomas.

She urged interim solutions for the malnutrition problem, calling it an indictment of society.

Dr Thomas, a noted authority on malnutrition problems in the Ciskei, was addressing a service club luncheon.

She said the Mdantsane infant mortality figures compared unfavourably with those for white children in South Africa — under five in every 1 000.

And don't forget that Mdantsane is the best health area in the Ciskei, Dr Thomas said.

"In rural areas, one out of every four children born does not reach the age of one."

Children deprived of food were also inclined to be mentally deprived.

Children with a history of malnourishment were known to have educational problems even after their diet had been improved.

The problem also had economic implications.

It cost R30 a day to keep a child in hospital, which meant that aiding malnourished children was far more costly than preventing malnourishment.

Dr Thomas referred to a survey carried out by doctors at Typerberg Hospital on Ciskei schoolchildren which showed 83% of the rural children were malnourished.

The figure for urban areas is 75%.

Dr Thomas said malnutrition was an indictment of society. The chief solution was the provision of jobs. But there would have to be other interim measures.

Ndebele homeland families starving

By Carolyn Dempster

Barely 90 km north-east of Pretoria 640 Ndebele families are slowly starving to death in the resettlement villages of their new homeland.

Thousands of other poverty-stricken families struggle to survive on their meagre resources.

Most bitterly regret the day they went "home."

Since the formation of the kwaNdebele Legislative Assembly in October last year, an estimated 250 000 Ndebele have been resettled in the stony wastes of the homeland.

The majority are unceremoniously dumped by South African Government trucks in the bare veld, with only the remnants of their furniture to start a new life.

Some flocked to kwaNdebele because they thought it would be paradise.

The ramshackle tin shanties and pit privies are testimony to their fight against the overwhelming odds.

The nearest industrial centres offering steady employment are between 80 to 100 km from the resettlement villages.

A man who wants to go back to his family at night must rise at 4 am and only return at 8 pm, travelling an average of 180 km a day.

Water is a precious commodity.

The villagers of Vrisgewagt are forced to wait for a visit from the water truck — or buy water from the nearest shop.

Other villages, with water pumps, are supplied only for a few hours a day because of the scarcity of water.

INFLATED

Food costs at any of the village shops are grossly inflated and beyond the means of most families.

In the absence of any visible action by the kwaNdebele or South African governments, a local church carried out intensive research to determine the full extent of deprivation and starvation.

After nine weeks of investigation in 22 villages, the church undertook a feeding scheme at the end of August.

For three months priests and aides have been distributing two cabbage heads, beetroots, carrots, oranges, 450 g of soup powder and 500 g of powdered milk to each of the 640 families once every nine weeks.

"We cannot afford to give them any more than that, or more often," said one of the assistants.

"I don't know what they do for the other eight weeks for food."

However church resources cannot last forever and a senior church member told The Star that by Christmas all finances would be exhausted.

"By the New Year we will no longer be able to feed these starving families or the hundreds of others still arriving," he said.

"Our only hope is some form of steady financial support in the future, otherwise our work will have been futile," he added.

Operation Hunger, an organisation which is run under the auspices of the Institute of Race Relations, has pledged a monthly donation of R1 500 to the stricken families for food but it will take a few months before the scheme can be started.

Even then, the money will only stretch to one meal every four weeks for the destitute families.

● **The homeland of shattered hopes. — Page 14.**

Help to fight malnutrition

FIFTY per cent of all two to three-year-old children in the Ciskei were malnourished, the director of the South African Institute of Race Relations, Mr John Rees, said in a statement in Johannesburg yesterday.

He said a survey conducted in 1978 and just released by the Ciskei Department of Health showed that three out of four urban and more than eight out of 10 rural children were also malnourished.

In the two to three-year-old group, one in 10 urban and one in six rural children suffered from malnutrition diseases such as kwashiorkor and marasmus (wasting of the body).

Mr Rees said infant mortality figures per 1 000 live births in South Africa were 12 whites, 69 urban blacks and 240 rural blacks, which gave an average of 117. In Niger the deaths were 200, Zaire 160, Botswana 97, United Kingdom 16, and Sweden 9.

The institute's Operation Hunger scheme had collected about R90 000 which had been sent to the Red Cross for feeding people in KwaZulu, and for feeding and self-help projects in the Ciskei.

Feeding schemes at a school and two clinics had also been started in Venda and Lebowa.

A church group had also appealed for help in resettlement villages in the KwaNdebele homeland near Groblersdal.

The institute appeals to the public for contributions and anyone prepared to get involved with Operation Hunger should contact Ina Perlman at 724-4441 in Johannesburg. — Sapa



Can you help these children, born and bred in the dustbowl rural regions of South Africa, this Christmas? Contact Operation Hunger, and help put a little festive cheer in their stomachs.

Institute of Race Relations launches war on hunger

20/12/80 (90) STAR

Christmas in Johannesburg and Christmas in the neighbouring homelands are going to be two different occasions. One will be festive, the other hungry.

Famine, malnutrition and disease are common in most of South Africa's rural areas and most families in these regions are very, very poor.

Ciskei Department of Health statistics show that one out of every two small children is malnourished, while more than eight out of 10 rural black children are too.

Last year there were 100 000 cases of pellagra in South Africa. Infant mortality figures for rural black children in South Africa show that 240 out of every 1 000 die — a figure higher than for Botswana, Nigeria, Zaire or any Western country.

In kwaNdebele, investigation has shown up 643 families virtually destitute and being kept alive by charity. These people have been resettled by the South African Government.

Families have no breadwinner, no organised water supplies and no land.

Publicity given by The Star earlier this year to conditions in the homelands highlighted the plight of the people, a bad situation aggravated by a lack of rain.

Conditions have not improved significantly — which is why Operation Hunger has been launched.

Started by the SA Institute of Race Relations three months ago, Operation Hunger collects money to feed starving people and dying cattle. It has already collected R90 000 for distribution in kwaZulu, Ciskei, Venda and Lebowa.

But whatever Operation Hunger does, it is enough for subsistence only and nothing more.

If anyone can help to make Christmas a little special for South Africa's rural people the Institute's director, Mr John Rees, asks you to contact Operation Hunger at 724-4441.

RES 18

Kwashiorkor kids high on list of social misfits

Sunday Express Reporter

CHILDREN who suffer from kwashiorkor — a form of tropical malnutrition — and survive, very often grow up merely to join the ranks of social misfits.

What's worse, their kinsfolk who are lucky enough not to contact the disease but who have grown up in similar underprivileged circumstances, face a similar fate.

This forms part of a finding of a 15-year follow-up study conducted by doctors M D Bowie, A D Moodie, M D Mann and J D L Hansen at the the Clinical Nutrition Research Unit of Cape Town University and the Red Cross War Memorial Children's Hospital, Cape Town.

The findings were published last month.

As a conclusion to the study involving 116 kwashiorkor patients and 89 siblings who grew up in similar socio-economic conditions, the report notes that there is "no discernable" difference in the eventual growth patterns of the two groups.

But, contends the report, "a picture emerges of a pervading shortfall in achievement, as in physical growth , that may well be typical of a whole social stratum in which an individual's potential is never fully exploited.

"Into this stratum the surving ex-patients and their siblings are being assimilated. Although the majority will become wage-earning and law abiding citizens, a sizeable number will join the ranks of social misfits."

The study began with 221 infants admitted to hospital with kwashiorkor between 1958 and 1960. Seventy-two — 32% — of these died of malnutrition either at the time of admission or soon after.

According to the report, this toll "emphasises that among children growing up in poor socio-economic conditions malnutrition exacts its toll of life in the very early years".

The study also points to poor scholastic achievement among ex-patients and their siblings, usually no higher than standard 5.

For those who do enter or gain employment, the study notes "almost all those employed are destined for a lifetime of unskilled or semi-skilled work".

It notes further: "A few more years of successful schooling might have lifted them into the very different class of artisan or clerical workers."

In reference to a high drop-out and delinquency rate among ex-patients and their siblings — more than a quarter of the school-leavers in the group — the study points out that "their early background of family disruption and negative precept suggests that these young people may become part of that 40% of the population which the recent Theron Commission classified as being the product of chronic community deprivation."

Political comment in this issue by J C Viviers, headlines and sub-editing by Les Stephenson, and posters by A Monteath, all of 171 Main Street, Johannesburg.

HEALTH + DISEASE

NUTRITIONAL Disorders

1983

JUNE — DECEMBER.



A victim of kwashiorkor in the Northern Transvaal. The drought has been responsible for this disease

Subject..... E. COMMERCE
(to be copied from the heading on the E

Paper No..... 1
(to be copied from the heading on the E

NOTE CAREFULLY

1. Enter at the top of each page and in co the block on this cover the number of tion you are answering.
2. Blue or black ink must be used f answers. The use of a ball point pen able. Red or green ink may be use underlining, emphasis or for diagrams, pencil may also be used.
3. Names must be printed on each sepa (e.g. graph paper) where sheets ad examination book (s) are used.

Any dishonesty will render the candida

Made in South Africa

Starvation threatens a continent

Cape Times June 1983

90

BARRY SHLACHTER, an Associated Press reporter based in Nairobi, has compiled this report on the drought in Africa

CONCERN is growing over the possibility of mass starvation in Africa as a drought affects wide swaths of the continent.

Things are so bad in Ethiopia that heavy rains have only added to the misery of crop-failure victims.

Cattle too emaciated for slaughter are being sold by Zimbabwean farmers to the leather and glue industries for R7,60.

Trees and pastureland are being suffocated by advancing Saharan sands in Mauritania, one of the countries worst hit by the drought of the 1970s and unable to cover its food needs even in the best of times.

Severe drought could lead to an almost total loss of staple food crops in Mozambique's central and southern regions, affecting four million of the country's 10 million people, the United Nations disaster relief office said.

In Ethiopia, rains came too late for last year's crops — and this year arrived a month too early, catching tens of thousands of drought victims who were living out in the open near relief and food distribution centres.

"It is bad for the people suffering from the drought. They have no shelter," said Mr Hans Dall, chief representative of the Food and Agriculture Organization (FAO) in Addis Ababa, the Ethiopian capital.

Some affected areas are practically inaccessible because roads are poor or don't exist, and the Ethiopian government has issued appeals for aircraft for food drops.

"No doubt there is death from starvation, especially among children," Mr Dall said. No comprehensive death toll has been released by the Ethiopian government or by international agencies. But authorities have asserted that 3,5 million Ethiopians are affected in some way by the drought.

Drought has stricken Lesotho, Botswana, Zambia, Swaziland, parts of Mozambique and Zimbabwe for two consecutive years, damaging the main 1983 growing season in the Southern African region.

Outlook bleak

In most of the Sahel, an arc of countries south of the Sahara Desert stretching from the Cape Verde Islands to Chad in Central Africa, rains have yet to begin. In Northern Africa, light scattered rains covered grain-growing areas of Algeria, Morocco and Tunisia but did not make up for a generally dry April.

The outlook is bleak, said the FAO Director-General, Mr Edouard Saouma, who in early May appealed to donor countries to increase food shipments to the continent to meet an estimated 2,6-million-ton shortfall during 1983-84.

Zimbabwe, once a net exporter, will now have to import foreign maize to make up for drought-related shortages, he said.

Zimbabwean farmers, only recently the hope of black African countries to replace South Africa as the region's chief food supplier, haven't harvested full crops for two years. People sit down daily in the country's north to what is now a staple food — baked grass.

Since the rains stopped in 1981, 300 000 head of cattle have died from starvation and thirst. Scattered rains brought relief to some areas this year, but thousands of cattle continue to die every week.

"It's hell," said an exasperated Mr Gary Magadzire, president of the Zimbabwe National Farmers Union. "My only advice to black cattle-owners would be to sell now while they have something left."

Zimbabwe's considerable maize reserves have so far prevented starvation. But authorities fear trouble spreading from drought-crippled farms could cause social damage and leave the country deeply in debt.

Harare has committed about R119-million to drought relief, a heavy burden in a country whose total gross national product is R4,89 million.

The "Sarmattan" — a dry seasonal wind blowing south from the Sahara Desert — has been unusually long this year, whipping up brush and forest fires as well as contributing to an upsurge in respiratory diseases.

In South Africa, a R350-million emergency programme has been launched by the government to combat a drought which has brought reservoirs to their lowest levels in decades and ruined harvests on white farms that normally export food to a third of black Africa.

Unlike elsewhere in Africa, the threat of starvation is far less serious in South Africa because of ample grain storage facilities, irrigation systems and hospitals. But child deaths from kwashiorkor, a protein deficiency disease, have climbed sharply in the country's black homelands.

Associated Press reporter James Smith, who recently toured seven clinics, hospitals and missions in Lebowa, one of the worst-hit homelands, said children were believed dying in the hundreds from kwashiorkor.

"The scandal isn't that there are twice as many children with kwashiorkor, but that there are kids with kwashiorkor here at all," said Dr Peter Grant, acting superintendent of Lebowa's Jane Furse Hospital. "South Africa has such wealth and resources ..."

'Selling' water

The severe drought, which officials said was a phenomenon that occurred about once every two centuries, caught South Africa by surprise.

"We have never had a crisis like this ... we have never had a contingency committee," said Mr Ray Haslam, chairman of the Natal emergency water committee. Mr Haslam said Durban might run out of water by August.

Dr Stephen Knight, Superintendent of the Bethesda Hospital in northern Natal, says patients tell him drivers are trucking supposedly free water to Zulu villages and then charging for it, sometimes R10 for a 19 litre drum.

"Besides water, the people have no food. No crops have come in from the fields," said Mr Mike Mhlanga, an administrator at the hospital.

Incidents of typhoid have been reported in tribal areas of Transvaal and Natal, and farmers in Transvaal are having to kill off breed stock and allow only the young to live.

Wild game is suffering badly. A private reserve near the Kruger National Park had 35 000 animals in September, but after forced culling and starvation, the stock is down to 7 000.

At Londolozi, a private park also in Eastern Transvaal, rangers said they were shooting 100 or 200 impala every night to allow more threatened species to graze.

In middle-class white neighbourhoods of Johannesburg, authorities won't allow householders to empty and refill swimming pools because of the drought. They can only replace what is lost through evaporation.

And South African Breweries has disclosed it is trying out American technology that requires one-half the 10 litres of water previously needed to make a litre of beer. — Sapa-AP

Underfed children face a life of physical and mental handicaps . . .



The face of hunger.

Malnutrition crippling SA youngsters

By Pamela Kleinot,
Medical Reporter

Malnutrition may be a contributory factor to the high drop-out rate at black schools, a malnutrition expert has said.

Mrs T Vergnani, of the Bureau for Economic Research at the University of Stellenbosch, said many schoolchildren were "survivors" and may have been permanently handicapped by malnu trition before entering school.

"Physical and mental stunting, hearing and sight defects, infections and just hunger result in apathy, low concentration, lack of motivation, low achievement, absenteeism, repeating of standards and finally drop-outs," she said.

In a 42-page paper on Malnutrition in South Africa, Mrs Vergnani said about a third of the country's black, coloured and possibly Indian children were malnourished.

"Conservative estimates show that 2,9-million children under the age of 15, mostly black and coloured, suffer from or show signs of malnutrition in South Africa," she said.

Apart from affecting health, malnutrition can seriously affect a child's brain development.

She defined malnutrition as a deficicient intake of food in the forms of protein and/or calories (energy) which was commonly referred to as protein energy (calorie) malnutrition (PEM). The two most common forms were:

- Kwashiorkor — the disease of the weaned child — caused by a diet lacking in protein which results in swelling, growth retardation and muscle wasting.
- Marasmus caused by a diet lacking in protein and energy calories. The major signs being growth retardation and muscle wasting with general emaciation. Its onset is earlier than that of kwashiorkor and usually lasts longer.

Mrs Vergnani said the most serious and lasting effects seemed to result from malnutrition during pregnancy and early childhood.

Various studies had shown that malnutrition in early childhood led to a reduction in the number of brain cells and altered their cellular composition.

Despite controversy as to the permanent effects on the behaviour and learning ability of malnourished children, various studies all showed that malnutrition during the period of maximum brain growth (the 20th week of fetal life to one year after birth) seemed to influence intellectual abilities.

"Research has shown that children who have suffered from nutritional marasmus show severe deficits in intellectual function and especially visual motor perceptual impairment which do not ameliorate with age, whereas kwashiorkor may, but generally does not, result in long-term impairment of intellectual functions," she said.

This may be because marasmus occurs during a period of peak velocity in brain growth and secondly inhibits a child's interaction with and exploration of his environment.

A poorly nourished child fell behind in a critical learning phase and suffered "an irreversible loss of opportunity.

"It is virtually impossible to separate the roles of undernutrition and social deprivation, as they reinforce each other and have serious long-term effects on the whole of society," she said.

Mrs Vergnani said severe clinical forms of kwashiorkor and marasmus represented the "tip of the visible part of the iceburg" whereas mild to moderate chronic undernutrition represented the "unseen but by far the largest part of the disease".

Mrs Vergnani said severe undernutrition had the most serious consequences for the very young child, which needed about twice as much protein and energy relative to its body weight compared to an adult.

A malnourished child also had less chance of surviving disease.

"Malnutrition should be regarded as an important contributory factor to the high infantile mortality rate (IMR) among blacks in South Africa," she said.

'1 in 3 black children goes hungry'

Medical Reporter

An estimated 2,9 million children in South Africa show signs of malnutrition — and 1,5 million of them suffer from second degree malnutrition.

These shock disclosures were made by Mr T Vergnani, of the Bureau for Economic Research at the University of Stellenbosch, who says these are conservative estimates based on studies done by the Department of Health and Welfare among schoolchildren in 1980.

He adds that there are virtually no studies available for rural areas and independent national states where poverty and malnutrition are likely to be the greatest.

"Approximately every third black child under the age of 15 in South Africa is malnourished," said Mr Vergnani, who published his 42-page paper on malnutrition in South Africa earlier this year.

He points out that malnutrition is a major and growing problem among the poorer population groups of South Africa. This is in contrast to the better-off people in the country who are showing increasing signs of diseases associated with excessive food intake.

He adds that malnutrition is highly prevalent in a food exporting country. In 1977, for instance, one third of South Africa's maize crop was exported.

"Malnutrition is a link in the chain of poverty and underdevelopment and will remain a major problem in South Africa unless checked by positive policy measures such as employment programmes, fair wages, food subsidies, school feeding, nutrition education, rural development programmes and family planning," he said.

"Malnutrition never occurs in isolation and always forms a link in the chain of poverty, socio-economic deprivation, ignorance and ill-health. It is virtually impossible to separate the roles of under-nutrition and social deprivation — both reinforce each other and have serious long-term effects on the whole of society,"

Mr Vergnani said the highest risk groups were expectant mothers and children up to the age of two.

STAR 15 MAY 1983

Nortier's courage made

She and her husband, Jo- were swept away by the Buffels River while ying to save a young boy drowning

The couple had returned to fetch some personal belongings when they noticed a child — the son of a policeman — was in trouble.

Mr Nortier got hold of the . But the fast-rising wa- prevented his escape to her grounds.

He returned to his house where his wife was waiting.

Pendant

The couple and the boy, still desperately clinging to rescuer's neck, were last seen on the roof of their house briefly before it collapsed and was washed away.

The bodies of 54 other flood victims have not yet been found.

Mrs Nortier's body was identified by her engagement and wedding ring and her pendant.

Major Basie Human, a relative of the Nortiers, said he had arrived at Laingsburg a day after the flood.

"I dug at the place where the house had stood. But all I found was their wedding al-," he said.

Their three children — one of them only a few months old — were placed with their grandparents in Paarl.



STARVING: Little Mashaledi, 3, is one of hundreds of children at a kwashiorkor clinic in Lebowa

Picture: JAMES SOULLIER

Top welfare groups band together to save lives

WELFARE agencies are fighting for the lives of more than 1,5-million people who face starvation this winter.

This week the three main organisations involved in relief work — the Red Cross, Operation Hunger and World Vision — banded together to form a committee to co-ordinate their efforts.

By BLAISE HOPKINSON

The aim of the united front is to establish an infrastructure to dispense aid during South Africa's worst drought.

"We are not yet at a crisis point. But the crisis is building up We must be ready," said Red Cross national president Dr Pieter Smit

"We must ensure that food goes to the mouths and stomachs which need it most."

The committee, made up of executives from the three bodies, wants to hear from the smaller groups already active in the field in order to prevent any duplication of services.

"We all have the same aim, so this committee will help us achieve a solution," said Ina Perlman of Operation Hunger, an Institute of Race Relations project.

The Red Cross in Natal has spent close to R1-million on food distribution since the winter of 1980. Upwards of 50 000 schoolchildren in KwaZulu are given a meal each day.

"The drought has been with us since 1980 It abated slightly at the beginning of 1982 but it has come back to hit us with a vengeance

"It will get much worse We are facing a very fragile situation," said Mrs Mars.

"Food supplies are right down. The cattle losses of 1980, the massive retrenchment of labour and the increase in malnutrition have made this a shocking situation. We need unlimited funds."

But the fight continues.

"If we can save even one at a time then the effort is worth it," Mrs Mars said.

In South West Africa/Namibia the Red Cross operates famine and drought relief schemes which assist thousands of rural inhabitants.

"We need R1-million to do this efficiently.

"There must be 50 000 people in this region who need some kind of help this coming winter," said Mrs Ruth Kiwi, director for the SWA/Namibia Red Cross.

A recent scheme saw 5 000 children fed in the Kaokoland territory, which has been particularly badly affected by the drought.

"We are hoping to start daily feeding schemes soon because the situation here is getting much worse every day," she said.

She warned that, without sufficient funds, the Red Cross work would remain "a drop in the ocean".

"We are hoping for new funds from overseas. It is important that we establish a network for distributing food across the country."

In the arid Namaqualand area of the Cape, the Red Cross is providing 5 500 schoolchildren with a cup of protein-enriched soup and a slice of bread each school day.

These schemes, centred at eight schools in the territory, are not new, but the Red Cross has found an increasing number of children in need of

Urgent need to expand scope

There is an urgent need to expand the scope of this operation, but limited funds prevent the Red Cross from initiating new schemes.

"Without the necessary funds it is impossible for us to do more. We ask the Government to tell us where the areas of need are.

"We are playing it fairly low key. You dare not raise people's hopes," said Mrs Inka Mars, Red Cross vice-chairman for Natal

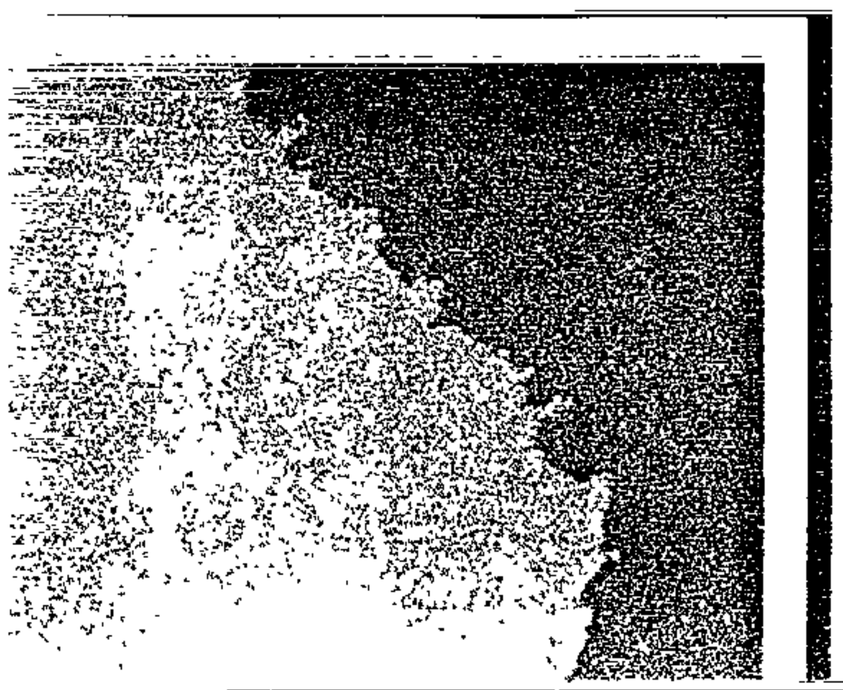
Money for many of the schemes is supplied by Operation Hunger.

Relief schemes underway

SUNDAY TIMES readers wishing to contribute to the drought-relief programmes can send donations to:

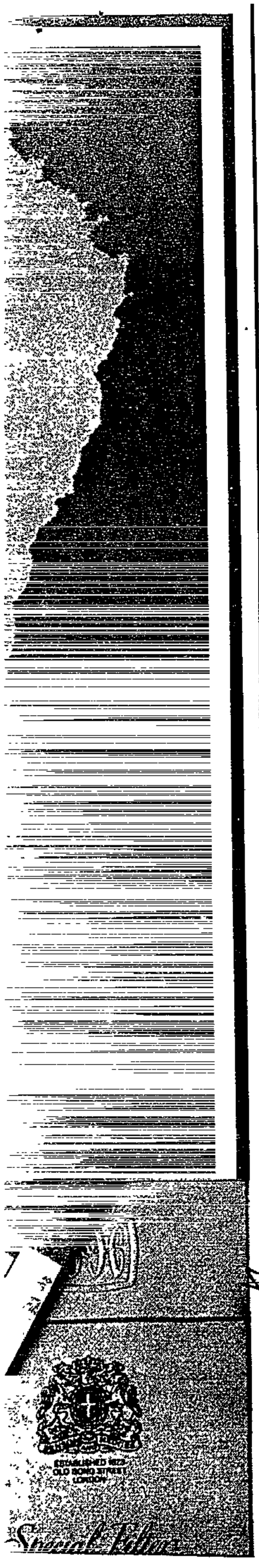
- **South African Red Cross, PO Box 8726, Johannesburg 2000. Tel 29-2449;**
- **Operation Hunger, PO Box 97, Johannesburg 2000. Tel 724-4441.**
- **World Vision, PO Box 1101, Florida 1710. Tel 674-2043.**

The new co-ordinating committee would also like to hear from smaller organisations involved in drought and hunger-relief schemes with a view to forming a complete infrastructure to fight the ravages of the drought.



El Nino blamed for the

A STRANGE weather phenomenon known by the Spanish name El Nino is being blamed by scientists for the drought which



724-4441.

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El Nino blamed for the strange weather turmoil

By BLAISE HOPKINSON in Johannesburg and PATRICIA CHENEY in Washington

A STRANGE weather phenomenon known by the Spanish name El Nino is being blamed by scientists for the drought which now grips South Africa and many other countries in the southern hemisphere.

El Nino, also known as "the southern oscillation", is held responsible not only for our crippling drought, but also for the erratic weather being experienced from California to Australia.

The southern oscillation is a phenomenon caused by the see-sawing of pressure over the Pacific Ocean which in turn creates reversed wind patterns.

Turmoil

The Pacific is also warmer and greater in volume than before.

Nature is in turmoil and strange things are happening.

Meanwhile research done by a Wits University Geography Professor, Peter Tyson, shows this country is in for another few years of drought if the rhythm of history is to be believed.

In a paper he and a colleague completed in 1978 Prof Tyson found that during a period of 18 years there were likely to be nine wet and nine dry.

He allowed, too, for high and low rainfall figures in the opposite oscillations.

But he contends now that to understand fully the present drought, highly complex data must be collected over an extended period.

In effect, the boffins will know what caused the drought when it has long been replaced by a rainy oscillation.

El Nino, Spanish for Little One or Christ Child because it usually occurs around Christmas, is on the wane.

But American weather experts predict this country will have to wait for the next rainy season for relief.

Dr Eugene Rasmusson of the National Weather Service in Washington said the record South African drought was "typical" of El Nino.

He said this visit of El Nino is the worst in memory.

The Pacific's winds usually blow from the southern tip of California southwest and south of the equator from Chile to the northwest, converging in the central Pacific.

Havoc

Last June and July the atmospheric pressure changed so dramatically a high pressure zone developed over the eastern Pacific and created a low pressure zone over the western United States and Latin America.

This reversed the direction of the Pacific trade winds creating unheard of weather conditions around the globe.

Hundreds of deaths and millions of rands of damage have been blamed on El Nino, both in the drought ravaged regions and in areas like California where unseasonally high tides wreaked havoc along the coast.

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"We are playing it fairly low key. You dare not raise people's hopes," said Mrs Inka Mars, Red Cross vice-chairman for Natal.

Money for many of the schemes is supplied by Operation Hunger.

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She warned that, without sufficient funds, the Red Cross work would remain "a drop in the ocean".

"We are hoping for new funds from overseas. It is important that we establish a network for distributing food across the country."

In the arid Namaqualand area of the Cape, the Red Cross is providing 5 500 schoolchildren with a cup of protein-enriched soup and a slice of bread each school day.

These schemes, centred at eight schools in the territory, are not new, but the Red Cross has found an increasing number of children in need of food.

Using its existing nationwide infrastructure, and using food supplied by Operation Hunger, the Red Cross is attempting to broaden the base of its feeding schemes.

Aid in drought ravaged areas

The Christian Aid agency World Vision is currently assisting 173 community projects in the drought ravaged areas.

World Vision has just launched an appeal for R1-million for drought relief and letters have been sent to 10 000 businesses and 31 000 supporters across South Africa.

Part of the new World Vision drive makes provision for individuals, churches, schools and businesses to contribute to the fund.

"While World Vision understands the need for handout action to keep women and children alive, we are also committed to long-term development and education which will prevent similiar disasters in the future," World Vision's support director, David Cuthbert, said this week.

The agency has made R200 000 available from existing funds to feed the hungry through the winter months.

Every effort not to overlap

"We make every effort not to overlap with Operation Hunger and the Red Cross feeding schemes.

"The need is so widespread we must serve as wide an area as possible and work together," Mr Cuthbert said.

In Cape Town, Operation Hunger co-ordinator Hillary Morris said public concern for the drought hunger victims is growing.

"Workers at a number of factories here have got together and collected food for the hungry.

"We have sent out over 200 letters to rural communities and clinics asking them what sort of help they need.

"Once we know where the need is, we'll start sending the food," Miss Morris said.

This beer really gets 'em frothing

Sunday Times Reporter: Washington

IT is the latest in California chic and a must for this year's drinkers . . . it is "nude beer", and sales of it are sweeping California faster than a bush fire.

It comes served in a sexy six-pack and the bubbling

Work from home and become an

Rooibos: Cure or killer?

Cape Times 16/5/83 (90)

Own Correspondent

JOHANNESBURG — Rooibos tea mooted by many as the best remedy for stomach ailments, has been branded as "harmful" and "poisonous" to infants.

According to the Medical Association of South Africa (MASA) mothers, who gave allergic babies Rooibos tea as a substitute for milk, might "unintentionally be causing immeasurable harm to the health of these babies and the consequences could be fatal".

In a statement made in Cape Town, MASA said this was brought to their attention by a pediatrician in Pretoria after she had recently examined six white children suffering from kwashiorkor.

The association said that one baby, whose diet consisted only of porridge and Rooibos tea, died from protein deficiency.

MASA said in most cases the doctor found that grandmothers or mothers of patients believed milk could be substituted by Rooibos tea This could result in protein malnutrition

The pediatrician said, "Rooibos tea may be given between feeding times, but as far as I am concerned it can do nothing more than relieve colic. Rooibos tea should never be considered as a substitute for milk."

A Johannesburg specialist surgeon said Rooibos was an alkaloid and "a poison".

"The tea has no nutritional value and there is plenty of evidence that it causes problems in the bowels. I think it is highly dangerous to use Rooibos as a tonic or cure for abdominal pain and especially dangerous for children."

He agreed that is was possible for children to suffer from kwashiorkor if the tea was substituted for milk.

An article in the South African Medical Journal has questioned the therapeutic value of Rooibos in treating allergies.

● The chairman of the Rooibos Tea Control Board at Clanwilliam, Mr Piet Saayman, said yesterday nobody had even claimed that rooibos was an adequate substitute for milk

"No-one has ever claimed that rooibos has nutritional value. Rooibos tea is a drink, it competes with tea and coffee.

"The mother who put her baby on rooibos tea and porridge was stupid," he said.

Police are investigating

INDEX

TV 2
Focus 6
Weather ... 8
Racing 17
Classified 12-16
Look at today 8
Aircraft . 8
Business . . 7
Cinema . . . 6
Comics . 13
Court Roll 8
Crossword . . 10
Editorials . . . 10
Horoscope . . . 8
Radio 8
Smalls . . 12-16
Science . . . 5
Sport 16-20
Shipping 7
Women's . 8
World Report . 4

Sutheleza warns on confrontation

Own Correspondent

JOHANNESBURG — Minister is turning a deaf ear to all our pleas to reconsider the whole issue by involving blacks in a meaningful political dispensation".

Mr Botha's referendum and opinion-test among the coloured people and Indians ignored the aspirations of the majority of South Africans, Chief Buthelezi, who is in Soweto yesterday.

Chief Buthelezi, said Natasha Buthelezi, daughter of Kwazulu, Chief Minister, the Chief Minister's address was a recipe for disaster, which did not include blacks in a meaningful political dispensation for South Africa".

this late hour, the Prime

Too late for classification

DEATHS

DE VILLIERS. — Laura Elizabeth (born Strangman), of Huis Marie Louw, Somerset West, formerly Sandbaai, Hermanus, passed away peacefully on May 15, at the age of 90 years. Deeply mourned by her children, grandchildren and families. Funeral from DR Church Caledon, Tuesday 3pm. Funeral arrangements Theunissen Bros Caledon

MILNE — Irene, passed away peacefully May 13. Deeply mourned by her husband Jimmy and friends. Service at St Margarets Church, 5th Ave, Fish Hoek, Tuesday, May 17 at 3pm. Cremation private. No flowers by request. Donations to Cancer Research. Arrangements Human & Pitt, Phone 77 1101

From page 1

Sunday night's viewing was much of a muchness. The Afrikaans programmes were predictable and the English half was dominated by the news report on enter-

BEARING in mind the weekend Perkins in the leading role, may not have been another "Psycho", but it was scary enough for me.

A polished and well-produced film, it was just the thing for those who like horror movies.

There has been a definite improvement in the choice of films on Saturday nights — let's hope SATV keeps up this standard.

Magnum was excellent, a cut above the average in this very good series. Its popularity is understandable. Paul Hogan's show was also a bit better than usual. I am glad he left out the drunk sequence. His skit on the engagement of Prince Charles and Lady Diana was humorous without being offensive. He is, nevertheless, no Rolf Harris

"HOW Awful About Alan", with Anthony

TV1

Weekend T

Much talent in th

PROM CONCERT. City Hall CTSO
lia Atlas: soloist: Rexleigh Bunyard
Suite; Prokofiev: Piano Concerto

PETER HUMPHRIES

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Jim Hluti tries to build a fire in the rain at the KTC squatter camp yesterday. He has a wife and three young children.



The farmer said the fire started at 9.30pm and he and his labourers battled for hours to put it out.

Mr Schenk said the fire spread rapidly from one hut to two others and those killed could not escape the inferno.

The people who died in the fire were identified as Mrs Nimisile Matutu, 53, her two daughters, Lindeka and Notopu, Mr Mkhuseli Matutu and three young children.

Mr H Schenk said there had been a strong smell of petrol at the huts in which the Matutu family died.

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Heavy snowfalls were also recorded in the Boland and the Hex River Valley. Icy conditions spread to the Eastern Cape at the weekend, and snow fell at Jamestown and on the Toorberg between Graaff-Reinet and

eastern Free State as snow fell on the peaks of the Drakensberg in Qwa-Qwa and the Maluti range in Lesotho.

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...e Lieutenant Liebenberg were referred stated:

"The minimum distances at which you may pass another ship without calling me are: (a) in good visibility by day, forward sector 2 000 yards, and after sector 1 000 yards; (b) in bad visibility or at night, forward sector 4 000 yards, after sector 2 000 yards."

Questioned by Mr Kahn, Lieutenant-Commander Visser said his interpretation of this paragraph was that these minimum distances applied only during "normal conditions" and not in anti-submarine screening exercises (of the type the "PK" was performing at the time of the collision).

'Waters not swept'

If minimum distances as laid down were to applied, there would be loss of time and distance; and waters would not be swept by anti-submarine devices.

Mr Kahn: Would you say then that compliance with the captain's standing instructions on minimum distances in these exercises would not be good seamanship?

Lieutenant-Commander Visser: It wou'd be

It's official — Rooibos is 'safe'

Staff Reporter

ROOIBOS TEA, that fragrant potion from the environs of Clanwilliam, is not only a charming drink but also perfectly safe to imbibe... and that's official.

Medical men and Rooibos-growers yesterday poured scorn and facts over a Johannesburg surgeon's claim that since Rooibos tea was an alkaloid it was poisonous, and played "havoc" with the imbiber's innards.

Various long-time Rooibos drinkers yesterday also fervently proclaimed their loyalty to this unique beverage.

The Johannesburg surgeon was commenting on reports that some mothers were feeding allergic babies with Rooibos tea instead of milk, resulting in kwashiorkor and at least one death.

Professor Harry Grant-Whyte, Emeritus Professor of Anaesthetics at Natal University and one of South Africa's most prominent medical men, said from Durban yesterday: "Taken judiciously, there's nothing wrong with Rooibos tea... everything is a poison. Nothing is absolutely safe.

"The human body is an enigma and we know very little about it, and to make these dogmatic statements without absolute proof is nonsense."

Mr Chris de Jongh, of Clanwilliam, speaking on behalf of the area's growers, said the allegations were "shocking", pointing out that the tea had undergone years of analysis by medical researchers.

"We have never alleged Rooibos tea is medicine or a substitute for milk. But it does contain an ingredient which helps to relax a child with colic. That is a scientific fact, proved by analysis," he said

Local consumers yesterday swore continuing loyalty to Rooibos tea. The Minister of Industries, Commerce and Tourism, Dr Dawie de Villiers — one of many dyed-in-the-cup Rooibos drinkers in Parliament — lauded "this marvellous, natural and indigenous tea" with its "most enjoyable flavour and aroma".

The former rugby Springbok added that Rooibos was "a healthy drink which contains no harmful ingredient and can be consumed in unlimited quantities without any ill-effects".

Another faithful parliamentary imbiber, Mr Kent Durr, MP for Maitland, told proudly of how he once battled Heathrow Airport's customs officers — and won — when they tried to confiscate a packet of Rooibos they found in his bag when he went to Britain to sail in the Admiral's Cup.



City blunders: Buyers to pay

By JANE ARBOUS

AN administrative blunder by the City Council's Housing Department which resulted in more than 3 000 Mitchells Plain home-owners signing the wrong deeds of sale, has cost the council about R1,8-million.

The council is making up the loss by building the amount into the purchase price of the other homes in Mitchells Plain.

The people who signed the incorrectly worded deeds of sale have escaped paying the full price for their houses while most residents are having to pay more to make up for the loss.

However, three members of the Housing Committee confirmed the matter.

The former Director of Housing, Mr Hymie Bloom, who recently retired, authorized reprinting the deeds of sale for Mitchells Plain.

The reprint was intended to include a clause allowing the council to increase the purchase price if necessary once final costs had been calculated — a lengthy process.

However, the previous document, which did not include the special clause, was printed by mistake.

About 3 100 home-owners were sent the in-

Girl, 15, missing in Pretoria

PRETORIA. — Police are searching for a 15 year old schoolgirl who has been missing for a week.

Elise Smit, a Std 8 pupil at Silverton High School, Pretoria, disappeared from her home — a plot near Cullinan — last Monday.

"Somebody must have picked her up," said her distraught father, Mr Attie Smit. "She never went out at night as she was afraid of the dark. I just don't understand it. People do not vanish into thin air, and yet nobody heard or saw anything."

Elise, also known as "Heila", was at home with her sister, Ina, 11, and two brothers, Jan, 13, and Manie, 12, while their parents were out visiting.

"They asked her to watch television with them, but she refused," said Mr Smit. "She also changed into brown pants and a tracksuit top after supper instead of into her pyjamas."

Elise was apparently restless during the evening and kept looking out of the window. She was still up when her sister and brothers went to bed. When her parents returned at 9pm she was gone.

Anybody with information about Elise can telephone the Cullinan Police Station at (012132) 4 and ask for Sergeant Koekemoer or Sergeant Stoltz. — Sapa

Cape Times 7/5/82

CSIR probe into beer

Own Correspondent

JOHANNESBURG. — The Council for Scientific and Industrial Research (CSIR) has reacted to press reports that sorghum beer, consumed daily by millions of South Africans, could contain aflotoxin, the poison found in unacceptable levels in the breakfast cereal Great Start.

Yesterday, Dr L Novellie, of the National Food Research Institute of the CSIR, said the sorghum beer unit of the institute would be sampling sorghum beer — it has up till now been sampling sorghum malt used in the production of the beer.

The Medical Research Council has reported that unacceptable levels of aflotoxin were found in sorghum malt samples.

The institute released a statement saying:

"The medical and scientific worlds have long been aware that cereals and legumes are liable to become contaminated with moulds, some of which can produce toxic substances, one of which is aflotoxin.

"The sorghum beer unit of the CSIR checks the quality of sorghum malt used by the sorghum beer industry. The Department of Health has ruled that the aflotoxin content of foodstuffs may not exceed five parts per billion.

"Recent sampling by the beer unit of sorghum malt from breweries on the Rand has shown the aflotoxin content of consignments to be below the legal limits. The unit will continue to monitor indefinitely."

MOTHER'S DAY

The crucial question

AKGUS 5/5/83
90

THE 1981 infant mortality figures for Cape Town show that for every 1 000 live births, among whites there were 10 deaths, among coloureds 19 and among blacks 30.

Comparative figures for South Africa show that for every 1 000 live births, among whites there were 18 deaths, among coloured 81 and among blacks 190.



MOTHERS throughout the world face many problems which are common to all of them yet crucial to every baby's well-being. Whether to breast-feed or bottle-feed the baby is one vital question. **MARY ROBINSON** investigated the situation and came up with some facts of interest to all mothers and mothers-to-be.

YOU'LL see them throughout the developing world, including South Africa — colour billboards exhorting mothers to feed their babies artificial milk. The slogans greet weary commuters at stations. Alongside highways. Near bus stops.

Many of the women taken in by this sort of advertising are unaware of the potentially fatal effects of misusing milk formulas — some are migrant women seeking to adjust to an alien culture and desperately wanting the Western "best" for their families. They believe money buys that "best".

Ironically, it is middle-class women — with the resources to use formulas safely — who are returning to breastfeeding as the natural method important for psychological bonding between mother and infant.

Anthropologist and childbirth counsellor Sheila Kitzinger believes that choices between breastfeeding and bottle-feeding are not merely individual choices but a "political issue", for Western women serve as role models.

"A mother chooses, indirectly but powerfully, for all other babies, and most of all for those in the Third World."

Though milk formulas are not inherently dangerous, incorrect use can lead to diarrhoea, malnutrition, and death.

There are various reasons for incorrect preparation of formulas — parents may be unable to read instructions on the tin, they may overdilute powder to save money, they may be unable to sterilise the bottle. Often the water used is not safe.

The International Baby Food Action Network (IBFAN) — a citizen group formed to stop indiscriminate marketing of milk formulas — believes that a million babies a year die in developing countries from problems related to formulas. They charge that "aggressive marketing practices by transnationals push artificial milk".

In 1981 the World Health Organisation (WHO) introduced an international code on the marketing of breastmilk substitutes to protect women and children.

This calls for governments to provide objective information on infant feeding and to ban advertising to the public and promotion through state services.

In South Africa, the National Council of Women's recent conference in Kimberley declared the NCW "gravely concerned with the high incidence of malnutrition and infant mortality" and urged the Minister of Health and Welfare to adopt the WHO code.

What is the situation in Greater Cape Town?

● CAPE TOWN CITY HEALTH DEPARTMENT CLINICS serve one million people of all races and handle 22 000 newborn babies a year. Medical Officer of Health Dr Reg Coogan sees an increase in bottle-feeding, mainly due to economic pressures on mothers to return to work.

"Many families need that extra income, especially now, and women find it difficult to maintain breastfeeding up till one year.

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"Many families need that extra income, especially now, and women find it difficult to maintain breastfeeding up till one year.

"We recommend breastfeeding — the 'breast is best' motto — but take a pragmatic view with milk formulas.

"A spot survey we did of 100 bottle-feeding mothers at various clinics revealed only constipation in 10 percent of the cases so we haven't really got a problem with misuse of milk formula.

"But you must remember that our municipal area doesn't include the bush areas and squatter camps where the major problems are.

"Cape Town's infant mortality rate is significantly lower than the national rate. But there are tremendous infant mortality problems in South Africa as a whole and the government should adopt the WHO code, especially for the benefit of the rural areas."

● PHILANI NUTRITION CENTRE, CROSSROADS, serves a different community — an official 52 218 Crossroads and New Crossroads residents in shacks and tents.

Dr Ingrid le Roux and nutrition worker Nozizwe Nyakaza estimate that 80 percent of the babies brought to the centre suffer from malnutrition due to incorrect bottle-feeding.

"Formulas are safe in a community where mothers can read and comprehend relatively complicated instructions, measure out proportions, sterilise bottles. Here they are a health hazard," says Dr le Roux.

Why do mothers bottle-feed?

"A major reason is that many children die early here and mothers feel insecure. They're easy prey for formula ads promoting the sophisticated, modern bottle image. These mothers just don't trust themselves or have confidence in the breast anymore.

"There are so many babies with chronic diarrhoea or severe malnourishment that could be avoided with breastfeeding.

"We work with the Empilisweni Sacla Clinic nearby, trying to prevent the problem at source by encouraging breastfeeding among pregnant women who attend there."

Dr Ivan Toms at Sacla sees mothers who work as domestic servants being forced to use formulas when they return to work. "Employers should really encourage those mothers to bring the baby to work and breastfeed while doing household jobs."

Both doctors strongly recommend the Government adopting the WHO code.



Lucas Nkemeleng (2) has swollen feet, sores on her body, her skin is peeling and she has diarrhoea — all typical symptoms of a malnourished child, suffering from acute kwashiorkor. Lucas was admitted to Groothoek Hospital in Lebowa yesterday morning, one of thousands in the same predicament. Her chances of survival are slim.

● Picture by Clive Lloyd

Thousands of Lebowa children face an ugly death

WINTER OF '83

By Pamela Kleinot, who will be reporting from the drought-stricken areas of the Transvaal this week.

LEBOWAKGOMO — Thousands of Lebowa children face death this winter because of malnutrition and related diseases, a doctor said here.

Lebowa's secretary of health, Dr M Mphahlele, said he expected a fourfold increase in admissions to hospitals as a result of malnutrition.

"I believe diseases and deaths this winter are going to be the worst we've ever had", he said.

Thousands of children may die from disease as malnourished bodies cannot fight back because of lowered resistance.

Dr Mphahlele said he expected a big rise in the number of admissions with gastro-enteritis — the biggest killer of black children.

Respiratory infections like pneumonia and bronchitis would also exact a heavy toll.

Other medical problems he expected were: a sharp increase in the number of patients admitted with malnutrition, including kwashiorkor and merasmus; an upsurge in the incidence of measles which is a killer of malnourished children and in many instances causes blindness; an increase in the number of children admitted with burns and scalds.

Three poisoned kids out of Baragwanath

THREE of the 38 schoolchildren admitted at Baragwanath and Leratong hospitals this week have been discharged, a hospital source said yesterday.

The students, Virginia Dube, Dorcas Mncube and a third one known only as Baza were discharged yesterday after being treated for food poisoning. The condition of the remaining children was reported to be improving but there were unconfirmed reports that one of the children was in a critical condition, the source said.

The poison saga started on Thursday at Forte Commercial High School after at least ten students started vomiting and fainting in class. The children were rushed to Baragwanath Hospital. More followed in the next three days until the figure reached an alarming 38.

Canteens were closed down in an attempt to trace the source of the poison but the school principal, Mr C L Breytenbach, said the number continued to grow in spite of the closure.

Children interviewed pointed fingers at the school's two canteens. They complained that the food was "unhealthy" and dirty. Among allegations made by the children are the following: finding hair threads and fingernails in the food; that the food was stale most of the time and that a food flavourer from an aerosol spray with a cat's picture was used to make food "smell nice".

Mr Breytenbach said it was too soon to be throwing accusations at the canteens. Although he did not dispute the allegations he found it was partial to put all the blame on the canteens.

Police have not yet been informed

By ELLIOT TSHINGWALA

JOHN GEAR FM 29/4/83 90

Bridging the health gap



The *FM* spoke to Wits Professor of Community Health, John Gear, in Gazankulu where his department is carrying out a pilot health project.

***FM:* What are the major problems of rural health care?**

Gear: The health of rural people depends on two factors. Firstly, the broader issues of housing, education, water and poverty. Secondly, the provision of an adequate health care service.

Common problems facing the health care system are malnutrition, childhood diseases, problems associated with mothers and children rather than the problems of middle-aged productive men. This disease pattern is peculiar to rural areas because of the population structure resulting from the migrant labour system and influx control. Other problems are inadequate infrastructure, distances and the scarcity of health professionals.

Is a restructuring and decentralisation of existing facilities the answer?

Yes, but only if the system isn't oppressive. A health care system can be either oppressive or liberating. An oppressive system means that people are expected to do what the health care system dictates, whereas a participatory and liberating system is developmental and the community controls decision-making.

How should resources be re-allocated?

It is widely accepted that hospital services should be decentralised, but the level of decentralisation is debatable. Many people believe a number of health centres functioning as sophisticated mini-hospitals are the solution and that the idea of very simple clinics at village level should be abandoned. I think both are required.

If we're trying to provide at least a minimum level of care for as many people as possible, then the local clinic must take precedence over the health centre. A clinic staffed by perhaps one highly trained nurse, supported by a traditionally trained nurse, and by two partially trained nurses, could run a very acceptable service for a population of about 10 000 people.

It's better to put 15 nurses in 15 villages rather than in one sophisticated centre. Staff can be trained relatively easily through centralised training programmes. Community health workers, usually women with limited education, but with supplementary training in community health work, backed up by grassroots health workers who can refer patients to a hospital, are very effective.

What are the basic health essentials at village level?

The preventive services are the most important in terms of maximum benefits for minimum input. This means ensuring there is someone with health skills in every village, that vaccines are available, that there are facilities to ensure that people who need minimal care have access to that either by providing transport to a more central point or by decentralising our traditional health service.

Where does the high technology hospital fit into this model?

The provision of high-level nodes is not justified unless an adequate basic health infrastructure exists at village level. Higher order skills and services are required when these basic needs are met.

The State's National Health Services Facilities Plan, which identifies various levels of health care delivery, acknowledges this. The first level is provision of basic amenities such as food, water, housing; whereas only the fourth, fifth and sixth levels require more sophisticated equipment and buildings.

What can be done about the inequitable spread of health benefits between urban and rural areas?

Inequality in SA is perhaps more an urban/rural differential than a black/white differential, so attention must be focused on rural areas. The health care of urban blacks is still inferior to that of urban whites but it is possible to gain access to care. In many rural areas, this is impossible because of financial constraints or distances.

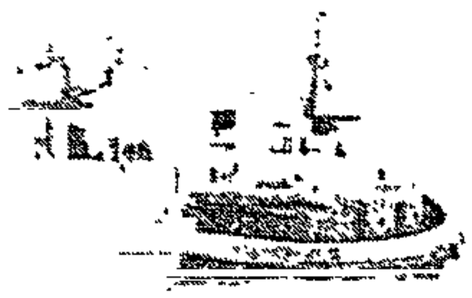
The reasons for this are primarily bureaucratic. Goodwill is being obstructed and hamstrung by bureaucratic inertia. The medical and nursing profession is also to blame. I think every qualified doctor should do two compulsory years of rural service.

How does a health programme deal with the poverty factor?

Depending on how malnutrition is defined, the reality is that between 20% and 50% of children in SA's rural areas are malnourished. Poverty is the crux.

In rural areas, there is financial poverty, but also the poverty of land and water — particularly as a result of this year's drought. There are also political causes of poverty which are largely outside the ambit of health professionals. We can only tackle part of the problem.

Our responsibility is to ensure a more equitable distribution of health resources and where possible to reduce the effects of poverty through the provision of immunisation and potable water, for a start. However, we have a strong moral obligation to challenge the political predisposing factors to poverty and cannot, as health professionals, regard this as beyond our concern.





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Anne Heseltine, wife
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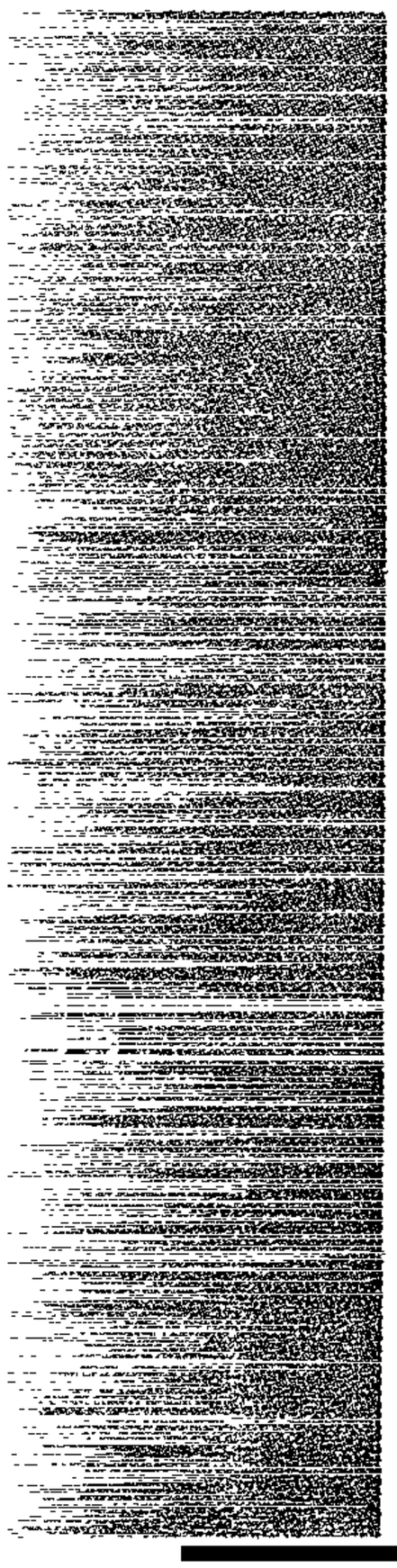

blacks — Govt

Argus Foreign Service

LONDON. — A "significant number" of British companies operating in South Africa report continuing efforts to help black workers by providing a range of fringe benefits beyond those required by law.

These include assistance with house purchases, transport, education schemes and clothing.

But, according to the Department of Trade this week, "only slow progress is being made towards the formal or informal recognition of unions representing black workers".

Also, it says, in only 41 of the 130 companies did negotiations take place over black wages and in 34 cases black workers were not represented on the wage negotiating body.

DETAILS

In the latest report on the code of conduct for companies with interests in South Africa, covering the period from June 1, 1981, to July 30, 1982, the Department of Trade disclosed that 90 percent of the companies continued to co-operate by providing details of their operations.

Of the 134 000 black workers covered by this report:

- 132 000 were above the poverty datum line;
- 2 000 were below the poverty datum line;
- 123 000 were above the higher datum level; and
- 11 000 were below the higher datum level.

The Department of Trade still declines to publish the names of companies paying below the poverty datum line because of "serious legal complications".

It mentions that 13 companies failed to reply.

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16 Riebeek Street, Cape Town 8001
Tel 25-2783

Hunger warning by Natal doctors

28/4/83

Argus Correspondent

DURBAN. — Doctors working in Kwazulu have warned that thousands of people may starve to death this winter.

Others would succumb to diseases such as typhoid, cholera and measles, the doctors said.

The worst drought this century has brought on a crisis in the already impoverished hinterland where malnutrition and unemployment are rife.

The medical superintendent of Charles Johnson Memorial Hospital at Nqutu, Dr Arthur Coetzee, said more than half the malnourished children who were admitted to the hospital died .

"And we only get to see the tip of the iceberg. There is no way of telling how many will die before they reach us," he added.

Maize price increase

As the winter drew on, he expected more and more children suffering from starvation to be admitted. He feared that the recent maize price increase would exacerbate the situation.

"Because of the drought, there has been a total crop failure in the area and people have to buy food."

The hospital had a 120-bed children's unit. Most of those admitted suffered from malnutrition or a combination of malnutrition and infectious diseases.

Dr Coetzee said the hospital was overcrowded. Because of this it was stated in a report to the Kwazulu Health Minister: "We have to accept that it is normal for Kwazulu patients to be ill and die on the floor underneath the bed of another patient.

"What relatives think of this practice I shudder to think, but since most of them have no voice at either local or Government level, it doesn't seem to matter."

Doctors at other Kwazulu hospitals said they also faced a crisis this winter

At Madadeni Hospital near Newcastle, 40 people have been treated for typhoid in the past month.

The medical superintendent, Dr Leslie Stewart-Smith, said that since January the hospital had treated 82 typhoid victims.

Many of the cases, he said, could be attributed to the chronic drought, which caused standards of hygiene to drop.

Doctors at a mission hospital in the Tugela Ferry area said cholera was endemic.

Throughout the region the water supply situation is desperate. Many people have to walk up to four hours to get supplies.

Swazis smuggle water

Argus Foreign Service

MBABANE. — Swazi villagers in the south of the country are so short of water that they are crossing into South Africa and smuggling supplies back home.

The favourite method of the villagers in the Lavumisa area is to drive across in trucks at night with empty barrels to be filled up.

A spokesman for the Rural Water Board said: "People are literally begging for water."

PRICES

He said the villagers

School kids critical after food poisoning

28 APR 1983

FORTY students have been admitted to hospital after eating suspected poisoned food at Forte Community School, Soweto, and classes for over 1 000 children have been suspended until Monday.

The school's principal, Mr C L Breytenbach, said all classes had been suspended until Monday. All students had been told to ask their parents to take them for check-ups.

Health Department officials who visited the school since the scare began on Thursday last week have taken samples of the food from the school's two canteens for tests. Results of the tests are expected on Monday next week.

Mr Breytenbach said he and his staff became aware of the poisoning on Thursday after children began fainting and vomitting in class. The children were taken to hospital. The number continued to grow even though the canteens were closed down. About 38 children had been admitted to Baragwanath Hospital by yesterday.

A source at the hospital described the children's condition as grim. Two of the pupils, Emmah Sehlangu and Lydia Monyai, who were discharged on Monday were readmitted yesterday.

Here are some of the names of the students admitted at Baragwanath Hospital since the beginning of this week: Tryphina Ngwenya, Jessie Radebe, Emmah Sehlangu, Emmeline Motshe, Gladness Motsoenyane, Rose Nkosi, Lydia Monyai, Jeanette Mokgatsu, Charity Tsubane, Gladys Motsepe, Brendaline Moseki, Deborah Sedike, Christopher Ledwaba, Jaquiline Odira, Moses Nxumalo, Cosiel Pechi and Peter Mtshali.

Operation Hunger is launched

By Stephen McQuillan

About 1,5 million people facing starvation in rural South Africa may benefit from a drought appeal launched today by a big supermarket chain.

Operation Hunger, launched by Checkers, is aimed at encouraging the private sector to aid Government relief efforts.

The supermarket chain has also announced a weekly R100 000 subsidy on essential food items.

The managing director, Mr Gordon Utian, said this would enable customers to get some relief from soaring food prices.

"Initially we are asking all those in business organisations with which we liaise to participate," said Mr Utian.

Participation could be in the form of donations of suitable food, or money to buy food.

27 April 1983

Operation Hunger provides a cushion where

Even the sunflower bows

Star

By Jo-Anne Collinge

In the Western Transvaal even the sturdy sunflower has been bowed by the brutal summer. Family plots in villages of the neighbouring Ramatlabama area of Bophuthatswana mostly stand empty. In others all that remain are the dried-out mealie plants.

The chance of casual work on nearby farms dried up along with the crops. Families that usually live for months off the few bags they are paid at harvest — plus what they manage to pick up behind the harvester — are desolate.

But the children at the Tsetse Primary School in the Ramatlabama area remain alert and full of energy. They are cushioned from the famine by the Operation Hunger feeding scheme run at their school.

During the week all pupils receive each day a cup of either thick vegetable broth or sour milk. Their parents pay a nominal amount for it.

The principal, Mr Johannes Rabaji, says there has been a noticeable change in many of his pupils since the scheme was introduced a year ago. "Their appearance and concentration have improved and our attendance record is very good."

Behind the scheme is a group of determined community-minded teachers and housewives. The staff administer the project at village level and a small band of housewives prepares and serves the food.

Supplies are sent by Operation Hunger in Johannesburg — an organisation funded entirely by private donations.

Tsetse's teachers are anxious to broaden community projects. Already they have set up adult education classes, finding more than 80 takers in a village of about 5 000. They are hopeful that self-help knitting and sewing groups will follow.

Tsetse boasts the oldest Operation Hunger project in the area. Its example has been taken up in the neighbouring villages of Omega, Ikupeling, Six Hundred and Magokgwane.

Not all these projects are school-based. In some of them women's organisations are the key, with local health personnel playing a vital advisory and co-ordinating role.

Far from being complacent about what has been achieved, Mrs Ina Perlman of Operation Hunger is haunted by the winter's prospects. Already there are plans to extend the Ramatlabama schemes — possibly to include pre-school children in Tsetse.

Funding is, as ever, a problem. "It'll just have to come from somewhere," says Mrs Perlman, with determination.

"We can't leave them to starve."

● Operation Hunger has a street collection tomorrow. Collectors are desperately needed. Anybody with an hour to spare between 7 am and 2 pm is asked to call at the municipal street collection office, 6th floor, Old Arcade, 100 Market Street, Johannesburg.



A toast — in sour milk — to

Hunger appeal pays off

27 APR 19

Welfare Reporter

About 293 300 meals can be served to starving children in the drought-stricken areas of South Africa as a result of an appeal by Operation Hunger in Johannesburg and Sandton last Friday.

The street collection raised R14 668, which included anonymous cheques for R5 000 and R3 000.

Operation Hunger had only a week to organise the collection, but an appeal for collectors through The Star swelled the number to about 300.

(90) ~~2nd~~ plus two

ARGUS 26/4/83

'Malnutrition linked with influx control'

Medical Reporter

ONE could not talk of malnutrition in South Africa and ignore the breaking down of squatter shanties in Cape Town, according to Professor Francis Wilson, Professor of Labour Economics at the University of Cape Town

Professor Wilson said at a symposium on the socio-economic implications of undernutrition. "Malnutrition is a symptom of a socio-economic disease in our society which we have to come to grips with."

Malnutrition was linked with urbanisation, influx control, migrant labour and housing policies.

Hungry

He said the official view was that squatters whose shelters were broken down night after night "shouldn't be there".

"But the alternative is for the women to be in the rural areas, hungry Part of their strategy against malnutrition is to get into the city where they can at least be near their men and have jobs."

He said malnutrition had a number of implications for the business community. Among them were:

- If people were dying of hunger, each person had a moral obligation to do something about it.
- There was a link between poverty and hunger on one hand and business on the other. Because the mines, for instance, employed migrant labourers they had to consider the social and economic consequences of breaking up families and the poverty in the rural areas.

"The mines have a responsibility to consider the men not simply as labour units but as human beings with wives, children and grandmothers and they are as much part of the mining industry as the labour units Even if the mines cannot change the migrant labour system they have to do some hard thinking about their relationship with those living in the rural areas."



Professor Francis Wilson

Prevention

Professor Wilson suggested the mines could, for instance, help with rural development schemes. It was cheaper to prevent people from going hungry than to cure them when they suffered from malnutrition.

Hungry children could not learn.

"We need to ask ourselves what lay behind the dropout rate whereby in 1978, of the children who had started school in 1963, 69 percent of the whites got to standard 10 against four percent of the blacks.

Policy

"There are all sorts of reasons, but one of the reasons could be that that the black children can't keep going all the way through because they aren't getting enough to eat."

Among the suggestions which came out of the conference was that a national food policy be developed for South Africa that a subsidy be paid on basic foods and that minimum wages be set for all workers, particularly domestic workers.

It was also suggested that food control boards channel surpluses of food to schools, old age homes or specific groups which were at risk of malnutrition.

Nine survive food poisoning

SEVEN MEMBERS of a KwaThema, Springs, family which was almost wiped out as a result of food poisoning last week, have all been discharged from hospital.

Among the nine people admitted to the Far East Rand Hospital suffering from suspected food poisoning, was a three-year-old boy.

Doctor A Cloete, superintendent of the hospital, confirmed yesterday that Mr David Khumalo, his wife Georginah and their children George, William, Elizabeth, Kenny and three-year-old Nelson, all from 35 Muthwa Street, have been discharged from hospital.

Eight-year-old Sibongile Nhlapo, who stayed two houses away from the Khumalos, was the first to be discharged last Thursday.

The nine were admitted to hospital after they had all started vomitting minutes after finishing supper.

On admission Mr and Mrs Khumalo and Mrs Nhlapo were in a very critical condition.

Talks to curb child hunger

Cape Times 25/4/83

90

Staff Reporter

TREATMENT for children who suffer from malnutrition is not only expensive but often fruitless, according to an East London doctor.

Dr Trudy Thomas, of the Cecilia Makiwane Hospital, was addressing the "Social Implications of Undernutrition — Strategies for the Future" conference at Stellenbosch on Friday.

She said children who suffered from kwashiokor, caused by insufficient protein in a child's diet, and marasmus, wasting away of the body, frequently "relapse and die when they are returned to the same conditions which originally caused their illness".

Costs

"Malnourished children often have to be hospitalized for periods exceeding a month and at a conservative cost of R30 a day, one treatment could cost R1 000," Dr Thomas said.

Malnutrition was extensive and severe in the rural areas, where infant mortality had been found to be between six and 15 times as high as in privileged areas.

Miss Eizabeth Dostal, an economist at the University of Stellenbosch, said: "Malnutrition in South Africa is not the result of a shortage of food, but of widespread poverty."

She said that although the agricultural output of food exceeded the consumption thereof, 72 percent of all black and 34 percent of all coloured households lived below the average subsistence level of R250 a month, and a large portion of those lived below R150 a month.

Professor Lawrence Schlemmer of the University of Natal spoke about "Social Implications of Poverty and Under-development".

Quoting from a major survey, he said: "Without exception the respondents with the lowest incomes, or who lived in the poorest conditions, were least inclined to reflect attitudes supportive of violent movements."

He said that under conditions of political organization this situation could be different.

More than 2-m SA children malnourished

Medical Reporter

ABOUT 2,1-million children in South Africa, excluding the homelands, suffer from malnutrition, says to Dr J P Kotze, director of nutrition of the Department of Health and Welfare.

Dr Kotze was speaking at a conference on the socio-economic implications of undernutrition — Strategies For The Future — organised by the Unit for Future Research of Stellenbosch University.

Dr Kotze said about 3 885 children a year could be expected to die of malnutrition which was "rather a sad thing", but this figure appeared to be "quite a lot lower than the figure which has been mentioned in the last week of 36 000 children". He said the situation could be expected to deteriorate with the drought.

Dr Trudy Thomas of the Cecilia Makiwane Hospital in Mdantsane said: "Hunger in the homelands is very widespread and often very severe, frequently causing illness and even death."

One survey found that 50 percent of two-year-olds were under-nourished and that at least one in 10 was suffering from severe sickness.

Figures for seven and eight-year-olds in sub A were even more startling. In the urban areas 75 percent of children were undersized, rising to 83 percent in the rural areas. In one classroom in a resettlement area, 25 out of 27 children were malnourished; in another, 18 out of 19.

Dr Thomas said malnutrition had to be regarded as a norm or, more accurately, an abnorm of this society.

"Malnutrition often begins before birth. Death in the womb is disturbingly common in our black children. Even those born alive are often already stunted."

Dr Thomas attributed malnutrition to "a wholesale breakdown of family life against a background of almost universal poverty". This, in turn, was a result of rural impoverishment, huge unemployment, chaotic and inadequate social services, migrant labour, urbanisation and squatter policies which negated any attempt to find a livelihood.

She said if one took 100 babies with kwashiorkor, three quarters had been deserted by their fathers and some by their mothers too.

'Poverty a cause of malnutrition'

Medical Reporter

MALNUTRITION in South Africa is not the result of a shortage of food but of widespread poverty, according economist Elizabeth Dostal.

Speaking at a symposium on malnutrition organised by the Institute for Futures Research at Stellenbosch University, Mrs Dostal said enough food would be produced to feed the growing population until at least the year 2 000.

At present there were surpluses in maize, wheat, fruit and sugar and some surpluses in dairy products but people were unable to buy the basic food they needed.

She said more than 50 percent of black families in this country did not earn enough to feed a family.

'90
23/4/83

erland

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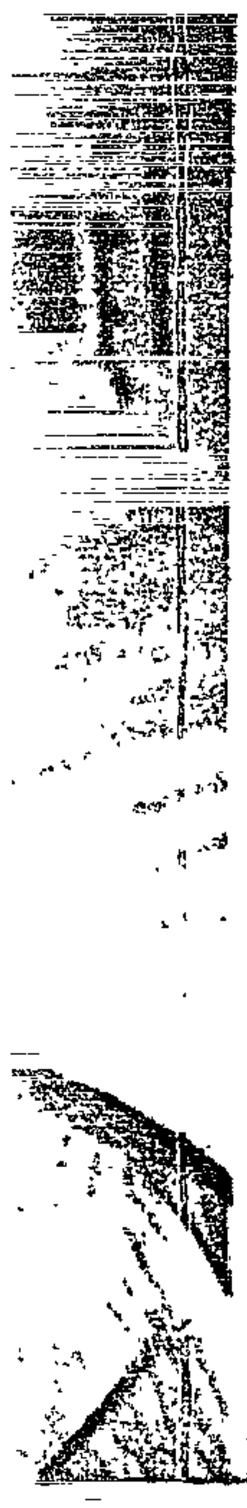
Klein pjas Leon

chuster, die radio-grapjas-onlikheid, het g die pa van ie dogter ge- vrou, Lalie, ewe geskenk ba van 3,34 Park Lane- in Parktown. ver kon Pa sy vrou nog naam vir die vulling tot besluit nie.



Hongersnood vir SA voorspel

Vaderland 23/4/83 90

Sabbln +2

Eie Buro

STELLENBOSCH. —Groot hongersnood, wat kan lei tot opstand en revolusie, wag op Suid-Afrika. Wanvoeding het reeds ernstige afmetings aangeneem. Dringende stape is nodig om dié neiging te keer.

Dit is maar enkele van die opsienbarende feite wat gister aan die lig gekom het in 'n seminaar oor wanvoeding op Stellenbosch.

Vir blanke Suid-Afrikaners beteken dié feite dat hulle hul eetgewoontes drasties sal moet verander. Minder vleis en melk is in die volgende 20 jaar almal se voorland.

Maar vir ander bevolkingsgroepe is die gevolge baie ernstiger.

Feite waaroor kommer bestaan, is:

- Teen die jaar 2 000 gaan daar na verwagting 5,2 miljoen werkloses in die land wees.
- Armoede soos dit hom in Suid-Afrika manifesteer, kan lei tot opstand en revolusie.
- Sowat vyf persent van alle blanke kinders op laer skool is ondergewig. In die geval van bruin en Indiër-kinders is dit 30 persent en by swartmense 25 persent.
- Wanvoeding in die tuislande is wyd verspreid en baie ernstig. Een uit elke tien kinders onder die ouderdom van twee ly aan siektes wat die gevolg van wanvoeding is. Ongeveer 50 persent van die kinders is ondervoed, en die sterftesyfer by geboorte is tussen ses en 15 maal hoër as by bevoorregte groepe.

Sprekers by die seminaar, wat gehandel het oor die sosio-ekonomiese implikasies van wanvoeding, was onder andere mev. Elizabeth Dostal, 'n ekonoom aan die eenheid van Toekomsstudies aan die Universiteit van Stellenbosch, prof. Leonie van Heerden, hoof van die departement huishoudkunde aan dieselfde universiteit, prof. L. Schlemmer, direkteur van die Sentrum van Toegepaste Sosiale Wetenskappe aan die Universiteit van Natal, dr. J.P. Kotze, direkteur van Voeding van die Departement van Gesondheid en dr. T. Thomas, 'n geneesheer aan die Cecilia Makwana-hospitaal in Oos-Londen.

Mnr. Peter Moll, 'n voedselnavorser aan die Universiteit van Kaapstad, was nog 'n spreker. Hy het gesê dit is uiters noodsaaklik dat die broodprys — stapelvoedsel van armes — so laag as moontlik gehou moet word.

Nampo kla oor miellieprys

2 [illegible] (BT ~~General~~) (~~Post~~) (90) STAR

Doctors fear thousands may die of starvation in kwaZulu

Own Correspondent

WINTER OF '83

DURBAN — Doctors working in kwaZulu predicted this week that thousands of people would starve to death this winter.

Hundreds more would succumb to diseases such as typhoid, cholera and measles.

The worst drought this century has brought on a crisis situation in the already impoverished hinterland, where malnutrition and unemployment are rife.

The superintendent of Charles Johnson Memorial Hospital in Nqutu, Dr Arthur Goetzee, said more than half the malnourished children admitted to the hospital died.

"And we only get to see the tip of the iceberg. There is no way of telling how many will die before they reach us," he added.

As the winter drew on, he expected more and more children suffering from starvation to be admitted. He feared the recent maize price increase would exacerbate the situation.

"Because of the drought there has been a total crop failure in the area and people have to buy food".

The hospital, he said, had a 120-bed children's unit. Most of those admitted to the unit suffered from malnutrition or a combination of malnutrition and infectious diseases.

The doctor said the Charles Johnson was overcrowded. A recent report to the kwaZulu Minister of Health said: "We have to accept that it is normal for patients to die on the floor underneath the bed of another patient.

"What relatives think of this I shudder to think, but since most of them have no voice at either local or government level it doesn't seem to matter."

Other kwaZulu hospitals face crises.

At Madadeni Hospital, near Newcastle, 40 people have been treated for typhoid in a month.

Superintendent Dr Leslie Stewart-Smith said 82 had been treated since January.

At Limehill, a nurse in a small clinic said that for the first time she was treating marasmic (extremely emaciated) children.

One of the few regions to escape the drought has been Tugela Ferry, where irrigation farming is practised.

But residents there are faced with another problem. The incidence of cholera is one of the highest in the country. Recently more than 100 sufferers were treated in a single weekend

Doctors at a mission hospital in the area said the disease was endemic. They treated up to 10 cases a week.

They fear recarrence of the 1980 drought when farmers lost all their stock and the water shortage is desperate throughout the region.

One of the worst-hit areas is Tholeni, near Wasbank, where the 60 000 residents dig holes in a dry river bed.

Elsewhere people have to walk for up to four hours to get water.



Know how to handle baby blues

DOES your baby refuse food?

Babies are unpredictable, especially during "off" days when they just do not "have" any valid reason why they do not want anybody or anything — even much-loved breastmilk.

These moods may result from an irritation (heat or teething), while it just could be baby blues and nothing for you to worry about unnecessarily.

Never try to force meals on your baby, but be patient and allow it only what it wants, which may just be milk. It is easy to create a feeding problem by insisting that baby eat what you think it should. A day of no eating will certainly not mean that your baby will starve to death.

Once your baby is eating the same food as the family (normally at nine months or more) life is much easier. Do not, however, give it highly seasoned or rich food. This will make the child fat. Rather encourage children to eat fruit in-between meals and to clean their teeth at the end of the meal, let them eat a slice of raw apple.

Do not forget to balance their diet as after six months, milk only will not provide the necessary vitamins required by the body. Fresh vegetables, cheese, eggs, fruits, fish and meat should feature regularly in the weekly menu, with boiled water as a necessary drink.

At the twelfth month, bottle feeding may be stopped as the baby will be ready to drink from a cup. He or she will be able to hold the cup unaided. To avoid clashes with your baby, make sure that you keep baby off the bottle when he or she is not suffering from teething blues.

Perlman calls for Govt aid to curb poverty



• Dying of malnutrition, this child was pictured in a hospital in the Nqutu district of KwaZulu.

SOWETAN (90)
20 APR 1983

By SINNAH KUNENE

POOR families are prone to be large and unless something is done about the socio-economic conditions in the country, little can be done to keep the birthrate down.

This was said by Ms Ina Perlman of the Institute of Race Relations. She was reacting to the Minister of Health, Dr Nak van der Merwe's allegations that the high uncontrolled birthrate was directly responsible for the high deathrate resulting from malnutrition.

Dr Van der Merwe was reacting to a statement by Dr Allie Moosa of the Department of Paediatrics at the University of Natal, when he said that the 30 000 death rate of children a year has been aggravated by drought.

Dr Moosa warned that three to four children die per hour as a result of this, and a higher number is expected as a result of the drought. He said there are eight-million children in South Africa and two or three percent suffer from malnutrition.

Ms Perlman argues that if a man knows that his only hope for old age is his own children, with the high mortality rate, he will obviously plan to have more children.

She expressed disgust at the Minister's claim as "this is the pattern of poverty throughout the world." She says research has proved in Harare in the early 60s, when women were given houses and other basic needs, the most dramatic thing that happened was a drop in birthrate.

"At this point in time it is up to those who have to do something about starvation to do it, rather than point fingers at one another," says Ms Perlman.

She describes the situation as "desperate". As the head of the Institute's Operation Hunger, which supports voluntary organisations' projects in poverty-stricken rural areas, Ms Perlman states that the Government's aid alone will not be enough to relief the crisis in the resettlement areas.

"We have been told that this winter is not only a case of feeding kids but families. Normally the families grow three to four bags of maize to see them through winter, but this year it has been impossible as a result of the drought. Also, the seasonal labour is scarce and thousands of migrants have been retrenched. We are faced with the most appalling situation," warns Ms Perlman.

Operation Hunger will definitely have to double the budget in all rural areas, and as it depends solely on public funds, Mrs Perlman and her co-ordinates have launched an extensive fund-raising campaign and has called on volunteers to assist. The "Operation" has been feeding well over 14 000 children in Lebowa, 5 000 in Venda and five to ten thousand in Bophuthatswana. The "Operation's" services are extended as far as Zululand as well. Contributions should be directed to Ms Perlman at Institute of Race Relations, Dc Korte Street, Braamfontein, Tel 724-4441, Johannesburg.

Kwashiorkor soars in rural areas

Starvation as drought grips N Tvl

(11) (90) RDM 18/4/83

By LIZ McGREGOR
Medical Reporter

THE crippling drought in South Africa is causing widespread starvation amongst rural children.

In the Northern Transvaal alone, the number of children admitted to hospitals with kwashiorkor has more than doubled as a result of drought-induced crop failure.

And authorities warn that a winter of acute starvation and rampant disease lies ahead

The plight of farmers ruined by the drought and the loss of livestock have received widespread Press coverage But the human tragedy being played out in the malnutrition wards of the remote "homeland" hospitals has gone largely unreported.

The combined effect of the crop failure and the retrenchment of many migrant workers as a result of the economic recession has brought thousands of rural families to the brink of starvation

Even the temporary relief normally afforded by seasonal labour on the surrounding farms has failed because farmers ruined by drought do not need any extra labour this year.

Dr M Mphahlele, Lebowa's Secretary of Health, has told the Rand Daily Mail that the late summer crops, which normally fed people during winter and were used to convert to cash for shop-bought commodities, had almost totally failed as a result of the drought.

Malnutrition had reduced resistance — particularly that of children and old people — to the usual winter infections. Illnesses such as measles, respiratory infections and malnutrition-related diseases were escalating and were more likely to be fatal, he said

Dr Mphahlele, who is also chairman of Lebowa's Drought Relief Committee,

Africa too in grip of drought

NAIROBI — Drought is causing misery in many parts of Africa, taking or threatening lives drying up rivers and turning precious top-soil to dust

From the rugged highlands of Ethiopia to the rich farmlands in southern Africa the failure of normal rains has left a stark picture of doubt and despair.

Per capita food output has declined steadily since the 1960s Few African states feed themselves and drought will mean further reliance on food imports, a development considered dangerous by the United Nations World Food Council

In Ethiopia, scene of a drought that killed more than 200 000 people a decade ago, highland farmers in the Wollo, Tigre, and Gondar areas have been forced to abandon their homes and trek to relief centres.

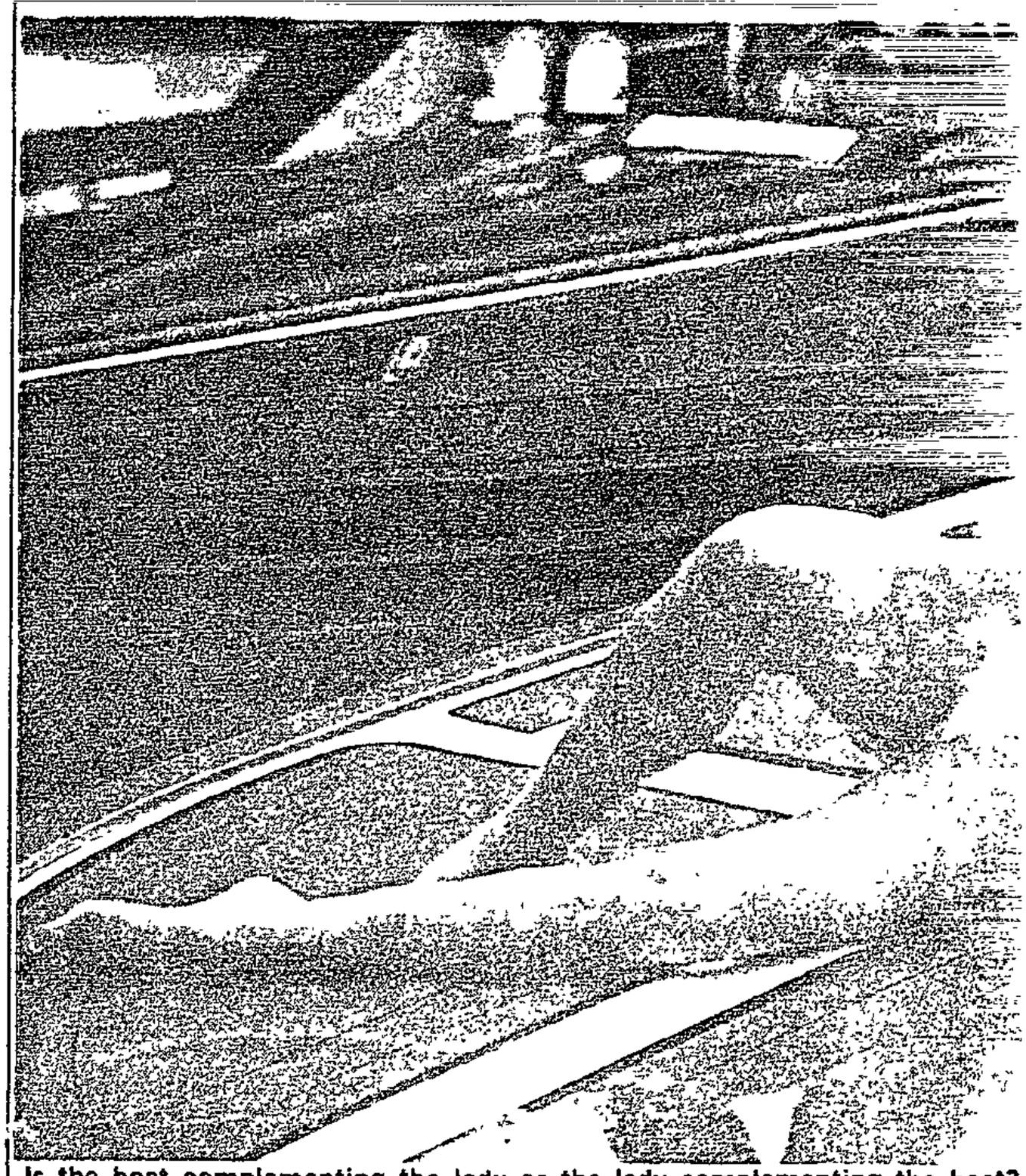
"It is a tragedy. People are living in abject despair," said Trevor Page, head of the emergeny relief section of the UN World Food Programme.

He said he had no doubt many would die from malnutrition despite an international relief operation.

The Ethiopian authorities fear that more than 3-million people may be afflicted by the failure of rains during last August's planting season.

Hunger was so acute farmers being forced to eat their seeds

Weathermen describe the drought which has hit 7 m



Is the boat complementing the lady or the lady complementing the boat? superspeedboat Toothpicker which will be used in the International Waterski

Show treat for workers

Mail Reporter

EAST RAND labour relations took a turn for the better on Saturday when a large caravan manufacturer hit on a novel idea of thanking the staff for their hard work

As a tribute to the factory workers' efforts and to celebrate the R5-million worth of orders taken at their stand, Jurgens management arranged for all factory employees to enjoy a day at the Rand Show

The workers were brought in by bus, given lunch boxes and shown the gleaming fruits of their labour as seen by the public

For most, it was a brand new experience as few had visited the show before.

14 convicts on the run

Mail Reporter

FOURTEEN prisoners broke out of the New Johannesburg Prison on Saturday night and are still on the run, a spokesman for Prisons Headquarters confirmed yesterday.

The men, all long-term inmates, escaped by sawing their way through the iron

Major test fo NP in Parlia

By JOHAN BATTERSBY
Political Reporter

THE Government faces another torrid ordeal in Parliament this week as all eyes focus on the Prime Minister, Mr P W Botha for the annual debate on his budget

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Hunger was so acute farmers being forced to eat their seeds.

Weathermen describe the drought which has hit Zimbabwe, Mozambique, Zambia and Botswana as the worst climatic disaster in the recorded history of the subcontinent.

Almost half of Zimbabwe's 7 500 000 population will get emergency government food aid this year and experts estimate the cost in relief and lost income at R555-million. — Sapa-Reuter.

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Malnutrition had reduced resistance — particularly that of children and old people — to the usual winter infections. Illnesses such as measles, respiratory infections and malnutrition-related diseases were escalating and were more likely to be fatal, he said.

Dr Mphahlele, who is also chairman of Lebowa's Drought Relief Committee, warned that the level of illness would increase between two and three times this winter.

Most rural settlements had no safe, piped water and no sanitory facilities. The limited water available from rivers and boreholes were likely to become polluted with the gastro-intestinal illnesses such as typhoid.

A visit by the Mail to Northern Transvaal hospitals and clinics revealed wards full of children suffering from kwashiorkor. Hospital authorities reported a two to three hundred percent increase of children suffering from kwashiorkor and malnutrition.

Lebowa's Subiaco clinic, which serves a community of about 25 000 people just south of the University of the North, has had one kwashiorkor death a week since January this year.

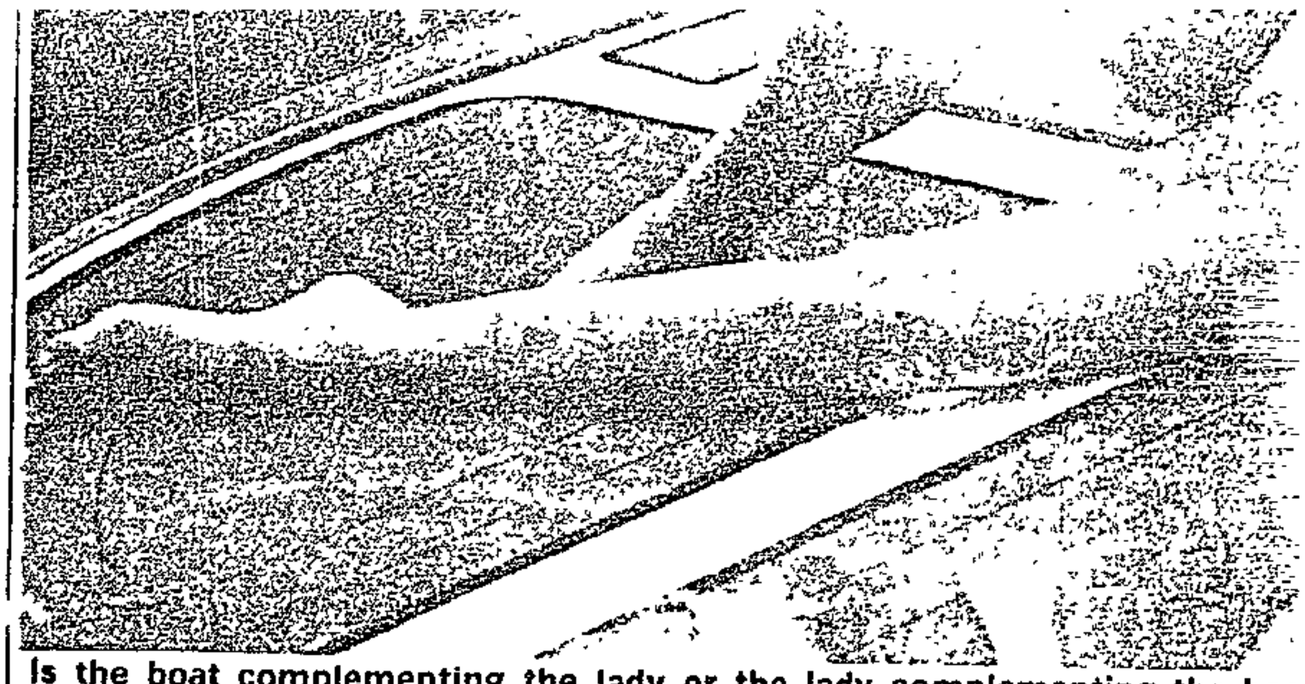
The usual death rate is between five and 10 a year.

The drought is evident everywhere in the wilted, scorched crops, dying trees, dried river beds and bonethin cattle, donkeys and goats.

The water shortage is affecting even the few medical facilities that do exist in the remote rural areas. Many clinics are completely without water. Two clinics attached to the Helene Franz Hospital in Bochum in the north-western Transvaal have to fetch water daily from the hospital.

Jane Furse Hospital, which serves a community of 180 000 in Sekhukhuneland, was recently entirely without water for 72 hours.

Farmers in the area have been ruined by the intense drought of the past two years. All the dams in the area have dried up and the few boreholes that are yielding any water are rapidly drying up.



Is the boat complementing the lady or the lady complementing the boa superspeedboat Toothpicker which will be used in the International Water

14 convicts on the run

Mail Reporter

FOURTEEN prisoners broke out of the New Johannesburg Prison on Saturday night and are still on the run, a spokesman for Prisons Headquarters confirmed yesterday.

The men, all long-term inmates, escaped by sawing their way through the iron bars of their cells at the prison in Doornkop, Johannesburg.

Members of the public have been warned not to approach the men.

Reports said the men knotted their blankets and sheets together to lower themselves from their cells.

The long Show ends a bit short

By DAVID CAPEL

THE 72nd Rand Show came to an end on Saturday with 51 599 people attending, bringing the total attendance figure to 864 497 — far short of the one million target, but still a new record.

This year's total topped that of last year by 31 275.

General consensus among show exhibitors, as well as some Witwatersrand Agricultural Society (WAS) officials was that the show was too long.

It should have ended at least a week ago they said.

Major test fo NP in Parlia

By JOHAN BATTERSBY
Political Reporter

THE Government faces another torrid ordeal in Parliament this week as all eyes focus on the Prime Minister, Mr P W Botha, for the annual debate on his budget vote tomorrow — one of the major debates of the parliamentary session.

With a defensive and hesitant National Party running into increasing internal difficulties over its plans to draw coloureds and Indians into the political mainstream, the four-day Prime Minister's vote has assumed the proportions of a major test for the ruling party and its leader.

The Government has been unable to meet its own target for introducing its constitutional legislation and there is still no clarity as to whether the Bill will be introduced before the May 10 by-elections.

Mr Botha's constitutional initiatives are under siege from both left and right and there is exceptional interest in what he will have to say about his plans for a referendum and how he will handle mounting criticism over nationalist double-talk in the "battle of the berge" by-elections.

Instead of capitalising on its position of strength at the start of the session, the Government was forced on to the defensive in the February no-confidence debate as it warded off powerful Progressive Federal Party and Conservative Party attacks on its role in alleged destabilisation of the sub-continent and the abortive Seychelles coup.

It has been on the defensive ever since — particularly over the Salem incident and more recently in trying to defend double-talk by Cabinet Ministers and nationalist speakers in the by-

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INSIDE

Appointments	12 & 13
Auctions	13
Bridge	13
Car Specials	11
Comics	11
Crosswords	12
Legals	13
Metro Mail	2
World News	4
Radio	13
Weather Mail	2
Your Stars	13

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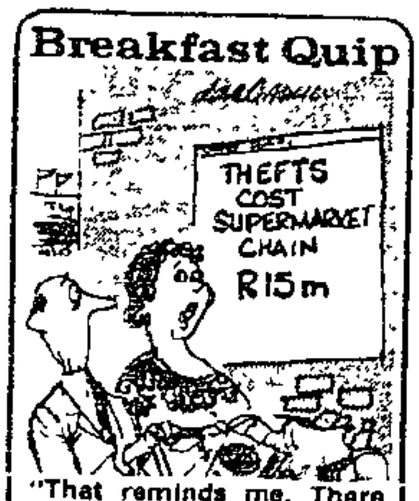
● LIFE AND VIEWS OF ESCHEL PAGE 7

Flair

● THE CRAFT OF AFRICA PAGE 8

● TOUGH, GRITTY

Breakfast Quip



"That reminds me. There are only 213 shoplifting days to Christmas."

More CP MP's may

Political Correspondent

THE Conservative party is planning further resignations by its MPs in conservative strongholds in a bid to block the constitutional reform plans of the Prime Minister, Mr P W Botha.

The chairman and parliamentary leader of the CP, Dr Ferdi Hartzenberg, said yesterday that while no firm decisions had yet been taken it was "possible" he could resign his Lichtenburg seat — regarded as a safe CP seat — after the referendum had been held later this year.

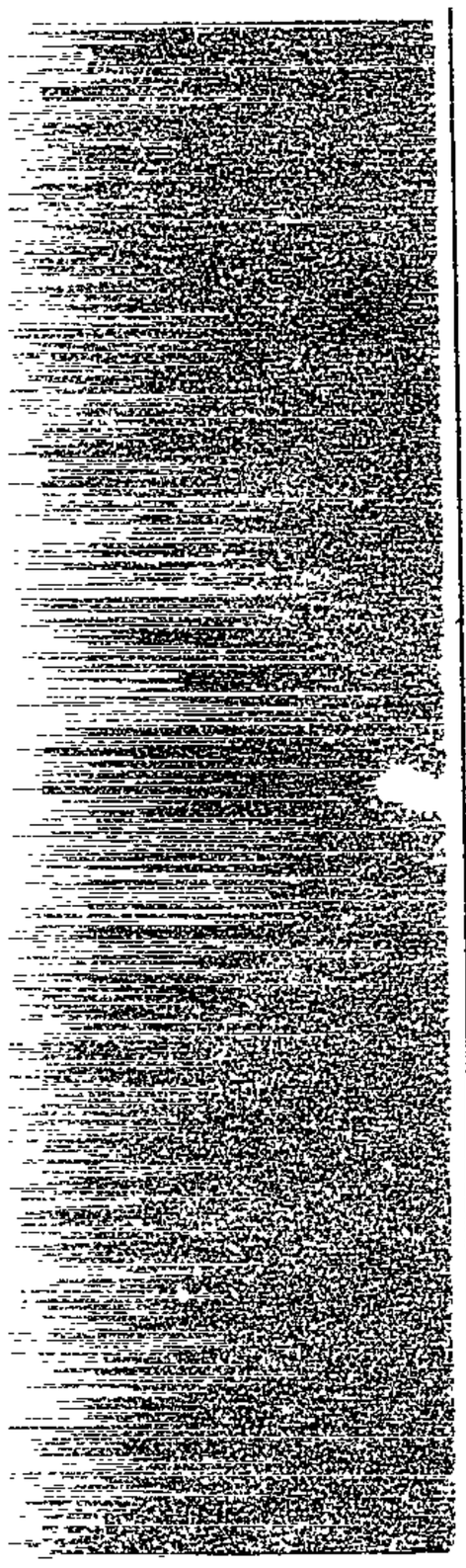
The disruptive effect of the Battle of the Bergs by-elections has exceeded even the CP's wildest expectations.

By setting off a chain of by-elections in conservative strongholds the CP could create a recurring nightmare for the Mr Botha.

Asked if he was planning to resign his seat after the May

Girl, 11, lives after being struc

TOKYO. — A high school girl had a miraculous escape after describing the accident. Doctors at Nihon University ozawa, who is 1,45m tall was too short to clamber on it



Varsities Day at New-
-rts, page 17.
Picture: John Rubython



for a ball during a match last year.

rabs win onnors

The victory by fifth-seeded Kriek ruined Connors' bid to become only the third player to win the 57-year-old tournament four times.

Connors, 30, romped to an easy first-set win after breaking Kriek's service twice.

The American, ranked number two in the world, jumped to a 2-0 lead in the second set before 25-year-old Kriek changed his tactics and gained the upper hand. — Sapa-Reuter

Children starve in SA drought

CAPE TIMES 19/4/83

90

Own Correspondent

JOHANNESBURG. — The crippling South African drought is causing widespread starvation among rural children.

In the Northern Transvaal alone, the number of children admitted to hospitals with kwashiorkor has more than doubled as a result of drought-induced crop failure.

Northern Transvaal hospitals and clinic wards are full of children suffering from kwashiorkor. Authorities reported a 200 to 300 percent increase in children suffering from kwashiorkor and malnutrition.

Lebowa's Subiaco clinic, which serves a community of about 25 000 people just south of the University of the North, has had one kwashiorkor death a week since January this year. The usual death rate is between five and 10 a year.

Authorities warn that a winter of acute starvation and rampant disease lies ahead.

The plight of farmers ruined by the drought, and the decimation of livestock, has received widespread press coverage, but the human tragedy being played out in the malnutrition wards of the remote "homeland" hospitals has gone largely unreported.

The combined effect of the crop failure and the retrenchment of many migrant workers as a result of the economic recession has reduced thousands of rural families to the brink of starvation.

Even the temporary relief usually afforded by seasonal labour on the

To page 2

Couple robbed at home

Staff Reporter

AN ELDERLY Somerset West husband and wife were assaulted and robbed on Saturday night when three men burst into their home and forced them into a bathroom after they had answered a knock at the front door

A police spokesman said yesterday that the couple, Mr and Mrs W C Bebington, aged 82 and 77 respectively, had opened the door in response to the knock about 7pm

"Three men asked Mr and Mrs Bebington for directions to a certain street and for some water," the spokesman said. "They then pushed their way into the house, bumping the couple over in the process

"The intruders pulled watches off Mr and Mrs Bebington's wrists

"They forced the couple into a bathroom but luckily Mr Bebington was able to lock the door from the inside, thus keeping the intruders away from himself and his wife," the spokesman said

The house was then ransacked and the men made off with the couple's wristwatches, cash and a portable radio

Mr and Mrs Bebington had not been injured in the attack, the spokesman said



From page 1

surrounding farms has failed because farmers ruined by drought do not need any extra labour this year

Dr M Mphlalele Lebowa's Secretary of Health, said in an interview at the Department of Health offices in Lebowakgomo that the late summer crops known as "lehlabula", which usually fed people during winter and were converted to cash for shop-bought commodities, had almost totally failed as a result of the drought

Malnutrition had reduced resistance — particularly that of children and old people — to the usual winter infections Illnesses such as measles, respiratory infections and malnutrition-related diseases were escalating and were more likely to be fatal, he said.

Dr Mphlalele, who is also chairman of the Drought Relief Committee, warned that the level of illness would increase between two and three times this winter

He said most rural settlements had no safe, piped water and no sanitary facilities The limited water available from rivers and boreholes was likely to become polluted with the gastro-intestinal illnesses such as typhoid

The drought is evident everywhere in the wilted, scorched crops, dying trees, dried river beds and bone-thin cattle, donkeys and goats

The water shortage is affecting even the few medical facilities that do exist in the remote rural areas Many clinics are without water altogether Two clinics attached to the Helene Franz Hospital in Bochum in the north-western Transvaal have to fetch water daily from the hospital.

The Jane Furse Hospital, which serves a 180 000-strong community in Sekhukhuneland, was recently entirely without water for 72 hours.

Farmers in the area have been driven to ruin by the intense drought of the past two years. All the dams in the area have dried up and the few boreholes yielding any water are rapidly drying up

Warning of medical crisis

By PATRICK LEEMAN

ULUNDI—The KwaZulu Secretary for Health and Welfare, Dr Mordecai Gumede, has forecast dire medical consequences for the region should the present drought continue.

Dr Gumede predicted an increase in forms of malnutrition such as pellagra, kwashiorkor and marasmus if the drought — said to be the worst in 200 years — persisted.

'The bulk of the African people have always lived below the breadline,' he said. 'Many more people will now be suffering hardships.'

The KwaZulu secretary described the symptoms of pellagra as mainly peeling skin and diarrhoea. He said kwashiorkor could be identified by a swelling syndrome and the appearance of reddish-coloured hair. Dr Gumede said marasmus caused children to shrink and to look like wizened old people.

He said the drought had caused a shortage of green vegetables, leading to vitamin deficiency.

'Africans in the rural areas have always eaten green vegetables such as winter spinach and madumbi's, but at present the thickets are dry.'

He referred to the fact that vegetables had become very expensive for blacks. The price of maize, too, had soared.

Dr Gumede said that, with a lowering of vitality, there was a lessening of resistance to diseases such as tuberculosis.

'Under these circumstances, you get a flare-up of new cases and a re-appearance of old ones,' he pointed out.

Boreholes

Dr Gumede forecast outbreaks of typhus, a disease carried by lice, under the present circumstances. Typhus occurred when people did not have enough water to wash themselves.

He said water-borne diseases such as typhoid and cholera could beocme rampant in a situation of inadequate and unclean water supply.

Dr Gumede said the Water Development Fund of the S A Sugar Association was drilling boreholes in the Madadeni area near Newcastle where an outbreak of typhoid had already occurred. The provision of boreholes in the district was being treated as an emergency, he declared.

The KwaZulu secretary said the drought was imposing both a physical strain and a financial burden on his department. Dr Gumede said that, because of the present recession and high unemployment, some patients were unable to pay for treatment.

'You can't turn people away if they don't have the money,' he remarked.

KwaZulu Assembly to sit again in October

African Affairs Correspondent

ULUNDI—The sixth session of the third KwaZulu Legislative Assembly was prorogued yesterday until a short session of the assembly in October.

Chief Gatsha Buthelezi, Chief Minister of KwaZulu, said at the closing ceremony that the first session of the fourth KwaZulu Assembly would begin on October 19.

In the meantime there is to be a general election in the region between September 5 and 9.

Nomination courts will sit in 26 electoral divisions on May 19.

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Minister of Health slated

THE STATEMENT by the Minister of Health that "uncontrolled breeding" was partly responsible for the high death-rate among children suffering from malnutrition, drew an angry response from community leaders yesterday.

Dismissing Dr Nak van der Merwe's statement as "an easy way out of an apartheid-created situation", the Azanian People's Organisation (Azapo) blamed the Government's racial laws for the high malnutrition death-rate among children.

Dr Van der Merwe blamed "uncontrolled overbreeding" for the high death toll among infants while responding to a statement by Prof Allie Moosa, head of the paediatrics department at Natal University, that the high death-rate was caused by the socio-political system in the country.

Prof Moosa had said in a newspaper report that the current drought could aggravate South Africa's death toll and 30 000 children a year might die.

Calling for an urgent probe into the high toll, Azapo said the "total failure" of the Government's policies had landed the country "in this mess".

Azapo added: "The death rate is shocking to say the least. It is easy for the minister to blame it on uncontrolled breeding. It is just an easy way out of an apartheid-created situation. The boast that the health facilities in this country were the best in Africa amounted to nothing considering that in rural areas little or no such facilities are available to the most needy part of the population.

"In any other concerned country it would be declared a disaster situation and all attention would be diverted towards this dire need, especially in view of the fact that the drought will multiply the already high death-rate."

(90) Sowetan 15/4/83

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The News in Brief

Koornhof

IN HIS speech at the opening of the fifth session of the first Kwa-Debele Legislative Assembly, in Siyabuswa, Dr Koornhof referred to the homeland's step towards independence as a step which was not supposed to be taken lightly.

BMW

ONE could not stand back and hope for the true potential of the Soweto market to eventuate — one had to actively provide the momentum, said Mr F von Kuenheim, chairman of the management board of BMW AG of West Germany, when he announced the establishment in Soweto of BMW South Africa's first black dealership. — Sapa.

Bop TV

BOPHUTHATSWANA was planning facilities to telecast programmes for the same number of viewing hours as South Africa.

90 15/6/83 Th

Health workers say minister's statement 'irresponsible'

JOHANNESBURG—A statement by the Minister of Health, Dr Nak van der Merwe, that responsibility for the high death rate of children suffering from malnutrition should be shared by those who bred uncontrollably, was 'totally irresponsible', the Health Workers' Association said last night.

It was reacting to a report of Dr van der Merwe's reaction in Cape Town to a statement by Prof Allie Moosa, head of the department of paediatrics at the University of Natal, that the drought would aggravate the toll from malnutrition.

The HWA said Dr van der Merwe's statement — that anyone would have sympathy with people who were underfed, sick and suffering, but it was also important to realise there was 'too little food and ... too many people' — reflected 'a calculated and convenient ignorance of the basic causes of some of the major health problems facing our country'.

It could not be denied that malnutrition was a problem related to poverty and maldistribution of wealth and available food, the association said. But 'the maldistribution is the direct result of the existing economic and political order which leaves the majority of black people in South Africa in a state of poverty'.

The association said it fully endorsed the statements and the work of Prof Moosa, and insisted that the minister give greater cognisance to 'scientific facts, and abstain from indulging in subjective Nationalist Party rhetoric'. — (Sapa)

● See Editorial Opinion

Angry blacks say Govt responsible for child deaths

(90)

Star 14/4/83

By Eugene Saldanha

Black leaders have reacted angrily to claims by the Minister of Health, Dr Nak van der Merwe, that the high death rate among children suffering from malnutrition was the responsibility of people who bred uncontrollably.

Dr van der Merwe made his remarks after The Star reported the head of paediatrics at the University of Natal, Professor Allie Moosa, as saying the drought would aggravate the malnutrition death toll.

Professor Moosa said the deaths of three or four children every hour were intimately tied to the South African socio-political situation.

The Azanian People's Organisation's health secretariat said today it fully supported Professor Moosa's view.

"The high death rate among malnourished children is caused by this country's socio-political system. Dr van der Merwe blames the death rate on 'uncontrollable breeding', but that is an easy way out of an apartheid-created situation.

"In other countries it would be declared a disaster as the drought will aggravate the alarming death rate."

The Transvaal Anti-South African Indian Council Committee chairman, Dr Essop Jassat, said it was "shocking" that Dr van der Merwe reacted to a serious situation in "an unscientific and immoral manner".

Minister hits at 'uncontrolled breeding'

Birthrate blamed for child hunger deaths



Dr van der Merwe

Star 13/4/83

By Peter Sullivan,
Political Correspondent

CAPE TOWN.

Responsibility for the high death rate among children suffering from malnutrition should be shared by those people who bred uncontrollably, the Minister of Health, Dr Nak van der Merwe, said today.

He was reacting to reports that a malnutrition death rate of 30 000 children a year was being aggravated by the drought.

"Anybody would have sympathy with people who are underfed, sick and suffering," Dr van der Merwe said.

"But, for me, it is important that people realise that two things are responsible for this state of affairs.

"On the one hand there is too little food and, on the other, there are too many people.

"People cannot simply continue to multiply uncontrollably," Dr van der Merwe added.

The Minister had been asked to react to a report by The Star in which Professor Allie Moosa, head of the department of paediatrics at the University of Natal, said the current drought would aggra-vate the malnutrition death toll.

Professor Moosa said that the deaths of three or four children every hour were intimately tied to the socio-political situation.

He called for a sincere effort to find a political solution, to determine how best resources could be distributed, to provide employment opportunities, proper housing, water and sanitation, and to get down to tackling the migrant labour problem.

Dr van der Merwe said today that Professor Moosa was "not coming up with anything new" and that the professor had already published this information elsewhere.

Mischief-making

"Trying to link these figures to the drought is just mischief-making," Dr van der Merwe said.

"Obviously things will get worse with the drought but the department is keeping a constant watch over everything.

"The department is in control of the situation," he said.

The Minster said the recent President's Council report on demography had shown that people could not continue multiplying indiscriminately because the consequences would be dire.

WINTER OF '83

30 000 children may die each year

Star 12/4/83

(90)

By J Manuel Correia

The drought could aggravate South Africa's malnutrition death toll and 30 000 children a year — three or four an hour — might die, says Professor Allie Moosa, head of the department of paediatrics at the University of Natal.

From Durban, Professor Moosa told The Star: "Doctors cannot solve this problem which, in our country, unfortunately, is intimately tied to the socio-political situation.

"A short term solution to the problem would be the supply of food at subsidised prices to those affected.

"The long term solution calls for a sincere effort to find a political solution, to determine how best resources may be distributed, how employment opportunities, proper housing, water and sanitation can be provided and the problem of migrant labour tackled.

Professor Moosa has previously pointed out that between three to four children died of malnutrition every hour in South Africa.

"This is a long-term, low grade starvation."

He said he had arrived at the figures from statistics received by hospitals from all over the country.

"There are eight million black children in South Africa of which two to three percent suffer from malnutrition.

"From our experience at King Edward VIII Hospital, about 20 percent of those die — about 30 000 a year."

He said about 45 percent of all children admitted to King Edward VIII Hospital suffered from malnutrition.

"Those who recover are provided with only symptomatic relief because they are sent back into the same socio-political environment which caused their malnutrition.

"It is quite likely that they will return to the hospital with the same complaint later or will die back in the rural areas," Professor Moosa said.

● A spokesman for the Department of Health said in Pretoria today: "We are watching the position very carefully and are very much aware of the effects the drought could have on the availability of food."

The department was already subsidising milk powder to combat kwashiorkor.

ARGUS 7/4/83 (90)

One in four under-15s malnourished

Community Affairs Reporter

AT a conservative estimate one in four South African children under the age of 15 is malnourished, according to a paper published by the Bureau for Economic Research of the University of Stellenbosch.

The paper, by Tania Vergnani of the bureau's unit for futures research, says that about 2,9-million children under the age of 15 in South Africa, including the independent homelands, "show signs of malnutrition".

This figure includes 1,5-million children who, according to international standards, suffer from second-degree malnutrition

The figures are based on surveys by the Department of Health and various regional studies

The report says that malnutrition will continue to be a major problem in South Africa unless it is checked by positive policy and practical measures.

"As current evidence strongly suggests, about a third of South Africa's black, coloured and possibly Indian children are malnourished — the long-term implications on the whole society can only be surmised. They are, however, grave enough to warrant immediate action."

New strategy

Interviewed about her paper the author says "Malnutrition is just one indicator of very grave social problems in South Africa It is linked to poverty and underdevelopment and the basic political, socio-economic and cultural conditions in this country.

"Any programmes to combat malnutrition will have to form part of a total strategy to change these conditions."

In an attempt to plan such a strategy the Unit for Futures Research is to hold a closed meeting on April 22 with leading business people, academics, doctors, nutritionists and representatives of food industries from all parts of South Africa.

May worsen

In her paper Miss Vergnani said the situation was likely to worsen On the basis of present figures she estimated that by the year 2000 about 4,3-million South African children under the age of 15 could be at risk of or show signs of malnutrition.

"Apart from the obvious effects on health, malnutrition can seriously affect a child's brain development The earlier it occurs in a child's development the more lasting, serious and even irreversible the consequences."

The fact that a large percentage of South Africa's black, coloured and Asian children suffered from malnutrition had important implications for the educational system

Handicapped

"Schoolchildren are in many cases 'survivors' who may have been permanently handicapped by malnutrition before entering school. Even if this is not the case, a hungry child is apathetic, shows low concentration, lacks motiviation and shows low achievement."

She says malnourished children cannot benefit fully from the education provided for them and this may be one of the more important factors contributing to the high drop-out rate at black schools.

"In 1981 about 18 percent of of all black schoolchildren in 'white' South Africa left school at the end of the sub-standard A school year.

Big problem

In some homeland areas the figures are even higher — for instance, 55 percent of Transkeian and 38 percent of Ciskeian pupils left school without sub-standard A."

She said malnutrition would remain a major problem in South Africa unless "checked by positive policy measures such as employment programmes, fair wages, food subsidies, school feeding, nutrition education, rural development and family planning".

She suggests that priority should be given to combating malnutrition in pregnant mothers and in children up to the age of two.

Plea for soup feeding scheme

African Affairs Correspondent

ULUNDI—A third of Zulu boys and a quarter of Zulu girls suffered from stunted growth as a result of severe malnutrition, a leading member of the KwaZulu Legislative Assembly said yesterday.

Speaking during discussion of the policy speech of the Minister of Health and Welfare, Mr M A Nzuza, a member for the Nongoma Electoral Division, said malnutrition in KwaZulu was going to manifest itself in a far more drastic way during the coming period of winter droughts coupled with high unemployment.

He appealed for the establishment of a soup feeding scheme by Kupugani and other bodies for malnourished Zulu children during this period.

EVENING POST, TUESDAY, MARCH 22, 1983

Starvation is looming in northern Kwazulu

Post Correspondent

DURBAN — Mrs Inga Mars, vice-chairman of the Natal branch of the Red Cross Society, has painted a stark picture of poverty and starvation in the Mahablatini area of Kwazulu.

On her return from a week's visit she described the situation as "desperate".

Many families were starving. People had been unable to plant mealies and many who had worked in cities had been retrenched because of the economic downturn.

Last week the Red Cross delivered 12½ tons of maize meal to the area and Mrs Mars said they would deliver another 12½ tons in the next two weeks. Without it people would have starved.

The society was distributing cups of soup daily to about 50 000 school children.

Mrs Mars said she was appalled at the weakness of some of the children, who could hardly walk because of malnutrition

The society was facing a grave challenge in the areas but was limited in what it could do because there had also been a slowdown in the amount of funds available to the organisation

Sapa reports from Pretoria that Kanhym Estates, the largest feedlot organisation in South Africa, has undertaken to buy 80 000 cattle before winter in an effort to assist farmers who cannot provide winter grazing for their livestock.

Kanhym's co-manager, Mr Harold Kramer, said the feedlots were unable to accommodate all the cattle being offered by farmers, but the organisation was "doing its best" to do so.

empty lunch box

SCHOOL FEEDING IN SOUTH AFRICA

In the face of growing numbers of malnourished schoolchildren, coupled with the rising cost of living and low wages that the majority of South Africans earn, the question of school feeding schemes must, of necessity, become a pertinent one in our society.



Say Jonny remind me to complain about the texture at the next residence meeting .... Burp

A BRIEF HISTORY

The concept of school feeding (S.F.) in S.A is by no means a new one. In fact as early as the 1930s an extensive S F. programme had been initiated by the S.A. government. The first large S.F. scheme was started in 1943 for all children. It included one meal per day and was administered by the Department of Social Welfare. In 1945 an Act was passed which provided for the subsidization of S.F. for Europeans, Coloureds and Indians on a pound for pound basis; but it neglected Blacks.

Between 1947 - 1957 various S.F. schemes were instituted and in many cases discontinued due to irregularities in administration. In 1949 S.F. was withdrawn from the predominantly Black mine, farm and mission schools and refused to schools established after 1949. In response to a question about whether the gradual withdrawl of the free meal service for Black children was affecting their health the minister replied that his department was satisfied the S.F. schemes had little effect on the nutrition of 'Native' pupils and that only a small percentage were participants anyway.

In 1953 after the passing of the Bantu Education Act, Black S.F. was transferred to Native Affairs. At this point a choice was put to Black parents and teachers – either the children could have school equipment or school feeding. The choice taken was equipment and the S.F. scheme for Blacks was phazed out. Five years later it was discontinued for all other groups as well, the reason being that it was perceived to be wasteful in White schools.

WHAT THE RICH BOYS DO

Examples of modern S.F. schemes are not hard to find, the idea having been well-developed in European and American communities. By the beginning of the twentieth century most western European countries had laws concerning the provision of schools meals. In the USA the S.F. programme is structured to provide each child with a daily lunch which consists of approximately one-third of the recommend daily dietary allowance. This is supplied at a reduced price or free for those who cannot pay.

An important point to realise when considering these figures is that the overall standard of living in both America and Britain is higher than in South Africa (wages are higher and social security provided). Yet in both these countries the usual meal consists of milk, meat or fish, fruit or vegetables and buttered bread, while in South Africa privately run feeding schemes can often provide no more than a cup of soup, because of financial constraints.

WHAT THE "POOR" GUY DOESN'T DO

What then is being done about S.F. in South Africa? Firstly, all S.F. schemes are run by the private sector who are dependant for funding on major multinational corporations or on private donations. One of the major feeding schemes is the African Childrens' Feeding Scheme which operates over a vast area in the Witwatersrand. The scheme supplies, brown bread, peanut butter and skim-milk or cheese. In contrast a smaller scheme operating in and around East London provides two specially prepared Pyotts biscuits and a half cup of skim-milk. Still other schemes sell soup powder to the schools which re-sell to children at a minimal price. Thus the range and quality of

PTO

supply is greatly varied and neither is subject to any form of standardization nor to any control over whether all needy children are receiving food.

WHY THE FUSS?

But why are S.F. schemes so necessary in South Africa? Why are so many parents unable to provide food for their children? The situation in South Africa is such that the overall income of the majority of families is too low to feed even the bread-winners and thus the burden of under-nutrition and hunger falls on the small children. In addition to this, often both parents leave for work at dawn, leaving the child without the prospect of a meal till evening. In countries like Britain and the USA where the average standard of living is so much higher than in South Africa the need of the majority of marginalized children is considered sufficiently important for the government to provide a subsidized S.F. scheme in South Africa however, the suffering of the majority is not deemed an adequate reason for the state to provide any aid at all.

The benefits of the S.F. schemes are as yet unproven. Unfortunately, very little medical research has been done proving that S.F. is of dire importance and thus people are reluctant to invest in such schemes. Some professionals believe that since the major growht period is before children ever enter school the major medical problems caused by poor feeding arise in the first few years of life. Whatever the case may be, every S.F. scheme currently operating in S.A. has consistently reported that after receiving school meals children become more attentive, can concentrate better, have vastly improved general health and the incentive for the childs' attending school for both the parent and the child is very much greater.

The provision of S.F. in South Africa is clearly of great importance. However, we should not forget that it is only a stop gap solution to a problem that is inherent in the economic social system of South Africa. As long as we live in a society which robs parents of the ability to feed their children, the robbers are responsible for feeding them. When justice and equality are finally attained a well-nourished childhood will be appreciated.

by Lee Miller and Laura de Rooy

This article traced the development of the African people from an initial precolonial state of stability and well-being to the present condition — widespread poverty, social dislocation, malnutrition and disease.



Pre-colonial bliss

ROOTS OF



Here come our oppressors

PRECOLONIAL SOCIETIES

Centuries before whites had arrived in this country African people migrated down from the Congo basin and came to settle along the east coast and the interior of southern Africa. Using simple implements they cultivated their crops and herded their cattle to produce a varied and very adequate diet of grains, beans, melons and milk products, supplemented by meat from hunting. In general the indigenous population enjoyed an excellent state of health. Shortages occurred only in times of drought or pestilence.

Political power was centered around the control of land, cattle and women. All land was owned by the chief, but every adult man had a right to use the land, which was in plentiful supply. The women did most of the tedious work in the fields, while the men tended the cattle and assisted in communal work parties. The small surplus they produced was offered to the chief or the ancestors, and in some areas it allowed military aristocracies to arise that later developed into monarchies. Thus, while this society was by no means egalitarian, the welfare of all individuals was ensured.

D Dispatch 17/2/8,

Dead ox eaten: 16 ~~treated~~ 90

ZWELITSHA — A number of people were treated at the Nompumelelo Hospital at Peddie this week after eating the meat of a dead ox

The Minister of Health and Welfare Dr C H J Van Aswegen, said there were no deaths and the people had been successfully treated

Dr Van Aswegen warned the public to refrain from eating meat of animals that had died of unknown diseases.

The cause of the death of the ox was unknown Arrangements were being made to have the carcass analysed.

A resident of Jaji location near Peddie said people suddenly became ill after eating the meat of the dead ox He said people complained of stomach-ache An ambulance was called and about 16 people were taken to hospital for treatment. — DDR

WHO's code abused?

LONDON — The World Health Organisation code to control the marketing of breast milk substitutes, principally in the Third World, was not complied with last year by 83 companies in 50 countries, according to an international monitoring group.

"Massive promotion of artificial infant feeding continues throughout the world," claimed a report released recently by the International Baby Food Action Network (Ibfan), a coalition of charitable non-governmental development agencies concerned with education in the Third World. The group campaigns for what it considers a higher standard of behaviour by private firms in developing nations.

The WHO code, approved in May 1981 by all the United Nations agency's 119 member states except the United States, was intended to discourage international corporations from marketing infant formula as a substitute for breast feeding — particularly in developing countries where sanitary conditions are often poor.

Although non-binding, the code recommended a ban on advertising and promotion of breast milk substitutes and stringent limitations on giving free samples to new mothers and pregnant women.

It also suggested that infant formula labels should include clear warnings about the hazards of bottle-feeding.

The Ibfan report claimed companies had violated the code by advertising in the news media and in health clinics, distributing samples to mothers and giving inadequate information to health workers.

"It was generally believed that the companies involved in promoting these products would voluntarily abide by the provisions of the code," it said.

"However. . . that belief is largely without foundation," it added.

Among the companies cited as alleged violators is the giant multinational company which the report claims acted against the WHO code in all but four months of last year.

In February alone, the report stated, the company distributed 15 000 kilograms of infant formula to hospitals in Singapore while in December, it added, the company's products advertised on television in Trinidad advised mothers to "bottle feed from the age of one month."

The report said that in February, two American-based groups advertised infant formulas on posters in several Bangkok, Thailand, hospitals.

When the United States cast the lone dissenting vote against the code, its delegation argued the organisation should not be involved in commercial codes.

Commenting on the report, War On Want's general-secretary Terry Lacy said the alleged offending companies had "left the WHO code in shreds. Urgent action is required by all those who care about protecting infant health to ensure that this abuse is halted."

The report was released to coincide with a meeting of the WHO executive board at the agency's headquarters in Geneva.

"We hope that WHO will express its indignation over this continued disregard of internationally agreed rules of conduct and urge member governments to consider even stronger measures to control the health-threatening practices of these multinational companies," Lacy said. — SAPA-AP.

90 Star 7/2/83

Masa urges food tax cut to halt hunger

Pretoria Correspondent

A call for the abolition or decrease of sales tax on basic foodstuffs to combat malnutrition in South Africa has been made by the Medical Association of South Africa.

Masa says strict price control on basic foods, compulsory enrichment of sifted mealiemeal and less or no sales tax on meal, bread, milk, eggs and sugar would prevent malnutrition, socio-economic disruption, crime and revolt.

In an article under the headline, "Malnutrition is more than just a hungry stomach" in a supplement to the latest edition of South African Medical Journal, MASA quotes a Pretoria doctor as saying the obligations of the Government could be placed in perspective by comparing the daily hospital cost of treating a patient suffering from malnutrition to the price of a bag of mealies.

Masa investigated the influence of increased prices of foods on the health of the population.

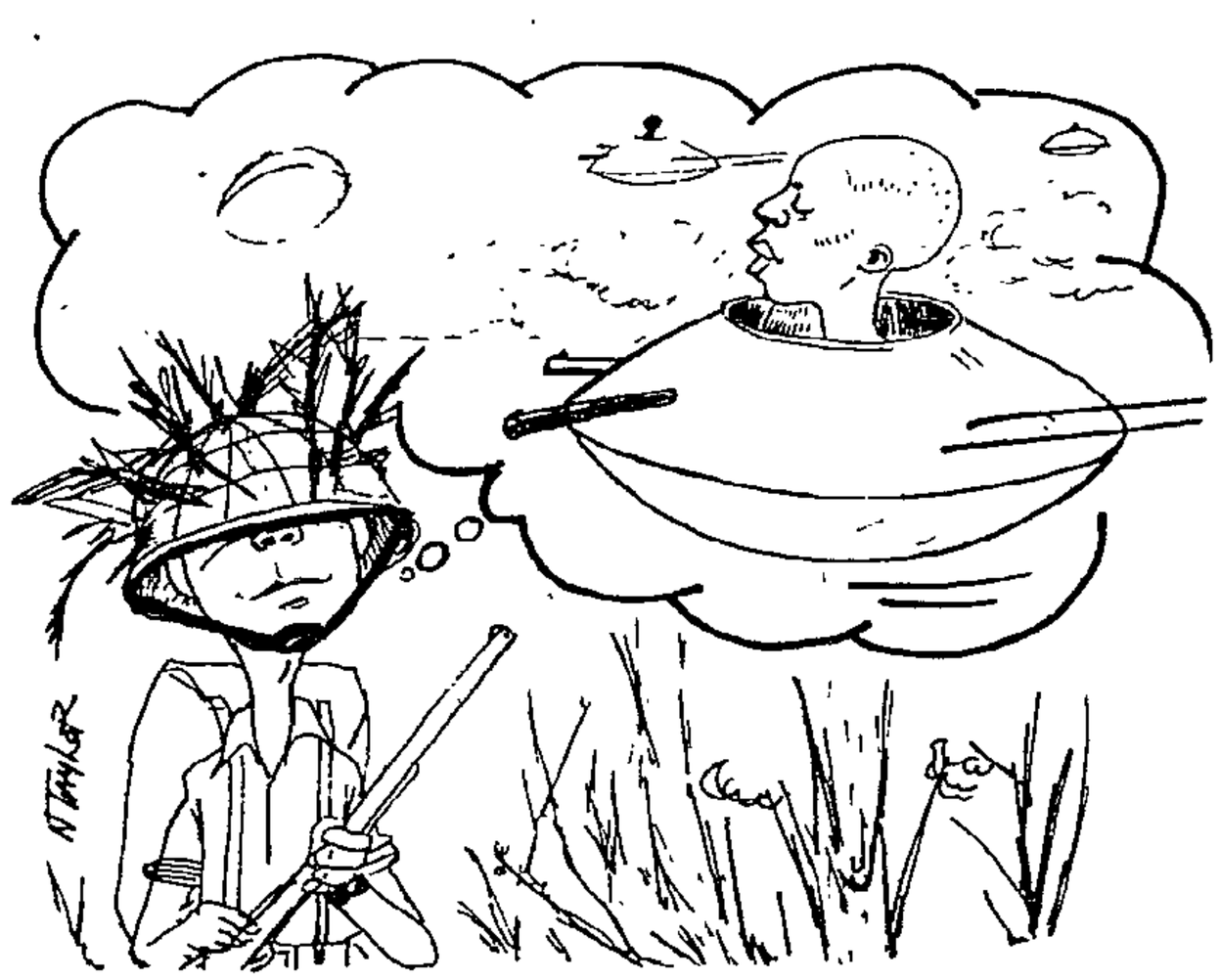
Food usually is the first item to be cut when buying power decreases, the article says. Rent and water and electricity are paid first because of fear of eviction.

Statistics before Masa are based on hospital records and research done in certain areas since 1970 In Natal, Transvaal and Transkei it was found that between 18,9 and 70 percent of the people investigated were under-weight.

"At one Natal Provincial hospital during 1980 there were 602 deaths caused by malnutrition. These represented 51 percent of the deaths in that particular paediatric ward," the article says.

Tests on 100 children between one and five years old in the Free State showed that 66 of them suffered from malnutrition.

Although malnutrition also exists in the middle and higher income groups as a result of indiscriminate intake of fat and salt, and the use of refined sugar, malnutrition in the lower socio-economic group is caused by poverty, the article says.



'Swapo Invaders' to help SADF comforts

By Andrew Walker

The South African Defence Force is preparing to meet a total onslaught by a new enemy — Space Invaders.

Instead of doing battle with youngsters at corner cafes, Space Invader machines will soon be pitted against SA Army troops in military bases around the country.

Part of the proceeds of the operation will go to the units which accept the machines and be used to improve amenities at the camps.

The latest issue of Uniform, the official newspaper of the SA Army, says the response to the scheme has been encouraging.

But the troopies will not use the electronic mechanisms to blast invading spaceships. It will be more of a case of gunning down "Swapo Invaders" — armed not with alien laser guns, but with AK rifles.

"We are attempting to modify the machines to South African conditions," said Space Invader supplier Mr Robin Bernstein.

His firm will supply, maintain and install the machines at any barracks which requests them.

"It is a purely commercial venture but I expect the Army stands to make quite a lot out of it," he said.

96 SA children will die today of malnutrition

By FAY SALEH

NINETY-SIX children die of malnutrition every day in South Africa.

This shocking figure — which means between three and four children die of malnutrition every hour — was revealed by Professor Allie Moosa, head of the Department of Paediatrics at the University of Natal.

Professor Moosa has studied the problem of malnutrition in South Africa extensively and derived his figures from statistics received from hospitals around the country.

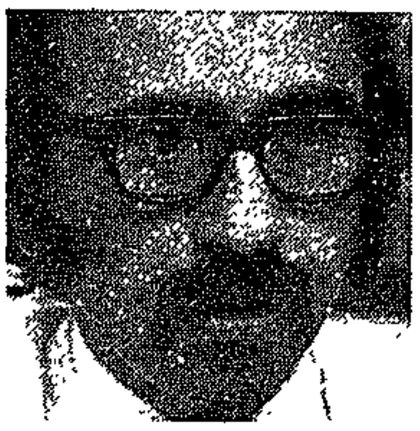
He said according to his figures two to three percent of the 8-million black children in the country suffered from malnutrition.

Most were African, but there were a number of coloured and Indian children who also suffered from malnutrition, and especially undernourishment.

Professor Moosa said about 45 percent of all children admitted to Durban's King Edward VIII hospital suffered from malnutrition.

"And from our experience we know that about 20 percent of those die. If we project this figure nationwide, this means that 30 000 children die every year.

"Besides this, children who



PROFESSOR MOOSA
Horror facts

are undernourished are more prone to infections. Their bodies cannot cope with even normal child illnesses.

"If these children contract disease it is more often than not in the most severe form.

"There is enough information now to point to a link between inadequate nutrition and lack of brain growth, especially in the first five years of life," Professor Moosa said.

He said a study which had been conducted in the Indian township of Chatsworth, Durban, had shown that children who had a retarded reading ability also suffered from undernourishment.

In most cases these children came from homes where incomes fell below the household subsistence level of R220,95 a month.

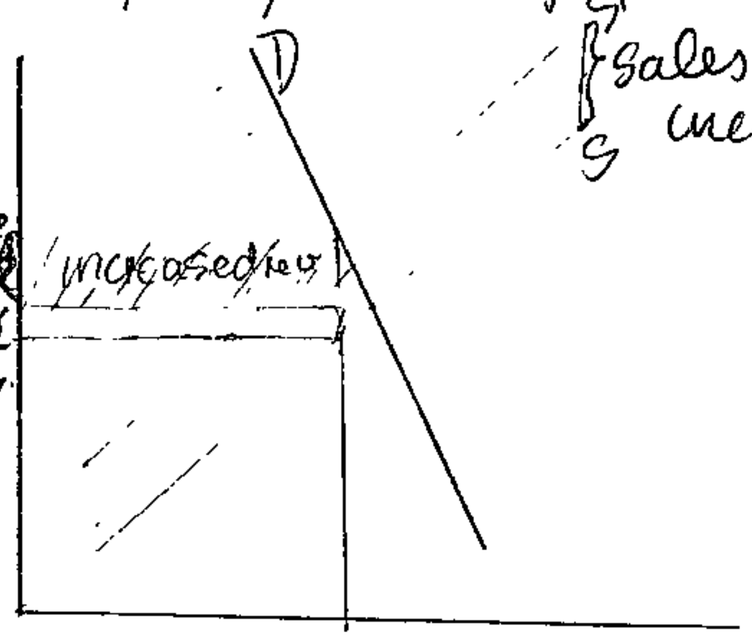
Professor Moosa said the causes of malnutrition were complex — but stemmed from socio-economic problems.

"The kind of malnutrition diseases we deal with, Kwashiorkor and Mrasmus, stem mainly from poverty. People just can't buy enough food.

"This is compounded by ignorance and poor living conditions which inevitably lead to disease," he said.

Malnutrition could be treated in the short term by supplying an undernourished child with proper food, but this was not a long-term solution, Professor Moosa emphasised.

...on the consumer rather than the producer
eg petrol, cigarettes, beer,



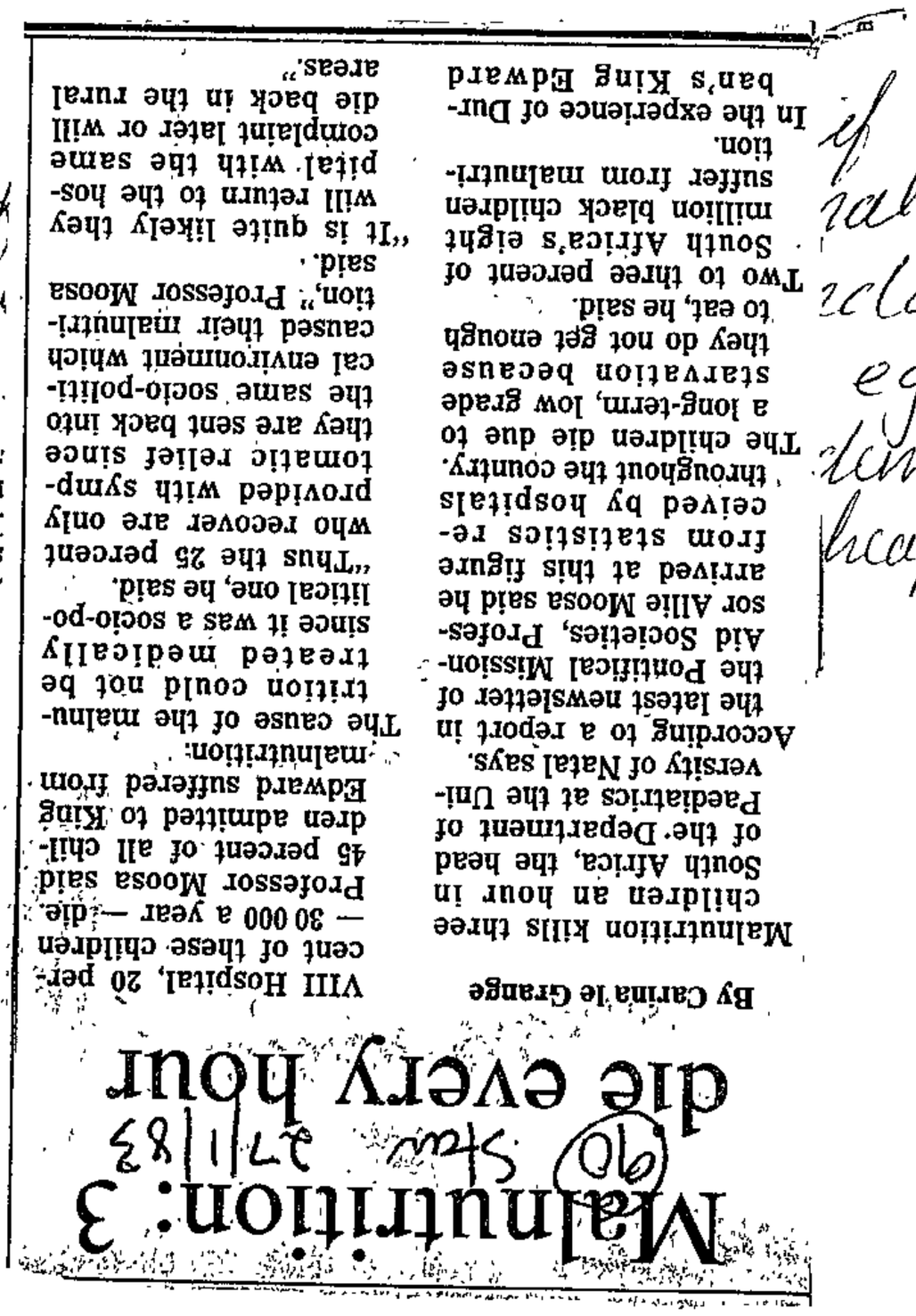
↑ sales tax
↓ increase.

Supply curve rises if producers are to produce more amount at each price

For elastic goods, a small increase in price chockes off demand considerably. eg sweets ice-cream.

Income elasticity
a good rises if
it is constant
income changes
inferior goods
their falls

if demand for
ial goods
cient of
eg salt
demand for
haper quality goods



By Carina le Grange

Malnutrition kills three children an hour in South Africa, the head of the Department of Paediatrics at the University of Natal says.

According to a report in the latest newsletter of the Pontifical Mission-Aid Societies, Professor Allie Moosa said he arrived at this figure from statistics received by hospitals throughout the country.

The children die due to a long-term, low grade starvation because they do not get enough to eat, he said.

Two to three percent of South Africa's eight million black children suffer from malnutrition.

In the experience of Durban's King Edward VIII Hospital, 20 percent of these children — 30 000 a year — die, Professor Moosa said.

45 percent of all children admitted to King Edward suffered from malnutrition.

The cause of the malnutrition could not be treated medically since it was a socio-political one, he said.

"Thus the 25 percent who recover are only provided with symptomatic relief since they are sent back into the same socio-political environment which caused their malnutrition," Professor Moosa said.

"It is quite likely they will return to the hospital with the same complaint later or will die back in the rural areas."

Malnutrition: 3 die every hour

(90) Star 27/1/83

THE HOUSE OF HUNGER



Focus on Health

DISEASE IN SOUTH AFRICA

A critical analysis of medical services in South Africa.

A new series researched and written by FAROUK ASVAT

From today we start a new series on health researched and written by FAROUK ASVAT. The series will include a critical analysis of medical services in South Africa. Apart from his interest in health, Farouk Asvat has read his poems from many community platforms and his collection *The Time of Our Lives* was recently published by Black Thoughts Publishers.

In the house of hunger diseases occur more frequently, last longer, and lead to higher mortality rates, irrespective of the quality of medical services available, because of poor nutrition. In South Africa the impoverished environment (social, economical and political) is the primary determinant of the state of health of the population; and the prevalence of preventable diseases, due mainly to malnutrition and infection, is leading to unacceptably high mortality rates in blacks (Africans, coloureds and Indians), while whites suffer mainly from rare, non-infectious, and at this stage unpreventable diseases.

The disease of apartheid permeates the entire fabric of South African life, segregating health services by race and resulting in drastically desperate levels of disease incidence and life expectancy between blacks and whites. Ill-health occurs as a result of the grossly unequal distribution of health services (acting against blacks and rural areas); and the innumerable effects of the status quo: the migrant labour system, violence in the townships, neo-slavery on the farms, mass removals, enforced poverty and malnutrition, and the psychological stresses of apartheid.

And western, capitalist medicine, as practised in South Africa, displays the ineffectiveness of costly and high-risk medicine. On the other hand the limited number of procedures which are applicable to widespread diseases are usually very inexpensive and require a minimum of personal skills, equipment and hospitalization; and can be taken over within months and used competently by millions of non-professional technicians; and distributed over an extensive, especially rural, area.

But the traditional cultures of Africa have seldom appeared worthy of honour and respect, though it is rural millions, into far more intimate forms of social and political participation; that will bring purposive ideas into a confusion of ideas; an approach that will raise structures which can revolutionize the social consciousness — while exploiting the technology and skills of science — into a valid symbiosis of past and present. In fact a programme which would favourably influence the long-range welfare of the community, which would help it stand on its own feet, genuinely encourage responsibility, initiative, decision-making and self-reliance at the community level; and build upon human dignity.

The development of people, as distinct from the growth of things, call for objectives which do not lie within the reach of the inherited situation. Only a different ethos — stemming from a different set of social values, arising in turn from a different structure of society — can now turn our people to the tasks that await them. And for this we have to rely on our own resources.

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But the traditional cultures of Africa have seldom appeared worthy of honour and respect, though it is an important part of the African renaissance to have challenged this judgment, pushed it aside, and laid claim to Africa's possession of modes of social thought, action and belief that are unique, valuable and fruitful of civilizing virtue.

Particular distortion has surrounded the "witch-doctor". It is imperative to distinguish black magic and sorcery as practised by evil ones, from the functions of the medicine-man, the latter being usually an honest man who has considerable knowledge of his client's needs and tries to help him. The medicine-man may in addition be a witchdoctor (one who doctors those thought to have been bewitched), a diviner, or a herbalist (an expert in the use of medicinal plants).

There is thus urgent need for an alternative approach, an approach that will draw the man and woman and child in the street, and especially the rural millions, into far more intimate forms of social and political participation; that will bring purposive ideas into a confusion of ideas; an approach that will raise structures which can revolutionize the social consciousness — while and skills of science — into and present. In fact a pro vourably influence the community, which would feet, genuinely encourage decision-making and self- level; and build upon huma

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A comparison of opposites. A healthy two-year-old grasps the skeletal arm of kwashi baby Alpheus (2).

Homelands families will soon be starving

By Carolyn Dempster

Thousands of people have been driven to the brink of starvation in South Africa's drought-seared homelands, and the worst is yet to come.

This is the grim forecast of drought relief helpers, mission sisters and health workers in Lebowa — one of the areas hardest hit by the prolonged drought.

Families who have had to survive two years of dwindling crops and a meagre water supply have been virtually crippled by the third successive year without rain. May and June are normally the good months, but this year the villagers wonder if they will be able to survive until September.

Fields of dessicated, yellowing mealie stalks stand testimony to imminent famine, and even the carefully nurtured plots of wild spinach lie in withered ruins. Women and young children spend the greater part of the day fetching, carrying or waiting for water at small wells, springs or mission stations. Some have to walk up to 7 km just for one plastic barrelful — enough for a day.

Kwashiorkor, the "disease of the Third World", is rife, with children dying from malnutrition at the rate of one a week in Lebowa's Tholongwe district. An increase of between 20 to 30 percent of "kwashi cases" has been reported at clinics and hospitals, with the situation worsening daily.

At Jane Furse Hospital, near Groblersdal, acting superintendent Dr Peter Grant speaks of a kwashiorkor "epidemic". The flood of malnourished babies has swamped the children's ward at the hospital — the largest in the district, with four in a cot and two to a bed. The babies have to be discharged after a maximum of two weeks because of the urgent need for

WINTER OF '83

beds and treatment. "I have to send them back into the community, I have no choice," said the doctor. At the Helene Franz and Blaauwberg hospitals the sisters attempt to educate the mothers of "kwashi" babies, telling them what to feed the children on discharge. "But with eight or nine children in the family, any nutritional food the mother gets will be shared. We don't even know how many babies we have treated will die in a couple of months' time. Some just keep on coming back," said one of the sisters.

More than 14 000 children are already on a supplementary diet of milk and soup in a school feeding scheme instituted by Operation Hunger — a relief body attached to the South African Insitute of Race Relations. But in the Matibeskraal region area alone it has been estimated that a further 4 000 families will need protein soups and food soon.

There are simply no statistics for other outlying villages situated too far away from government or church bodies for them to ascertain how bad things really are.

For the first time in years, hospitals are treating adults and adolescents suffering from pellagra — a condition caused by a vitamin B deficiency.

The symptoms are cracked and bleeding skin, a darkening of pigmentation and finally, in extreme cases, dementia.



Evidence of the ravages of drought. A few shrivelled cobs are all that remain of this field of maize at Matibeskraal, Lebowa.

● Pictures by Dale Yudelman.

15/6/83

National Research Institute for Nutritional Diseases

90 Hansard Q. 61. 1560-561

*22. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

(1) Whether the National Research Institute for Nutritional Diseases conducted an investigation into the incidence of fungi and fungal toxins in commercial and industrial sorghum malt; if so, what were the findings;

(2) whether any action is to be taken as a result of these findings; if not, why not; if so, what action;

(3) whether he will make a statement on the matter?

†The MINISTER OF HEALTH AND WELFARE:

(1) Yes; a summary containing all the pertinent data, appears in the annual report of the S.A Medical Research Council which was laid upon the Table;

(2) yes; the matter was thoroughly discussed by officers of the CSIR, SAMRC and the Department It was decided that researchers from the CSIR and SAMRC and health staff from the regional offices of the Department and local authorities concerned, will visit the malters to become acquainted with conditions, to help to improve same and to take legal action when and where necessary. Discussions will also be held with the Sorghum Development Association by the Department;

(3) no.

A kwashiorkor baby is 'blessing' to drought family

By Carolyn Dempster

To have a kwashiorkor baby in the family is considered a blessing in disguise by the mothers of Lebowa.

Because when the small undernourished child returns from hospital, the packets of skim milk and protein-enriched food the authorities provide for it will be shared by the whole family.

But drought has not yet reaped its full toll in human misery in the arid and rocky homeland.

Although the number of kwashiorkor cases has almost doubled at Jane Furse Hospital in south-east Lebowa and a child a week dies in the Tholongwe area, this is just the thin end of the wedge.

"We used to have maybe five or six deaths a year from kwashi in this area," said Sister Francesca Sehone, the sister in charge of the Subiaco Clinic in Tholongwe.

"Now we are seeing a death a week — and May and June are normally the good months."

A survey by health workers attached to Jane Furse found that in three large villages, 25 percent of the population does not have any resources to buy food - even taking into account migrant labour wages.

"It's absolutely tragic," commented Mrs Ina Perlman, director of Operation Hunger.

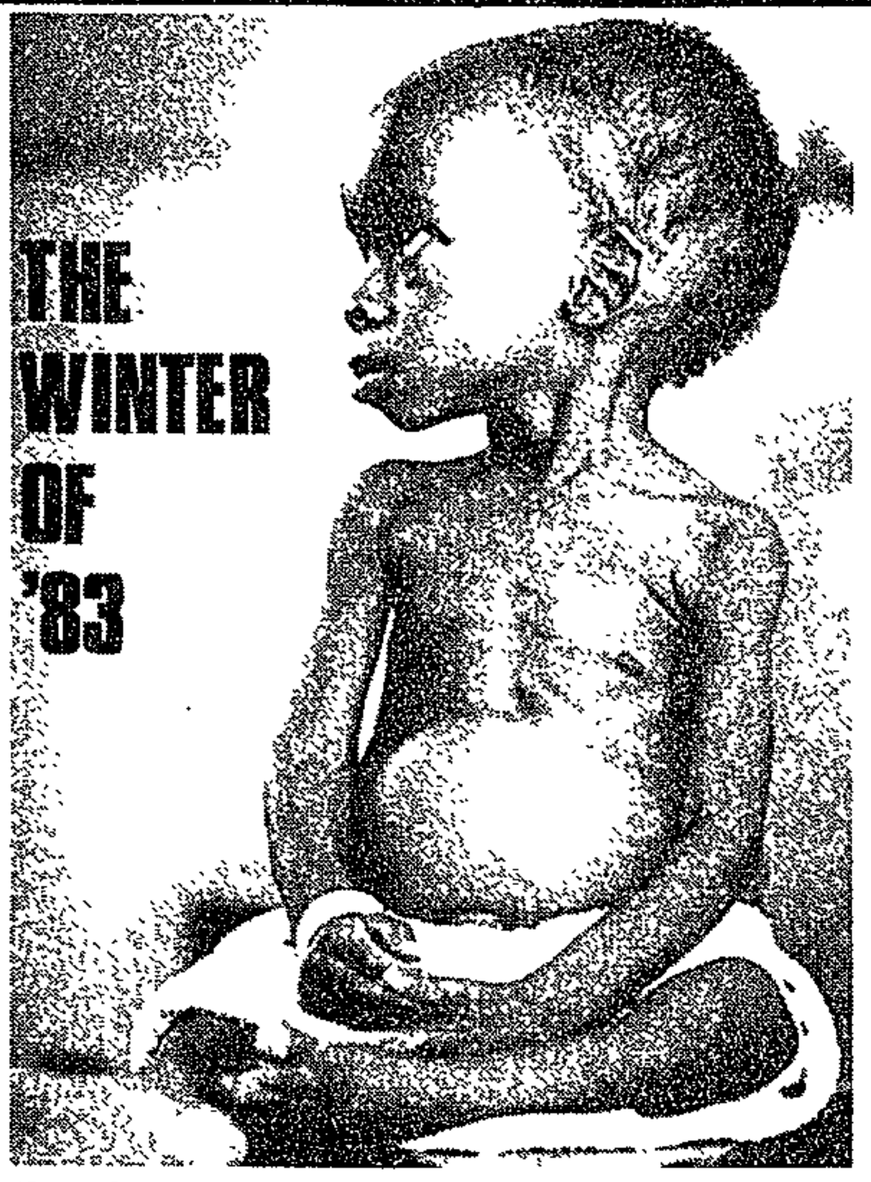
"When you consider that rural poverty is the norm with 2,9 million children under the age of 15 suffering from malnutrition you can't imagine what the drought will do."

At the Helene Franz Hospital near Bochum the children sit huddled in blankets, four to a cot, peering passively at the strange faces around them.

Their hair has lost its characteristic tight black curl and lies in tufts of soft down. The arms and legs are either emaciated or swollen and cracked, veins distended over swollen abdomens with protruding bellybuttons.

Many cough spasmodically. Once their resistance has been lowered they are easy prey to any disease that might sweep through the community - whooping cough or measles could be a killer.

But possibly the worst sight at Helene Franz are the pellagra cases.



On the green lawn in front of the hospital a woman of about 20 sat idly picking the hem of her dress. Her skin was darkened almost to the point of complete blackness, a vacant smile on her face.

"She has pellagra, but it is already too late because she is slightly mad," said one of the sisters.

The incidence of pellagra, a condition caused by a vitamin B deficiency, has rocketed in Lebowa - and this can be directly related to the drought and the deprivation it has caused, say the doctors and health workers.

Pupil drive raises R6 500 for hungry

By Carolyn Dempster

It took just eight days for the Standard 9 pupils at Lenasia High School to raise R6 500 for Operation Hunger, the relief organisation which will be supplying essential food to drought-hit rural families this winter.

The decision to do something positive about the drought was taken when the students saw newspaper articles about the starving children in the Northern Transvaal and Natal homelands.

"Immediately the pupils started a fund-raising drive," said Mr Bashir Patel, the class teacher. A film show was held at the school and the student body was 'taxed' R1 a pupil, with an initial R1 000 to launch the campaign. "Once the parents heard about the drive, they gave generously. It is a worthy cause," added Mr Patel.

The cheque was handed over to Mrs Ina Perlman, director of Operation Hunger, this month by representatives of Standard 9 at a ceremony at the school.

Operation Hunger has received donations totalling R171 000 since the effects of the drought were first highlighted in earnest in the Press. This excludes the Checkers food donation campaign and the mealie meal donation to the value of R100 000 made by Tiger Oats and National Milling.

However, Mrs Perlman has a word of advice for potential fund-raisers. "If people intend to raise money for Operation Hunger, they must have an authorised certificate from us in terms of the Fundraising Act."

Mrs Perlman can be contacted at 724-4441.

Apartheid deaths are increasing

Sowetan 17/6/83

(90)

THE disease of apartheid pervades the house of hunger like a dreadful scourge, leading to very high incidences of preventable illnesses and very low life expectancies for blacks.

This apartheid, this scourge against humanity, has deprived us of health services because we are black; it has denied us the education that will liberate us from ignorance, and it has denied us the wages that will allow us to live as human beings.

But information regarding disease in South Africa is not easy to come by. It is kept secret by hospitals and doctors, and obscured by State propaganda; morbidity and mortality statistics for blacks being inadequate and sometimes totally lacking. Our births and deaths go largely unrecorded, except in our private joys and sorrows, laughter and tears.

But before suggesting viable alternatives, we have to scrutinise the evils and impotence of the medical services in South Africa, and show that in the house of hunger that is South Africa, diseases occur more frequently, last longer, and lead to higher mortality rates among blacks (Africans, "coloureds" and "Indians", irrespective of the medical services available, i.e. in South Africa the political environment is the primary determinant of the prevalence of preventable illnesses among blacks.

For example, the infant mortality rate for blacks in rural areas vary from a conservative 140 per 1 000 live births, to 500 per 1 000, compared to whites, in say Cape Town, where it is only 10 deaths per 1 000 live births.

A 16-year study in the paediatric unit at King Edward VIII Hospital in Durban emphasised this prevalence of preventable diseases; resulting from infection and undernutrition, and leading to very high mortality rates in black children. It also showed that the black child who is admitted to hospital is invariably severely malnourished, whether or not the child has another disease; the principal causes for admission being malnutrition, infective respiratory and alimentary tract diseases, and infectious fevers, with an infant mortality rate averaging 20%.

Comparative post mortem records at King Edward and Addington Hospitals (between 1973 and 1975) showed that the principal causes of death in black children (between one month and ten years of age) were gastroenteritis, pneumonia and malnutrition, followed by tuberculosis, typhoid and amoebiasis. White children died of non-infectious causes, except for pneumonia in a small percentage of cases. In white children there were no deaths recorded from malnutrition, gastroenteritis or tuberculosis. Autopsy records at these hospitals also showed that in say 1975, 30% of the deaths in African and "Indian" children under ten years of age were due to malnutrition, and that 8% of "coloured" children under eleven months of age died of malnutrition.

Post-mortem records at these hospitals also showed that in Black adults (20 to 50 years of age) the primary causes of death were cirrhosis and pneumonia, followed by tuberculosis, typhoid and malignant neoplasms. White adults, on the other hand, died of heart diseases (acute pericaditis; and myocarditis) and malignant neoplasms.

Thus nutritional deficiency and communicable diseases /— both preventable — are the outstanding causes of illness and early death in blacks; while whites by and large do not suffer these diseases.

The primary reasons for the very high incidences of diseases and deaths in blacks, and especially rural black children, are the inadequacy of food, infected water, inadequate sanitation, and the non-availablilty of immunisation. And this in a country that boasts possession of some of the world's most sophisticated technological equipment.

THE HOUSE OF HUNGER



Focus on Health

We continue our series on health by Farook Asvat and take a critical look at the problem of malnutrition which has assumed crisis proportions in South Africa — especially among blacks.

MALNUTRITION has assumed crisis proportions in South Africa. With the present drought, the rising price of our daily bread, and the reduced opportunities to earn our daily lives, hunger rages through the black community like an awful epidemic.

Whites in South Africa enjoy an exceedingly high standard of living, there being no white children with malnutrition. Every hour at least four black children die of malnutrition, burying more than a hundred children every day, ie 32 000 to 48 000 black children die every year in a land that dumps "surplus" fruit into the sea to maintain the market price. (The above figures are based on Prof Moosa, head of the Paediatric Unit at King Edward VIII Hospital, Durban, estimates.)

Another estimate, made by G S Fehrsen, and published in the South African Medical Journal in 1975 (using the 1970 population census and deaths due to gastroenteritis — assum-

in a land where the greedy feast on braaivleis and boerewors (South African whites have the highest incidence of coronary heart disease in the world) then we have sufficient indictment against those who rule our lives.

The 16-year study at King Edward showed that 45 percent of the admissions to the paediatric unit were due to protein calorie malnutrition. In 1975 at this hospital alone there were nearly 4 000 admissions due to protein calorie malnutrition, and almost 1 000 of these children died.

But the frightening aspect is that the situation is getting worse. In 1960, 33 percent of the admissions at the hospital were due to malnutrition (11 percent due to the more severe form, marasmus); whereas in 1975, 50 percent of the admissions were due to malnutrition, and 36 percent of the overall admissions due to marasmus.

Records

Post-mortem records

65 percent of the children were malnourished. One general practitioner alone saw 130 cases of protein calorie malnutrition (98 with kwashiorkor, 32 with marasmus) during a six-month period in 1979. The doctor, in addition, saw 128 children with pellagra.

A study of African and white children in the Transvaal in the early 1970s showed that 75 percent of the African children suffered mild to moderate grades of protein calorie malnutrition, and that none of the whites were undernourished.

Professor Moosa, head of the Paediatric Department at King Edward VIII Hospital, estimates that at least two to three percent of the eight million African children in South Africa suffer from malnutrition, ie 160 000 to 240 000; and if 20 percent of these children die (as happens at King Edward) then between 32 000 and 48 000 black children die each year from malnutrition alone.

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Another estimate, made by G S Fehrsen, and published in the South African Medical Journal in 1975 (using the 1970 population census and deaths due to gastroenteritis.— assuming that only 50 percent of these children are malnourished; when in fact about 70 percent of children with gastroenteritis are malnourished), showed that at least 30 000 black children die of malnutrition every year. These figures do not include Indian children who die of malnutrition; nor does it include deaths from other diseases (tuberculosis, measles, herpes or septicaemia) where malnutrition may have been a factor in death.

Food

These statistics are obviously underestimates of the reality, considering the increase in population, the increase in unemployment, the increase in living price (food prices increased by a massive 30 percent in 1980), and the concommitant decrease in food consumption, since the above figures were calculated — rather conservatively — in the early seventies. As mentioned previously, these figures do not include death from diseases where malnutrition may have been a factor in death. Also, they give no indication of the morbidity from malnutrition, and absolutely no indication of the actual, and very high, incidence of malnutrition in the black community.

But these are statistics. And we are talking of our children; so that if there is but one death from undernourishment missions due to protein calorie malnutrition, and almost 1 000 of these children died.

But the frightening aspect is that the situation is getting worse. In 1960, 33 percent of the admissions at the hospital were due to malnutrition (11 percent due to the more severe form, marasmus); whereas in 1975, 50 percent of the admissions were due to malnutrition, and 36 percent of the overall admissions due to marasmus.

Records

Post-mortem records also reveal that malnutrition is the major cause of death in black, especially African, children; while white children do not suffer from the disease. In 1975 more than 30 percent of the hospitalised black children in Durban (at King Edward) died of malnutrition, and not a single white child was even admitted to hospital with the condition in the city.

But black children admitted to hospital with malnutrition represent only the surface.

In Soweto 40 percent of the children between two and five years of age are malnourished; and 60 percent show stunting as well. Between 10—12 years of age, 45 percent of Johannesburg's African children are undernourished.

Black children in rural areas are worse off. Statistics are very hard to come by. But those that are available reveal a grim situation. In Tsolo, near Umtata, 36 percent of the children under five years of age are malnourished; 20 percent in the village die before their first birthday; 30 percent before they can celebrate their second birthday.

Other areas are worse off. In Albany, near Grahamstown, 50 percent of African children are malnourished. In Phokeng, near Rustenburg, 69 percent of the children are undernourished. In the Eastern Transvaal, in one study,

FOCUS ON HEALTH

PROTEIN calorie malnutrition covers a wide spectrum of nutritional disorders, ranging from undernutrition, through kwashiorkor, to marasmus, and starvation. It is the result of a deficiency of protein and calorie in the diet.

The underweight child constitutes the majority of children in a community in which kwashiorkor is rife, as in South Africa. The underweight child is, by definition, more than 60 percent of the expected (ie "normal") weight, and has no sign of oedema. Infection, and/or gastroenteritis, which is common in these children, usually destroys the delicate equilibrium existing in them, the children presenting with frank kwashiorkor.

Kwashiorkor or **"wet malnutrition,"** is a severe disease caused by not having enough protein to eat. The principle cause of this protein-deficiency syndrome is a high carbohydrate diet (mielie meal or samp) providing very little good protein. It is most common in children between nine months and two years of age, frequently coinciding with the period of weaning following on a further pregnancy.

Furthermore, the child with kwashiorkor is very prone to vitamin deficiencies, anaemia, and infection. This may in fact contribute to the precipitation of the florid stage of kwashiorkor in the underweight child.

In **Marasmic-Kwashiorkor,** the children have features of both kwashiorkor and marasmus. It occurs in children who have been fed on a diet low in both protein and calories, i.e. the child has had very little food for a long time. These children are less than 60 percent of the expected weight, oedematous, grossly wasted, and stunted.

The child is more than 60 percent of the expected weight; and oedema is the most distinctive sign. The child with kwashiorkor has a swollen abdomen, feet, hands and face; with peeling sores. The child is deceptively chubby, and weight loss may therefore be difficult to determine.

Characteristically the child is irritable, apathetic, anorexic, and weak. The child also displays retardation of growth, and of major development.

Muscle wasting is invariable, and the subcutaneous tissue disappears. Also, the skin becomes thin and atrophic, and there may be diffuse changes in skin pigmentation, with or without desquamation. The hair, too, becomes sparse, atrophic, greyish, and falls out easily. The tongue is often raw, and red with atrophy; and the teeth are frequently carious. Dryness of the conjunctivae and cornea may lead to corneal ulceration, with subsequent perforation, scarring, and even blindness.

A fatty liver is invariable. There may be wasting of the heart muscles; and atrophy of the mucosa of the intestines, leading to severe diarrhoea. The child usually also has an unstable body temperature.

Protein, fat, and carbohydrate metabolism is affected in kwashiorkor. The plasma protein concentration, notably albumin, is greatly reduced, and there is a decrease in most of the essential amino acids in the blood. The blood sugar levels are also down.

Drought strikes children

By Anthony Duigan

WINTER OF '83

Field workers from an international relief agency have found a 50 percent increase in malnutrition and related diseases among children in drought-stricken rural areas.

This report comes shortly after a report from the Bureau for Economic Research (BER) at Stellenbosch University concluded that at least one in three black children under the age of 15 were undernourished.

"Conservative estimates show that about three million children under the age of 15, mostly black and coloured, suffer from, or show signs of, malnutrition," said Mrs T Vergnani, a BER researcher.

Experienced field workers of World Vision, a Christian relief agency assisting community development in 173 projects throughout Southern Africa, have reported a disturbing increase — as much as 50 percent — in malnutrition-related diseases due to drought conditions, a spokesman for the agency said.

"This means that at least 100 000 more children in dire need must be catered for and the number is increasing every week," he added.

World Vision had made R200 000 immediately available to alleviate some of the worst suffering and, at the same time, had appealed to its supporters and the public to raise a further R1 million to support long-term community projects, the spokesman said.

The 40-hour famine — organised annually since 1979 by World Vision — has raised almost R2 million and this is supporting 38 community projects and giving at least one nutritious meal a day to more than 200 000 children.

Besides its drive to keep starvation from the doors of an increasing number of people in far-flung rural areas, World Vision was aiming for a record sum from its fund-raising drive to help build up development projects in impoverished communities — projects such as water conservation and agricultural reconstruction, the spokesman said.

"While hand-out action is often necessary just to keep men, women and children alive, it is important to invest a proportion of funds in providing self-sustaining development."

The R1 million World Vision hopes to raise in the coming months will be allocated to food (20 percent), development projects to help people become self-sufficient and capable of meeting future needs (65 percent) and expanding existing project controls to meet the demands of the crisis (15 percent).

Donations may be sent to World Vision Drought Crisis Action, P O Box 1101, Florida, 1710.

Kwashiorkor has killed 500 Swazi children

The Star's Foreign News Service

MBABANE — Almost 500 Swazi children have died from the malnutrition disease kwashiorkor in the past year and 2 000 cases were reported, according to a Ministry of Health spokesman.

He said the disease — which he claimed was now being reported in Swaziland for the first time — was reaching epidemic proportions, and blamed the outbreak directly on the destruction of crops by the current drought.

"The situation is frightening. If it continues at this rate there is no telling what it will be like in September and November," he said.

He warned that as the outbreak became more widespread it would become necessary to divert funds from other development projects to save lives.

He also said that he would not be surprised if the disease began affecting older people.

...added. — Sapa-Reuter.

500 Swazi kids die from kwashiokor

Sowetan 30/6/83

MBABANE — Almost 500 Swazi children have died from the malnutrition disease Kwashiokor in the past year, according to a Ministry of Health spokesman.

The spokesman said 2 000 cases had been reported in the past twelve months and that the disease "was reaching epidemic proportions."

The spokesman claimed it was the first time kwashiokor had been reported in Swaziland. He attributed the outbreak directly to the destruction of crops by the current drought.

He also said that the illness was increasing daily.

"The situation is frightening. If it continues at this rate there is no telling what it will be like in, September and November," he said.

He warned that as the outbreak becomes more widespread it will become necessary to divert funds from other development projects to save lives.

He also said that he would not be surprised if the disease began affecting older people. — SFS.

(90) 31/7/83

Drought and damnation

WHEN HOPE RUNS DRY, AND THE CHILDREN DIE...

(90) City Press 31/7/83

Z B MOLEFE Reports



● A young Nqutu child stricken with malnutrition fights for his life in the district's hospital.



● Nqutu women plumb the depths of a drying well.

HEAVY RAINS fell in the Nqutu district this week. But it was too late.

Recorded malnutrition and kwashiorkor cases in the local hospital are already up 85 percent in this area of KwaZulu-Northern Natal.

Families have been ordered not to water their gardens and smallholdings. All available water must be used for drinking. The rain of the past week has not affected that order.

Women walk hundreds of kilometres in search of water.

Death, disease and misery have resulted in this drought-ravaged area, scene of some of the most controversial resettlement under apartheid.

Land hunger and migratory labour are also mentioned by some local medical people as factors in the tragedy unfolding in the area.

The superintendant of the local Charles Johnson Memorial Hospital, Dr Arthur Coetzee, says there has been a high number of deaths related to the drought, but he cannot supply figures. Statistics are hard to come by.

But the hospital's records show that reported cases of serious malnutrition and kwashiorkor have jumped from 35 between March and July last year to 65 over the same period this year.

Key tribal, community and health authorities have now launched a R40 000 relief water development scheme.

"There's nothing we can do. We have stopped watering our plants and left everything to die," a pained Mr S Nkwanyane, senior agricultural officer of the KwaZulu homeland, told City Press.

"I've never seen anything like this since I was born. What is happening here breaks my heart," sayd Bernard Molefe.

His words ring across the once-green and fertile large gardens of the local nutrition village, set up eight months ago by a group of concerned medical doctors when drought became a chilling reality.

The women who daily visit the village to learn a bit about agricultural methods in order to survive the drought are deeply concerned.

Their hopes of survival in these troubled times are vested in the project.

Only a few fortunate women have the money to purchase the high-protein food available from the village's shop. For the others, what they are taught by Molefe, the village's advisor, will be of no use in the present drought.

Nqutu's plight is so grim that it has touched people as far away as Australia. An Australian family this week donated about R1 000 to drought relief in the area.

Weak, heartbreaking cries from malnutrition-ravaged babies fill the hospitals' paedeiatric ward. A mother wearing a blank look holds her frail baby who is suffering from kwashiokor.

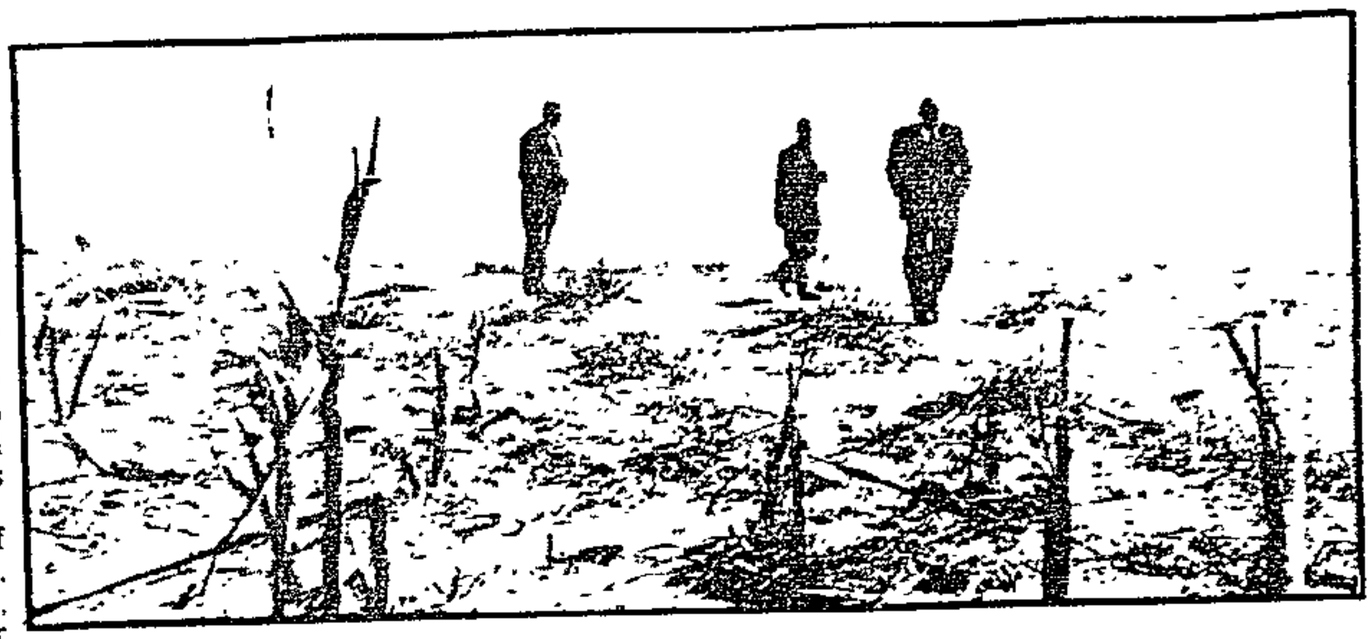
You learn that problems in drought relief abound. The 500 mealiemeal bags from the Red Cross are a case in point.

Dr Coetzee points out: "Two years ago there was a similar relief scheme. And there was chaos. Mealiemeal ended up in the wrong hands. The whole thing is incredibly difficult. And the drought has made the situation really bad."

Ms Stella Tyers, a voluntary dietician at the hospital, adds that there is a very high incidence of tuberculosis in the area.

The women you talk to struggling to fill plastic buckets and containers with precious water at a drying borehole write a disturbing end to this chapter of suffering. As the rains fall, it is too late.

The winter of impending death



From LEIGHTON MARK in Laastehoop

BONE-DRY autumn winds sweep down from the Drakensberg mountains, whipping the dust across the sun-parched lands of Lebowa, covering the thin stunted crops that would have fed the cattle, that would have fed the people.

The river winding through the hills around Lasthoop stands dry, with only the high walls to attest to what the waters can do The South African rainy season has passed and there is no water.

Late winter has come to the southern hemisphere, and it is a winter of impending death In Lebowa, as in most of Southern Africa, any few rains that do come will be too little, too late Cold winds will only bring death to countless numbers, people and animals

This is the third season of Africa's drought In Lebowa, in Gazankulu to the east, Venda to the north and other "independent homelands" to the south, the cattle are already dying and the children are slowly starving to death.

"I used to have maybe five or 10 deaths a year," said Sister Francesca Sehone at the Subiaco clinic. "Now I have one a week"

At Blouberg, 192km northwest beneath the Drakensberg mountains, Nurse Gloria Sefefein, who works in a hospital run by the Lebowan Government, gives similar figures.

"Three children died from kwashiorkor (a disease of malnutrition) last week," she said "It's three times as bad as last year, and it's going to get worse."

You hear that phrase — "it's going to get worse" — again and again, from doctors, nurses, church and government officials, health workers. At each clinic and hospital the scene is the same.

Mothers sit on gray concrete floors holding or watching their babies cry and get sick, waiting for the nurse — or doctor when there is one — to say that their child will live or their child will die.

There is no accurate count of the children who have already died from kwashiorkor and marasmus, the diseases of the impoverished, the signs of malnutrition and starvation.

Numbers represent only those children seen by health workers, not children whose parents live too far from doctors or who cannot afford treatment or a visit to village witchdoctors for a cure.

But Mr T Vergani, a malnutrition expert at the University of Stellenbosch, says 2 900 000 children are affected in South Africa alone. Of those, 1 500 000 are said to be suffering from second-degree malnutrition.

"Approximately every third black child under the age of 15 in South Africa is malnourished," Mr Vergani said in a 42-page study. He defines malnutrition as an insufficient intake of protein and/or calories.

The two most common forms, kwashiorkor and marasmus, are caused by a protein-deficient diet

All over the country children with matchstick legs sit or lie staring blankly into space, their joints and sometimes their stomachs swollen, their growth slowed. Their muscles have begun to waste away and in some cases they suffer from brain damage.

If they survive the lack of protein they face the traditional childhood diseases. Even a cough can be fatal to a malnourished child.

"Children do die of whooping cough, from pneumonia and gastroenteritis," said Dr Machupye Mphalhlele, Lebowa Secretary of Health. "Because of poor nutrition we expect diseases like measles to be more widespread, and the complications that are associated with it to be more widespread."

Father B Verteuten's office at the Fatima Catholic mission south-west of Bochum overlooks mission grounds which are are a desert. Only a few scrub trees break the desolation that spreads across the veld.

Yet here there is water, in a single well 300m deep It gives the mission enough for drinking and for bathing the 210 children in its care. There is food for the children

"But, honestly, it's not enough," the Belgian priest said "Some bread and peanut butter or jam, some soft porridge in the morning and some milk."

The children come from villages like Matata, where three-quarters of the people live on government old-age pensions There is no work because white-owned farms in the area no longer have need for labour, since nothing will grow

"There is starvation," Father Verteuten said "The workers can't get work and so they have only some porridge and a small cup of water, or some tea and sugar and a slice of bread maybe twice a week

"If a bit of rain came, then they could plant vegetables. That would help But it only rained three times last year. And now — nothing, nothing, nothing"

The governments of Lebowa and South Africa and relief agencies are trying to provide drought relief. South Africa has given Lebowa R6 700 000 for drought aid, with 90% to be used for finding water and feeding cattle, the rest for food.

The Lebowa Ministry of Health has increased immunisation programmes for childhood diseases Three welfare organisations — the Red Cross, Operation Hunger and World Vision — have combined forces to better coordinate their efforts.

But for 16-month-old Gilbert Malera, the aid may be too late Gilbert lies in the Jane Furse hospital in southern Lebowa, showing all the signs of kwashiorkor. A witchdoctor's sign is painted across his head.

About 70 other children share the malnutrition wards. The gray, dimly-lit room is full of mothers and empty of hope

The hospital is admitting patients at twice the 1982 rate The number of kwashiorkor patients jumped 50% in a month. Doctors say one-third may never return home. Deaths are up by half.

As throughout the region, doctors say they only see a percentage of the total number of actual cases.

The area around Jane Furse has signs of water, there is still some ground vegetation. But here the misery of drought is the lack of work, meaning no money to buy food.

As in other South African homelands, many of the workers depend on farm work Now there is little need for workers on the farms. And at home, as Father Verteuten said, "planting is in vain".

"This is a very rich land," Dr H Mphalhlele said. "But the source of life is water, and we do need the water."

So the Martian-red dust blows across the parched veld for the third year. South African experts predict Lebowa will receive less than 3mm to 5mm of rain this winter. The people will die — UPI.

GENERAL NEWS

Yearly income would feed you a mont

By Dirk Nel
Northern Transvaal Bureau

The plight of rural blacks in South Africa is clearly illustrated by the fact that many peasant families in Lebowa and Gazankulu have an annual income equal to the average white family's monthly grocery bill.

Statistics released by the Lebowa Development Corporation show that people in remote villages live on as little as R265 a year.

The average income of families in large towns such as Lebowakgomo, Seshego and Mahwelereng is about R625 a year.

The only exception is Mankweng, a township adjoining the campus of the University of the North, where there is a concentration of professional people employed at the university who fall into a higher income bracket.

Mr Andre de Villiers, a senior official of the Lebowa Development corporation, said 43 percent of Lebowa's labour force — about 140 000 people — was employed outside the territory's boundaries as migrant workers.

There were about 60 000 registered daily commuters who worked in large towns such as Pietersburg, Potgietersrus and Tzaneen.

Only about 50 000 people were in steady salaried jobs inside Lebowa.

The unemployment figure was well over 20 percent.

Statistics show that about 16 000 new job seekers come on to the labour market in Lebowa every year. Only a few hundred of them find work.

It is clear that lack of training facilities and a poor infrastructure in the homelands have complicated the problem.

Mr Jack Botes, Town Clerk of Pietersburg, who is a member of the Commission for Job Creation and of the National Manpower Commission, has no illusions.

"We can't provide jobs for all these people unless there is a major decentralisation of commerce and industry," he said.

The Commissioner-General for Gazankulu, Mr Kobus Jordaan, sees the need for diversified training as an urgent priority in the creation of a black middle class which will help to lift living standards.

He is also in favour of increased economic co-operation across political boundaries.

"If Gazankulu's economy is to get off the ground it will have to come mainly via agriculture," said Mr Jordaan.

Certainly the development of the giant Lower Letaba Dam, one of the largest irrigation schemes of the subcontinent, appears to have the potential to stimulate the whole Gazankulu economy.

The Chief Minister, Professor Hudson Ntsanwisi, is optimistic about the project's tourist and agro-industrial possibilities after its completion in 1984.

"I am particularly pleased about the job opportunities it will create for thousands of people," he said.

Several economists have described Gazankulu as potentially the most viable black state in southern Africa.

Mr Jordaan has another view: "The Shangaan people have a history like the Jews. They know what it means to be threatened and rejected.

"Their desire to retain their identity and to become a nation in their own right has always been strong."

What is the answer to the dilemma of the rural black community?

Said a missionary: "Poverty - stricken rural blacks have apparently lost the will to improve themselves.

"If someone can find a formula to rekindle this desire, a chain reaction may follow."



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DOC SAYS GAZANKULU OK

Sowetan 13/8/82

THE Department of Health in Gazankulu has denied reports that its people will fall victims to diseases bred by the poverty, overcrowding and malnutrition in the area.

By ALINAH DUBE

This denial stems from reports that the polio epidemic in the north eastern Transvaal, was complicated by a massive hunger problem and that the majority of children in the area suffered from malnutrition and under-nutrition, which makes them extremely susceptible to all kinds of diseases.

Dr J Roos, secretary of health in Gazankulu, said the reports about the area being hunger-stricken were untrue and distorted.

"Conditions in Gazankulu have never been as bad as were reported in newspapers. Facts were distorted and we haven't found it necessary to provide people with food because they are being taught how to utilise food," Dr Roos said.

Asked what the poor people would benefit from knowing about food-utilisation when they could not afford some of the things recommended, Dr Roos reacted and said: "Not in Gazankulu."

"We've never had cases of people not being able to afford food in our area. But I feel if we encounter such problems, such people would have to be provided," Dr Roos said.

Post In Page

Operation Hunger is doing a lot to combat food crisis



Chief F Kekane — called a meeting because of the massive hunger problem in his area.

By Pamela Kleinot, Medical Reporter

Drought has played such havoc in South Africa that it will take another two years for some areas to produce enough food for their people, says Mrs Ina Perlman, organiser of Operation Hunger.

However, she stresses that only if it rains next month will there be any chance of recovery in 1985.

Mrs Perlman estimates that R120 000 a month will be needed until next March to provide relief to drought-stricken areas which have had no rain for three years.

"I am having sleepless nights thinking of the queues of hungry children who need food and am constantly signing cheques hoping the money will continue to arrive," she said.

The Star has visited some areas of Lebowa with Operation Hunger and found that the public response to appeals for drought aid has had an impact on the food crisis.

In villages where the feeding schemes were in operation, we found:

- People who had previously had no food and had to depend on handouts from neighbours, were getting a steady supply from Operation Hunger.
- At various schools children stood daily in lengthening queues and received a bowl of soup or milk during their break. Many children had walked several kilometres on an empty stomach with no other prospect of food.
- There were fewer malnutrition deaths at one clinic in the area.

A health worker from Subiaco Clinic in Tholongwe said they had had no malnutrition deaths in June or July compared with an average of one kwashiorkor death a week since January.

Sister Francesca Sehone, who is in charge of the mission run by Roman Catholic nuns, said she believed that this was directly the result of feeding schemes and aid given to individual families by Operation Hunger.

However, children with sandy-coloured hair, swollen stomachs and sores on their bodies filled the wards of Helene Franze Hospital in Bochum and Jane Furse Hospital in Sekhukhuneland.

A doctor at Jane Furse Hospital said that they were handling about 30 cases of malnutrition a month.

Health workers warned that unless drought aid was stepped up the situation would get much worse in the coming months.

Operation Hunger is already feeding 14 000 children in 22 villages between Pietersburg and Potgietersrus, but is clearly not meeting the needs of enough people as appeals are pouring in daily, reports Mrs Perlman.

The Star visited the Zebediele district, a parched wasteland, with Mrs Perlman who had been asked for drought aid by Chief F Kekane who has 600 000 members of the Northern Ndebele tribe in his district.

He called a meeting because of the massive hunger problem in his area.

"Please assist our people. Most are not working. Some families have 16 children. People are suffering. Our place is dry. We want to conquer starvation," he said.

Feeding schemes are an essential temporary crisis measure but they are not a long-term solution.

There is a desperate need for adequate employment opportunities, better housing and improved living conditions.

Malnutrition has for many decades been a major problem in South Africa.

It has been exacerbated by the grip of drought over the past three years.

Medical workers agree that it is difficult to use the number of malnutrition admissions and deaths at hospitals as a reflection of the situation, as many victims never reach hospital.

They also point out that malnutrition has many effects, some of which are not measurable and go unnoticed like the hungry child who is apathetic, lethargic and unmotivated at school and in his environment.

The visible effects of malnutrition are physical and mental stunting, hearing and sight defects and lowered resistance to infections like measles.

Apart from affecting health malnutrition can seriously affect a child's brain development.

Children under the age of two years are the highest risk groups.

It is difficult to estimate how many of these children are being reached by relief organisations throughout South Africa's rural areas.



Picture by David Sandison

Pap and milk to family's rescue

By Pamela Kleinot, Medical Reporter

Two bowls of salted mealie-pap and a cup of milk each day may not seem to be the most scrumptious meal. But for the Leboala family of seven (above) it probably is the difference between life and death.

The family, living in a mud hut in the arid and rocky district of Tholongwe in Lebowa, often went without food until Operation Hunger came to their aid a few months ago.

Until then the only food they had was when the wrinkled grandmother, Mrs Stephina Leboala, begged for handouts from neighbours for the six children she cared for. Their ages are between 20 months and 18 years.

The older children cannot find work.

Their mother, who has a job in Johannesburg, never sends them money.

Their father is dead.

Food supplies for the family began in February when 20-month-old Petrus was discharged from Subiaco Clinic after it took him eight months to recover from kwashiorkor — the disease of the weaned child caused by lack of protein.

The family receives a 12,5 kg bag of mealiemeal every fortnight and five litres of cultured milk every second day from Operation Hunger.



Alpheus becomes another victim of South Africa's killer drought

The picture on the left was taken two months ago by our photographer **Dale Yudelman** when The Star highlighted the plight of children caught in the worst drought South Africa has seen this century.

Alpheus Morapedi (2) was just another kwashiorkor baby in a rural hospital — suffering from the ravages of malnutrition.

But for thousands of readers throughout the world he was the epitome of the drought in South Africa's poverty-stricken homelands.

This month he died after contracting measles — a killer disease when coupled with malnutrition.

Suffering from the extremes of a Vitamin B deficiency and severely malnourished he faced the prospect of being returned to a starving family of eight and a mother six months pregnant.

Thousands of children like Alpheus still live in the shadow of disease and death.

SUNDAY TRIBUNE, AUGUST 21, 1983

90

Doomed to die

In our land of plenty, 80 000 coloured children died of nutrition-related diseases in ten years

By Tony Spencer-Smith

POOR nutrition is responsible for well over half the deaths of coloured children under five years, according to a report in the *SA Journal of Science*.

The report, by Professor Cyril Wyndham of the Institute for Biostatistics of the SA Medical Research Council shows that more than 80 000 coloured children in that age group died of nutrition-related diseases in the 10 years up to 1977.

He says it was disquieting that in 1977 such diseases were still causing 65 percent of the deaths of under-five coloured children

"The proportion was unchanged over the 10-year period.

"Also disquieting is the fact that the mortality rate for these causes of death in coloured children remained at about 28 times the mortality rate for white children, over the period 1968-1977."

He says deaths in children from kwashiorkor and marasmus represent merely the tip of the iceberg of deaths related to poor nutrition.

His statistics therefore include deaths from gastro-enteritis, pneumonia and measles, because nutritional deficiency in underprivileged populations is also a major contributory cause of deaths from these diseases

An editorial in the journal says Professor Wyndham's article "casts a long shadow" over the question of health and care and the quality of life in the poorer sectors of the community.

"The extent to which a society cannot provide, literally, even the essentials of life to a significant proportion of its citizens should be of concern to everyone

"What Wyndham's survey tells us, unlike other reports on the subject which have appeared lately in local newspapers, is the degree to which infant mortality in South Africa can be attributed in one way or another to malnutrition and how this situation has been changing over the years."

It was Professor Wyndham who, some years ago, first alerted the country to the full extent of the heart disease problem, another big killer of South Africa.

(90) Star 1/9/83

Controversy over the way nutrition affects behaviour

A quiet-spoken young American on a lecture tour about nutrition and behaviour has become the central figure in a controversy raging not only here but in England.

He is Mr Alexander Schauss, a key figure in the American Institute for Biosocial Research, in Washington State, who was brought to South Africa by the SA Natural Health Society.

His lectures in Britain, Australia and South Africa captured the public imagination by implying links between excessive consumption of sugar and juvenile delinquency, and between refined carbohydrates — of which sugar is one — and some types of mental retardation.

Not surprisingly the South African Sugar Association (SASA) is his chief antagonist here and the World Sugar Research Organisation plays that role in London.

They have made serious allegations against Mr Schauss, some of them justified.

Their first attack was on his credentials. He is not, they say, a doctor, as publicised. That is a valid point. Mr Schauss has an MA degree in psychology and is registered as a doctoral candidate in psychology at California Western University.

In his book on delinquency and diet this is made clear. Mr Schauss is direct when asked but hasn't tried to correct the mistake publicly.

He has also been under particular attack for his experiment in which sugar was removed, as far as possible, from the diet of institutionalised juvenile delinquents; the results showed a decline in anti—social behaviour.

Mr Schauss made it clear, however, that while the changed diet seemed to reduce disciplinary problems there was no evidence sugar caused deviant behaviour.

In fact, he said, he had shown sugar, as such, was not responsible. What he was interested in were the synergistic effects of sugar and other substances such as food additives and dyes.

The SASA and biochemical and nutritional experts in South Africa are sceptical of the work because they claim it has not been published in peer—reviewed registered scientific journals.

They ask if all other influences were eliminated and what else was done with the delinquents which might have had an effect on their behaviour.



An American researcher, Alexander Schauss, has sparked off an international controversy with his suggestion that sugar in the diet can lead to delinquency and crime. Spokesmen for the sugar industry question the authenticity of his work and medical experts reject his findings. Is sugar harmful? LYNNE CORNFIELD reports.

They claim the institute to which Mr Schauss belongs is not registered and is little known in America.

Mr Schauss has replied that it is not required by American law for institutes such as his to be registered.

The crux of the controversy, however, is whether nutrition affects behaviour; if so how, and what scientific evidence there is to support this.

The SASA says that, contrary to the suggestion by Mr Schauss that sugar combined with other substances may contribute to hyperactivity, sugar might have a calming effect.

This was the finding of American researchers Dr Richard Wurtman, a neuro-transmitter specialist at the Massachusetts Institute of Technology, and Dr Judith Rapaport at the US National Institute of Mental Health

The problem seems to be the amount of sugar consumed.

In its reaction to what it calls "the anti-sugar claims" of Mr Schauss, the SASA said: "Sugar has been the subject of intense scientific scrutiny in recent years and the scientific community and government have confirmed both in South Africa and abroad that, in moderation, sugar is a safe food."

It is clear that Mr Schauss's case studies and research have not been concerned with moderation but with excesses in some areas and deprivation in others.

The diets of many of his subjects have been extreme. He talks of prisowners who lick kilos of sugar at a time from their hands as they watch television, and youths who drink up to three litres of milk a day and eat almost nothing.

It is on this point that Professor Harry Seftel, Professor of African Diseases at Witwatersrand University, takes issue with Mr Schauss.

Professor Seftel says Mr Schauss used extremes. He concedes that nutritional deficiencies can have behavioural consequences. For example, he said, a severe deficiency of vitamin B complex can make a person demented.

But, he added, in a city like Johannesburg such a condition was almost never seen in the white population and very rarely in the black. It might happen in cases of severe alcoholism where the person had been drinking excessively over a long period and had not been eating.

Under most other circumstances the body can adapt to poor diets without behavioural effect.

Professor Seftel said there was merit in "the alternative medicines" but that their claims needed to be carefully evaluated.

He singled out Mr Schauss's claim that children suffering from Down's Syndrome had been helped by vitamin supplements. Down's Syndrome, said Professor Seftel, was known to be caused by a chromosomal defect.

Mr Schauss has stressed, however, that nutrition is not a panacea but another avenue in which to explore the mysteries of human behaviour.

Did you eat today? Thousands didn't

By Anthony Duigan

"Operation Hunger", the relief organisation on which more than half a million people in drought-hit areas rely for the necessities of life, is in danger.

"Well," says Mrs Ina Perlman, the organisation's national manager, "if we are to go bust we may as well do it in style."

Not that Mrs Perlman intends sitting back and going bust. But the demands on Operation Hunger have grown so dramatically that it is now estimated that R150 000 will be needed each month from December to keep up the food relief chain which is all that stands between hundreds of thousands of people and starvation

That sort of money is hard to come by. At present Operation Hunger is receiving less than a twentieth of that amount — between R5 000 and R7 000 a month — and the load of responsibility for so many people sits uneasily on Mrs Perlman.

"Thanks to the generous response we have had so far — and, in particular, for the large donations in kind from people like Premier Milling and Checkers — we will be able to mantain our present level of feeding until the end of November."

Then the crunch will come. Even if it rains early in the season the drought-stricken areas will not be able to reap anything for several months

"Operation Hunger's role will remain crucial for many months as rural areas struggle to overcome the crushing effects of the prolonged drought," Mrs Perlman said.

"At the moment we are getting more appeals for aid — an average of four to five a day — than during the winter months and, at this point, how can we refuse? But something always happens to bail us out."

As it did before the real extent of the drought became known and Mrs Perlman visited several struggling villages in Bophuthatswana. Women in three of the villages, desperate to keep the family fires burning but with no resources except their willingness to do what they could to help themselves, asked Operation Hunger for help

With nothing in the kitty and without the permission of her committee, Mrs Perlman committed Operation Hunger to helping the three villages.

"It must have been one of my worst moments," she recalled.

But when she returned to her office she found a cheque from the United States for more than R50 000.

"Basically, the feeding is a crisis solution only. Our philosophy is to develop the community as a community and we give only short-term food relief. In the long term we try to motivate people to search for water so that the land can become self-sufficient in food."

The aim of the food relief is to give families who have no resources between 30 and 40 percent of the protein they need — this works out to two protein meals a week plus a daily mealiemeal supply.

In the many school feeding schemes being supported about 60 percent of each child's protein needs are met — and undernourished children thrive even on this.

Some children in these schemes pay 10c or 20c a month towards the costs of school feeding and families sometimes contribute what they can, up to a few rands a month, says Mrs Perlman

The appeal, of Operation Hunger is basic It costs 5c a child a day to keep pellagra and kwashiorkor at bay. For a family it costs about 70c a person a week to supply the basics for survival.

In the medium term Mrs Perlman is trying to get as many companies, service clubs and other organisations who are interested in doing something practical for the drought-stricken to twin with rural communities.

But it is the human problem that disturbs the sleep of Mrs Perlman and sometimes causes her hope to waver as she wonders what will happen when December comes and those half million men, women and children are relying on her for their next meal.

Mrs Perlman may be reached at 724-4441 or 724-2916. Donations may be sent to Operation Hunger, P O Box 97, Johannesburg, 2000.

Milk powder subsidy doubled

PRETORIA — The Dairy Board has doubled its subsidy on skimmed milk power bought for the campaign to curb kwashiorkor in drought stricken areas, the manager, Mr E Roux, announced here yesterday.

He said in a statement this was the second time within a year the board was increasing its subsidy to clinics, hospitals and feeding organisations.

The subsidy had increased from 20,75c per kg to 50c per kg and it would be R1 per kg from now on.

"The Dairy Board has already allocated R1 388 000 for the subsidisation of milk powder purchases in the campaign to fight Kwashiorkor and will consider increasing this," Mr Roux said

The current surplus of skimmed milk powder is about 12 000 tons out of a total stock of some 20 000 tons. It was sensible for the board to try to reduce this by assisting those organisations fighting sickness related to a lack of nutrition in the drought ravaged areas

"Those organisations which are not yet making use of our subsidy scheme are welcome to apply for participation," he said.

Although the board preferred to offer its surplus products on the local market at a reduced price, about 4 000 tons of skimmed milk powder had to be exported due to a deterioration in quality.

If a further 5 000 tons of skimmed milk powder could not be disposed of within the foreseeable future, this would also have to be exported, he said. — SAPA

SUNDAY EXPRESS October 9, 1983

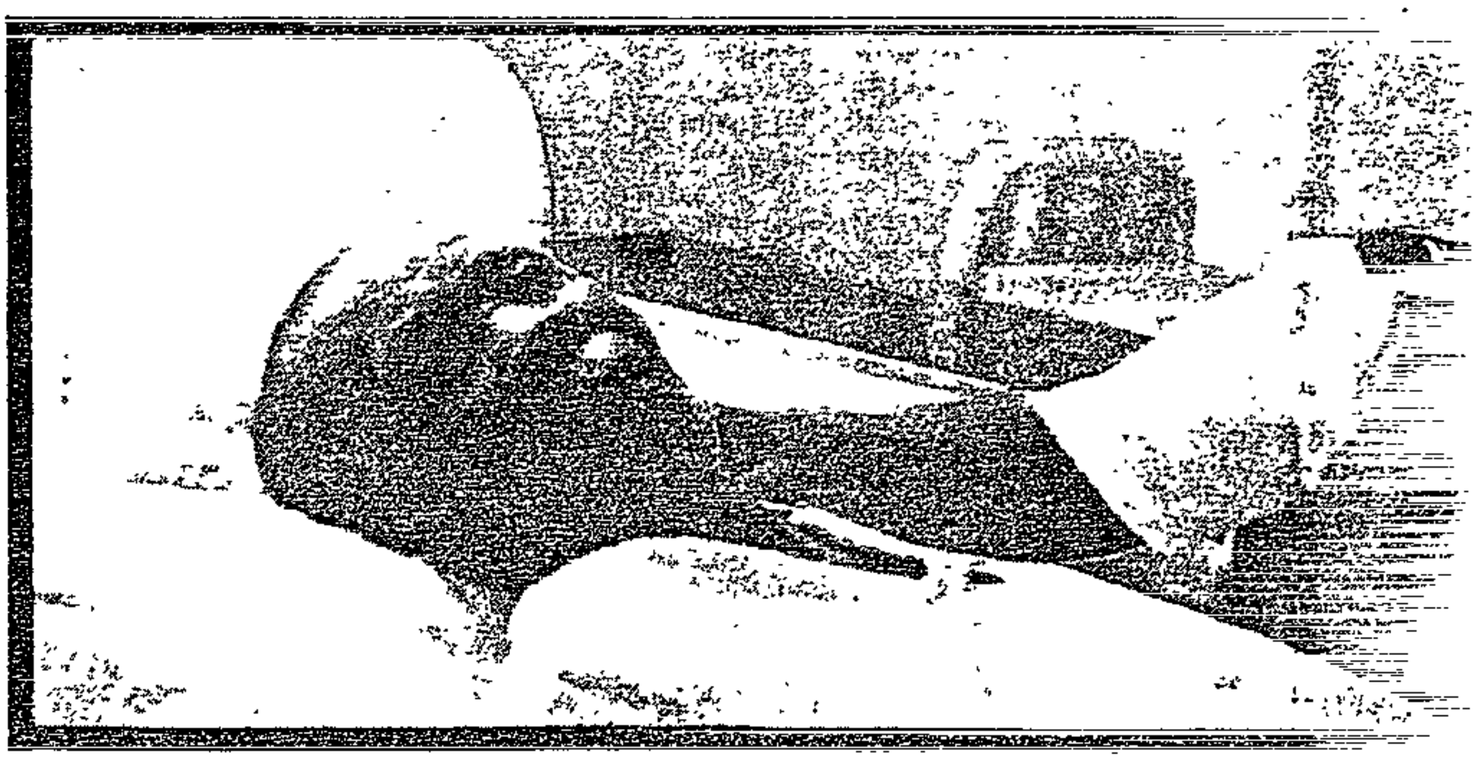
TWO MILLION CHILDREN LIVE IN LEBOWA. 125 000 ARE MALNOURISHED ...

Every day in Lebowa, more babies die ... of painful starvation

PEOPLE ARE DYING H

By LAUREN GOWER

● Dr A M



● Matron R Maila with an aged pellagra sufferer at the Helene Franz Hospital in Bochu

'The little flowers' wilting in desert

"LEBOWA'S children are like little flowers with no water."

This is how Rebecca Mphahlele, a social worker, describes the territory's starving children.

Mrs Mphahlele has established the African Child Development Centre to combat the malnutrition which daily threatens young lives.

Mrs Mphahlele is a South African who for long lived overseas with her author husband, Es'kia Mphahlele.

"My main aim with this project is to fight malnutrition in as many ways as possible," she says.

Existing facilities of clinics, crèches, nursery schools and churches are being used.

The project involves instructing mothers on the needs of their babies. They are being encouraged to breastfeed. They are also being organised into groups and shown how to grow and cook their own vegetables.

"What really upsets me is that children are not catered for here today," she said.

"We used to be a rural people, living adequately off the land, but now mothers are leaving when their babies are three months old, and most of the fathers also go to the big cities to seek work.

"So we find that some of these children are drinking tea with a bit of sugar all day and getting very little nourishment," she said.

Mrs Mphahlele said that besides poverty there was a great deal of ignorance.

"Now, we want to bridge some gaps and get to those people."

With three monitors, she is conducting surveys to assess the extent of malnutrition which, she says, is "rife".

CHILDREN in Lebowa are starving to death.

There are about two million children in the arid homeland. About 125 000 (or 6%) are malnourished.

And the devastating drought has exacerbated the already critical malnutrition problem. Intensive care "in the true sense of the word" is required for victims of kwashiorkor, the most common malnutrition disease.

Dr A M S Makunyane, Lebowa's director of health, said this week: "At a conservative estimate, there are 25 000 severely malnourished children in Lebowa today.

"The chances of the kwashiorkor child dying are the same as those of a child who has 50% burns. But it is so common that we tend to take it less seriously."

Now these children, and many adults too, face a bleak future. For most of them survival is dependent on food handouts.

Dr Makunyane said that while the average cost of treating a hospital patient in Lebowa was R15,20 per day, the figure for treating a child suffering from kwashiorkor was double that because of the need for special facilities and intensive treatment.

"Our hospitals just do not have these special facilities.

"Just recently I went into a hospital and found children with gastro, kwashiorkor and measles in the same ward. The vital thing about kwashi victims is that they are so weak they cannot fight any secondary illness or infection. It is essential that we keep them separately, otherwise we lose them," said Dr Makunyane.

He said it was very difficult to give accurate figures for the number of deaths due to malnutrition among children.

"Often a mother thinks her child has died from pneumonia or some other disease, but the child would probably have survived such an illness if it was well nourished."

Dr Makunyane said although it was easy to identify malnutrition through external physical symptoms, measuring the extent of brain damage and retardation was far more difficult. "Studies are being carried out, but they are long term."

Dr Makunyane said there was no single cause for malnutrition.

He attributed it to the breakdown of rural family life as adults leave the community to seek work in the cities. Other factors were poverty, unemployment, and ignorance about basic nutrition.

Malnutrition was endemic in Lebowa, he said, and it had been [illegible] by the d[illegible]

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"Most ed to the [illegible] riculture holes and

"The [illegible] received R200 000

Food [illegible] the home the public

NAME OF SCHOOL	ROLL	PELLAGRA	SORES	NAME OF SCHOOL	ROLL	PELLAGRA	SORES
Rasekgala	241	43	33	Hlonasedimong	511	120	140
Thusano	223	59	39	Naledi	385	131	36
Maseakela	394	62	66	Ditatsu	238	140	2
Nonyana	199	101	17	Mophamamona	727	365	3
Malelwane	255	110	47	Sefotwane	177	130	1
Potokela	473	191	70	Sefoto	229	130	2

● A table indicating the hardest-hit primary schools. The ages of the pupils range from seven to 11

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(810)

...ONE ARE MALNOURISHED . . .

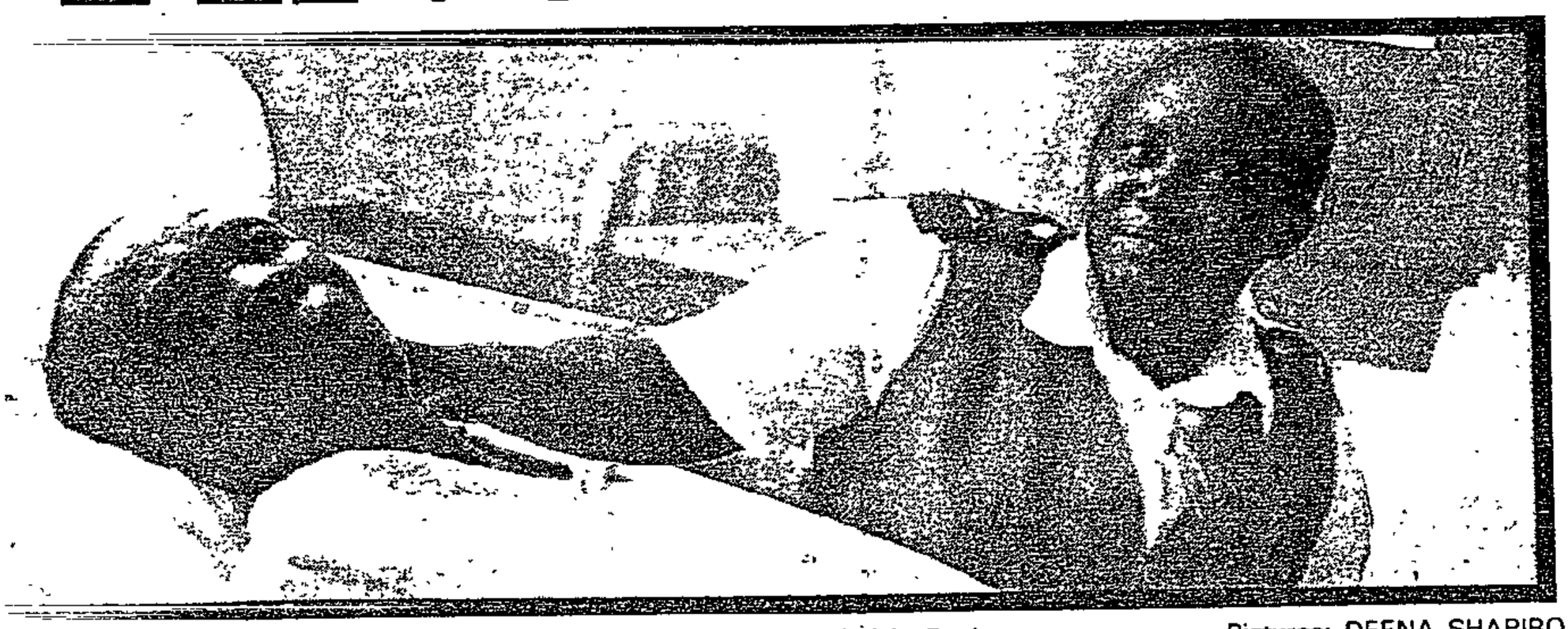
Every day in Lebowa, more babies die . . . of painful starvation

PEOPLE ARE DYING HERE



● Dr A M S Makunyane, Lebowa Director of Health.

By LAUREN GOWER



R Maila with an aged pellagra sufferer at the Helene Franz Hospital in Bochum.

Pictures: DEENA SHAPIRO

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He said the Lebowa government had received R6,7-million in drought relief from the South African government.

"Most of that was allocated to the Department of Agriculture for sinking boreholes and water reticulation.

"The health department received approximately R200 000 of that," he said

Food being distributed in the homeland is donated by the public sector and organisations such as Operation Hunger.

"We are using our basic health infrastructure to identify and distribute to the most needy cases," said Dr Makunyane.

Only a third of the doctors' posts in the country are filled. And with 14 hospitals and 131 clinics, doctors' visits are therefore erratic.

Each hospital has a number of satellite clinics served by health inspectors, community nurses, social workers and field workers.

"Our community nurses and field workers are the backbone of the system. They have close contact with the communities and are able to establish who the most needy families are," said Dr Makunyane.

"If the cases are too serious to be treated at the nearest clinic, they are referred to the area hospital, otherwise they are given food and their progress is

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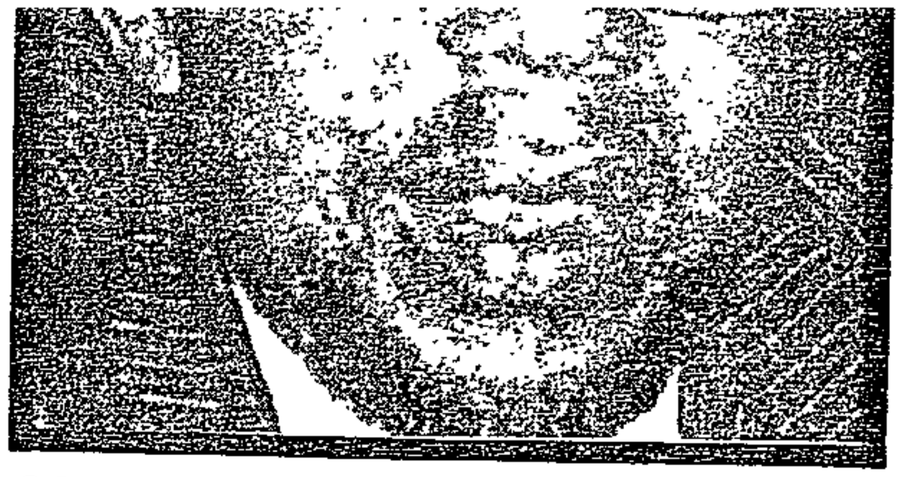

● Dr A M S Makunyane, Lebowa Director of Health.



● Matron R Maila with an aged pellagra sufferer at the Helene Franz Hospital in Bochum. Pictures: DEENA SHAPIRO

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"Our community nurses and field workers are the backbone of the system. They have close contact with the communities and are able to establish who the most needy families are," said Dr Makunyane.

"If the cases are too serious to be treated at the nearest clinic, they are referred to the area hospital, otherwise they are given food and their progress is monitored on a regular basis."

Dr Makunyane said in an area such as Sekhukhuneland, north of Pietersburg, the infrastructure was poor and the tiny hospitals and clinics hopelessly understaffed.

Bad roads and poor transport complicated the work of the community workers.

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... FOOD HANDOUTS HELP ONLY A FEW. THE HOSPITALS CANNOT COPE

In the battle against malnutrition victims must learn to eat again



● Victoria Mahlaela, eight, weighs 13kg



VICTORIA Mahlaela is eight years old and weighs 13kg.

That's the average weight of a well-fed three-year-old.

Victoria was severely malnourished when she went into the Groothoek hospital in Lebowa.

She weighed even less then, but has gained a little weight after some months in the hospital.

Victoria is exceptionally small for her age and looks about three.

Though she is slowly getting better, she still cannot walk on her own and has problems balancing.

She stares blankly and does not respond to the doctor who gently helps her move her scrawny legs across the floor of the paediatrics ward. Others like her are also there.

Victoria also suffers from a kind of depression and the doctors fear her physical and mental retardation may be permanent. She is an example of a child who had a chronic lack of protein and vitamins in her diet.

In Lebowa, where Sunday Express reporters found Victoria and others, unemployment, poverty, ignorance and two devastating drought years have created a situation where the only plentiful item is starvation.

Health resources are strained to breaking point and officials find it hard to say whether they are winning the war against malnutrition which threatens the lives of 25 000 children.

However, Lebowa's health experts a[illegible]

'Victoria is eight. She looks three. She can't walk. She stares blankly'

breastfeeding are kept together with their babies at the hospital.

Otherwise the children are put on drips and given sugar water. Later they are given half-strength milk and the battle to get them back onto solids begins.

When they are out of danger, they are moved from the specialised ward to a general ward.

But, said Dr Dippenaar, it took months before they began to gain weight.

"Sometimes we keep the babies here for up to six months," she said.

Pellagra is another malnutritional disease resulting from a lack of a specific B-vitamin. It occurs mainly in children over five and in adults.

In one of the paediatric wards there were about 30 toddlers lying or sitting on blankets in the sun. They showed no interest in the world around them, nor did they play. They simply sat.

There where tears and whines of discomfort and irritability.

Dr Dippenaar said community sisters would follow up children once they were discharged from the hospitals and would also educate and encourage mothers to nourish their babies more carefully.



● Phomphori Mphahlele, seven, a kwashiorkor victim.



● This man's condition was so bad he was psychotic.

Pellagra: Scourge of the mind

THE MAN'S eyes are blank, as is his mind. He doesn't even know his name.

He is suffering from pellagra — a vitamin B deficiency found among children over five and adults.

If untreated, pellagra victims develop a form of psychosis which is increasing among thousands of malnourished Lebowans.

At the Helene Franz hospital in Bochum, north of Pietersburg, a man was unable to supply the most basic information about himself.

Matron R Maila, who heads the hospital, said his responses to her questions were incoherent.

She said he was being treated with high doses of vitamin B supplement, but she was unable to say how complete his mental and physical recovery would be.

A physician at the Johannesburg Hospital said the psychosis, sometimes referred to as dementia, was usually easily treated with vitamin B and was reversible.

He said pellagra was identified by the 'four Ds' — symptoms of diarrhoea, dermatitis, dementia and finally, death.

"If a pellagra sufferer goes untreated for sufficient time, it may result in chronic dementia, which is less responsive to treatment.

"If this mental condition persists, there could be some degree of dementia even after adequate treatment, and brain damage could be permanent," he said.

The doctor said the length of treatment depended on the severity of the case.

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Health resources are strained to breaking point and officials find it hard to say whether they are winning the war against malnutrition which threatens the lives of 25 000 children.

However, Lebowa's health experts agree that hospitalisation is only an emergency measure and is no solution.

At Groothoek, the homeland's largest hospital, 20km away from the new capital of Lebowakgomo, Dr Y Dippenaar of the paediatric section said: "The malnutrition cases we see here are really only the tip of the iceberg."

At Groothoek there were listless, apathetic children with expressions of agony and intense irritability.

Dr Dippenaar pointed out cases of kwashiorkor, marasmus and rickets.

The babies with kwashiorkor are often the worst off. Their mothers gain the false impression that they are fat and healthy because they have been given lots of food. In fact they lack adequate vitamins which they do not get from mealie meal, their staple food.

Suffering from chronic starvation, other children are in advanced stages of marasmus.

When children with severe malnutrition are admitted to the hospital, the priority is to clear any infection because they are so weak that any secondary illness, such as measles, pneumonia or meningitis could easily be fatal.

The next problem is to get the children to eat again. Many have become malnourished because mothers have stopped breastfeeding. Those mothers who are still

The Star Wednesday October 19 1983

Malnutrition high among rural blacks

By Pamela Kleinot,
Medical Reporter

An alarmingly high incidence of malnutrition had been found among young adult patients in four KwaZulu hospitals, a Natal University doctor said in the South African Medical Journal.

Dr S J D O'Keefe of the university's department of medicine said: "This probably indicates even more problems among the young and the aged."

Out of 207 patients surveyed in the medical wards of four mission hospitals, it was found that:

● Ninety-three percent of male and 72 percent of female patients had triceps skinfold thickness below 60 percent of normal.

● A third of the patients were clinically marasmic (malnourished). Of these 56 percent were suffering from infections and 38 percent had active tuberculosis.

"The results indicate the magnitude of the problem of malnutrition in kwaZulu hospitals and suggest that the already high incidence of tuberculosis will be further exacerbated by the continuing drought," Dr O'Keefe said.

The incidence of malnutrition was significantly higher than that recently found among hospitalised urban blacks.

'BAD' BABY MILK PROBE

90

2/10/83 C. Herald



● MRS Beatrice Dyers, baby Melissa and the bottles of medicine and "smelly" milk

THE Cape Town City Council has withdrawn a popular brand of babies' powdered milk from its clinics after a young Lentegeur mother claimed that the milk caused endless stomach problems for her four-month-old child.

Mrs Beatrice Dyers, 18, of Primrose Street, Lentegeur, discovered the difference between fresh powdered milk and the old, odd-smelling supplies she had bought last week when a neighbour drew her attention to it.

The council has suspended sales of the milk while her complaints are being investigated.

Mrs Dyers has been buying milk from the Lentegeur Clinic since her baby Melissa was about 14 days old.

Mothers need have no fear about the powdered milk now available from the City Council clinics, according to Cape Town's Medical Officer of Health.

SMELL

She has a file of hospital bills and reports and a large number of bottles of medicine to back up her claims that the milk was responsible for the child's illness.

Mrs Dyers asked us to smell some the old milk and compare it with the fresh tin of milk of the same brand that she bought at a nearby supermarket. The milk she bought at the clinic had a distinct smell and tasted bad.

Mrs Dyers said: "Last Monday I went to the clinic to get a supply of powdered milk, like I always do Shortly after that, a neighbour called me over to say I should have a look at the milk she bought at the clinic.

"When I smelt the milk and she told me there was something terribly wrong with it, I realised that I had been feeding Melissa the same milk all these months. The milk I had been buying had a terrible stench. I never questioned it. I just accepted that the milk smelt like that.

"I took the milk — all three tins of it — back to the clinic, but one of the people in charge said there was nothing wrong with it. They refused to accept my milk, but took my neighbour's.

"It's painful when I think that my child has been suffering from stomach trouble all the time, possibly because of the milk. At the hospital the doctors were unable to detemine why Melissa's tummy was continuously upset. The hospital bills are extremely high and the child's illness has caused great worry."

Dr R J Coogan Cape Town's Medical Officer of Health said the matter was brought to his attention on Monday.

"I have asked our inspectors to collect samples of the milk for further investigation. The milk obviously smells unpleasant and the samples have been sent to the Government Laboratories for analysis.

"Until the results are known, that particular brand of powdered milk has been withdrawn and people will now be able to make their choice from other brands of milk that are available.

A spokesman for the manufacturers of the powdered milk in question told Cape Herald that their attention had been drawn to the complaint, that they had arranged for samples to be flown to their laboratories for analysis, and that they would issue a statement when the laboratory report was available.

HEALTH AND DISEASE. — NUTRITIONAL diseases

1984

JANUARY —— DEC

Sombre Karoo hunger report

Cape Times 30/1/84 (24) (90)

By BARRY STREEK

SHOCK adult nutrition figures have been found among the black population of the Karoo town of Willowmore — worse than those found in Kwazulu during the drought.

More than 63 percent of coloured and African adult males and 24 percent of the adult females in Willowmore were found to be underweight.

The survey, by Ms Nomusa Ndaba, a nutritionist who holds a London University Masters degree, was part of the Second Carnegie Inquiry into Poverty.

Ms Ndaba, who is to start work against malnutrition in Kwazulu next month, conducted a similiar survey among adults in the homeland.

"I haven't worked out all results in the Kwazulu survey, but I am sure the rates of undernutrition are worse in Willowmore," she said.

She saw 636 coloured and African adults in Willowmore and found that about a third, 248, had standard weights.

However, 108 (24,53 percent) of the adult women, were underweight, as were 113 (63,12 percent) of adult men.

"Therefore, 221 out of 635 adults were underweight, with is 35 percent of the total adult population," she said.

'Extreme'

Ms Ndaba also found that 158 women were more than 20 percent over standard weight but only 13 of the men were more than 20 percent over standard weight.

"Altogether, 171 of the 636 adults were overweight, which is 26,8 percent of the population," she said.

She described Willowmore as a "place of extreme poverty", where employment was very difficult to find.

In contrast to Kuazulu, the people in Willowmore had to depend totally on cash income for their survival, and often invalid or pension payments were the major source of income.

The invalid grants for coloured people were R83 a month, while African people recieved R98 every two months.

In Willowmore, the people had to pay R11 a month for rents, whereas in Kwazulu the most people had to pay was R30 to R35 a year for the rent of land.

She had not been particularly surprised by the results of her survey at Willowmore, where the environment provided little or no support for the people.

"Wherever you look there are just houses and rock. At least in KwaZulu you find grain and guava trees, increasing the people's ability to survive".

'Dreadful'

Although a number of studies have been conducted into the nutritional status of children in different parts of South Africa, little research had been done into the nutritional state of adults.

Her findings confirm the view of the University of Cape Town's Professor Francis Wilson, director of the Carnegie Inquiry, that there is extensive poverty in the rural areas of South Africa outside the homelands.

Professor Wilson said in an interview last week that the poverty "in many parts of the platteland" was "quite dreadful".

Shock figures of malnutrition in Karoo town

Mail Correspondent

CAPE TOWN. — Shocking figures of malnutrition among black adults in the Karoo town of Willowmore have come to light in a recent survey.

They indicate that malnutrition in the town is worse than in KwaZulu during the drought.

More than 63% of coloured and African men in Willowmore and 24% percent of women were found to be underweight.

The survey was conducted as part of the Second Carnegie Inquiry into Poverty by Ms Nomusa Ndaba, a nutritionist who holds a London University masters degree.

Ms Ndaba, who is to start fighting malnutrition in KwaZulu next month, conducted a similiar survey among adults in the territory.

"I haven't worked out all results in the KwaZulu survey, but I am sure the rates of undernutrition are worse in Willowmore," she said.

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However, 108 women (24,53%) were underweight as were 113 men (63,12%).

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In Willowmore the people had to pay R11 a month rent, whereas in KwaZulu the most people had to pay was R30 to R35 a year for the rent of land.

"In KwaZulu the people can find wild fern and wild fruits and they can keep some livestock.

"But in Willowmore the people who live in the townships can't keep chickens. Those who have jobs get very low wages and everyone has to depend on the shops."

She had not been particularly surprised by the results of her survey at Willowmore, where the environment provided little or no support for the people there.

"Wherever you look there are just houses and rock. At least in KwaZulu you find grain and guava trees, increasing the ability of the people to survive," Ms Ndaba said.

Ingested asbestos fibre poses 'low risk' to health

ARGUS 13/2/84

Staff Reporter

THE health risk from ingesting asbestos, particularly through drinking water, appears to be zero or very low, a British environmental scientist and consultant says.

Dr B T Commins, a former member of the British Water Research Council and now an independent consultant on air and water pollution, is on a lecture tour of South Africa at the invitation of the South African Fibre Reinforced Cement Manufacturers Association.

He is addressing water engineers, medical officers of heath and others on asbestos fibres in drinking water and the use of fibre-reinforced pipes, based on a report which he published last year.

He indicated that it was a comprehensive report with worldwide implications.

At a Press conference today, Dr Commins said that specifically carcinogenic effects on health of ingested asbestos appeared to be "sensibly zero" or "very low indeed".

He also said it appeared to be "perfectly OK" to use fibre-reinforced cement pipes, and he expected the use of these pipes to increase, especially in Third World countries.

He drew a distinction between the ingestion and inhalation of asbestos fibres and referred to a foreword to his report which said his findings on health risks of ingestion were in sharp contrast to the problems of inhaled asbestos.

Dr Commins said his conclusions were based, among others, on scientific experiments on rats which, if extrapolated to the weight of a man, indicated he could ingest up to 15,6 micrograms of asbestos fibres a day without affecting his health. The normal dose a man would ingest a day was about 0,02 micrograms.

Many poorly fed Dias report

E. Post 28/2/84

Municipal Reporter

ABOUT one fifth of black pre-school children in the Dias Divisional Council area are undernourished, according to the results of a survey reported to the council at its monthly meeting today.

The survey was conducted in May, 1981, by the council in co-operation with Rhodes University, the Port Elizabeth Provincial Hospital and the Department of Health and Welfare and published in the December, 1983, issue of the South African Medical Journal.

A comparatively higher percentage of chidren suffering from malnutrition are in the under-two age group. Although these children appear healthy, they should be regarded as under-nourished and at risk of developing kwashiorkor, the report says.

It says there are several ways in which the nutritional status of the children can be improved. Efforts will have to be made to ensure that children are given free skimmed milk at clinics.

Mothers will have to be educated on general nutrition and self-help projects could be introduced to help householders use income for nutritious foods and to reduce alcohol abuse, which often leads to child neglect.

Call to elderly in Vereeniging area

By Melody McDougall, Vereeniging Bureau

An urgent appeal has been made to senior citizens in the Vereeniging area to help with investigations into a proposed service centre for the elderly in the town

Plans for the establishment of a service centre were announced shortly after the Vereeniging Council for the Aged was formed last year.

This council has now been merged with the Vereeniging Old Age Housing Utility Company, and a sub-committee has been appointed to proceed with the establishment of the centre.

The Vereeniging Town Council has allocated a suitable site in Skippie Botha Park for the building of the centre, subject to geological approval.

An urgent appeal has now been made to all senior citizens to assist in determining the needs of the aged.

To qualify for this centre, women applicants must be 60 years and older, and men 65 years and older.

Facilities will include welfare and health services, meals, recreational facilities, a library and a work room.

Senior citizens who are prepared to assist are asked to write to the Project Development Committee, PO Box 3183, Three Rivers 1935.

Malnutrition on the increase

Medical Reporter

About a third of children under the age of five are underweight in Gazankulu in the Northern Transvaal.

This emerged during a survey carried out by Dr C B Ijsselmuiden at Elim Hospital. He found the highest number of underweight children in the one to two year age group — 38,2 percent.

Dr Ijsselmuiden said there had been an increase in the number of mildly to moderately malnourished children under five years of age since a similar survey was done in 1978.

"The increase in the percentage of underweight children in the one-to-two-year age group coincides with the age at which children in our area are weaned from the breast, after which they are usually fed with soft porridge and tea, sometimes only once or twice a day," he said in an article in the South African Medical Journal.

"This seems to be a clear indication for a nutrition programme."

Dr Ijsselmuiden surveyed 658 children in 1982 during a mass vaccination campaign when Gazankulu was struck by a polio epidemic.

"The presence of a clinic in a village seems to have had no influence on the percentage of underweight children," he said

Nobody to KO Gary the Goat

Own Correspondent

PLETTENBERG BAY — Gary the Goat from George, who injured his back in a mating duel, is being treated by a chiropractor.

Gary's problem started two months ago when he lost a fight with another goat. He also lost the use of his hind legs and anal and bladder control. When vets were unable to treat him, he was taken to a chiropractor, who found that if Gary's back was not treated he would never walk again.

Gary needed an anaesthetic so that his spine could be manipulated — but nobody in George qualified to administer an anaesthetic would give him drugs on the grounds that it was unethical.

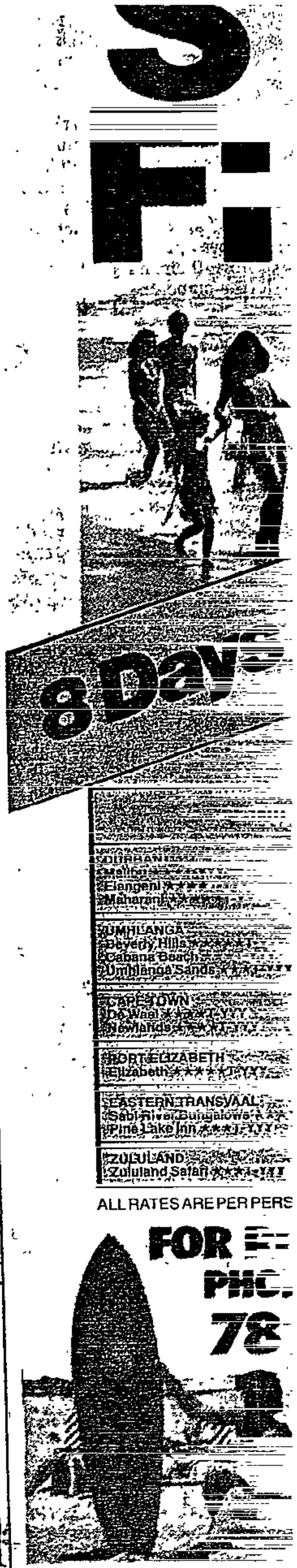
The chiropractor, who asked not to be named, tried chloroform and ether but neither was strong enough to subdue Gary, a strong angora goat.

Now Gary is back on his owner's farm, waiting for treatment which might never come.

Gary was X-rayed and it was established that he had a compression fracture. The chiropractor decided to manipulate.

Gary was put on an old couch for his first treatment, which restored the animal's anal and bladder control. But the chiropractor could not work on Gary's back while he remained awake.

"He is a big animal. With those horns I'm not prepared to work on him if he is not anaesthetised," said the chiropractor.



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Numbers of starving children soar

Staff Reporter

IN Natal alone, the number of schoolchildren urgently needing food in Operation Hunger's drought relief programme had risen this year from 80 000 to 140 000, Mrs Ina Perlman, the scheme's national director, said in Cape Town yesterday.

Addressing a meeting at the offices of the Institute of Race Relations, Mrs Perlman said hopes that the focus of the operation could be altered this year from "crisis intervention" feeding schemes to a programme with longer-term objectives had been dashed by three factors.

Crops failed

● The planting rains which had been expected to continue did not do so and crops which were to have been harvested this month had failed.

● Hopes of stable employment in the urban sector had proved unfounded and the "massive retrenchments" of migrant workers had seriously compounded the effects of the drought on rural families.

● Most recently, the ability of the white farming sector to survive the drought had been shown to be collapsing. When white farmers abandoned their farms, whole families dependent on farm workers were rendered homeless and without any means of subsistance.

In rural black areas resources had been completely depleted.

It had been calculated that a cash flow of R100 000 would be needed every month until the end of this year to assist the victims of the Natal floods alone, said Mrs Perlman.

A calculation of the assistance known to be needed at this stage for Operation Hunger's programmes for the year totalled R5-million.

School feeding, which had been proved to make a marked difference to the overall health of children as well as to their performance at school, was considered by Operation Hunger to be an essential long-term programme which was not mere crisis intervention, said Mrs Perlman.

'Stunted'

"A very large percentage of rural children in South Africa grow up physically and mentally stunted, incapable of making the contribution so desperately needed from them."

If funding became available, Operation Hunger was looking at funding and subsidizing pre-primary and primary school feeding schemes, the provision of water and the funding of self-help projects.

Mrs Perlman said support for Operation Hunger from ordinary people had been "incredible". About 70 percent of all cash received had been in donations of less than R20 from individuals.

Many Ciskeians undernourished

By Pamela Kleinot,
Medical Reporter

Researchers have called for improvements in Ciskei's nutritional situation after a survey found a high incidence of malnutrition and mineral deficiency.

The study found that 62 percent of schoolchildren did not meet the World Health Organisation nutritional standards.

But lactating (breast-feeding) women were the most poorly nourished of the groups studied, according to an article in the South African Medical Journal.

Many of the 750 people surveyed had vitamin and mineral deficiences, which was the result of a predominantly maize diet.

Nutrient intake — based on WHO standards — was assessed by means of a 24-hour recall of food intake and a diet history recorded among children aged six to 23 months, two to three years, seven to eight years and among lactating women.

The major findings of the study were:

- That inadequate energy intake was especially high among children aged seven to eight.
- Protein represented 11 percent of total energy intake for all age groups, but was mainly of low quality.
- Calcium and iron intakes were low in all age groups, especially among women who were breast-feeding.
- The vitamin in which the groups were most deficient was nicotinic acid, followed by riboflavin (both of the vitamin B group) and ascorbic acid (vitamin C).

The researchers recommended that more food be given to all children to provide an adequate energy intake and the second priority was for a greater variety of food to be given to these children to complement their predominantly maize diet.

Cape Times 13/4/84

Blow to feeding scheme

Staff Reporter

USING eggs as vital protein, Cape Town's Peninsula School Feeding Scheme helps keep nearly 127 000 underprivileged Cape children alive. In June the egg supply will dry up.

The giant egg wholesaler who supplies the scheme's 56 352 eggs a week at a large discount says he can no longer afford to do it — and will cut off the supply in mid-June.

"It is a really heavy blow to us at this time," said scheme organizer Mr Norman Freeman.

He was paying 80 cents a dozen for hard-boiled eggs. Last week, however, the price was raised to 90 cents.

R1 a dozen

"I asked them to reconsider, and they came back and said they would only supply until the end of the quarter, and at R1 a dozen," Mr Freeman said.

The Peninsula School Feeding Scheme, which was started in 1958, has been using eggs as its main source of protein since 1981.

"We used to use skim milk for protein, but that became too expensive and we turned to eggs during the huge egg surplus three years ago."

The scheme feeds almost 127 000 coloured and black children each day in schools around the Peninsula, providing food only where there is a high incidence of malnutrition.

The meals of soup, bread and jam and hard-boiled eggs are designed to provide a third of the child's daily requirements — and for many of the children it is the only food they see all day.

"Our prices have gone up monstrously since 1981, even though there has been very little increase in the number of our children," said Mr Freeman.

"The cost has gone up from just under R321 000 in 1981 to some R417 500 last year."

Dr E Brock, head of the company which has supplied the eggs over the past three years, said eggs were being supplied to the scheme at more than a 30 percent discount and that his company could no longer sustain this loss.

"It's not because we don't want to," he told the Cape Times yesterday, "but we must supply at some market-related price

Alternative

"We have also lost our boiling facility at Kuilsriver so we can no longer boil the eggs."

Mr Freeman said that a sub-committee had now been formed to find an alternative source of protein, possibly skim milk powder, of which there was a surplus.

"We will just have to do some hard praying," he said "I firmly believe that God will provide some sort of solution. I cannot see Him allowing these children to starve."

National j

THE winners of the Stellenbosch Farmers' Winery national awards for enterprising journalism were announced in Cape Town yesterday by the chairman of the panel of judges, Mr Joel Mervis.

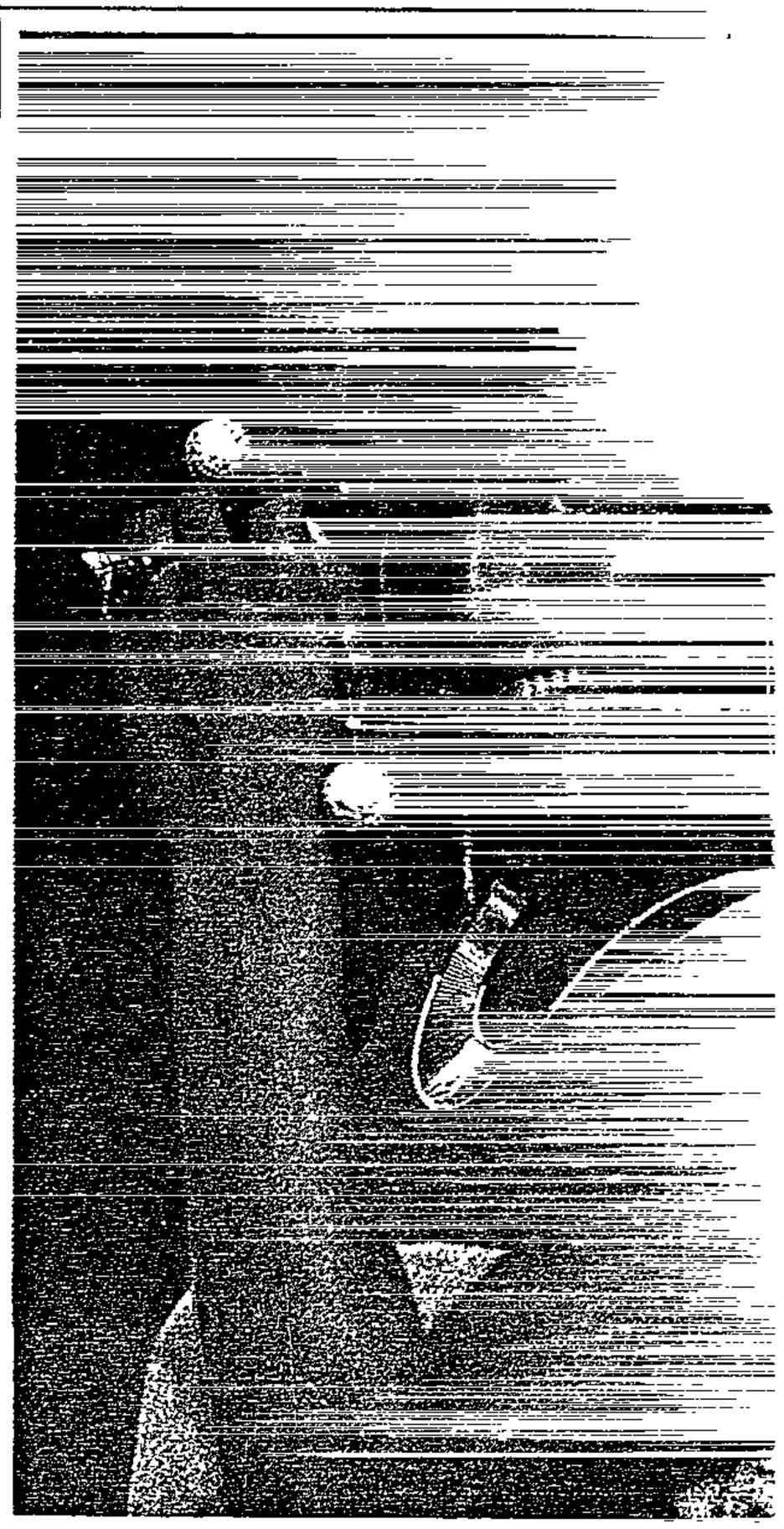
The awards — this year judged on work published before January 1 — carry a total prize money of R13 500.

The award for the best investigative reporting under pressure of time or circumstance went to Martin Welz, of the Sunday Express, for his entry, The Medical Scandal, a series of articles on irregu-

lar mark[illegible] pharmaceut[illegible]

The prize porting in [illegible] went to Mar[illegible] vince Herm[illegible] Killer Boy, violence [illegible] old murder[illegible]

The se[illegible] nalism was Frontline, tragedy [illegible]



A model shows off some of the jewellery in th[illegible] tional Collection which is made up of 24 pi[illegible] The collection will be on show at a City jewe[illegible] Thursday and Friday.

Boardsailing champs

Staff Reporter

A TOP-rated Western Province boardsailing contingent leaves today for this weekend's Dufour Wing National Championships in Port Elizabeth, where they are expected to sweep the board.

The team includes some of the country's best boardsailors, such as last years' light-

Greg Prescott, Linda Davey, Janine Lucas, Nicola Prescott and 14-year-old Peter Slate.

More than 100 boardsailors from all four provinces are expected to take part in the event, which will be sailed off Kings Beach over three days.

The regatta will act as a qualifier for the International Hook-In and Hold-On (Hi-Ho) series

Two Persian rug[illegible]

Crime Reporter

TWO Persian rugs, together worth R45 000, were stolen from the walls of a Gardens house when thieves broke into the home early yesterday.

Mr R G Westphal, of Glenville Street, returned home at 3.30am to find that the [illegible]

leaf pattern. It fawn-coloured The other car[illegible] Bokhara with black design.

Mr Westphal canvas strips

Shock figures in food study

CAPE TIMES 13/4/84

90

By RIAAN DE VILLIERS
Labour Reporter

ABOUT a third of all black, coloured and Asian children in South Africa and surrounding territories below the age of 14 are underweight and stunted for their age — increasing to 70 percent or more in certain areas.

These are among findings on child malnutrition by Professor John Hansen of the University of the Witwatersrand to be presented to the Carnegie conference which opens in Cape Town tonight

Professor Hanson reports that figures on malnutrition among schoolchildren from multiple published studies from 1970 to 1983 are "remarkably similiar" to those obtained in an official survey conducted by the Department of Health and Welfare in 1980 and 1981.

"From all these sources it can be said that approximately a third of black, coloured and Asian children below the age of 14 years are underweight and stunted for their age," he says.

In some areas, such as parts of Ciskei, the situation was worse — rising to 70 percent or more.

In other areas, particularly Cape Town and Soweto, the underweight figures and mortality rate have shown "improvement", he says.

Dr Hansen quotes figures indicating that the death rate of young coloured and black children due to nutritional diseases have been 31 times as high as that of whites in recent years.

● More reports, page 2

RDM 13/4/84 (90)

SA faces high malnutrition, says top probe

Political Staff

CAPE TOWN. — More than 50 000 black children died from nutritional diseases in 1970 and 6 005 of these deaths were due to severe forms of malnutrition, Professor John Hansen of the University of the Witwatersrand has found.

He estimated that "approximately a third of black, coloured and Asian children below the age of 14 years are underweight and stunted".

And he concluded that the death rate for black children from nutritional diseases was 31 times as high as that for white children.

Prof Hansen's study on the child malnutrition in South Africa has been prepared for the Second Carnegie Inquiry into Poverty and Development in South Africa which is to be opened tonight.

Some 275 papers are to be delivered at the conference and the inquiry is regarded as the biggest social science research project ever undertaken in South Africa.

Prof Hansen, of the Department of Paediatrics and Child Health at the University of the Witwatersrand, said that in South Africa and the surrounding territories it was apparent that a problem of malnutrition in children did exist.

In some areas, such as parts of the Ciskei and Chatsworth in Durban, 'the situation is worse (rising to 60-70 percent or more).

"In other areas, particularly in Cape Town and Soweto the figures for underweight, mortality rate and hospital admissions have shown great improvement in recent years.

"This latter improvement can probably be linked to better socio-economic conditions.

Malnutrition in children had serious effects among children under six year old. It was in this group that hospital admissions for severe kwashiorkor and marasmus occured.

"The prevalence of these severe forms of malnutration may be as high as 3% of the preschool population in the rural areas, leading to a high admission rate to hospital of these cases — in KwaZulu and Lebowa between 5 and 31% of admissions

Research attempts to link malnutrition to environment and socio-economic factors had been made and it was apparent that "lack of cash income" was the most important factor.

"In KwaZulu and other rural areas, poor education of mother, lack of dietary understanding, non-availability of protective foods were additional factors, which probably have universal application

"In broken families where mother is the chief breadwinner there is more malnutrition

"Family size (excess numbers of children) is a factor in the towns but neither family size or migrant labour appears to be important in rural areas," Prof Hansen said.

He suggested that "improvement of the socio-economic status of underprivileged sections of the population", better organisation of health services to ensure monitoring of growth of preschool and school children, the provision of comprehensive service and food supplements should become policy priorities.

"There are indications that well organised health services can ameliorate the problem to some extent but educational and economic uplift is the long-term solution," he said.

Prof Hansen warned however that the overall situation with regard to child malnutrition was unsatisfactory and many lives would be lost before general economic and educational uplift was sufficient to overcome the problem.

SECOND CARNEGIE INQUIRY INTO POVERTY

Bid to save Cape children, mothers

W/LEADER 14/4/86

Reports by DAVID BRIER
Weekend Argus Staff

AN extended scheme to supplement the food of mothers and children in the Cape has been proposed by Dr L R Tibbit, the Medical Officer of Health of the Cape Divisional Council.

In a paper presented to the second Carnegie inquiry into poverty and development in Southern Africa, Dr Tibbit proposes extended food supplements to both pre-school and schoolchildren, as well as to mothers.

The paper — written with Mr Michael Rip of the Department of Community Health of the University of Cape Town Medical School — reports low birth-weights and high infant mortality rates for coloured babies in the Peninsula.

In 1982, 68,4 percent of infant mortalities took place among coloured people, 26,1 among African people and only 5,5 percent among whites in the area studied by the Divisional Council.

Increasing mortality

Infant mortality among coloured people has shown signs of increasing, while the rate for whites and Africans is dropping.

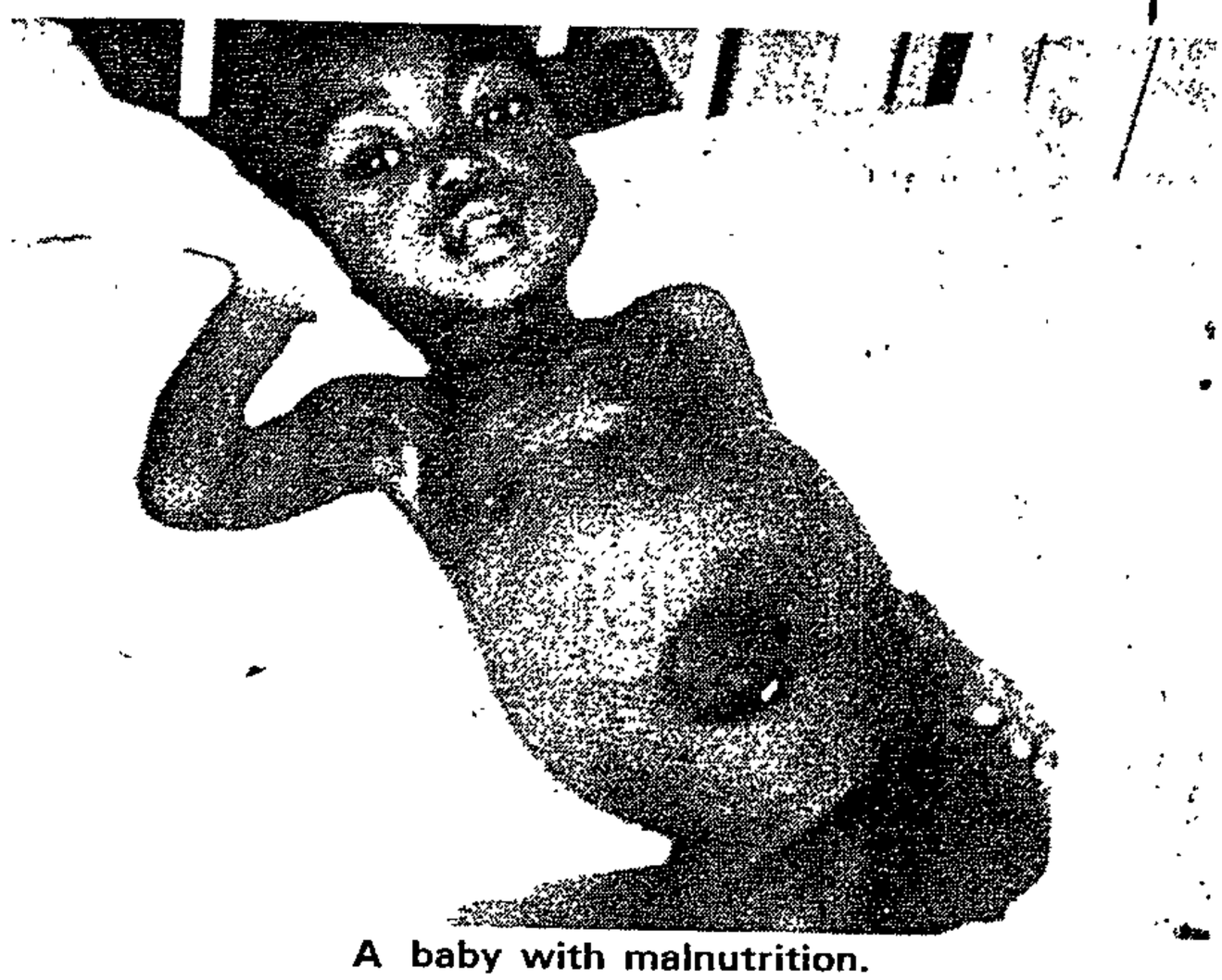
The paper shows a clear connection between low birth-weights and infant deaths.

Dr Tibbit reported that as many as a third of people born underweight due to maternal undernutrition, alcohol intake and smoking, never reach intellectual maturity.

They lack will

"This leads to the fact that they often do not have the intelligence to succeed at work later in their lives, lack the will and physical strength to win and tend to live desultory lives.

"This again leads to alcoholism and poor nutrition, which interferes with their chances of ever leading a productive life," he added.



A baby with malnutrition.

Scurvy lives on . . .

IT was incredible that a disease such as scurvy should still occur in Cape Town, Dr Stuart Saunders, vice-chancellor of the University of Cape Town, said in the city last night.

He was opening the inquiry into poverty.

Dr Saunders said he had seen children die of kwashiorkor and marasmus in Cape Town. He had seen children whose physical and intellectual development had been impeded by lack of essential nutrients.

"I have had a patient who packed apples on an apple farm and contracted scurvy. When I asked him how it was that he did not eat the apples which would have prevented him from getting scurvy, he told me the apples were for the white man.

"It is incredible that scurvy should still occur in Cape Town, a city founded to provide the fresh fruit and vegetables to prevent it," he said.

Dr Saunders said he had seen people in the city with beri-beri and pellagra.

"Every week I see the ravages of tuberculosis, which is sweeping through the rural areas and the overcrowded poor urban areas of this country like an epidemic.

"It is a preventable disease and its frightening incidence in South African blacks is a serious reflection on us all."

The dominant cause was not the tubercle bacillus, but poverty, he added.

"I have seen typhoid and amoebiasis in Cape Town, largely and almost exclusively among those people who do not have access to water from a tap, but very rarely among the citizens of Bishopscourt or Rondebosch."

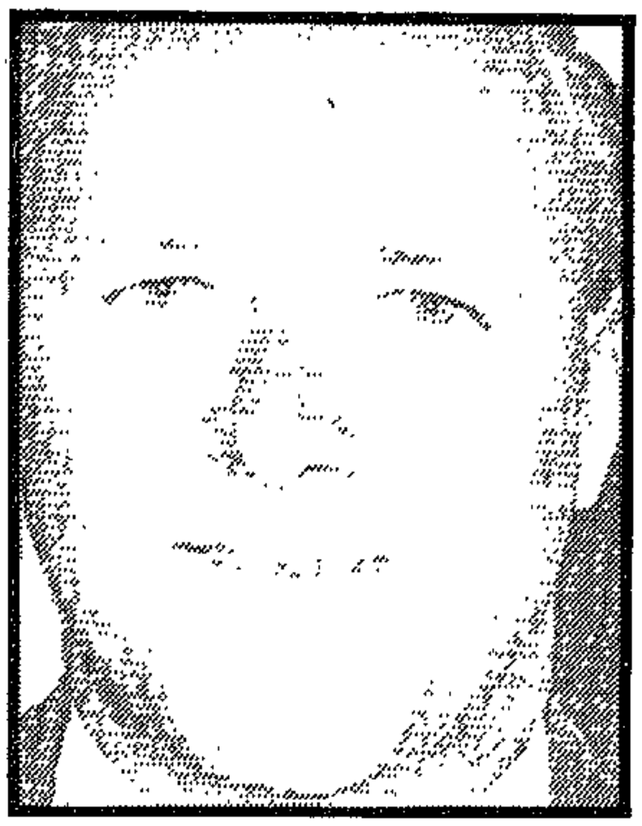
Malnutrition and illness are rampant on Cape Town's doorstep — UCT principal

THE principal of the University of Cape Town, Dr Stuart Saunders, told this week how he learned from bitter personal experience that justice for the poor was sometimes difficult to obtain.

In his moving opening address at the Carnegie conference on poverty, he described a case in a country town in which a farm labourer's son was allegedly thrown through the plate glass window of a shop because he refused to take orders from a farmer's son.

"In investigating to try to get justice for the young boy and his parents, I discovered that he attended the farm school on the farm of his alleged assailant and that if any charge was laid, not only would he probably lose his opportunity to go to that school, but the whole family could lose their only source of livelihood."

Dr Saunders also told the large gathering of local and overseas academics how his life as a physician and educator had coloured his perception of poverty.



Dr Stuart Saunders ... *Ills of the poor reflect society's sickness.*

By Tony Spencer-Smith

"As a doctor I have seen children die of kwashiorkor and marasmus in this city.

"I have seen children whose physical and intellectual development has been impeded by lack of essential nutrients.

"I have had a patient who packed apples on an apple farm and contracted scurvy; when I asked him how it was that he did not eat the apples which would have prevented him from getting scurvy, he told me that the apples were for the white man!

"It is incredible that scurvy should still occur in Cape Town, a city founded to provide the fresh fruit and vegetables to prevent it.

"I have seen human beings suffering from beriberi and pellagra in this city. Every week I see the ravages of tuberculosis, which is sweeping through the rural areas and the overcrowded poor urban areas of this country like an epidemic.

"It is a preventable disease and its frightening incidence in South African blacks is a serious reflection on us all.

"The dominant etiological factor is not the tubercle bacillus. It is poverty.

"I have seen typhoid and amoebiasis in Cape Town, largely and almost exclusively among those people who do not have access to water from a tap, and very rarely indeed among the citizens of Bishopscourt or Rondebosch.

"In a summary of one of the papers, Stone describes how in the Ciskei 90 percent of a particular community get their water from open sources shared by livestock.

"I have taken part in the exercises of curative medicine which have cured people of tuberculosis, amoebiasis and typhoid and have returned them to poverty, overcrowding and malnutrition which were the primary causes of their illness in the first place.

"I use sophisticated 20th century technology to locate amoebic liver abscesses and expensive drugs to treat these diseases, all of which are preventable.

"It is not only the patients who are sick, but our society as well."

Dr Saunders said that, as an educator, he had seen the effects of deprivation and poverty on scholars who had been forced to go to grossly inadequate schools and therefore had enormous problems in realising their potential.

He quoted pathetic, desperate letters to the African Scholars' Fund from black pupils who needed bursaries so they could continue at school despite terrible odds.

One of the letters reads: "In connection with my mid-year progress. As a lodging family we are still having a problem of accommodation.

"About March current of this year we moved from shack No 1722 to look for someone else who can be willing to accommodate a family of four members.

"It could last for one month, and since May we are living in the plastic shelters, which are being demolished by the inspectors every morning, and rebuilding is to be done every evening in order to have a shelter over our heads for the night.

"If you can see the conditions of living in a shelter you can imagine how difficult it is to study. I solemnly promise that I will study hard, perhaps in one of the libraries in order to achieve better results for the November exams.

Dr Saunders said it had always struck him as cruel that the poor had to buy what furniture they could afford on hire purchase, while the rich got special prices for cash, wholesale and discount.

"I would not pretend that there are easy answers to the problems of poverty.

"But I do believe that the issues need to be faced squarely and the facts need to be available to government and to society at large.

"We will then find it more difficult to escape the responsibility of addressing the problem. Perhaps then the price of essential foodstuffs will not rise so rapidly and so readily as has been the case in the recent past."

Feeding association to lose boiled egg supply

Staff Reporter

CITY

THE Peninsula School Feeding Association which provides daily meals for about 127 000 needy schoolchildren is to lose its boiled egg supply from mid-June.

The association's organiser, Mr Norman Freeman, said its supplier of boiled eggs would cut off supplies to the association from mid-June.

Until then the price will increase by 25 percent to R1 a dozen.

The association buys 56 352 eggs a week.

Boiled eggs were a "very important" part of the diet the association fed the schoolchildren, Mr Freeman said. "It is the highest source of protein we have."

An egg producer had supplied the association with boiled eggs since 1981, Mr Freeman said.

"First of all we were paying 80c a dozen. The price recently rose to 90c a dozen."

The suppliers were asked to do another costing because the price was too high for the association, Mr Freeman said.

They had come back and said they wanted to stop supplying eggs to the association at the end of the June school term and that they wanted R1 a dozen until then.

Mr Freeman said a sub-committee was looking into the situation.

Dr E Brock, a director and area manager of the company, said eggs had been supplied at a discount. They would now be supplied at cost.

The area where the eggs were being boiled had been refurbished and the State veterinarian would not allow the boiling unit to continue operating there.

Mr Freeman said the schoolchildren were fed eggs on a cyclical basis. They also received soup and bread with spreads.

"Recently there have been reports of a large surplus of skim milk powder, which we want to look into," Mr Freeman said.

The associaton had previously used fresh skim milk — "but it priced itself out of the market".

SOWETAN, Monday, April 16, 1984

CARNEGIE CONFERENCE

Overweight and stunted kids

MORE than 70 percent of children in some parts of South Africa and Ciskei are underweight and stunted for their age, a survey on child malnutrition has found.

The study was done for the Carnegie Inquiry into Poverty by Professor John Hansen of the Department of Paediatrics and Child Health at the University of the Witwatersrand Medical School.

He found that about a third of African, coloured and Indian children below the age of 14 in South Africa and surrounding territories, were underweight and stunted for their age.

"In some areas, for example parts of the Ciskei and Chatsworth in Durban, the situation is worse, rising to 60 to 70 percent or more," he said.

But in other areas, particularly in Cape Town and Soweto, admissions had dropped in recent years.

He found the incidence of nutritional disease and mortality among African and coloured children was 31 times as high as the figure for whites.

"There are indications that well-organised health services can ameliorate the problem to some extent, but educational and economic uplift is the long-term solution," he concluded.

In another paper, Dr Karel Ijsselmuidei, medical officer of Elim Hospital in Gazankulu, proposes that there should be compulsory notification of all cases of clinical malnutrition for all population groups at national level.

At regional or "homeland" level, malnutrition must become a top priority and a nutrition policy must be developed.

EDUCATION FOR JUSTICE

Paddy Kearney

How can the Doors of Learning and Culture be open to all? The Freedom Charter defines the goal of a just education system in this way: "The Doors of Learning and Culture shall be opened to all." The aim of this paper will be to look at each part of that a

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BY THE very nature of its terms of reference, the Carnegie Inquiry into Poverty and Development in South Africa gave promise of a sobering assessment of the country's physical and economic state of health, and the second such conference in Cape Town at the weekend duly revealed some alarming deficiencies in the nation's well-being.

It found, for example, that while there had been widespread and substantial improvement in incomes in the homelands in the past 24 years, there had also been a rise in the proportion of households receiving no income at all. Nearly 20 percent of families had achieved the *minimum living level* in 1980 as against virtually none in 1960, but the other side of the coin is that increasing landlessness, a declining proportion of the homelands population working in agriculture and increasing unemployment had brought about an increase in non-earners.

Equally disturbing is the finding that nearly one in three black, coloured and Indian children under 14 in this country and surrounding territories are underweight and stunted for their age. In Chatsworth, right on Durban's doorstep, and in Ciskei, as much as 70 percent of the under 14s are undernourished, and of the 50 000 black children who died from nutritional diseases in a 12-month period, more than 6 000 suffered from severe forms of malnutrition.

Compounding the problem, according to another paper, 'tis South Africa's health structure, which is 'fragmented and poorly distributed in relation to needs'. The urban and largely white section of the population enjoyed a First World health system while the homelands and black rural areas had a Third World structure with only 5,5 percent of the country's doctors ministering to the needs of half the total population.

There are no instant solutions for ills whose roots run deep, and one of the tragic ironies is that South Africa is one of the few countries in the world, and almost certainly the only one on the sub-continent, that produces more than enough food for its own needs. Education, better food, improved socio-economic conditions and a realistic attempt to curb the birth rate would all help, but clearly there is an urgent need for the Government to reassess its health care system.

More facilities for the training of black doctors and more effective health care in the rural areas are an absolute priority if the country is to reduce significantly a black child death rate which is 31 times higher than that of white children.

The Natal Mercury
MONDAY, APRIL 16, 1984

SOBER STATISTICS

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

(1) (a)

Year	*Bad debt written off*	*Total debt owing*	*Bad debt as % of total debt*
1980/81	R 66 802	R10 475 000	0,64%
1981/82	R 28 439	R18 525 641	0,15%
1982/83	R299 842	R24 309 551	1,23%
1983/84	R466 139	R38 238 014	1,22%

(1) (b) The following number of industrialists were recruited in co-operation with the Economic Development Corporation. Not all of the industrialists were established in Lebowa as some did not comply with the requirements:

1980/81—Nil
1981/82—Nil
1982/83—6
1983/84—2

(1) (c) The following number of industrialists were established with the aid of overseas capital:

1980/81—Nil
1981/82—Nil
1982/83—Nil
1983/84—2 (R290 000)

Two overseas industrialists are at present establishing industries and will invest, according to estimates, approximately R780 000 in foreign capital.

Foreign industrialists who were established in Lebowa before 1980/81 in the past four financial years invested a further R7 million in foreign capital in Lebowa.

(2) *1980/81*

27/08/80	Tsutsumetse School	R50
18/09/80	Setotolwane Training Centre	R867
26/09/80	University of the North	R10 000
11/02/81	Mayor's Disaster Fund	R5 000

1981/82

01/09/81	Helen Franz School	R100
01/09/81	Lebowa Mental Health Society	R500
24/08/81	Seshego Coral Choir	R100
09/06/81	University of the North	R10 000
29/10/81	Setotolwane Training Centre	R1 000
21/05/81	Lebowa Chamber of Commerce	R250

1982/83

22/07/82	Lebowa Chamber of Commerce	R545
01/10/82	Lebowa Chamber of Commerce	R2 500
16/02/83	Lebowa Chamber of Commerce	R2 500
12/01/83	University of the North	R10 000

1983/84

24/06/83	S S Selemela (Funeral)	R100
24/06/83	Lebowa Chamber of Commerce	R2 500
17/06/83	Commerce Students Council	R100
01/07/83	Lebowa Chamber of Commerce	R2 500
19/07/83	Mrs Ratale (Funeral)	R100
02/09/83	Lebowa Chamber of Commerce	R2 500
01/12/83	University of the North	R10 000
09/02/84	Lebowa Chamber of Commerce	R2 500

Over and above the above donations the following sums were paid to the Lebowa Government. These sums denote 50% of the nett profit of the Lebowa Development Corporation's Beer Section. These donations are in lieu of income tax that the Beer Section would have had to pay had it been a company or other taxable body. These payments are earmarked specifically to be spent on infrastructure in towns *pro rata* to their contributions to the profit.

1980/81—R185 962
1981/82—R140 058
1982/83—R171 041
1983/84—R219 211

Kwashiorkor/marasmus

851. Dr M S BARNARD asked the Minister of Health and Welfare:

How many patients suffering from (a) kwashiorkor and (b) marasmus were admitted to hospitals in South Africa in 1981, 1982 and 1983, respectively?

The MINISTER OF HEALTH AND WELFARE:

(a) Unknown;

(b) Unknown;
these diseases are dealt with at provincial and other hospitals, not under the jurisdiction of this Department.

Lung cancer

852. Dr M S BARNARD asked the Minister of Health and Welfare:

How many persons in each race group died of lung cancer during the latest specified period of 12 months for which figures are available?

The MINISTER OF HEALTH AND WELFARE:

Whites—368
Coloureds—290
Asians—2
Blacks—123

THURSDAY, 3 MAY 1984

†Indicates translated version.

For written reply:

Adult education: centres

504. Mr K M ANDREW asked the Minister of Education and Training:

Whether any centres for adult education (a) administered and (b) subsidized by his Department were closed in 1982, 1983 and 1984, respectively; if so, (i) which centres, (ii) on what date in each case and (iii) how many students (aa) attended each such centre in each of these years and (bb) were attending it when it was closed?

The MINISTER OF EDUCATION AND TRAINING:

No centres administered and subsidized were closed by the Department. Classes were discontinued at certain centres where

Dumping of citrus fruit is 'a crime against the poor and needy' — MP

ARGUS 12/5/84

Political Staff

THE dumping of tons of citrus fruit in Durban has been strongly condemned and the matter is to be raised in Parliament.

The dumping of the contents of two 8 sq m hoppers every day for the past two weeks by the Citrus Board follows on the controversy earlier this year when the Dairy Board poured 250 000 litres of skimmed milk down the drains in Pietermaritzburg.

Mr Errol Moorcroft, Progressive Federal Party agricultural spokesman, said yesterday: "We condemn this action unreservedly.

"The wanton destruction of food of any kind is a crime against humanity because it is a crime against the poor and needy."

Mr Ralph Hardingham, New Republic Party agricultural spokesman, said: "The dumping of foods in a country like South Africa is an absolute disgrace.

"We have the consumer demand which would readily absorb most, if not all of our surplus agricultural products".

Mr Moorcroft said he would put questions to the Minister of Agriculture, Mr Greyling Wentzel, on the order paper in Parliament, and would raise the issue with him.

The Minister was not available for comment today.

Mr Hardingham hopes consumer organisers "will take immediate steps to liaise with the marketing boards to ensure no further dumping of any produce takes place, and that a method will be found to distribute surplus foods".

DFM Times 12/5/84

MPC calls for aid to combat malnutrition

Staff Reporter

THE AVERAGE daily cost of a provincial hospital bed rose from R12,06 to R46,80 between 1973 and 1983 and the co-operation of everyone was needed to help authorities keep pace with inflation, an executive member of the Provincial Council, Mr P J Loubser, said this week.

Speaking at the opening of R2,7 million worth of extensions to the Postmasburg Hospital, Mr Loubser appealed to the local community to co-operate in family planning and in combating malnutrition.

Devoting much of his speech to malnutrition and its effects on the manpower potential of countries, Mr Loubser said that residents of countries affected by malnutrition were often accused of being "lazy" and lacking in initiative.

However, research had shown that these traits were largely due to protein deficiencies in early childhood.

A long-term study among malnutritive and protein-deficient patients in Chile had shown that although the patients outgrew the symptoms, their intelligence quotients had been noticeably below-average.

"We all have a heavy responsibility in this regard — someone once said that to get your priorities right one had to compare daily hospital costs of malnutritive patients with the price of a bag of mealies."

It was clear, Mr Loubser said, that this health problem could not only be cured by medical "miracles", but that political and economic involvement was equally important.

Extensions to the Postmasburg hospital include 43 additional beds for blacks, a new X-ray department, enlargement of administrative accommodation, a new mortuary and extensions to the black nurses' dining room.

Crossroads probe: State to act on health hazard

ARGUS Cape Town 23/5/84

Staff Reporters

THE Department of Health is to investigate the hazardous health conditions at Crossroads with a view to deciding what State help can be given.

The Minister of Co-operation and Development, Dr Piet Koornhof, said today he had asked the Health Department to go into the matter.

He said his department was extremely worried about the present situation there and was in favour of everything possible being done to ward off a bad situation.

Earlier the Medical Officer of Health for the Cape Divisional Council, Dr L R Tibbit, had warned that the health situation at Crossroads was "potentially dangerous" to all the people of Cape Town.

Immunisation campaign

Dr Tibbit recommended that the population of Crossroads be drastically reduced if the city was to avoid possible outbreaks of cholera and typhoid.

While the council had not detected any cases of cholera in the camp, it had traced seven cases of typhoid — four of them in a small area of inter-related shacks.

An immunisation campaign was launched two weeks ago and 1 000 people in a particular area of Crossroads were immunised.

"We do not get typhoid in Cape Town. It is unusual and a serious matter."

Dr Tibbit said that cholera was the fastest-spreading of diseases and could get out of control within weeks if it reached Crossroads.

"This has not happened, but we would like to prevent it by getting people out of Crossroads.

"I do not control the housing situation in Crossroads. I am under contract to provide a preventive and promotional health service in the area. But the housing and sanitation are far below standard and potentially dangerous to all the people of Cape Town. I recommend that the population of Crossroads be drastically reduced."

He said that while he could foresee cholera coming to Cape Town, there was nothing more he could do as conditions in Crossroads made even the placing of additional pail toilets difficult. There was no room and lorries could not reach the pails to clear them out.

"The people must be moved out, density and overcrowding renders it impossible to do any more."

The overcrowding and poor sanitation at Crossroads had also led to "out of control" tuberculosis, gastro-enteritis and pneumonia.

"I believe the development of Khayelitsha along the lines of aided self-help housing is acceptable," he said. There would be less overcrowding because there would be more houses and more space.

A doctor at Empilisweni clinic in Crossroads today criticised Dr Tibbit's statements as "grossly unfair and sweeping, calculated to scare people".

"We don't see any cholera here and there are a few cases of typhoid. But staff do believe that Dr Tibbit has not touched on the true health problem of Crossroads — tuberculosis — which is, in fact, the duty of the Divisional Council to curb."

The doctor disagreed with the statements and said staff would meet later today to discuss a response.

● Dr Ivan Toms, who is also on the clinic staff, said: "In a community of 50 000 people an average of 12 cases of measles a month is not very bad. TB is out of control, not because of Crossroads housing but because of the apartheid system.

"Cholera is unlikely to cause a problem because we have a

(Turn to Page 2, col 10)

ARGUS 23/5/84

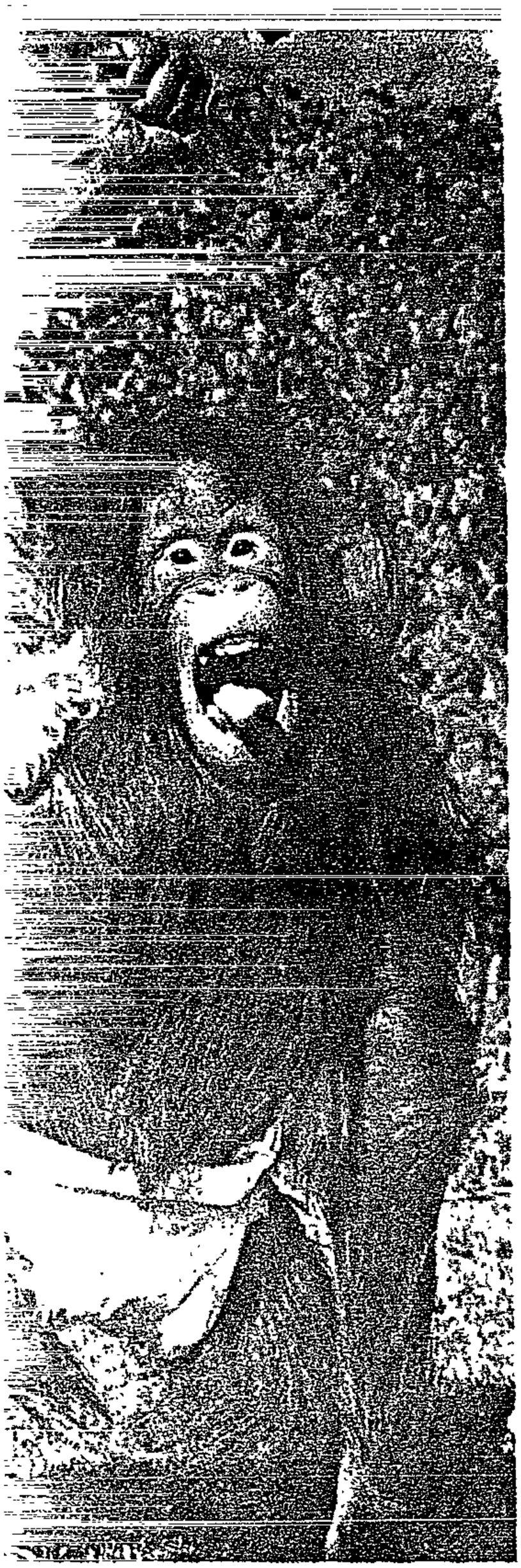
Warning on health

Cont from Page 1

clean water supply from the municipality and cholera is water-borne.

"And how can moving Crossroads residents to Khayelitsha stop the flow of people from the Transkei and Ciskei? When people are starving in the homelands they will come to the city.

"There is very little scientific information which links housing to health issues unless it's overcrowding. According to a study done for the Carnegie inquiry into poverty there are on average 13 people in ev-



...rds at a recent dog show in Johannes-...g star Boomer. His orang-utan friend is ...vie being made in South Africa.

Many attend Norval service

Chief Reporter

A LARGE number of friends and professional colleagues joined the family at a memorial service for Mr Ronald Norval, Senior Assistant Editor of the Cape Times, at St Michael's Church, Rondebosch, yesterday.

Mr Norval died at his home in Kenilworth last Friday after an illness, aged 58 He had been on the editorial staff of the Cape Times for 37 years

Mr Colin Eglin, MP, who spoke at the service, said he had first befriended Mr Norval when they were schoolboys at Pinelands, and over the years he had come to know him as one who had subscribed to and upheld the highest professional standards, and also as one who could not abide pomposity.

'Conservative liberal'

He had seen Mr Norval as "a conservative liberal" who had made his imprint on the Cape Times, which he had served with distinction. "In fact much of the character of the Cape Times can be attributed to the character of Ronnie Norval."

Mr Eglin also paid tribute to Mr Norval's efforts over the years in the cause of conservation, "and to improving the quality of life of people in this area".

Mr Gerald Shaw, Chief Assistant Editor of the Cape Times, read a message from the Editor, Mr A H Heard, who is in Taiwan. In this, Mr Heard said Mr Norval had over the years been involved in every major editorial development at the Cape Times.

"We have lost a very dear colleague, a wise and balanced counsellor, and a loyal friend. His passing is a great loss not only to this newspaper but indeed to the community of the Cape, which Ronnie served as a journalist of distinction and integrity."

Cholera warning for City

By DI CASSERE

THE City of Cape Town could face outbreaks of diseases such as cholera and typhoid fever unless overcrowded conditions and poor sanitation at Crossroads were relieved, the Medical Officer of Health for the Cape Divisional Council, Dr L R Tibbit, said yesterday.

The Combined Health Control Scheme of the Divisional Council treated 100 000 people last year at Crossroads, as opposed to 73 668 in 1982.

"The incidence of typhoid fever has escalated in the past few months and we have undertaken massive immunisation campaigns," said Dr Tibbit.

"Measles notifications in 1982 were 290 for the whole scheme, all races, and of these 175 were from the black population. Last year the corresponding figures were 337 and 186.

"Again we had to do repeated innoculation campaigns to avoid the same situation that pertained in the recent Port Elizabeth epidemic which caused many deaths."

Cholera, possibly the fastest-spreading disease, was "knocking on our door", according to Dr Tibbit.

"The portal of entry of cholera which is expected to arrive from the north is extremely likely to be through Crossroads because of the tremendous influx of people from the homelands. If this occurred, it would be a major health hazard for the City of Cape Town."

Dr Tibbit said that the development of Khayelitsha was an acceptable way of coming to grips with the public health and housing problems.

He said homes at Khayelitsha would have proper sanitation and water-borne sewerage. Three to four combined day hospitals and local health clinics would be built.

"There are about 8 000 black families waiting for homes, and the Crossroads area could only provide for about 1 000. Khayelitsha will be able to provide 5 000 homes by the end of this year alone

"I'm worried, really worried, about the overcrowding and lack of water and sanitation at Crossroads. I think the situation has gone too far, as there has been even more crowding recently.

"I am concerned purely with the human angle, the health aspect and the sheer discomfort in which those people live," Dr Tibbit said

Dr Reg Coogan, Medical Officer of Health for Cape Town, said:

"We rely entirely on Dr Tibbit for information on conditions at Crossroads. These latest figures sound alarming, but there has not yet been any spillover into Cape Town.

"We have had a couple of cases of typhoid this year, but those were imported. For the past four or five years we have had an intensive campaign against measles, with about 36 000 doses of vaccine being given a year. This has been very successful and we have had very few cases.

"Of course we will be keeping a close watch on the situation."

Teleletters

...UGBY, rebates and ...he recent weather ...re the main topics ...ised by Teleletters ...llers yesterday.

collect their meagre pensions. Surely something can be done to help these elderly people in those circumstances?"

Mr D M Verschoor, Bothasig: "The workers of the City Council would be happier with a

SA blooms at Chelsea show

Own Correspondent

JOHANNESBURG. — South Africa had won the coveted Wilkinson Sword for the best overseas exhibition at the Chelsea Flower Show in London for the fourth time running, the Department of Foreign Affairs announced yesterday.

'Preventable' diseases take toll of blacks

Star 29/5/84

By Pamela Kleinot,
Medical Reporter

In an article published in The Lancet, a British medical journal, Professor A Moosa, of the University of Natal's department of paediatrics and child health, said South Africa's impoverished black community was prone to infective and parasitic diseases that were mostly preventable.

The majority of blacks were poor, illiterate and lived in overcrowded conditions, he said.

Many of them were unemployed or employed away from home and this caused serious disruption of family life with consequences such as teenage pregnancies and malnutrtion.

The black community, said Professor Moosa, was similar to many deprived communities in the Third World whereas the death rates, disease profiles and socio-economic status of whites were similar — and, often, superior — to those in Western countries.

"South Africa is unique in many ways, not least of which is the state of health of its children," he said.

Professor Moosa said that, although there had been a drop in infant mortality, between 30 and 70 percent of black schoolchildren were underweight.

The annual death rate from measles in children under five in South Africa was 11 for whites, 457 for coloured people, 54 for Indians and 2 035 for blacks, according to figures for 1970-74.

In 1980 there were 564 notifications of tuberculosis in whites, 644 in Indians, 8 365 in coloured people and 36 164 in blacks.

"From our experience at King Edward VIII Hospital in Durban about 40 percent of children admitted are malnourished."

Of these, said the professor, half were underweight, a quarter had marasmus (wasting as a result of gross malnutrition) and another quarter had kwashiorkor (protein-energy malnutrition).

Professor Moosa added that:

- More than half the children who died in the hospital's paediatric wards in 1981 were malnourished.
- More than 80 percent of the children admitted to the hospital in 1980 had infections (40 percent respiratory, 34 percent gastro-enteritis, six percent measles and two percent bacterial meningitis).

Professor Moosa said that the official infant mortality rates (IMR) given by the State Health Department per 1 000 for the country as a whole were 20 for whites, 100 for blacks, 104 for coloured people and 34 for Indians (1975 figures).

He pointed out that IMR rates in Germiston in 1977 were nine for whites, 179 for blacks and 444 for coloured people.

The IMR varied in parts of kwaZulu from 53 per 1 000 in urban townships to 111 in rural areas and 134 in peri-urban squatter areas.

In a rural study in Eastern Transvaal in 1977 the median household income was R20,50. The infant mortality rate was 198 per 1 000. Almost half of those over 16 had received no education. A third of men and 13 percent of women were working away from the area for more than three months of the year.

There was an average of 10 people in each household and 95 percent of the households had pit latrines on their plots. Only 3,5 percent had a water source.

SOWETAN, Wednesday, May 30, 1984

SA blamed for black infants death toll

SOUTH Africa, which produces at least 12 percent more food than it needs, still has a high infant mortality rate and widespread undernutrition, according to an article in a leading British medical journal, The Lancet.

In a series of hard-hitting disclosures Professor A Moosa, of the Department of Paediatrics and Child Health at the University of Natal, Durban said that between 30 and 70 percent of black school children were underweight and between 22 and 66 percent of pre-school children had stunted growth.

Diseases

"South Africa produces enough food to meet 112 percent of the optimum daily energy requirement of everyone in the country. It produces enough to export essential foods such as maize to neighbouring countries," he said.

"Yet undernutrition and the diseases associated with it are common in the black community."

Professor Moosa also said that while blacks had poor access to basic health services 98 percent of the State health budget was spent on curative services, "demanded and expected by whites who had one of the highest standards of living in the world."

He said the R150 million Johannesburg Hospital, which cost the taxpayer about R70 million a year to maintain, was for whites only and many of its wards were empty because of lack of staff.

Disparity in health services slammed

In Cape Town there were two huge hospitals and a new Groote Schuur Hospital was being built at a cost of over R200 million. He added that the country's gross national product was R1 790 per head, putting it among the top nations of the world, yet most have incomes well below the basic household subsistence level.

Change

"South Africa has the resources to bring about meaningful change. Does the Government of South Africa have the will to bring about this change?" he asked. Professor Moosa blamed the Government's policy of "separate but unequal development" for the discrepancy in the state of health and socio-economic development of population groups within the same country.

1982 file surveys were used, while in 1983 a physical survey was used.

Hansard Q. 61. 1451

Southern Orange Free State: population 5/6/84

793. Mr P G SOAL asked the Minister of Co-operation and Development:

What was the (a) adult (i) male and (ii) female and (b) child population in each of the townships falling under the control of the Southern Orange Free State Administration Board as at 31 December 1983?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

	(a)(i)	(a)(ii)	(b)
Bloemfontein	23 917	29 304	28 782
Allanridge	484	367	1 244
Bethulie	1 182	1 548	1 830
Boshof	586	439	1 004
Bultfontein	1 033	1 141	1 995
Brandfort	1 273	1 326	2 138
Clocolan	1 193	1 460	2 351
Dealesville	320	409	435
Dewetsdorp	630	1 452	3 756
Edenburg	565	652	821
Excelsior	429	637	1 655
Fauresmith	462	505	1 022
Ficksburg	4 308	5 767	5 972
Fouriesburg	556	842	1 265
Hennenman	1 772	1 930	2 946
Hertzogville	367	408	582
Hobhouse	345	389	465
Hoopstad	658	712	1 296
Jagersfontein	988	1 106	2 033
Jacobsdal	254	321	530
Koffiefontein	1 667	1 009	1 696
Ladybrand	3 281	2 364	3 995
Luckhoff	136	169	298
Marquard	1 362	1 876	1 106
Odendaalsrus	4 949	5 131	7 904
Paul Roux	626	738	1 085
Petrusburg	551	665	928
Philippolis	232	385	673
Reddersburg	375	423	692
Rosendal	266	367	714
Rouxville	451	613	733
Senekal	2 030	2 413	3 381
Smithfield	645	756	830
Soutpan	313	339	681
Springfontein	577	735	974
Theunissen	2 065	1 872	5 098
Trompsburg	294	416	842
Tweespruit	694	790	1 182
Vanstadensrus	130	186	277
Ventersburg	963	1 129	1 159
Verkeerdevlei	166	149	344
Virginia	6 328	2 202	2 940
Welkom	17 626	9 671	22 511
Wesselsbron	1 629	1 784	1 846
Wepener	1 449	1 587	3 068
Winburg	1 199	1 568	2 208
Zastron	586	862	1 117

(1) (a) 4

(b) 448 on 30 September 1983

(2)

	1982	1983
(a) State	360	360
Private	28 625	29 325
(b) (i) State	no records available	271
Private	unknown	unknown
(ii) State	unknown	unknown
Private	unknown	unknown

Institutions for the aged 5/6/84

1-Hansard Q. 61. 1452

892. Dr M S BARNARD asked the Minister of Health and Welfare:

(1) How many (a) State and (b) privately administered institutions for White aged persons were there in the Republic as at the latest specified date for which figures are available;

(2) what was the total number of (a) places available at, and (b) applications for admission (i) received and (ii) turned down by, such institutions in 1982 and 1983, respectively?

The MINISTER OF HEALTH AND WELFARE:

90 **Malnutrition** 5/6/84

Hansard Q. 61. 1453

893. Dr M S BARNARD asked the Minister of Health and Welfare:

(1) What is the estimated number of (a) Black, (b) Coloured, (c) Asian and (d) White Children suffering from malnutrition in the Republic as at the latest specified date for which figures are available;

(2) whether his Department is taking any steps in this regard; if not, why not; if so, what steps?

The MINISTER OF HEALTH AND WELFARE:

(1) (a), (b), (c) and (d) The term "malnutrition" is ill-defined. It encompasses many kinds of malnutrition. The standards to assess over-nutrition, under-nutrition and even some of the avitaminoses are not universally applicable. This applies particularly to intercultural differences when assessing various age groups. In the light of these difficulties no general and valid estimates of the number of children suffering from malnutrition per population group are available in the RSA.

(2) Falls away.

Family planning clinics 5/6/84

Hansard Q. 61. 1454

894. Dr M S BARNARD asked the Minister of Health and Welfare:

(1) How many family planning clinics, including mobile services, were available in (a) the White areas of the Republic, and (b) each specified national state whose government had not yet taken over health services, as at the latest specified date for which figures are available;

(2) how many (a) full-time and (b) part-time (i) doctors, (ii) nurses and (iii) motivators from each race group were employed by his Department in family planning services in (aa) the Republic and (bb) each such national state as at that date?

The MINISTER OF HEALTH AND WELFARE:

(1) (a) 30 000 permanent points as at 31 December 1983,
8 000 points were visited at irregular times;

(b) Kwandebele—36.
Kangwane—38.

(2) *Republic*

	Whites	Asians	Coloureds	Blacks
(a) Full time				
(i) doctors	22	1	—	—
(ii) nurses	420	26	152	475
(iii) motivators	—	24	129	713
(b) Part time				
(i) doctors	151	13	1	3
(ii) nurses	71	1	4	18
(iii) motivators	—	—	—	—

A slice of life for black pupils

By CLAIRE PICKARD-CAMBRIDGE

LITTLE Tembeka, a seven-year-old Sub B pupil, grows up with an intimate knowledge of the relentless hunger stalking South Africa's teeming townships.

Like many of her contemporaries, Tembeka was born out of wedlock and has been passed on to her grandmother, who earns a subsistence wage of R80 a month as a char.

Her grandmother cannot give her breakfast every day because she leaves home before 5.30am to catch the series of crowded buses that will eventually deposit her near her employer's suburban home at 7.30am.

Consequently, Tembeka and most of her peers leave for school on gnawingly empty stomachs.

After an inadequate meal the night before, small pupils often faint from hunger in class by 11am from lack of food, says Mrs Val Hunt, secretary of the Port Elizabeth School Feeding Fund, who says this happened regularly before daily dietary supplements were provided at schools in needy areas.

This information is powerfully supported by the second Carnegie inquiry into poverty which recently reiterated that there were still huge numbers of malnourished children in South Africa.

"Furthermore, a 100% increase in the price of peanut butter over the past year and February's 20% bread price increase have hit the fund extremely hard, especially as similarly-priced substitutes with an equal nutritional value cannot be found, said Mrs Hunt.

"I don't know how our resources can be stretched to cover these price increases because we are desperately in need of funds."

The fund feeds 26 000 children daily at the 33 black lower primary schools, two coloured schools and ten farm schools which have requested assistance over the years.

For some pupils in Port Elizabeth, the half-mug of soup and a slice of bread with peanut butter supplied by the fund is the only daily meal they get, while for most the only other meal is mealie meal porridge and dripping, or samp and beans at sunset.

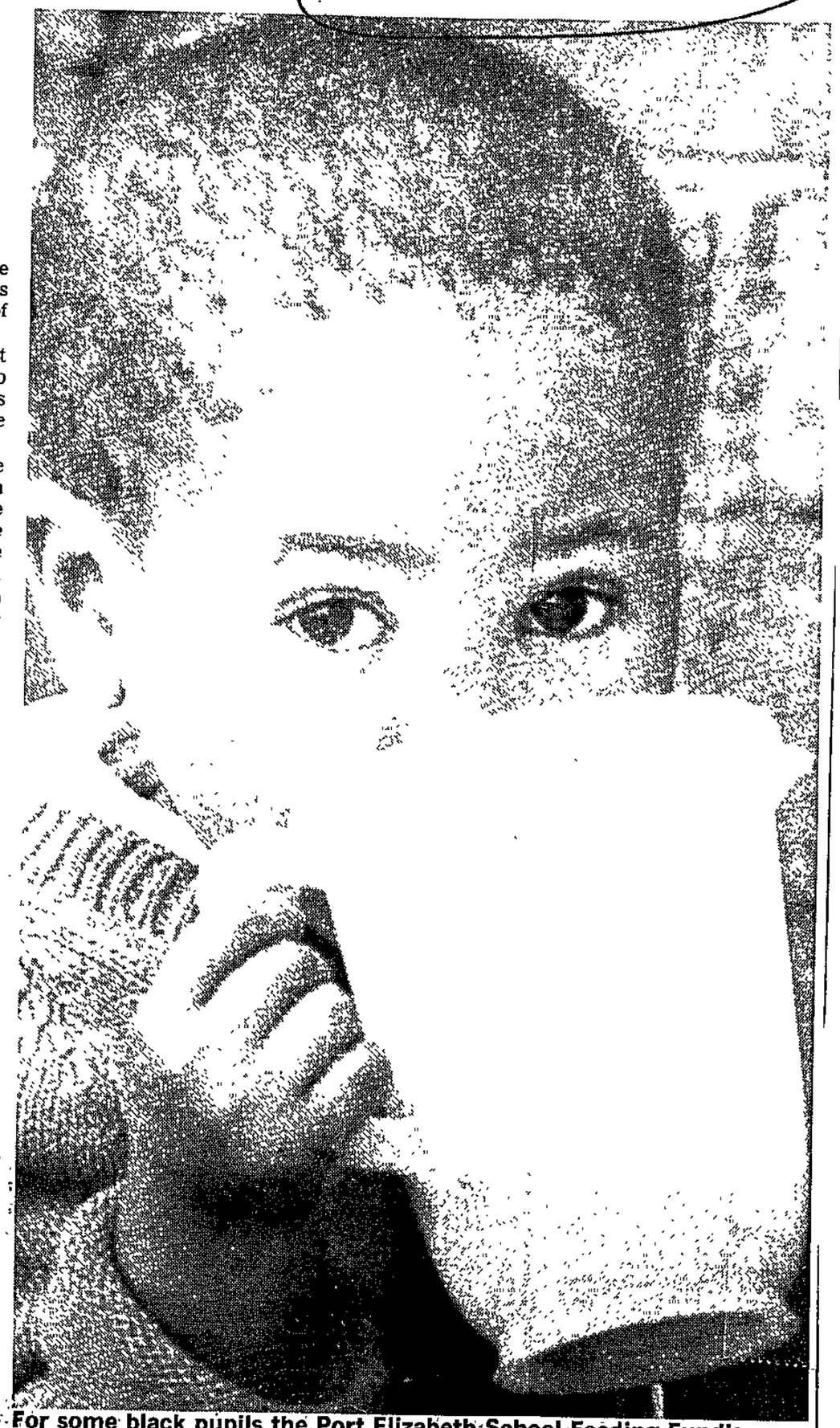
Oliver Twist-like waifs, brave enough to ask for second helpings would not be lucky either, as precious food supplies are already stretched to their limits.

Mrs Hunt said there had been a "dramatic increase" in attendance at schools where the feeding scheme was implemented, with one school reporting such high attendance that they no longer kept a daily register.

A testimony to the children's enthusiasm for the feeding scheme was their recent street collection in the townships where they collected R5 600.

The fund receives no Government grant. Some of the money is provided by the municipality, while the rest depends on public support and the contributions of the children.

Proceeds from the premiere of *The Sound of Music*, to be staged at the Opera House by Capab and the Gilbert and Sullivan Society on June 21, will go towards the feeding fund. Tickets can be bought at the fund's office in the Walmer Town Hall. For further information, ☎ 514371.



For some black pupils the Port Elizabeth School Feeding Fund's mug of soup and a slice of bread with peanut butter is the only daily meal they have.

S. Tribune 17/6/84

Natal prof tells of poverty among blacks

By Luke Zeeman

ABOUT 40 percent of children admitted to Durban's King Edward VIII Hospital are malnourished, says a University of Natal paediatrician.

Professor A Moosa, of the university's department of paediatrics and child health, said more than half the children who died in the hospital's paediatric wards in 1981 were malnourished.

"The health of the children of South Africa" came under fierce scrutiny in an article in a leading British medical journal, *The Lancet*, where Professor Moosa asked: "South Africa has the resources to bring about meaningful change. Does the Government have the will to bring about this change?"

Disclosures

In a series of hard-hitting disclosures, he said:

- South Africa produced enough food to meet 112 percent of the optimum daily energy requirement of everyone in the country yet under-nutrition and the diseases associated with it were common among blacks.
- While blacks had poor access to basic health services 98 percent of the State health budget was spent on curative services, "demanded and expected by whites who had one of the highest standards of living in the world".

Professor Moosa blamed the Government's policy of "separate but unequal development" for this discrepancy in the state of health.

Statistics he gave included:

- The average number of people per hospital bed in South Africa is 61 for whites, 504 for Asians, 346 for coloureds and 337 for Africans.
- The average hospital expenditure per patient per day for white hospitals varies from R75,56 to R70,47 compared to black hospitals which range from R20,54 to R41,56.
- There is one black doctor for every 44 000 blacks and one white doctor for 400 whites.

The professor said that despite a fall in the infant mortality rates in some areas of the country, the majority of blacks were poor, illiterate and lived in overcrowded conditions.

This impoverished black community was prone to infective and parasitic diseases, that were mostly preventable.

Many blacks were unemployed or employed away from home which caused serious disruption of family life with such consequences as teenage pregnancies and malnutrition.

Children

The black community, Professor Moosa said, was similar to many deprived communities in the Third World whereas death rates, disease profiles and socio-economic status of whites in South Africa were similar, and often superior to those in Western countries.

"South Africa is unique in many ways not least of which is the state of health of its children."

Professor Moosa said that between 30 and 70 percent of black pupils were underweight.

The annual death rate from measles in children under the age of five in South Africa was 11 for whites, 457 for coloureds, 54 for Asians and 2 035 for Africans. These were the figures for 1970-74.

In 1980 there were 564 notifications of tuberculosis for whites, 644 for Asians 8 365 in coloureds, and 36 164 for Africans.

Referring to a 1980 study, he said that the income of 70 percent of Indian families in Tongaat was below the household effective level and below the household subsistence level in 31 percent.

In Phoenix, 73 percent were living below the household effective level and 44 percent below the household subsistence level.

(90) Times 12/6/84

Patients 'malnourished'

PRETORIA. — Up to 50 percent of hospital patients are malnourished, the South African Nutrition Society congress heard here yesterday.

Mrs M Senekal of the Department of Home Economics of the University of Stellenbosch said there were two reasons for this "skeleton in the closet".

Patients had additional nutritional requirments, and hospitals failed to meet these, she said.

Mrs Senekal outlined a programme that would enable hospitals to meet the nutritional needs of their patients. The congress also heard that people eating mainly cereals faced a number of nutritional problems, among them mineral and especially zinc deficiencies. — Sapa

Malnutrition rife at Elim — survey

(NP 90 Star 13/7/84)

By Pamela Kleinot, Medical Reporter

Malnutrition is rife among children in the Elim district of Gazankulu in the Northern Transvaal.

A survey of 13-year-old children found about 88 percent underweight and 48 percent stunted.

Of the nine year olds surveyed about 30 percent were underweight and eight percent stunted.

"Abnormal nutritional status increased with age," said Dr C B Ijsselmuiden of Elim Hospital who carried out the survey of more than 400 children last August.

Addressing the South African Nutrition Society congress, which ended at the CSIR in Pretoria yesterday, he said the nutritional status of more than 400 adults aged between 20 and 60 years was adequate.

Another speaker at the congress yesterday said nutrition education would not solve the problem of malnutrition.

'USELESS'

"Nutrition education is useless in areas where people do not have the money or resources to change their eating habits," said Professor M H McLachlan of the department of home economics at the University of Zululand.

She added that the "stream of advertisements for foods" was another major reason for the failure of nutrition education programmes.

Also addressing the conference yesterday was Dr Ralph Bernstein of Amber Research, Johannesburg, who said processed foods should be labelled with their sodium content.

He said South Africa added between 15 and 40 percent more salt to processed foods than was customary in other countries.

A high salt intake has been linked to hypertension (high blood pressure).

"The South African public should be encouraged to reduce its intake of the deadly 'spice'," he said.

WITS LOOKS AT . . .

Children who miss a meal

Rand 23/7/84 90

THELMA TUCH

UP to 60% of school children in Soweto are underweight.

That's the result of research conducted by the Metabolic and Nutrition Research Unit of the University of the Witwatersrand.

Despite the decrease of the incidence of malnutrition in Soweto over the past 10 years there is still an "unacceptably high" percentage of malnourished children, says Professor John Hansen, the director of the unit and head of the Department of Paediatrics and Child Health at the Johannesburg Hospital.

The decrease of malnutrition in the township is believed to be a result of improved socio-economic factors such as the increased earning capacity of the residents.

However a large amount of children — 25% of preschool children and between 30 and 60% of school-going children — are still undernourished.

This has resulted from the increase in the number of women in Soweto to enter the labour market.

About 60% of mothers in Soweto work away from home and their children are not provided with a midday meal.

They are not "starving" or "grossly malnourished" but they are underweight, according to international weight charts, says Prof Hansen.

He stresses that children need three meals a day to grow and reach their normal weight.

One solution to the problem facing the children of working mothers is to introduce more creches in the township and feeding schemes at schools.

He adds that underweight children are stunted in growth. No proof exists that they suffer brain damage but they are educationally disadvantaged due to concentration problems caused by hunger.

However by the time these children reach the age of 18 they tend to gain weight and reach their normal height.

Research has shown that underweight pre-school children are at risk for malnutrition, diarrhoea and chest related diseases.

At present, Prof Lucy Wagstaff, of the Department of Community Paediatrics at Wits, is conducting research into whether the same applied to the underweight school-going children.

The situation in Soweto contrasts with that in developed communties where only 3% of the children are underweight, says Prof Hansen.

A number of medical breakthroughs have been made by researchers from the Metabolic and Nutrition Research Unit.

This unit — financed by Wits and the Transvaal Provincial Administration — was set up in 1974 to study nutritional problems in black children.

It is based at Baragwanath hospital with a ward of eight beds, a diet kitchen, laboratory, offices, library and lecture room.

The laboratory equipment — worth R100 000 — was sponsored by a number of companies, the largest donation coming from the Anglo American and De Beers Chairman's Fund.

After completing almost 100 papers over four years (1974-1978), one of the research fellows, Dr Neil Buchanan, now a Prof of Paediatrics at Sydney University, concluded that there were no good indications to modify drug dosages given to malnourished children.



Professor John Hansen, seeing to the needs of undernourished children in the Metabolic and Nutrition unit at Baragwanath hospital in Soweto.

Picture: TLADI KHUELE

Prof John Hansen said. "Malnourished children are prone to infections and particularly to pneumonia and it was important to be sure that treating them with normal dosages of anti-biotics would not poison them."

Dr Buchanan's research showed that there was no need to prepare special drug dosages for malnourished children.

Another innovation was made by research fellow, Dr John Pettifor, the deputy-director of the unit, in conjunction with Dr Paddy Ross, a bio-chemist in the Department of Pediatrics at Wits.

Dr Pettifor established a method of measuring the amount of Vitamin D in the blood — a process which helps to establish whether a patient with rickets was necessarily defficient in this vitamin.

This arose from his investigation into why there was a large incidence of rickets — a disease generally caused by a lack of Vitamin D — among school-going children who were exposed to sunshine, the major source of this vitamin.

Usually children in their first year of life or the aged are prone to rickets as a result of their lack of exposure to the sun. This disease results in bone deformities and its symptoms are physically manifested in the development of bow legs and crooked backs.

Dr Pettifor conducted his trial research on school- going children in a rural area near Piet Retief.

He found that 41% of the children had a mild form of rickets. Then using his invented method of measuring the amount of vitamin D in the blood he established that their rickets were not due to a Vitamin D deficiency but to a lack of calcium.

Water in the area was low in calcium and the children did not drink milk — the main source of calcium.

It was only since this research that calcium deficiency has been recognised as the cause of rickets in a population which is not deficient in vitamin D.

The research unit's laboratory at Baragwanath is the only one in the country equipped to carry out these vitamin D measurements.

A researcher from the unit has also established that there were certain differences in the incidence of leukaemia among black and white children.

Prof Lorna MacDougall's research into this area showed that the most common form of leukaemia — lymphoblastic leukaemia — was more prevalent among white children than black.

However the incidence of acute imyeloblastic leukaemia is the same among the two groups.

The Medical Research council recently approved the establishment of a Paediatric Mineral and Metabolic Research unit in 1985.

Dr Pettifor will be the director of this unit which will replace the metabolic and nutrition unit when Prof Hansen retires next year.



Mr Willie Jacobs (67), a pensioner who is thin and wasted and has suffered from chest problems for many years, was at the clinic because of a septic wound on his head following a fall at home. Picture by Clive Lloyd

90 Star 3/8/89

Poverty and disease rife in coloured slum

By Pamela Kleinot,
Medical Reporter

Malnutrition, scabies, ringworm, gastro-enteritis and respiratory problems are rife in Riverlea Extension, a slum on the outskirts of Johannesburg.

These conditions are regularly seen at the Witsco-Riverlea Clinic, which serves more than 3 000 people in an area where families of up to 20 live in one house.

A survey by students from the University of the Witwatersrand last year showed that the income of 85 percent of the families was less than R500 a month.

Twelve percent of the community was found to be unemployed, a situation which is likely to worsen with the economic climate.

"Generally the health and hygiene of the community is poor because too many people live in a small area and most of the houses have no electricity and no running water," said a Wits medical student.

"We also see many alcohol-related problems and sexually transmitted diseases," she said.

The Witsco-Riverlea Clinic, which is one of three clinics run by Wits, opened in 1981.

Attendance at the clinic has soared since provincial hospital tariffs went up in April, said the student.

"Many people who come to the clinic cannot afford health care," she said.

It costs 50c a visit.

"We see a lot of malnutrition at this clinic. Many of the children are malnourished and small for their age. They only come to the clinic because they have a secondary problem like bronchitis or gastro-enteritis."

Malnourished children have a lowered resistance and succumb easily to infections such as bronchitis and gastro-enteritis.

Of the patients seen at the clinic, 65 percent are under the age of five. The most common problems are gastro-enteritis, respiratory infections and pneumonia, measles, chicken pox, scabies and ringworm.

Poisoning from commonly used household substances is prevalent. Children drink paraffin and bleach found in cups and bottles.

Burns from coal stoves, cooking fires and hot water are also treated at the clinic.

"The clinic sees common problems not taught at university," said the student. "We want to involve more GPs and paediatricians at the clinic."

Last year's survey recommended an expansion of the student health service but pointed out that the basic stumbling block to real health lay in the socio-economic structure of the community.

SUNDAY TRIBUNE, AUGUST 5, 1984

THE HIDDEN KILLER DIS

Heart ailment that feeds on poverty wreaking havoc with health of black kids — and me

A DEADLY form of heart disease that feeds on poverty rather than affluence is wreaking havoc with the health of black children.

Rheumatic heart disease could be called the country's hidden killer. Up to now little has been written about it compared to the enormous publicity given to the "rich man's" heart problem, ischaemic heart disease.

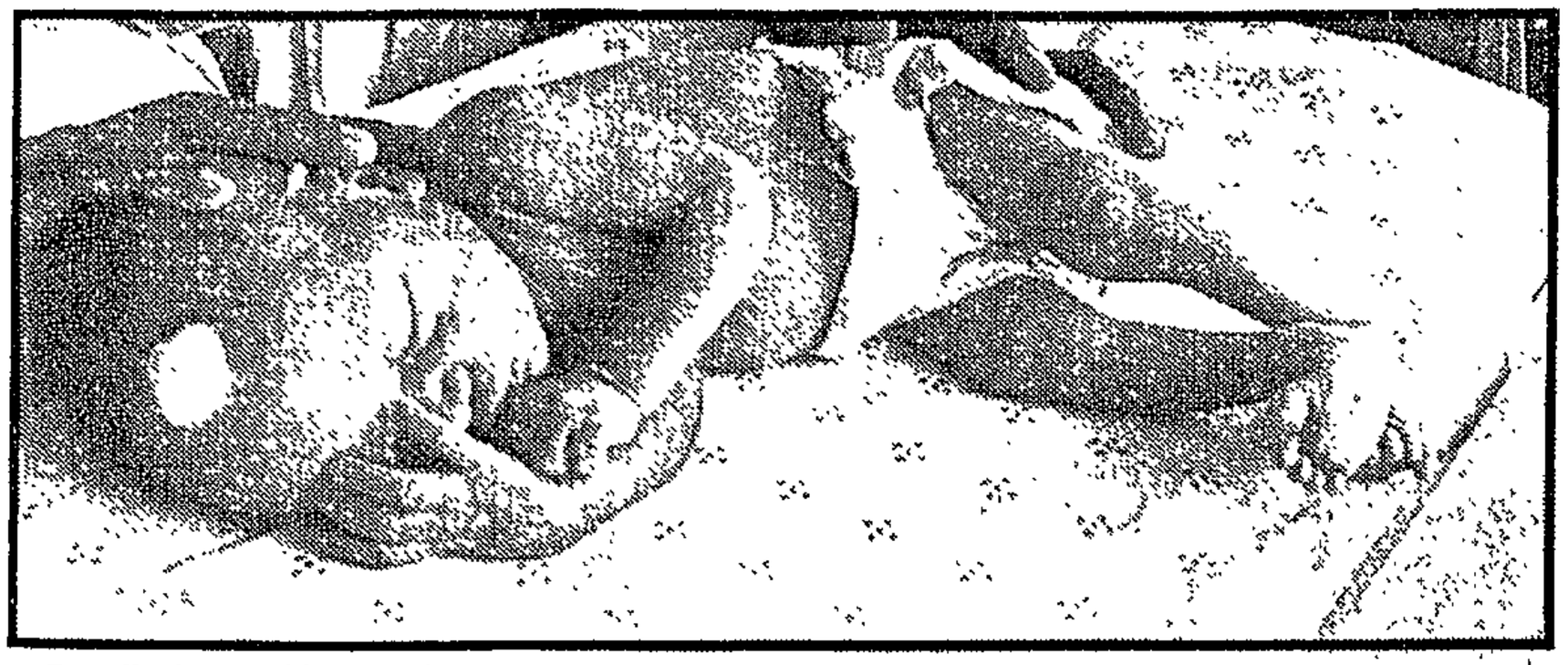
But the national spotlight will soon be focused on it when the Heart Foundation holds this year's Heart Week. The theme is to be "Heart Disease and Children".

One of South Africa's most respected cardiologists, Professor Abdul Mitha of Durban's Wentworth Hospital, said this week the incidence of rheumatic heart disease was very closely related to socio-economic conditions.

Professor Mitha, who is president of the Southern Africa Cardiac Society, said the rate among SA blacks was believed to be 10 times the American rate.

The white and Indian rate was also very low compared to the blacks

By Tony Spencer-Smith



Deadly form of heart disease that feeds on poverty wreaking havoc among black children

because of the higher living standards of these groups.

"While we are not certain of the current rate, a survey some time ago in Soweto showed that seven out of every 1 000 school children had established rheumatic heart disease."

Professor Mitha said the disease was not only killing an unknown number of children, but also costing the State tens of millions of rands to combat.

He said the disease had certainly not received much publicity when one considered that a population of some 20 million people was at risk.

He explained that the disease generally began as an ordinary throat infection caused by the streptococcus bacterium.

Sometimes the antibodies the body developed to fight this attacked the heart tissue, damaging especially the heart valves and killing the patient if he were not operated on.

Costly

"People living in poor, overcrowded housing and on deficient diets are far more likely to contract it."

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DDEN KILLER DISEASE

poverty wreaking havoc with health of black kids — and medical resources can't cope



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The annual bill for these alone could be R50 million. Despite this enormous expenditure, Professor Mitha said, the death rate from the disease was high.

"Our medical resources can't cope with all the cases.

"The biggest problem is in the country areas. Many children come from these areas to heart units like the one we have in Durban already dying. Sometimes they die before they can be operated on.

"In Natal, 75 percent of the patients at the unit come from the rural areas."

Meanwhile, the SA Medical Research Council reported this week that white males between the ages of 15 and 64 still have the highest ischaemic heart disease death rate in the world.

This disease, in sharp contrast to rheumatic heart disease, was largely one of affluence, the product of over indulgent lifestyles.

An MRC Press release based on research by Professor Cyril Wyndham of the MRC's Institute for Biostatics said SA white males were still at the top of the list, even though the white mortality rate dropped sharply in the period between 1970 and 1980.

The release said the mortality rate for white SA women was found to be the second highest in the world, after that of Scottish women.

In the 10 years the white male death rate dropped 22 percent to just over 200 per 100 000 and the white female rate by 29 percent to over 56 per 100 000.

The release said preventative health education programmes should be stepped up as they were possibly the reason for the decrease.

THINKING OF

SOWETAN, Monday, August 6, 1984

DEADLY THREAT TO KIDS

A DEADLY form of heart disease that feeds on poverty rather than affluence is wreaking havoc with the health of black children.

OWN CORRESPONDENT

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The white and Indian rate was also very low compared to the blacks because of the higher living standards of these groups.

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A VICTIM of the killer heart disease that feeds on poverty-stricken kids.

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24; 1984

90 D. Rs lutch 24/8/84

Starvation increases

MDANTSANE — Malnutrition and starvation was increasing at an alarming rate in the Border and Ciskei area, spokesmen for welfare organisations said yesterday.

Mrs R. Frasca, Border co-ordinator for Operation Hunger, said her organisation was feeding more than 80 000 people in the area and about 60 000 of those fed were children between three and 15 years of age.

She said the main cause of starvation was the lack of employment.

Hardest hit were the resettlement areas, she said.

People in these areas could not go to seek work in the cities because they did not qualify to be in the cities.

Her organisation operated feeding schemes through schools and clinics.

In future, self-help schemes would be introduced to the rural communities so that they would be able to feed themselves.

Kwashiorkor and other diseases were rife in the rural areas. She attributed this to too much starch being eaten by the communities, and very little or no protein.

Her organisation was also working in liaison with the Agricultural Development Research Institute of Fort Hare to help the rural communities in the Amatola Basin.

Mrs Frasca said it was difficult to motivate people for self-help schemes in the resettlement areas because they were not sure when they would be moved next.

Mrs E. Small, an executive member of the Child Welfare Organisation, said her society helped desperate families only.

She said the society had a long waiting list of people who needed to be helped in the area.

"Malnutrition is increasing at an alarming rate," she said.

The society helped the hungry with basic foods. They helped them until they found work.

The society acted on the advice of social workers, she said.

Mr J. Denby, the assistant director of Red Cross, said his organisation helped about 100 families in Ciskei.

It was not the primary objective of his organisation to participate in hunger relief schemes but had been drawn in by the desperate conditions prevailing in the area, he said.

The Red Cross helped the rural communities with basic foods, he said.

Mr Bill Livesey, media liaison officer in Ciskei, said the government was supplying milk and operating feeding schemes throughout Ciskei.

There had been no cases of deaths due to malnutrition reported, he said, adding that only diseases like tuberculosis had been on the increase because of starvation. — DDR.

Prices hit school meals

Staff Reporter

IF THE prices of basic foodstuffs continue to spiral, the Peninsula School Feeding Association may not be able to afford even bread for the hungry children it feeds.

Mr J Simpson, outgoing chairman of the association, voiced this fear at its annual meeting in Cape Town last night.

"The year under review was a year of nasty knocks insofar as the prices of our basic foodstuffs all increased during the year," he said in his annual report.

The association had received no grant or subsidy from any government authority, national, provincial or municipal.

More mouths

Nevertheless, the number of pre-primary and primary schoolchildren to whom the association supplied supplementary feeding had increased in the past four years from 123 000 at 235 schools and creches to 135 000 at 258 schools and creches.

Mr Simpson said a recent report by Mr Peter Moll of the Southern African Labour and Development Research Unit at the University of Cape Town stated that government statistics indicated that more than two million of the country's nine to ten million children were "well under-weight for their age".

Mr A Jackson is the incoming chairman.

Rickets expert to head new unit

(90) Star
20/9/84

Local medical researcher Dr John Pettifor, known for his investigations into rickets, will head a new research unit from January.

By Pamela Kleinot, Medical Reporter



Sylvia Mudalana (5), from Venda, is a rickets patient who will be at Baragwanath Hospital for several months. ● Picture by Rebecca Hearfield.



Dr John Pettifor

Dr Pettifor will be made director of the Paediatric Mineral Metabolism Unit, a newly formed joint unit of the University of the Witwatersrand and Medical Research Council.

Last year he was appointed to a Readership in recognition of his outstanding research into calcium and vitamin D metabolism.

Dr Pettifor made a breakthrough in the understanding of rickets which was believed to be caused by a lack of vitamin D in the body.

He was one of the first to find that calcium deficiency was one of the causes.

In an interview, Dr Pettifor said that many rural black children in South Africa had low calcium intakes in their diets, in some cases leading to defective bone mineralisation.

Although only about 25 children had been treated for this type of rickets at Baragwanath Hospital, he said he had found in his investigations that many others had biochemical evidence of low serum calcium and low bone mineral content.

He pointed out that calcium deficiency had severe consequences for these children, who required multiple operations for their bone deformities.

Most of them would have problems for the rest of their lives.

Poor calcium intakes were also a major problem among the elderly and caused softening of bones known as osteomalacia.

Calcium requirements increased with age, he said. There was evidence that the elderly should take at least 1 000 mg a day to decrease bone loss which occurred with ageing and which was responsible for the high incidence of fractures among the elderly.

Dr Pettifor, who runs a highly specialised eight-bed ward at Baragwanath where children can be investigated and treated, explained that calcium and phosphorus were the major mineral constituents of bone.

Vitamin D was essential for adequate calcium absorption from the intestine and for action in bones.

Vitamin D — known as the "sunshine vitamin" — is not active as vitamin D but behaves like a hormone. It is first metabolised in the liver, then in the kidneys before becoming active.

A deficiency of vitamin D decreases the amount of calcium absorbed from the diet and decreases the body calcium.

"A child will develop rickets if there is not enough calcium to mineralise bone," said Dr Pettifor.

He joined the Metabolic and Nutrition Research Unit 10 years ago because of his interest in rickets. This unit falls under the Uiversity of the Witwatersrand's department of paediatrics.

One of Dr Pettifor's most significant research projects was in 1978 when he and nine other researchers went to Driefontein, 50 km north-west of Piet Retief, for a one-week study after they had discovered that several children with rickets at Baragwanath Hospital had come from that area.

"We took down a laboratory and generator because there was no electricity," he said.

"In order to assess the problem, we investigated the whole area which consisted of about 1 000 houses.

"We interviewed every household and then selected 100 families which involved 800 people, including 500 children under the age of 16."

CALCIUM

They found the problem (of rickets) was related to a low intake of calcium in the diet.

The people subsisted on a maize diet which is very low in calcium.

They were also not drinking milk (the major source of calcium)

90 C. Times 13/10/84

There's food for all but 500m starve

By ANTHONY JOHNSON
Political Correspondent

THE earth produces more than enough food to feed its 4 700-million inhabitants yet 500-million people are starving and 13-million of these die of hunger each year, Professor Donella Meadows told an Institute for Futures Research (IFR) conference at Stellenbosch yesterday.

Professor Meadows, a scientist in the Department of Enviromental and Policy Studies at Dartmouth College in the United States, was the keynote speaker at the IFR conference entitled "Strategies for the Future".

She stressed that although the world's total economy was growing even faster than the rocketing population growth, resources were distributed very unevenly.

If goods produced were distributed more evenly and efficiently most of the earth's inhabitants could today enjoy a quality of life equivalent to European standards.

Tobacco

Professor Meadows said it would take an additional R35 000 million until the year 2 000 to ensure that everyone was properly fed.

"This sounds like a lot but it is equivalent to only 15 day's of global military expenditure or half of what the United States spent on tobacco and alcohol last year."

Quoting Mahatma Gandhi, she warned: "There is enough for every man's need but not enough for every man's greed."

Later, Professor Francis Wilson, the director of the Carnegie inquiry into poverty and development, noted that food and other resources were also very unevenly distributed in South Africa.

"We need to recognize that we are doing very badly in providing people with the basic needs of food, clean water, fuel and housing in this country."

Although South Africa exported food, 50 000 babies died of malnutrition each year and one third of blacks under the age of 14 suffered stunted growth caused by improper nourishment.

"Something is very wrong with the mechanism of food distribution," he said.

He said it was "scandalous that 100 years after our industrial revolution babies in some areas are dying only becuse they cannot get clean water to drink."

Mr Anthony Venn, a specialist in agricultural economics, said South Africa could readily feed 100-million people.

"There is no deficiency in South Africa's resource base that would prevent it from adequately feeding all of its people."

In a paper delivered at the conference yesterday, Mr Venn said the unequal distribution of land among different races in South Africa carried a high potential for revolution.

Mr Venn, former Secretary for the Department of Agriculture in Swaziland, said the current distribution of arable land was "clearly inequitable", with whites enjoying 0,5 hectares per capita, blacks 0,2 hectares per capita, while coloureds had only "a tiny fraction" of a hectare per capita.

"This situation should not and will not remain static."

"If the allocation of further land to blacks is not politically feasible at this time, has the new constitutional dispensation not created a milieu which calls for new land settlement schemes for poor coloureds, just as the Vaal Hartz and Pongola schemes meet a need in respect of poor whites." he asked.

Mr Venn stressed that access by blacks to more farm land was inevitable.

Luxury venue for malnutrition debate

C. Times 31/10/84

By BARRY STREEK

THE use of the "opulence" of a luxury Cape Town hotel to discuss malnutrition at the World Medical Association (WMA) conference next year was not becoming to the medical profession, the National Medical and Dental Association (Namda) said yesterday.

It was also "an outrage" that public money was being used by the Department of Health for this purpose, the Cape Town branch of Namda said in a press statement.

Namda, formed two years ago as an alternative to the Medical Association of South Africa (Masa), said the various authorities in South Africa responsible for health had repeatedly claimed that the inadequacies of the health care system were due to the lack of funds.

Examples of these inadequacies were:

● "Day hospitals, rural hospitals and clinics are too few, overcrowded, understaffed, and have inadequate facilities. Mitchells Plain, with a population of a quarter-million, does not even have a proper hospital.

● "High fees are charged for hospital visits (for example, R12 per visit for a person from a family earning R200 per month).

● "Too little is spent on preventive health care programmes (about seven percent of the health budget).

● "Tuberculosis is rife, and the problem is not being adequately tackled.

● "Not enough black doctors and dentists are being trained.

● "Arbitrary cutbacks in the supply of medicines to patients are being implemented at provincial hospitals at present. The Day Hospital in Cape Town have even completely stopped the provision of 'Pro-Nutro' for malnourished children and destitute patients as a cost-saving measure."

Namda said Masa had succeeded in looking after the medical profession very well, but many felt it had "subordinated the health care needs of the majority of South Africans to the interests of the medical profession".

The theme of the WMA conference was to be "a subject relevant to the Third World component of South Africa such as malnutrition".

But, Namda said, this problem was thoroughly discussed at the recent Carnegie Inquiry into Poverty and "it is highly unlikely that Masa and the WMA will be able to make any further significant advances to our understanding of malnutrition and how to deal with it".

Yesterday's statement was issued following the publication of the minutes of Masa's federal council meeting in a recent edition of the South African Medical Journal.

In the minutes, it was disclosed that the cabinet had agreed that Masa be given the authority to host the WMA conference and that the Department of Health would assist financially with its costs.

D. Dispatch 15/12/84.

Ciskei: malnutrition not great problem

(90)

EAST LONDON — Malnutrition was not as common or as widespread among the Ciskeian population as was generally believed, and nutritional defects were mainly due to ignorance and not food shortages, health authorities in Ciskei said this week.

Dr H. C. Beukes, Ciskei's Minister of Health, said a recent survey of a sample group of 5 000 children at the Cecilia Makiwane Hospital revealed that only 13 per cent of the children suffered from actual malnutrition, but that 17 per cent had some nutritional imbalance due to lack of knowledge of correct balanced diets.

The director general of health in Ciskei, Mrs Constance Mesatwa, said there were no grounds for figures often quoted for the percentage of the population purported to suffer from malnutrition.

"Malnutrition is something that occurs in every society, and is not due only to food shortages, but is often due to a lack of knowledge about what represents a balanced diet," she said.

The department of health, Mrs Mesatwa said, was waging a full scale campaign aimed at educating the population. The campaign was a combined effort by all hospitals, clinics, schools, field units and teachers.

She said a nutritional ward had been established at the Thornhill clinic in Whittlesea for the rehabilitation of severely malnourished children, while all clinics had special days during which mothers of young children were given instruction in correct diets.

Village health workers, she said, were recruited from various rural areas, and after basic training were posted back to their own areas to identify possible cases of malnutrition and to refer mothers to the clinics.

Six computer assisted mobile learning systems, recently put to use, would concentrate on the rural areas next year to educate people about correct nutrition, through audio visual programmes, Mrs Mesatwa said.

All staff dealing with nutrition at hospitals and clinics, she said, were regularly sent on short courses to up-date themselves with innovations in the nutritional field.

The high incidence of tuberculosis (TB) in Ciskei was a far more serious problem than malnutrition, Dr Beukes said.

It was recently found, he said, that one out of every five people in Ciskei ran the risk of contracting TB, and that at present the eradication of the disease was the priority of the Department of Health.

He said an intensive campaign against TB was underway. — DDR.

D. Dispatch 18/12/84

Ciskei nutrition claim challenged

EAST LONDON — The regional director of Operation Hunger, Mrs Roselle Frasca, has challenged a statement by the Ciskei health authorities that malnutrition in Ciskei was not as widespread as was generally believed.

The Ciskei Minister of Health, Dr H. Beukes, said last week that a recent survey of 5 000 children at Cecilia Makiwane hospital had revealed that only 13 per cent of the children suffered from malnutrition, but that 17 per cent had some nutritional imbalance due to a lack of knowledge of balanced diets.

Mrs Frasca said Dr Beukes's survey was "not accurate" because it dealt with children from urban areas.

Malnutrition not only existed in the rural areas of Ciskei but was on the increase, Mrs Frasca said.

"The greatest need for food supplied by Operation Hunger is in the Keiskammahoek, Sada, Oxton, Thornhill, Peddie and Whittlesea areas.

"In Dimbaza, which is a fairly urbanised area, feeding schemes exist in seven schools.

"Operation Hunger currently feeds some 80 000 people, of whom 60 000 are children between the ages of three and 5."

Dr Beukes said the priority of the department was the eradication of tuberculosis.

Mrs Frasca said tuberculosis and malnutrition existed hand in hand.

"Tuberculosis hardly exists where people are correctly nourished," she said.

"For the health department to say that one in five people in Ciskei runs the risk of contracting TB is to admit the high incidence of malnutrition."

Mrs Frasca said people shouldn't be lulled into the belief that the situation in Ciskei was no longer serious.

"Ciskei is blessed with doctors and sisters in rural clinics who are dedicated and willing to work against enormous odds.

"In rural areas where Operation Hunger works there is no farming, no industry, no jobs, no domestic work and sometimes no water.

"The people have no means by which to support themselves.

"In some communities all the men and young women have left to find work elsewhere and only the children and grandparents are left.

"Operation Hunger provides a meal for TB victims at one rural clinic where they receive their medication under supervision.

"At that clinic there has been an 80 per cent success rate in treating the disease.

"Children who have not eaten for three days are taken to rural clinics because of their stomach cramps. — DDR

HEALTH & DISEASE — NUTRITIONAL DISORDERS

1985 — 1986

Infant mortality figures 'inflated'

E. Post (90)

1912/85

By KIN BENTLEY

FIGURES putting the black infant mortality rate at between 90 and 140 in a 1 000 were inflated, the regional director of the Department of Health and Welfare, Dr J D Krynauw, said yesterday.

Dr Krynauw said it was difficult to assess the figure because, while almost all infant deaths (under one year old) among blacks were registered, many births were not, which had the effect of artificially inflating the figure.

He said the rate in the Port Elizabeth area was probably between 50 and 70 a 1 000, "which is still far too high, considering that for whites it is about 12 to 15".

He said figures given for the Grahamstown area in 1978, for instance, were 378 infant deaths per 1 000 births (111 deaths out of 370 registered births). But taking the actual number of births that could have been expected to have taken place in a population of 36 000 to 40 000 people, namely about 1 500, Dr Krynauw said a more realistic figure would have much lower than the official figure.

Referring to the Population Development Programme, Dr Krynauw said one of its major priorities was to cut down the black infant mortality rate.

The programme was proposed by the President's Council and accepted by the Cabinet about two years ago, Dr Krynauw said.

The structure consisted of the National Regional Development Advisory Board, eight regional development advisory boards and smaller local committees, which included local authorities, welfare organisations and the private sector.

The Urban Foundation was also involved in the programme, and the problem of co-ordination was discussed at the recent Human Option conference in Grahamstown, Dr Krynauw said.

He said the programme had four major aims: economic, physical, constitutional and social.

Dr Krynauw said he was chairman of a local inter-departmental committee started this month, which co-ordinated the activities of the various Government departments involved in the development programme. A national inter-departmental committee existed under Dr F D Retief, director general of the Department of Health and Welfare.

"The whole aim of the programme is to improve the quality of life of all. To make it a success we must have the co-operation of the communities involved," he said.

Throughout history, when civilisations improved their standards of living their birth rates dropped.

On the other hand, poverty and a high birth rate formed a vicious circle, which, if left alone snowballed, he said.

"Our whole future depends on successfully tackling this problem," he said. "We can't, however, do it on our own. We need the co-operation of the communities concerned."

Dr Krynauw said motivation of the population was a problem, with a great deal of apathy existing for various reasons.

Starving children in classrooms across PE

~~2~~ ~~2~~ 70 E. Post 2/3/85

By WENDY FRAENKEL

THE chronic hunger situation in Port Elizabeth has reached crisis proportions over the past two months.

And those most severely affected are young children of schoolgoing age.

For teachers at many black, coloured and white schools, it is now no longer unusual to find pupils collapsing in the classroom, many not having had breakfast that day or supper the night before.

One primary school teacher in Gelvandale told Weekend Post there had always been one or two children in a classroom who might not have eaten breakfast, but it was the first time lack of food among pupils had become obvious.

"At least half of my class are finding it difficult to concentrate. I don't even have to ask why — the reason is written all over their faces and in their eyes," she said.

"Hunger and malnutrition are also resulting in other problems. The children are continually complaining about tummy cramps and many of them are breaking out in sores.

"Many of my pupils complain of not having eaten meat, vegetables or fruit for weeks and their staple diet appears to be mealie rice and bread.

"I dread to think what it going to happen in the winter with the resistance of the children being low and a consequent susceptibility to colds and chest complaints."

Other teachers said they were even bringing extra sandwiches to school to feed the "really bad cases".

A private organisation, known as Martha's Hands, which has been running a feeding scheme at the school for many years, can now no longer supply enough food for the hungry.



Hungry pupils at primary school in Gelvandale stare eagerly at a box of sandwiches. A sandwich plus a hot cup of steaming soup could well be the first meal these children have had for the day.

The organisation is only geared to supply 200 pupils with soup and bread but according to Mrs Wendy Vroon, convener of the organisation, there were possibly three times as many children who now needed feeding but there were neither the funds nor the manpower to cope.

The headmaster of the school, Mr Robert Gysman, said his school was not the only school with a growing proportion of hungry children.

"We are probably a lot better off than many other schools where no feeding schemes exist," he said.

At the Bethvale Primary School in Chatty, the situation has become so desperate that teachers are now collecting money among themselves to buy soup to feed many of the children.

Mr William Sampson, headmaster of the school, said only a handful of the children could be fed in a situation where nearly 80% of the school were desperately hungry.

The plight of the hungry in the coloured areas has become so severe that there are moves to start State-subsidised soup kitchens at certain schools.

Headmasters from black schools in Port Elizabeth said that with the recent unrest at their schools it was still too early to establish whether more pupils were coming to school hungry. They were positive that the situation would be markedly worse.

Even white schools in Port Elizabeth are experiencing hunger problems among pupils.

The headmaster at an Algoa Park school said that in the past there had always been the occasional child who came to school without lunch — teachers normally brought additional sandwiches to give them.

This year things had become so bad that teachers were no longer able bring enough for all those needing sandwiches.

The headmaster reacted by approaching a local newspaper about the plight of some of the families who had children attending the school. Donations poured in and a bakery offered to donate bread for sandwiches for these children.

But the headmaster feels that this is only the start.

Worse is still to come.

Selina hasn't eaten well for days

Post Reporter

SELINA has not eaten a square meal for days. Neither have her eight brothers and sisters.

Her father has been out of a job for a year and has slim chance of finding another in the present economic climate.

Her mother does odd jobs for friends and neighbours which brings in just enough to buy the odd pocket of potatoes or bag of mealie rice for the family's evening meal — this unfortunately has to last the entire week.

It is not unusual for Selina and her brothers and sisters, who live in a two-bedroomed council house in Gelvandale, to arrive at school without having had breakfast, not even a dry crust of bread or a cup of black coffee.

Lunch might be a few scraps kindly donated by neighbours or relatives who can scarcely afford it themselves.

At least Selina's baby brother has some semblance of a balanced diet — he lives off donated powdered milk and porridge.

Not only has Selina grown very thin but she constantly suffers from sores and colds. Her work has also dropped off considerably.

She is just too hungry to concentrate.

Policies 'hamper quality of life'

CAPE TIMES 15/3/85

THERE was sufficient evidence that influx-control laws, the policies of homeland consolidation and the "forced removal of people" negated or seriously hampered attempts to improve the quality of life of the poor, according to the Second Carnegie Inquiry into Poverty and Development in Southern Africa (SCIPDSA)

The first post-conference report issued by the SCIPDSA — based on the research of more than 400 academics, professional people and community workers countrywide, and drawn from discussion at last year's Carnegie Conference — was compiled by Mr R Fincham, the author of "Food and Nutrition in South Africa: Assessment and Policy Recommendations".

"It is hoped that this report (The Food and Nutrition Group, FNG) has outlined in sufficient detail the dimensions of the nutrition problem facing the country, and that it will facilitate dialogue between academics, community workers and decision-makers," he said.

The FNG — under the chairmanship of Professor John Reid, deputy vice-chancellor of the University of Cape Town — calls for:

- "Health programmes that are not imposed from above, but actively involve the community at grassroots level.
- "Clean drinking water for all. This, in itself, may be sufficient to prevent diarrhoea.
- "Health education, especially for mothers, and more effective use of available medical personnel in promoting immunization and breastfeeding.
- "A countrywide food-stamp system which can be targeted at the most needy groups in society like the aged, unemployed, tuberculosis sufferers, those who live on disability grants, pre-school children and selected pregnant mothers.
- "Diet supplements for pre-school and schoolgoing children, especially at schools identified as having significant numbers of underweight children, and
- "Regular monitoring of the growth of all schoolchildren and the compulsory notification of all those below 60 percent of expected weight for age without specific disease causes."

Mr Fincham argued that the proposed short-term recommendations for improved nutrition could not be separated from long-term policy changes.

"Sufficient evidence exists to support the contention that influx-control laws, together with policies of homeland consolidation and the forced removal of people, negate or seriously hamper all attempts to improve the level of living of the poor.

"It is therefore recommended that the severe restriction on the process of urbanization of the poor, paralleled by significant rural development and the curtailment of the repatriation of people to the homelands, are the most important long-term policy changes that could provide for improvements in nutritional status," he said.

Drawn on the findings of the Carnegie Conference papers, Mr Fincham found that nutritional conditions varied geographically. Homelands were the worst areas to raise children, and severe malnutrition — kwashiorkor and marasmus — were a major problem in resettlement areas.

Community surveys of pre-school children in the Elim Hospital area of Gazankulu and the Driefontein Tribal Trust Area showed one-third of children to be underweight.

Half the children in Gelukspan, Bophuthatswana, were underweight, and 10 percent of pre-school children surveyed in Tsweletswele, Ciskei, had signs of kwashiorkor.

A study in Natal and Kwazulu showed that rural adults tended to be more stunted in growth than their urban counterparts — about a quarter of rural men were underweight. In contrast, a fifth of rural women were obese, and in urban areas this rose to a third.

Mr Fincham concluded that obesity — the result of a diet high in carbohydrates and lacking sufficient protein — was a serious nutritional problem, especially among urban women.

"State policies which bring about the resettlement of substantial numbers of people, restrict the freedom of individuals to seek employment where they want to, and other facets of apartheid are restraints on better standards of living and nutrition for the poor," he said. — Sapa

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Mr G A Chadwick
Mr R McDonald
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Mrs L I Dalrymple
Mrs B C Auret

THURSDAY, 28 MARCH 1985

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†Indicates translated version.

For written reply:

General Affairs:

Nursing profession: agreement

631. Mr W V RAW asked the Minister of Health and Welfare:

(1) Whether his Department is concerned with an agreement amongst the four provincial administrations relating to the salaries and conditions of service in the nursing profession; if so, (a) what are the details of this agreement in respect of (i) payment of overtime, (ii) board and lodging charges for accommodation in nurses' homes, (iii) uniform and/or shoe allowances and

(iv) any other specified allowances and (b) to what extent is his Department concerned with this matter;

(2) whether he has received any complaints of inter-provincial differentiation; if so, what complaints; if not,

(3) whether he will conduct an investigation into whether parity is being maintained amongst the four provincial administrations; if not, why not; if so, when?

The MINISTER OF HEALTH AND WELFARE:

(1) No.

(a)(i), (ii), (iii), (iv) and (b) No written agreement exists between the Department of Health and Welfare and the Provincial Administrations in connection with salaries and conditions of service for nursing personnel.

In terms of the Health Act, 1977 (Act No 63 of 1977) it is a function of each authority which renders a health service in the Republic to co-ordinate these services. Co-ordination in regard to the salaries and conditions of service of Health personnel, is undertaken by the statutory Health Matters Advisory Committee and its sub-committees viz the sub-committee for personnel matters and the sub-committee for nursing, as well as the National Health Policy council.

(2) The Department has received no complaints in connection with disparity in the provincial services but is aware of the fact that the abovementioned subcommittees and committees have considered and resolved problems of this nature from time to time.

(3) In view of the fact that adequate measures exist and are applied for the attainment and maintenance of salary and service parity, it is not considered necessary to institute an investigation into this matter.

(90)

Infant mortality

634. Dr M S BARNARD asked the Minister of Health and Welfare:

(a) What are the major causes of infant mortality for (i) whites, (ii) Coloured, (iii) Indians and (iv) Blacks and (b) what is the percentage of deaths from each of these causes in respect of each race group?

The MINISTER OF HEALTH AND WELFARE:

(a) and (b)

(i) Whites:

(a) conditions originating in the perinatal period = 47,8%;

(b) diseases of the respiratory system = 12,3%;

(c) infectious and parasitic diseases = 10,6%;

(d) ill-defined conditions = 10,1%;

(e) congenital anomalies = 8,8%.

(ii) Coloureds:

(a) infectious and parasitic diseases = 40,7%;

(b) conditions originating in the perinatal period = 24,8%;

(c) diseases of the respiratory system = 19,4%;

(d) ill-defined conditions = 7,4%;

(e) congenital anomalies = 2,0%.

(iii) Asians.

(a) conditions originating in the perinatal period = 46,3%;

(b) infectious and parasitic diseases = 19,2%;

(c) ill-defined conditions = 12,7%;

(d) diseases of the respiratory system = 9,8%;

(e) congenital anomalies = 4,6%.

(iv) Blacks:

(a) infectious and parasitic diseases = 39,6%;

(b) conditions originating in the perinatal period = 20,9%;

(c) diseases of the respiratory system = 15,7%;

(d) ill-defined conditions = 15,0%;

(e) endocrine, nutritional and metabolic diseases = 3,5%.

Own Affairs:

Officials

55. Mr J H HOON asked the Minister of Health Services and Welfare:†

How many (a) White, (b) Coloured, (c) Indian and (d) Black persons are employed as officials in his Department on a (i) permanent and (ii) temporary basis?

The MINISTER OF HEALTH SERVICES AND WELFARE:

(i) (a) 2 560.
(b) None.
(c) 1.
(d) 6.

(ii) (a) 719.
(b) 239.
(c) 2.
(d) 249.

The figures in respect of Coloured, Indian and Black employees mainly represent personnel who are in service against labour provision, ie personnel who are not occupying posts on the approved establishment of the Administration. In respect of the labour figures the situation is particularly subject to changes resulting from service terminations, seasonal employments, etc.

Officials

56. Mr J H HOON asked the Minister of Education and Culture:†

How many (a) White, (b) Coloured, (c) Indian and (d) Black persons are employed as officials in his Department on a (i) permanent and (ii) temporary basis?

The MINISTER OF EDUCATION AND CULTURE:

	(i) Permanent	(ii) Temporary
(a) White	4 814	2 073
(b) Coloured	Nil	560
(c) Indian	Nil	9
(d) Black	Nil	2 092

The figures in respect of Coloured, Indian and Black employees (temporary personnel) mainly represent personnel who are in service against labour provision, ie personnel who are not occupying posts on the approved establishment of the Administration. In respect of the labour figures the situation is particularly subject to changes resulting from service terminations, seasonal employments, etc.

***Per capita* expenditure: differences**

60. Mr R M BURROWS asked the Minister of Education and Culture:

(1) Whether, with reference to his reply to Question No 2 on 7 February 1985, there are reasons for the differences in respect of the *per capita* expenditures of each of the provinces; if so, what are these reasons in each case;

(2) whether his Department has a common *per capita* financing formula; if so, what is that formula; if not, why not;

(3) whether it is his Department's intention to apply a common *per capita* financing formula; if not, why not; if so, when;

(4) whether his Department has taken or intends to take action in respect of provinces which have not complied with a common financing formula; if not, why not; if so, what action;

(5) whether the *per capita* income voluntarily raised by schools has been included in the figures; if not, what are these figures per province?

The MINISTER OF EDUCATION AND CULTURE:

(1) Yes, but the reasons have not been determined as the matter is regarded as a domestic affair of each province in terms of section 84 of the Provincial Government Act, 1961 (Act 32 of 1961);

(2) different financing formulas are being applied to comply with the circumstances and needs of each of the different types of schools or centres; and

(3) no, for the reasons given in (2) above; and

(4) and (5) fall away.

QUESTIONS UNDER NAME OF MEMBER

Andrew, Mr K M—
General Affairs:
Agricultural Economics, 352
Communications, 268, 270, 310, 312, 480
Co-operation, Development and Education, 8, 9, 10, 78, 79, 103, 122, 162, 163, 229, 230, 231, 235, 301, 302, 307, 308, 311, 364, 400, 421, 422, 455, 469, 472, 479, 525, 553, 570, 576, 626, 637, 645, 734, 753, 863, 866, 869
Defence, 444
Environmental Affairs and Tourism, 478
Finance, 240, 451
Foreign Affairs, 695
Health and Welfare, 463
Home Affairs, 785
Justice, 160, 312, 319, 328, 363, 898
Law and Order, 199, 207, 376
Manpower, 609
Mineral and Energy Affairs, 239
National Education, 237. 696
State President, 610, 611
Trade and Industry, 648
Transport Affairs, 77, 263, 444, 732, 899
Water Affairs, 377
Own Affairs:
Agriculture and Water Supply, 464
Budget, 179, 288
Education and Culture, 240, 288, 382
Health Services and Welfare, 433, 465
Local Government, Housing and Works, 180, 183, 619

Bamford, Mr B R—
Public Works, 276

Barnard, Dr M S—
General Affairs:
Agricultural Economics, 352, 832
Constitutional Development and Planning, 218
Co-operation, Development and Education, 53, 150, 456, 461, 647, 823
Finance, 403, 498
Health and Welfare, 82, 142, 147, 207, 237, 238, 239, 248, 263, 411, 460, 461, 462, 464, 473, 482, 483, 487, 488, 508, 587, 588, 810, 815, 816, 817, 821, 858, 917
Home Affairs, 697
Justice, 681
Law and Order, 318
Transport Affairs, 80, 410, 708
Own Affairs:
Education and Culture, 174, 454
Health Services and Welfare, 171, 333, 756, 763

Barnard, Mr S P—
Defence, 47
Finance, 15

Boraine, Dr A L—
Communications, 799
Co-operation, Development and Education, 7, 628
Health and Welfare, 451
Law and Order, 29, 203, 256, 594, 893, 894
Manpower, 7, 8, 82, 86, 93, 99, 145, 204, 256, 378, 379, 381, 486, 603, 604, 605, 612, 615, 652, 701, 702, 706, 707, 810, 863
Mineral and Energy Affairs, 63
National Education, 145
Water Affairs, 791

Botha, Mr C J van R—
Public Works, 770

Burrows, Mr R M—
General Affairs:
Constitutional Development and Planning, 750
Co-operation, Development and Education, 68, 74, 165, 265, 423, 724, 852
Defence, 772
Health and Welfare, 524

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THURSDAY, 28 MARCH 1985

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†Indicates translated version.

For written reply:

General Affairs:

Hansard 28.3.85. 916

Nursing profession: agreement

631. Mr W V RAW asked the Minister of Health and Welfare:

(1) Whether his Department is concerned with an agreement amongst the four provincial administrations relating to the salaries and conditions of service in the nursing profession; if so, (a) what are the details of this agreement in respect of (i) payment of overtime, (ii) board and lodging charges for accommodation in nurses' homes, (iii) uniform and/or shoe allowances and

(iv) any other specified allowances and (b) to what extent is his Department concerned with this matter;

(2) whether he has received any complaints of inter-provincial differentiation; if so, what complaints; if not,

(3) whether he will conduct an investigation into whether parity is being maintained amongst the four provincial administrations; if not, why not; if so, when?

The MINISTER OF HEALTH AND WELFARE:

(1) No.

(a)(i), (ii), (iii), (iv) and (b) No written agreement exists between the Department of Health and Welfare and the Provincial Administrations in connection with salaries and conditions of service for nursing personnel.

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(2) The Department has received no complaints in connection with disparity in the provincial services but is aware of the fact that the abovementioned subcommittees and committees have considered and resolved problems of this nature from time to time.

(3) In view of the fact that adequate measures exist and are applied for the attainment and maintenance of salary and service parity, it is not considered necessary to institute an investigation into this matter.

910 Hansard 2.61.917

Infant mortality

634. Dr M S BARNARD asked the Minister of Health and Welfare:

(a) What are the major causes of infant mortality for (i) whites, (ii) Coloured, (iii) Indians and (iv) Blacks and (b) what is the percentage of deaths from each of these causes in respect of each race group?

The MINISTER OF HEALTH AND WELFARE:

(a) and (b)

(i) Whites:

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(b) diseases of the respiratory system = 12,3%;

(c) infectious and parasitic diseases = 10,6%;

(d) ill-defined conditions = 10,1%;

(e) congenital anomalies = 8,8%.

(ii) Coloureds:

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(e) congenital anomalies = 4,6%

(iv) Blacks:

(a) infectious and parasitic diseases = 39,6%;

(b) conditions originating in the perinatal period = 20,9%;

(c) diseases of the respiratory system = 15,7%;

28/3/85

(d) ill-defined conditions = 15,0%;

(e) endocrine, nutritional and metabolic diseases = 3,5%.

Own Affairs:

Officials

55. Mr J H HOON asked the Minister of Health Services and Welfare:†

How many (a) White, (b) Coloured, (c) Indian and (d) Black persons are employed as officials in his Department on a (i) permanent and (ii) temporary basis?

The MINISTER OF HEALTH SERVICES AND WELFARE:

(i) (a) 2 560.
(b) None.
(c) 1.
(d) 6.

(ii) (a) 719.
(b) 239.
(c) 2.
(d) 249.

The figures in respect of Coloured, Indian and Black employees mainly represent personnel who are in service against labour provision, ie personnel who are not occupying posts on the approved establishment of the Administration. In respect of the labour figures the situation is particularly subject to changes resulting from service terminations, seasonal employments, etc.

Officials

56. Mr J H HOON asked the Minister of Education and Culture:†

How many (a) White, (b) Coloured, (c) Indian and (d) Black persons are employed as officials in his Department on a (i) permanent and (ii) temporary basis?

The MINISTER OF EDUCATION AND CULTURE:

	(i) Permanent	(ii) Temporary
(a) White	4 814	2 073
(b) Coloured ...	Nil	560
(c) Indian	Nil	9
(d) Black	Nil	2 092

The figures in respect of Coloured, Indian and Black employees (temporary personnel) mainly represent personnel who are in service against labour provision, ie personnel who are not occupying posts on the approved establishment of the Administration. In respect of the labour figures the situation is particularly subject to changes resulting from service terminations, seasonal employments, etc.

***Per capita* expenditure: differences**

60. Mr R M BURROWS asked the Minister of Education and Culture:

(1) Whether, with reference to his reply to Question No 2 on 7 February 1985, there are reasons for the differences in respect of the *per capita* expenditures of each of the provinces; if so, what are these reasons in each case;

(2) whether his Department has a common *per capita* financing formula; if so, what is that formula; if not, why not;

(3) whether it is his Department's intention to apply a common *per capita* financing formula; if not, why not; if so, when;

(4) whether his Department has taken or intends to take action in respect of provinces which have not complied with a common financing formula; if not, why not; if so, what action;

(5) whether the *per capita* income voluntarily raised by schools has been included in the figures; if not, what are these figures per province?

The MINISTER OF EDUCATION AND CULTURE:

(1) Yes, but the reasons have not been determined as the matter is regarded as a domestic affair of each province in terms of section 84 of the Provincial Government Act, 1961 (Act 32 of 1961);

(2) different financing formulas are being applied to comply with the circumstances and needs of each of the different types of schools or centres; and

(3) no, for the reasons given in (2) above; and

(4) and (5) fall away.

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Finance, 240, 451
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Health and Welfare, 463
Home Affairs, 785
Justice, 160, 312, 319, 328, 363, 898
Law and Order, 199, 207, 376
Manpower, 609
Mineral and Energy Affairs, 239
National Education, 237, 696
State President, 610, 611
Trade and Industry, 648
Transport Affairs, 77, 263, 444, 732, 899
Water Affairs, 377
Own Affairs:
Agriculture and Water Supply, 464
Budget, 179, 288
Education and Culture, 240, 288, 382
Health Services and Welfare, 433, 465
Local Government, Housing and Works, 180, 183, 619

Bamford, Mr B R—
Public Works, 276

Barnard, Dr M S—
General Affairs:
Agricultural Economics, 352, 832
Constitutional Development and Planning, 218
Co-operation, Development and Education, 53, 150, 456, 461, 647, 823
Finance, 403, 498
Health and Welfare, 82, 142, 147, 207, 237, 238, 239, 248, 263, 411, 460, 461, 462, 464, 473, 482, 483, 487, 488, 508, 587, 588, 810, 815, 816, 817, 821, 858, 917
Home Affairs, 697
Justice, 681
Law and Order, 318
Transport Affairs, 80, 410, 708
Own Affairs:
Education and Culture, 174, 454
Health Services and Welfare, 171, 333, 756, 763

Barnard, Mr S P—
Defence, 47
Finance, 15

Boraine, Dr A L—
Communications, 799
Co-operation, Development and Education, 7, 628
Health and Welfare, 451
Law and Order, 29, 203, 256, 594, 893, 894
Manpower, 7, 8, 82, 86, 93, 99, 145, 204, 256, 378, 379, 381, 486, 603, 604, 605, 612, 615, 652, 701, 702, 706, 707, 810, 863
Mineral and Energy Affairs, 63
National Education, 145
Water Affairs, 791

Botha, Mr C J van R—
Public Works, 770

Burrows, Mr R M—
General Affairs:
Constitutional Development and Planning, 750
Co-operation, Development and Education, 68, 74, 165, 265, 423, 721, 852
Defence, 772
Health and Welfare, 524

 Cape Times 18/4/85

Bread subsidy cash to fight hunger proposed

By ANTHONY JOHNSON
Political Correspondent

THE Carnegie Inquiry has proposed a children's feeding scheme sponsored from government funds currently used for the bread subsidy as a strategy for countering South Africa's massive malnutrition problem.

An Oxford University researcher, Mr Peter Moll, has calculated that a supplementary feeding scheme for children would cost about R17-million — and could be drawn from the more than R100-million spent annually on the subsidy.

In the latest paper to come out of the Carnegie Inquiry which is aimed at generating strategies against poverty, Mr Moll proposes a supplementary children's feeding scheme as "a simple, reasonably inexpensive solution to the severe problem of malnutrition in South Africa".

In addition, it would have the related benefits of higher attendance at school and greater pupil motivation and concentration.

He recommends that the government pay 100 percent of the initial capital costs and 75 percent of the running costs. An organized group of teachers and parents at schools or institutions would raise the balance.

This would guarantee community participation in the scheme and act as a catalyst for future community projects.

Mr Moll suggests that a food stamp scheme — targeted specifically at needy groups in society such as pregnant mothers, pensioners and TB sufferers — could complement a supplementary school feeding scheme.

He warns, however, that school feeding schemes have their drawbacks and limitations. Most serious is that they often fail to reach those most in need of "nutritional supplementation", reaching instead the "survivors".

"Children of school-going age are those who have survived the ravages of malnutrition. Their weight, vigour and levels of concentration might not be up to standard, but they will probably not die from malnutrition.

"Children who are too poor to go to school, and those under school-going age, are more vulnerable to malnutrition-related diseases."

Mr Moll cites government figures which suggest that more than two million of the country's nine to 10 million children are well underweight for age.

"It would be ludicrous to attribute a problem as acute and vast as this to ignorance or good eating habits or laziness."

Mass meeting on health

Sowetan 19/4/85 (90) ~~97~~

THE Soweto Woman's Group, an affiliate of the Federation of Transvaal Women, will hold a mass meeting on health on Sunday at the Dube YWCA.

The meeting will start at 1 pm. It will be held jointly with the Health Workers Association. All interested people in Soweto are invited to attend.

"Health standards in Soweto have deterioted and remain at their lowest for a long time", said Benedicta Monama.

"Hundreds of our children are suffering from kwashiokor and little has been done to look into this problem and its causes."

In other countries, she said. TB is a disease of the past while in South Africa it is as common as a cold. "Do we ever ask ourselves why?" They have seen very recently how health authorities at the Baragwanath hospital have handled the issue and administration of health.

Azapo

The Azanian People's Organisation (Soweto branch) will hold a health clinic at Mzimhlphe Resettlement Camp on Sunday.

A medical team will be at hand to advise people on health. The clinic, which starts at 8.30 am and will last until 1 pm, will be held at Room 476.

Call for State-backed feeding scheme

SA has serious problem of underfeeding - researcher

MORE than one in five of South Africa's children are well under weight for age.

The serious problem of malnutrition in the country has prompted Mr Peter Moll, a writer connected with the Second Carnegie Inquiry into Poverty and Development in South Africa, to suggest a Government-backed feeding scheme.

This scheme, which Mr Moll feels should be paid for from the State's annual bread subsidy, would have great benefits like higher attendance at school and more pupil motivation and concentration.

More than R 100-m is allocated to cushion the cost of bread every year.

According to Mr Moll, his feeding plan would cost R 17-m annually.

In a recent paper he said it would be ludicrous to attribute the fact that over two million of the country's nine or 10 million children show signs of malnutrition to reasons such as ignorance of good eating habits or laziness.

"Malnutrition, and the poverty which is its cause and effect, is not an isolated phenomenon," he said.

Despite his propagating the idea of the new feeding scheme, Mr Moll also acknowledges that small-scale nutritional programmes alone will not bring about improved nutrition for South Africa.

Economic reforms are also desirable, and he sees his idea as merely a contribution to the long-term development of a comprehensive, integrated nutrition policy package aimed at eradicating malnutrition in the country.

"Children most susceptible to malnutrition-related diseases are those too poor to go to school, and those under school-going age.

"Those who do attend school may often be underweight, but they will probably not die of malnutrition," said Mr Moll.

NEED

School feeding schemes, he feels, therefore, often do not reach the children who need them.

Mr Moll has suggested that the Government pay the entire initial cost of the scheme, and thereafter 75 percent of the running costs. Teachers and parents connected to particular institutions would have to raise the rest.

Unemployment, unrest, leads to leap in malnourished children

By NEILL DARKE

THERE has been a 62 percent increase over the past six months in the number of children from Cape Town's black townships admitted to the city's Red Cross Children's Hospital suffering from severe malnutrition or kwashiorkor — the end stage of the illness.

This is one alarming finding to emerge from a survey just completed by Professor M Kibel, head of the hospital's Child Health Unit and his staff.

A study of the nutritional state of about 1 000 children at Khayelitsha's Site C area showed that one third were chronically malnourished.

THE children ranged in age from one year to five, and comparisons with international standards revealed that one in every three was severely stunted in height.

"What is particularly worrying is that it is at this age that a child's brain may be damaged through malnutrition. Such children may not be able to develop their full brain growth and so achieve their full potential," says Prof Kibel.

It was decided to study malnutrition at Site C because it is the poorest area in Khayelitsha. It is now home to more than 30 000 blacks originally regarded as "illegals" by officialdom.

PREVIOUSLY Nyanga Bush squatters, they were persuaded to move to Site C by officials once promised that they would not be deported.

"Many of them are from the Transkei and Ciskei and arrived in poor health," says Prof Kibel. "Living in unhealthy, overcrowded conditions, they are liable to pick up a number of infections and malnutrition is made worse by infection — the two are interwoven.

"The Divisional Council are doing a great job in providing a health service in Khayelitsha, within the constraints of staff and money. But their budget, provided by the State, needs to be increased several times over for them to be really effective."

"The position at Site C is now very bad. It has worsened because of unemployment and the unrest," says Mrs Somi Zaki, a nutritionist attached to the Cape Nutrition Education Project, a voluntary organisation which started operating in the area last year.

"At times people starve here. They have no food at all in their homes.

"We see the lucky ones. The less fortunate are those children who never get to us. Their parents realise too late that the child is seriously ill and requires urgent attention."



The children suffer

LOCAL social workers estimate that at times 80 per cent of eligible adults in the area cannot find regular employment, according to Father Desmond Curran, of St Gabriel's Church, Guguletu.

Fr Curran, whose parish includes Khayelitsha, says that he has been told that more people continue to arrive at Site C, mostly from poverty-stricken areas of the Ciskei and Transkei.

"They cannot support themselves there. In spite of the conditions, they believe they are better off here, where they may be able to earn some money."

Work-seekers are also being dealt body-blows by a lack of food.

"There are adults here who are too malnourished to be able to work on a regular basis — particularly if the work is hard, manual labour," says Mrs Zaki.

"And that's the type of employment they are most likely to find, if they can get any job at all."

Hard times hunger hits white pupils

Star 10/5/85

90

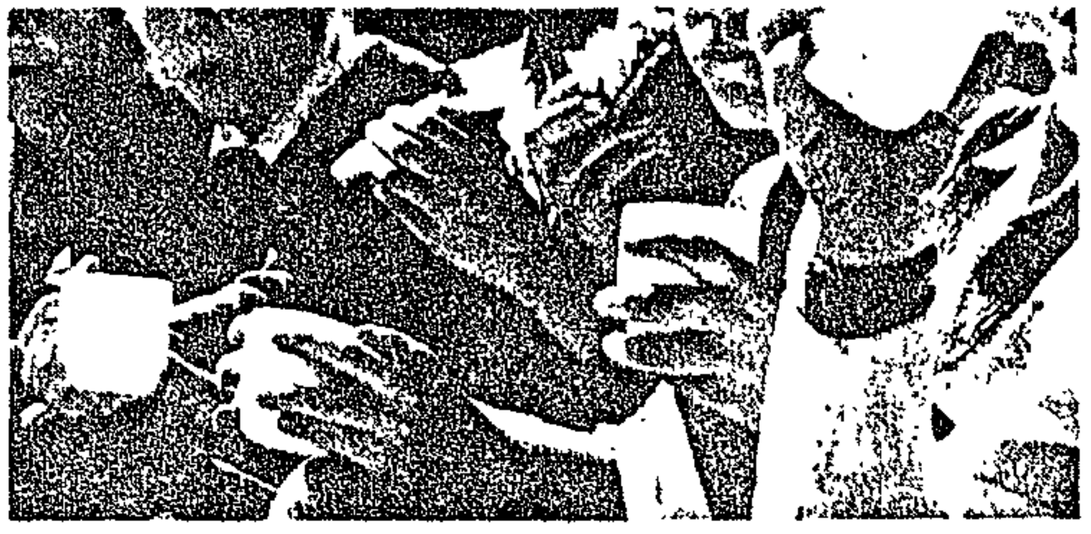
Well below the breadline

Johnny X and his brother Steven have not had a decent breakfast for a long time.

Children from a poverty-stricken family in Johannesburg's eastern suburbs, their main source of food is at school where they are given soup and sandwiches a couple of times a week.

Their father, who recently moved out of home to live with his girlfriend, was retrenched a couple of months ago. Their mother is unemployed. They have a small welfare grant but it only covers the rent. Essentials such as food have to be found elsewhere.

The school principal said: "When their mother is able to borrow money from an aunt, uncle or brother for food, the children leave school early to fetch their lunch. These children are really living below the breadline."



Pupils from an eastern suburbs school clutch mugs of hot soup and sandwiches which are distributed by teachers.

By Susan Pleming, Education Reporter

Hundreds of white children in central and eastern Johannesburg are going to school hungry and six schools in the eastern suburbs have started feeding schemes for pupils.

Previously such schemes were found only in black areas where they have benefited thousands.

Now, as a direct result of the recession, small pockets of poverty have emerged in white residential areas such as Joubert Park, Hillbrow, Doornfontein, Troyeville, Jeppe, Fairview and Malvern

The headmaster of an eastern suburbs school says that about 200 of the 250 pupils are malnourished and school attendance has dropped dramatically.

Mr Hennie Bekker, MPC for Jeppe, said that about 500 children — mainly from primary schools in the eastern suburbs — had been found to need food.

Community help

He pointed out that, because it was no longer the Transvaal Education Department's policy to run feeding schemes in its schools, the community had decided to help.

"It will cost us about R1 000 a month to run the



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Community help

He pointed out that, because it was no longer the Transvaal Education Department's policy to run feeding schemes in its schools, the community had decided to help.

"It will cost us about R1 000 a month to run the scheme and this will cover only bare essentials such as soup and bread. We are planning to run this project during the winter months only but, obviously, if we can get financial support from the public we will be able to extend it.

"We will be feeding children from about six schools — but there may be eight or nine schools needing help," he said.

Mr Bekker said he was concerned that there would be a marked stayaway by pupils during the cold winter months.

Chairman of the "Winter School Feeding Scheme" and chairman of the Jimmy O'Connor Welfare Services Club in Malvern, Mr Ronnie West, said some schools were already distributing food.

"Before these pupils received food at school the teachers said they were tense, tired and continually fought in class. But, since they have been fed, there has been a marked improvement in their behaviour and classwork," he said.

Anyone who can help the committee with donations should telephone Mr West at (011) 58-1133 during office hours or (011) 58-5233 at home.

Fed every day

While hundreds of white children are struggling to survive during the recession, about 11 000 black pupils on the Reef are fed every day by the African Children's Feeding Scheme.

The chief sister of the scheme, Mrs Jeannette Molefe, said that the number was increasing daily.

Most of the feeding schemes focus on Alexandra township, according to Mr Mohammed Dangar, administrative director of Operation Hunger.

"We are feeding some children at creches but, because the need has become so desperate in Soweto schools, we will also be feeding those children soon," he said.

Anyone who can help the African Children's Feeding Scheme should telephone (011) 339-1762. The telephone number for Operation Hunger is (011) 339-7636.

Pupils faint from hunger — PSFA

CAPE Times 11/5/81 90

By CHRIS ERASMUS
Medical Reporter

FOR the first time in several years, reports are reaching the Peninsula School Feeding Association of children fainting at schools because of malnutrition.

In the past month, about 6 000 more children joined the school feeding programme and it is probable that, in the present economic circumstances, many more would soon join, the PSFA organizer, Mr N F H Freeman, said yesterday.

"We have received a number of reports from headmasters of a relatively large percentage of their pupils arriving at school without having had breakfast and having no lunch. Some of these children have been fainting as a result.

"There is no doubt that the poor economic situation of the country is having a marked effect on families in the Peninsula, particularly in Atlantis and Mitchells Plain," he said

"Malnutrition and TB have been linked by medical authorities It is therefore possible to assume that the present situation will aggravate the task of those combating TB in the Peninsula.

"The worst malnutrition is seen in country schools, especially the farm schools," said Mr Freeman.

The PSFA was now feeding about 140 000 children in about 260 schools, with at least 5 000 loaves of bread used daily in its programme.

While the PSFA still had some money set aside, most of this was earmarked for the construction of 26 kitchens at schools in Khayelitsha, each at a cost of about R6 000.

Mr Freeman said the Association was not now in desperate financial trouble, but with a number of price increases "in the pipeline" and the increasing numbers of children in the feeding programme it was important to keep "the fund-raising wheel turning".

"The people who were boiling the eggs which we were feeding the children pulled out of the programme, forcing us to substitute with skimmed milk powder, which is more expensive "

The Diary Board Stabilization Fund is subsidizing the cost of this by 50 percent but only for as long as there is a surplus

"We are facing other price increases.

"People do not realize it, but an increase in the bread price of just 1c a loaf costs us about R13 000 a year," he said

The PSFA is totally dependent on public support and receives no aid from the government or the Community Chest.

● Those wishing further information should telephone the PSFA at 25-3984 or send donations directly to PO Box 4055, Cape Town.

Paediatricians should cover every aspect of health care

By Kate McKinnell

Paediatrics was a small area of medicine focusing on feeding problems and diarrhoea when Professor John Hansen started out on his career.

Professor Hansen, who recently retired after 14 years as head of the department of paediatrics at the University of the Witwatersrand medical school, says he has seen dramatic local changes.

"When I first started, we called paediatrics stool-gazing — examining nappies to judge babies' progress.

"Now paediatrics is a highly sophisticated field, and is an independent department at Wits medical school with a staff of over 100. All medical students complete a course on paediatrics," says Professor Hansen.

In his inaugural lecture in 1972, he suggested ways for improving care of children, some of which have been put into practice.

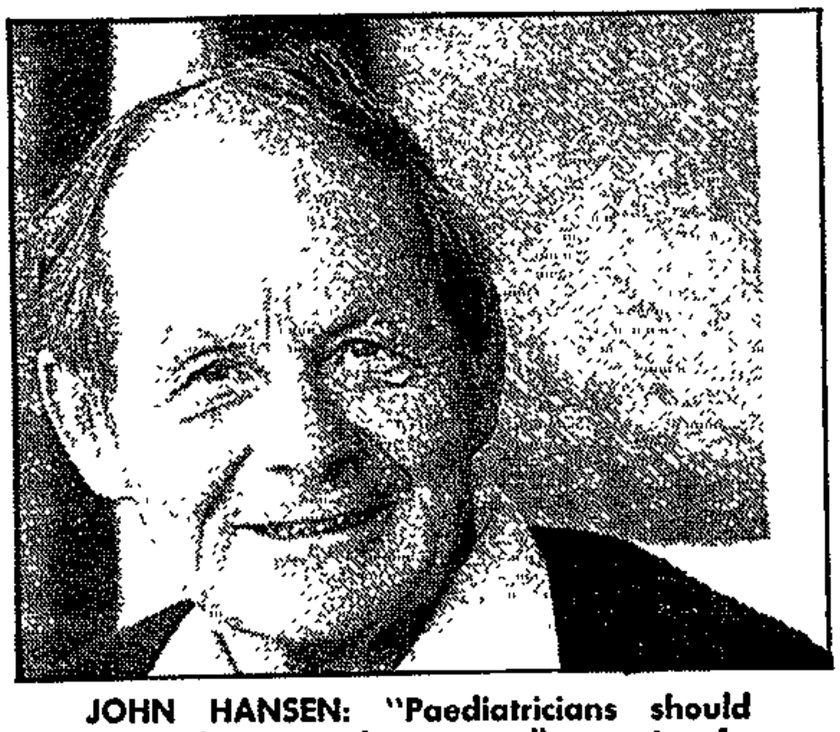
But Professor Hansen refuses to take credit for this, emphasising his staff's hard work, and the co-operation of official bodies.

Excellent co-ordination of the services at the four main hospitals in this area, the Johannesburg General, the J G Strijdom, Coronationville and Baragwanath Hospitals means every child is treated where the best care is available, he says.

For 25 years he has promoted the "road to health" card which every mother would receive when their child was born, recording weight gain and medical history to ensure continuity in health care.

The system has been operating in various centres. This year it will be an official procedure throughout the country.

Another development in improving care for children in Johannesburg was the opening, in 1980, of the Transvaal Medical Institute for Child Health and Development (TMI).



JOHN HANSEN: "Paediatricians should help educate mothers as well as caring for their children."

"It provides a one-stop service for parent and child, covering family planning, genetic counselling, dental and psychiatric services, immunisation, toy library and assessment of disabled children," says Professor Hansen, TMI honorary director.

Since he graduated in 1942 his interest has focused on child nutrition.

The Metabolic and Nutrition Research Unit at Baragwanath Hospital, which he established when he joined Wits, this year becomes a fully fledged unit of the Medical Research Council.

"Infant mortality rates are high among underprivileged people here, indicating a need for preventative paediatrics.

"Nutrition in urban areas has greatly improved. In Soweto, very few cases of severe malnutrition are found.

"My research has found that malnutrition does not cause irreparable damage. Children might be retarded in development because their apathy prevents them from playing and learning, but this can be reversed by treating the malnutrition and then providing maximum stimulation."

Wits was one of the last medical schools to establish a paediatrics department, but paediatrics is now prominent in students' training.

"Paediatricians should take a holistic view, concerning themselves with every aspect of child care, from family planning to feeding.

"We have started a programme where each student takes responsibility for the medical needs of a mother and child," Professor Hansen says.

He believes doctors can be agents of change to improve living conditions of the community — paediatricians, in particular, should look beyond their consulting rooms to identify problems and community needs.

Proof of the paediatric department's holistic approach has been its concern that the community should help working mothers by providing day-care facilities, while companies should provide creches.

It also played a part in changing hospitals' strict visiting hours, so that mothers could be with their children and even sleep overnight.

For Professor Hansen, retirement means returning to the work he likes best — researching infant nutrition — and he has already joined the Medical University of South Africa (Medunsa) as a research consultant.

Boost for school feeding scheme

Star 13/5/85

Education Reporter

Hundreds of well-wishers have responded to an appeal to sponsor feeding schemes for about 500 children who are going to school hungry in Johannesburg's eastern and central suburbs.

The chairman of the "Winter School Feeding Scheme" and chairman of the Jimmy O' Connor Welfare Services Club in Malvern, Mr Ronnie West, said the response had been very good.

"We have received a couple of hundred calls. Some of those people have said they will send in cheques and one anonymous donor has pledged R500 for the scheme," he said.

Mr West added that a supermarket had said it would give R1 000 a month for the next six months to help feed the children.

"This money will certainly help us, but we will need a lot more to keep the feeding schemes going," he said.

The Star revealed on Friday that as a direct result of the recession, small pockets of poverty had emerged in white residential areas such as Joubert Park, Hillbrow, Doornfontein, Troyeville, Jeppe, Fairview and Malvern.

Anyone who wishes to donate money to the scheme should telephone Mr West at (011) 58-1133 during office hours or (011) 58-5233 at home.

Thousands of black children are also in need of help and anyone who can assist the African Children's Feeding Scheme should telephone (011) 339-1762. The telephone number for Operation Hunger is (011) 339-7636.

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Apples donated to the needy

Cape Times 23/5/85 Staff Reporter (90) (35)

THE first consignment of a gift of almost 3½-million apples was handed over to Operation Hunger by the Deciduous Fruit Board in Cape Town last night

Mr Mohammed Dangor, assistant director of Operation Hunger, said the 20 000 cartons of apples would be distributed among the hungry people of South Africa.

Mr Leo Fine, chairman of the Deciduous Fruit Board, who presented the donation to Mr Dangor, said: "The deciduous fruit industry is blessed with a good export season this year, but we are very much aware of the distress inflicted on many of our fellow-citizens by unemployment and drought."

Mr Dangor said about 7 000 cartons were to be sent to the Transvaal, Venda, Bophuthatswana, the Free State and Lesotho; 3 000 to Natal; 5 000 to the Eastern Cape, Transkei and Ciskei, and 5 000 to the Western Cape and Namaqualand.

Many a slip ty...

R22m loss on dairy export

CAPE TIMES 30/5/85

Political Staff

THE Dairy Board sustained a loss of nearly R22 million on the export of skim milk powder in the 1983/84 financial year.

This is expected to rise to more than R31.million

The report of the Auditor-General of the accounts of the Dairy Board tabled in Parliament showed that during the same financial year the board donated R9 000 for drought assistance in Ciskei.

The MP for Port Elizabeth Central, Mr John Malcomess, who disclosed in Parliament recently that South Africa was exporting powdered milk to Japan as food for pigs, described the loss as "disgusting".

Mr Malcomess, who had suggested that the milk could be used to combat widespread disease resulting from malnutrition, said the fact that a huge loss had been sustained to feed pigs in Japan while only R9 000 had been given to Ciskei for drought relief "said it all".

Malnutrition hits strikers' children

NM 13/6/85

Labour Reporter

MANY children of the striking workers at a Howick rubber company, BTR Sarmcol, have been hit by severe malnutrition, according to a Durban doctor who is assisting the families with free medical services.

Dr Mark Colvin, who was asked by the Metal and Allied Workers' Union to help the families after their medical aid had been stopped following the strike, said yesterday that he had treated 54 patients at the Mpophomeni township this week.

Another clinic would be held in the township tomorrow.

'These are all families of the striking workers at BTR Sarmcol who are unable to afford medical treatment.

'Twenty percent of these were children between the ages of two and nine.

'About 80 percent of the patients were experiencing severe malnutrition. This developed over the months, but their condition worsened after the loss of income.

'Some patients suffered with severe ear infection.

'Asked why they had not seen a doctor earlier, most replied that they did not have the money to travel to Howick, which is 20 km away, for medical treatment,' he said.

Dr Colvin said a number of Durban doctors had assisted by donating medicines.

Nearly 1 000 workers at the factory went on strike last month

CMC- Trinkets 4/3/85

Hard times in Namaqualand

By RONNIE MORRIS

NAMAQUALAND is not only the "Land of the Thirst King" but also the land of the unemployed and children suffering from first-degree malnutrition.

Unemployment is high and there is no relief in sight as the copper mines battle to survive the slump which has nearly paralysed the industry.

Alternative employment is non-existent and with the area in the grip of a severe drought, the outlook remains bleak.

The executive director, Operation Hunger, Mrs Ina Perlman, said yesterday that 51 percent of the schoolchildren in the O'Kiep, Springbok, Nababiep triangle were suffering from first-degree malnutrition.

She said the organization, which had fed 5 500 children under the age of 12 in 1981, now had to feed more than 8 500 children.

Operation Hunger, in conjunction with the South African Red Cross Society, has set up a schoolfeeding project and is now feeding both primary and pre-school children.

The organization is also providing relief schemes for entire families.

In some villages there was 100 percent unemployment, Mrs Perlman said.

Determination

"The situation is very serious. One of the mines has closed down completely and the other mines have retrenched heavily. The fishing industry is also in trouble and there is no alternative farming as a result of the drought."

However, people in Namaqualand were well-organized and were eager to help themselves. A variety of schemes was being put forward by the community and an atmosphere of determination prevailed, Mrs Perlman said.

Operation Hunger is feeding 652 000 people countrywide with an additional 200 000 on its waiting list. Appeals from Bushmanland, Cape Town, Graaff-Reinet and other areas in the Eastern Cape are straining the resources of the organization.

"All over the country we are faced with a deteriorating situation and increasing appeals for help. Frankly we don't know where to turn. This is undoubtedly going to be the worst winter," Mrs Perlman said.

She praised the Apple Board who recently donated 22 000 boxes of export-grade apples to Operation Hunger for distribution in South Africa. She appealed to producers to donate their surpluses to the organization.

A spokeswoman for the South African Red Cross Society said yesterday that the Red Cross ran a pre-school for children in O'Kiep. They also planned to extend the schoolfeeding scheme to include elderly people.

She confirmed that the society, in conjunction with Operation Hunger, was feeding 8 875 children in Namaqualand.

Carnegie Inquiry

They had conducted an informal survey on a family basis in seven communities in April this year and the outcome "was very much in line" with the findings presented to the Second Carnegie Inquiry into Poverty and Development in Southern Africa last year.

The informal survey found that the average income per family was R139 a month, which was R6 less than was found by field workers of the University of Cape Town last year, she said.

The spokeswoman said they believed that the current situation was linked to the drought, the drop in copper production and the lack of alternative employment. The situation was unique to Namaqualand as people traditionally depended on the mines, she said.

"There has been tremendous migration to the cities by young people who send some sort of finance home.

"In Bushmanland the migratory labour force are going around in circles looking for work especially in the Britstown, Victoria West area."

But, she said, people in Namaqualand were becoming more motivated towards self-help. They also relied on the leadership of church ministers.

Breast may not always be best for premature babies

90
Star
31/7/85

Information on the advantages of breast feeding tends to reach people who do not need it as much as others, says a paediatric professor. He spoke to KATE McKINNELL about when "breast is best".

Breast may not necessarily be best for premature babies born weighing less than 1 500 g, says Professor Alan Rothberg, newly appointed head of paediatrics at the University of the Witwatersrand.

For about 95 percent of babies the 'breast is best' concept holds true, says Professor Rothberg.

The remaining five percent are premature babies who have a birth weight below 1 500 g. Artificial formulas or artificially fortified human milk may meet their nutritional needs better than ordinary breast milk, he says.

These children should not be confused with so-called "growth retarded" babies found in rural areas who have low birth weights due to stress factors in the mothers and not because they were born prematurely.

These babies may thrive just as well on breast milk as on artificial formulas, says Professor Rothberg.

Members of his department have researched many different aspects of infant nutrition. A particular interest has been vitamin deficiencies in the mother, her milk and the breast-fed child.

It has been found that if a mother is deficient in Vitamins K and D, it is possible her child will be born with a similar deficiency.

In these instances the mother's breast milk is likely to be lacking in the vitamin. Infants in this situation may need supplementation either directly or through maternal supplementation.



ALAN ROTHBERG: "Breast is usually best."

Information on the advantages of breast feeding tends not to reach those who need it most, Professor Rothberg says.

Breast-feeding organisations in South Africa operate mainly in urban areas, where clean water is available, and sterilisation and cleanliness are easier to maintain. This makes bottle feeding more likely to be safe, if not desirable when bonding and other issues are considered.

In rural areas, particularly during droughts, bottle-feeding may increase the risk of fatal gasto-enteritis, he says. Breast feeding prevents the risks of using dirty water in unsterilised bottles.

It also cuts out the costs of artificial milk formulas, a key factor in communities which may be impoverished by drought.

"Health care workers in the rural areas are spreading more knowledge about the desirability of breast feeding. But there are still mothers who believe formulas are best for their babies and even feed their baby with non-dairy creamers," says Professor Rothberg.

The Johannesburg Hospital neo-natal unit under Professor Rothberg provides every aspect of follow-up treatment for high-risk infants. Research in this area is vital to understanding patterns of growth and development.

Members of the unit recently studied the necessity of physiotherapy for premature babies. Physiotherapy has been widely prescribed for high-risk infants who show subtle developmental abnormalities.

But research found many problems clear up naturally with time — most babies left alone did just as well as those who received physiotherapy.

Professor Rothberg, who worked for three years in the United States, says South African practitioners should not rely on research in other countries to provide answers to our medical problems.

"South African society has First and Third World characteristics and conditions.

"But we must use this unique situation to study and solve Third World problems with first world knowledge and facilities," says Professor Rothberg.

Alarm as hunger hits Peninsula children

Staff Reporter

THOUSANDS of Peninsula children go to school hungry and the situation gets worse every day as more and more people lose jobs

● The Peninsula School Feeding Association receives fresh applications for help every week.

● World Vision estimates that 20 percent more people are malnourished than 12 months ago.

● The Red Cross is running feeding schemes in Namaqualand, where the closing of mines has meant no jobs and no prospects for thousands of people.

● In Atlantis school principals say up to half their pupils do not get enough to eat and fainting from hunger is "not unusual".

Mr Norman Freeman, organiser for the Peninsula Schools Feeding Association, said the association was feeding 160 000 children at 284 schools and fresh applications were being received every week

Aggravating

He said unemployment, especially in Atlantis and Mitchell's Plain, was aggravating malnutrition.

"The situation is getting worse every week," said Mr Freeman.

Principals of schools in Atlantis estimated that up to half their pupils were malnourished.

"When you get children fainting in assembly you know it's because they haven't eaten."

Principals said health surveys had shown an increasing number of children with skin diseases and other ailments associated with malnutrition.

Mrs Jeanne Welsh, a Red Cross spokesman, said the organisation was mostly involved in projects outside the urban areas

The situation was especially critical in Namaqualand and several projects were helping to feed thousands of people.

Mrs Hildegard Grant, regional representative of World Vision, said malnutrition in the Cape was not as severe as in some parts of Transvaal; but unemployment was having a severe effect of people's ability to feed themselves.

"Parents have no money. They cannot buy food for themselves or their children and it is getting worse."

"We help by setting up labour bureaus, small businesses and by teaching people skills and handcrafts and how to grow their own vegetables," said Mrs Grant.

Mr Peter Oberholzer, area manager for World Vision, calculated that 20 percent more people were malnourished than a year ago.

Traders in bid to cut theft in shops

Labour Reporter

BUSINESSMEN in Mitchell's Plain are giving meals to children rather than lose out to increasing shoplifting attributed to unemployment in the area

This is one of the findings of a survey in the Beacon Valley area carried out by the Mitchell's Plain Minister's Fraternal, the Mitchell's Plain Advice Office and the Clothing Workers Union

The three groups combined because each was being called on to deal with different aspects of what they viewed as the same problem — the effects of unemployment

Areas covered by the survey were the family, schooling, unemployment and the Unemployment Insurance Fund

The survey showed 30 percent of householders were in arrears with rent, 15 percent were unemployed, 24 percent of households had one breadwinner unemployed and 60 percent had lodgers of whom 33 percent were unemployed.

PROBLEMS

The high rate of lodging was linked with the economic situation and housing problems. Families took in lodgers to help with rents but there was also a housing shortage. In many cases, the lodgers later lost jobs, creating further problems.

The Rev Maxwell Malan of the Ministers Fraternal said: "Families already having problems with unemployment find it difficult to turn a lodger out if he becomes unemployed."

Many psychological problems were encountered, including guilt over the situation and frustration, leading to family problems.

The Advice Office takes up rent and eviction problems and has so far successfully halted the evictions of 11 families and gained reduced rentals for 41.

The Advice Office supplies meals to about 120 people three times a week financed with gifts from businessmen and individuals

Hunger hits more children

Staff Reporter

CHILDREN at white schools in the Peninsula are fainting in classes and arriving at school without sandwiches, the organizer of the Peninsula School Feeding Association said yesterday.

Mr Norman Freeman said that when the association began assisting Peninsula schools in feeding needy children in 1958, there had also been a few white schools on the books.

Today the association assisted only coloured and black schools, Mr Freeman said, but would welcome any white schools where children were becoming ill and unable to concentrate on classes because of hunger.

Unemployment was a large factor in the increase of malnutrition in schoolchildren in all sectors of the community and the school feeding association was constantly receiving requests for help.

Applications

The association currently feeds about 160 000 children and the problem is worsening every month.

"Today I have ten new applications in front of me, supported by medical evidence, from schools in, for instance, Caledon, De Doorns, Atlantis and Mitchells Plain.

"Two schools in Khayelitsha involving about 1 650 children have also requested assistance," Mr Freeman said.

Sophie Tema reports from Johannesburg that the number of hungry children in the townships is increasing.

"Meanwhile more and more people are losing their jobs and find it difficult to cope under the situation," Mrs Ina Perlman, founder of Operation Hunger, said yesterday.

"The problem of starving children in the townships is getting worse.

"And, although more and more people who have lost their jobs and their homes in the city are taking their families back to the homelands where they came from, they turn out to be the worst affected."

This week OK Bazaars responded for the third year in succession to the urgent need for food in rural areas stricken by drought

The supermarket chain donated food to Operation Hunger for the drought-affected Levubu area in Venda, Northern Transvaal.

Truckload

This year the chain has undertaken to donate a further R100 000 in food and will again carry out distribution at an additional cost of R30 000.

At the weekend a truckload of food was delivered to the St Joseph's Mission in Levubu.

Mr Ken Coote, Senior Director of OK Bazaars, who made the donation to Mrs V Mphephu, wife of the President of Venda, said his stores approached business associates and elicited their support for Operation Hunger and raised an additional one million rands.

Mr Coote said: "South Africa's business community had been magnificent in raising the necessary money to keep food supplies moving to the rural areas.

"In addition to our support, the OK has approached business associates and elicited their support for Operation Hunger.

"As a result of their generous support and our active fund-raising efforts, we have raised an additional one million rands.

"I think all of us were surprised and delighted to discover just how much people really care."

NATIONAL Argus 19/9/85

Aid for thousands of starving children and their families

Argus Correspondent

JOHANNESBURG. — Aid will be given to thousands of starving children and their families within the next few weeks when the Department of National Health and Population Planning launches a nationwide feeding scheme.

Help has already been given to families in the Eastern Cape. The Witwatersrand has also been pinpointed as an emergency area.

An interdepartmental committee, headed by Dr Colin Cameron, a chief director of the department of National Health and Population Planning, will submit a report in the next 10 days outlining the main areas to be tackled.

"Our resources are fairly limited and so it is very neccessary that we can pinpoint the areas where help is needed most," says Dr Cameron.

The food, which will be bought from the agricultural marketing boards, will be taken by army transport to areas where it is needed most.

It will then be given to the local authorities. Clinics, school services or other organisations will be involved in the final distribution.

"This new scheme will not be easy to co-ordinate. Our aim is not to create a new feeding system, but to help those already in existence," Dr Cameron said.

He was not sure how long the feeding scheme would last.

"The availability of food will obviously dictate the duration of the scheme," he said

If you want to help distribute food or to give a donation, contact local welfare organisations or the local director of health.

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New egg-based product rich in protein

Food of future to fight hunger

Mercury Reporter

A NEW high-protein food which could ease chronic malnutrition in southern Africa has been developed by the South African Egg Board.

Called 'Food for the Future' (FFF), it consists of egg powder and vegetable protein and will provide an inexpensive balanced meal for people who are undernourished.

Leading South African food and nutrition consultant Renata Coetzee said the food 'especially corresponded' to the food habits and tastes of the consumer involved.

Miss Coetzee was speaking at the 21st conference of the International Egg Commission being held in Durban and was discussing malnutrition in the Third World.

Warning

One of the aspects of FFF is that it has a shelf life of four months and can be easily prepared as a side dish to the traditional African foods.

FFF was produced after the Egg Board took note of the warning of First World countries that Africa should be creative in trying to solve its food problems.

'At a recent conference a speaker said in no uncertain terms that First World countries can no longer pump food and money into Third World countries without them taking the initiative to become self-supporting in food supplies,' she said.

But while eggs might be the answer for the undernourished, they could contribute to the increasing incidence of coronary heart disease.

Two speakers — Dr A J Benade, of the National Research Institute for Nutritional Diseases of the South African Medical Research Council, and Dr J Booyens, of the physiology department of the Medical University of South Africa — addressed the commission on 'Cholesterol and Heart Disease'.

Dr Benade concluded that egg consumption should be limited to three a week while Dr Booyens argued that provided a consumer's essential fatty acid metabolism was normal, there was no limit to the number of eggs that could be consumed.

Arteries

Dr Benade said that while cholesterol (which is found in high quantities in eggs) was a basic biochemical component necessary for bodily functions, too much cholesterol was deadly.

He said an accumulation of cholesterol caused a 'fattening' of the arteries which would then cause the blood supply to the heart to be cut off, which resulted in heart attacks.

'Human metabolic studies, international comparisons and animal experiments have all implicated the ingestion of inordinate amounts of saturated fats and cholesterol and excessive calories as being chiefly responsible for the high average cholesterol values in affluent parts of the world,' said Dr Benade.

However, Dr Booyens said a study of two neighbouring suburbs — one affluent and one less affluent — showed that the incidence of heart disease in the less affluent community was three times that of the affluent community.

Disorders

He also said that research showed that in the period 1950 to 1967 egg consumption decreased but coronary heart disease increased.

Cape Times 7/11/85

Rise in TB among coloureds

By CHRIS ERASMUS
Medical Reporter

AN ACCELERATED tuberculosis epidemic is occurring among coloured people throughout the country and especially in the Western Cape, according to the Medical Officer of Health for the Cape Divisional Council, Dr L R Tibbit.

Addressing the TB issue in his 1984 annual report, Dr Tibbit described it as the "main infectious disease problem" facing medical authorities. He said there was an overall increase of 10 percent in the number of notifications of the disease in 1984, compared to 1983.

Since 1980 the number of annual notifications had increased by 54 percent, he said.

In all, there were 2 750 TB notifications in the Cape Divisional Council area in 1984 as against 2 500 the previous year.

Answer

"The notification rate per 100 000 has risen from 390 in 1983 to 415 in 1984 in the coloured population and it is evident that there is an accelerated epidemic of TB occurring in this population, especially in the Western Cape but also throughout the Republic," said Dr Tibbit.

"I am convinced the long-term answer to this problem is the development of community participation in the prevention, early reporting and completion of treatment of TB sufferers.

Media

"This can only be done by education. More beds for the hospitalization of TB sufferers, especially those who tend to default on treatment, is also necessary in the short term.

"However, as long as there is overcrowded housing and poor nutrition, a high prevalence rate of TB must be expected," he said.

Among steps recommended by Dr Tibbit to deal with the epidemic were the appointment of more health educators, including lay people, increased media coverage of the problem and the provision of a third mobile X-ray machine and an automatic processor for the Nyanga clinic.

● Dr Tibbit also said in his report that ischaemic heart disease (IHD) was the biggest killer overall, and especially among whites, in the Cape Divisional Council area during 1984.

IHD had accounted for 11,6 percent of all deaths and 22,1 percent of deaths among whites.

Nearly a quarter (23,5 percent) of all deaths among blacks were caused by a combination of homicides and transport accidents, with the next greatest cause of death in this group being intestinal infections, particularly among young children.

Indicators

There was little change in the infant mortality rates (IMRs) of whites and coloureds, said the report.

However, it was disturbing to note that there was a "significant rise" of more than six percent (from 32,32 to 38,36 percent) in the black infant mortality rate, particularly as IMRs were useful indicators of the efficacy of health services.

The greatest increase in infant deaths was among black neonates (new-borns) with a similar increase in the black still-birth rate.

The IMRs for the white and coloured groups were 9,62 and 24,47 percent respectively for 1984 as against 9,36 and 23,55 percent for 1983.

Researcher: E Cape children starving

DISPATCH
29/11/80

GRAHAMSTOWN — From one-third to one-half of preschool children in the Eastern Cape and other homeland areas might not be getting enough food, a Rhodes University geographer who has done extensive research into nutrition in the Eastern Cape and Ciskei, Dr Rob Fincham, said.

Speaking at a Bernard van Leer Foundation-sponsored seminar here, health in preschool programmes, he said while it seemed that at least three per cent of all children under the age of five in South Africa suffered from severe malnutrition, the picture was unclear because from 1967 malnutrition had not been a notifiable disease

Dr Fincham said studies showed that on white-owned farms, general undernutrition seemed to be the main problem among blacks, while in the urban areas about one-third of blacks, coloureds and Indians were at risk.

He said civil violence, unrest and unemployment were further worrying aspects.

"We can't at present work in some areas. There are parts of the community which we are not touching," he said

Dr Fincham spoke about facts emerging from studies in Gamtoos Valley resettlement camps — like Oxton and Tsweletswele — Port Elizabeth's smaller rual towns and the Amatola basin

He said in New Brighton where families tended to be fairly well off, about 17 per cent of children were at risk while in Little Soweto-by-the-sea, also a squatter community, the figure was as high as nearly 50 per cent probably reflecting the environments in which the peopel were situated.

In small towns there was tremendous variation. In Fingo Village, Grahamstown, a considerable number of preschool children were at risk, while at Makana's Kop Creche, only one was undernourished because of the provision of extra feeding

The Amatola basin was a fairly well provided for community, as long as the rains came together with money from migrant workers.

However, the children in Oxton and Tsweletswele were in a pitiful condition. Marasmus and kwashiorkor were rife.

The effects of malnutrition could result in hearing and speech malfunctions, learning problems and even brain damage.

It might not be possible to overcome these problems, even with physical rehabilitation

"If we can catch a child within the first two years of its life, we stand a chance The younger we catch it, the more chance he has of improving."

But the programme of environmental enrichment must be on-going, he stressed

Dr Fincham said the problem of malnutrition was political. He said only two per cent of the gross national product world-wide was spent on health, and only two per cent of that was spent on primary health care. There was a crying need for a redistribution of resources and much more money spent on combating malnutrition.

Dr Fincham said the health care system needed to be re-orientated with greater concentration on deficiency diseases

He said it was frightening how much was spent on arms compared to food, housing, education and social needs.

Resettlement resulted in the devastation of the environment

"We should be trying to avoid this at all costs," he said.

Malnutrition involved a wide range of problems These included an adequate supply of water, food and skills, immunisation and nutritional education as well as child care

Instant-food scheme is urged to fight hunger

Bus DAY 7/1/86. (90)

GOVERNMENT and private enterprise must co-operate to create an instant-food formula capable of supplying cheap, but sound, nutritional requirements for all the population.

This is according to a study by George Minaar, techno-economist with the Group for Techno-Economic Studies at the CSIR.

He says at least 2-million people in SA are underfed although the country is self-sufficient in most basic foods.

Minaar says this is despite an estimated 6-million people being directly or indirectly supplied with food by employers and welfare organisations.

"The problem therefore seems to be that basic foods, although available in sufficient quantities, are too expensive," says Minaar.

The country's four population groups all enjoy a sufficient national supply of protein to meet the per capita requirement, but not a sufficient supply of energy requirements.

ALAN PEAT

The short-term answer, says Minaar, is to develop an instant-food formula that will supply the nutrients required by the average individual.

"A product approximating maize meal in consistency, appearance and taste will probably be the most suitable.

"Such a minimum average nutritional needs additive diet will be monotonous. But we are faced with a situation where we have to find the most cost-effective way of fighting famine."

He says this should be accompanied by the abolition of all existing food subsidies and the rechannelling of funds into a direct subsidy for this type of product.

"Total expenditure on food subsidies amounts to more than R300m a year. A rough estimate of the cost of supplying an individual's daily requirements indicates that it should be possible at R1 or less."

NUTRIENT REQUIREMENTS OF THE AVERAGE WAGE-EARNER OF EACH POPULATION GROUP

	LABOUR		NUTRIENT REQUIREMENTS	
	Sedentary %	Manual %	Energy kj/day	Protein g/day
Whites	75	25	11 350	49
Coloureds	50	50	12 134	46
Asians	75	25	11 350	47
Blacks	25	75	12 918	46
Average per capita supply			8 860	79

Source: Adapted from: National Academy of Sciences (1980) Recomended Dietary Allowances, 9th Edition, Washington D.C.

COST OF SUPPLYING THE ENERGY REQUIREMENT FOR VARIOUS POPULATION GROUPS

Population Group	Cost per* "ave member"	No. of dependents including wage-earner	Costs per wage-earner
Whites	R238	1,99	R474
Coloureds	R255	2,65	R676
Asians	R238	2,92	R695
Blacks	R271	3,18	R862
Average	R250	2,81	R704

*R21,00 per mJ

Source: MINAAR

Venda protein project launched

STAR 7/2/86

A research project, aimed at producing high quality protein, has been launched at the University of Venda.

Mr R V Short, a graduate from Bristol University, has been appointed to assist Professor I G Gaigher on a project involving the recycling of organic waste and the use of fish.

The plan is to develop a unit which utilises waste and solar energy to produce protein for application in Third World countries. — Own Correspondent.

Malnutrition problem is rife in Crossroads

CAPE Times 4/4/86 (90)

FIVE YEARS ago the nutrition unit of the South African Christian Leadership Assembly (SACLA) clinic consisted of a SHAWCO mobile van. Today, with the construction of the new colourful prefab wing, the nutrition clinic has become an institution in Crossroads.

Nutrition advisor Kelly Mbangata is one of the original residents of Crossroads and one of the first staffers at the clinic.

Along with four other nutrition workers she was trained on site by the state health services and now sees about 40 children a day as well as a regular group of 30 mothers and children who come in on a daily basis.

The name of the nutrition block is *Philani*, the Xhosa name for *get well*.

Outside residents have set up food stalls selling fruit and chicken feet to the patients.

Children play in the straggling clumps of grass, springing around on rubber tyres and it's hard to imagine that, with the morning sun bouncing off the roof, in winter the short distance from the main clinic to *Philani* will be flooded out.

When Kelly arrived in old Crossroads in 1975 she was a squatter like the rest of the small community.

Coming from the Transkei and not having a pass she felt safe in the bush and built herself a shelter from corrugated iron and wood.

She too had to face the wrath of the police who frequently carried away her tiny shack.

Unyielding, the squatters cleared away chunks of bush to make way for the dwellings. There was a lot of space then and Kelly has fond memories of the garden she nurtured in front of her home. As the community multiplied, she had to give up her garden to incoming squatters.

In 1982 she accepted the offer of a two-roomed house in New Crossroads and now married with two children she says she had no choice but to move.

"But I still get homesick for old Crossroads. If they upgraded the area, I would love to come back here."

With children of her own Kelly is deeply concerned about the diets of the children in Crossroads.

"As you can see we have a problem with underweight and malnutritioned children in this community. Some mothers just don't know what to give their children to eat."

Opening up the files, Kelly points to a couple of case histories.

"You see, here is a mother, who is totally self-supporting. She has no boyfriend and she is unemployed. She lives in a cardboard shelter with her child, who is suffering from malnutrition. The stories are all quite similar."

GLYNNIS UNDERHILL

Food aid for workers

STAR 6/5/86. (90)

The Roodepoort City Council has decided to supplement the diet of 1 050 council labourers for a trial period of six months after reports that most were undernourished due to unbalanced diets at their hostels.

The decision was taken after a study disclosed that by 10 am many of the workers lacked the physical ability to complete a day's work.

At a recent meeting with the council, the workers objected to being accommodated in an alternative hostel which provided a balanced diet, for fear of intimidation from other hostel residents.

Most workers agreed half a litre of *mahewu* would be enough to supplement their diet. — West Rand Bureau.

Every other woman's too much

CITY P. 11/5/80. (90)

By SINNAH KUNENE

ONE of every two women in urban areas is overweight, Medunsa nutrition lecturer Pauline Khûzwayo charged this week.

She warned over 250 professional and executive women at a Johannesburg seminar on health and nutrition against crash diets and other get-slim-quick methods.

"If your weight is 10% higher than the chart weight, you're overweight. If you're 20% over, you are obese – and if it's 30%, it's crucial," said Khuzwayo, the first black SA woman to qualify as a dietician.

A person who is 1,57m tall should weigh 57kg to 60kg.

Khuzwayo dismissed the myth that starchy foods were the main cause of overweight.

In the rural areas – where staple foods consist mainly of carbohydrates – only 13% of women are overweight, she said.

In urban areas, people are usually overweight because of "westernisation".

"We've adopted the western ways of eating – forgetting that we're eating the poison they eat."

Eating highly refined foods causes diseases such as diabetes and hypertension, she said.

Khuzwayo said the "well-off classes" enforce these unhealthy eating habits. Milling companies are also not geared to produce enriched maize meal – they claim there's no demand.

She gave five basic rules for a healthy diet:

- Eat a variety of foods – and do not miss all meals.
- Know which foods to choose and which to avoid.
- Avoid too much of everything – salt, sugar, drinks, etc.
- Exercise – executive women do most of their work sitting down.
- Sleep – at least 7 hours a day.





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It's a lean time for SA's black children

THELMA TUCH

BLACK children in South Africa are generally far smaller and thinner than their white counterparts, due to malnutrition and other socio-economic factors.

That is according to Dr Noel Cameron, a British expert on human growth who is now a senior lecturer in the Department of Anatomy at the University of the Witwatersrand's Medical School.

"The health of a population is reflected in the pattern of growth and development of its children and the physical characteristics of its adults," he says

And for the majority of the South African population the prognosis is poor.

Black children in South Africa are way below the international average height, due to an inadequate diet and living conditions in both urban and rural environments.

But this does not apply to the country's white children, who are on a par with their counterparts in the United States and Europe, Dr Cameron says.

Further, the smaller proportions of black children is not an international phenomenon. In the United States, there is no disparity between the size of its white and black children.

Hence, Dr Cameron claims that black children in South Africa do have the genetic potential to be heavier and healthier.

He has initiated a number of studies relating to human growth and development, using data collected in South Africa.

They include a longitudinal analysis of the development of children suffering from kwashiorkor in early childhood, so as to determine the future development of an individual child who suffers from this form of malnutrition.

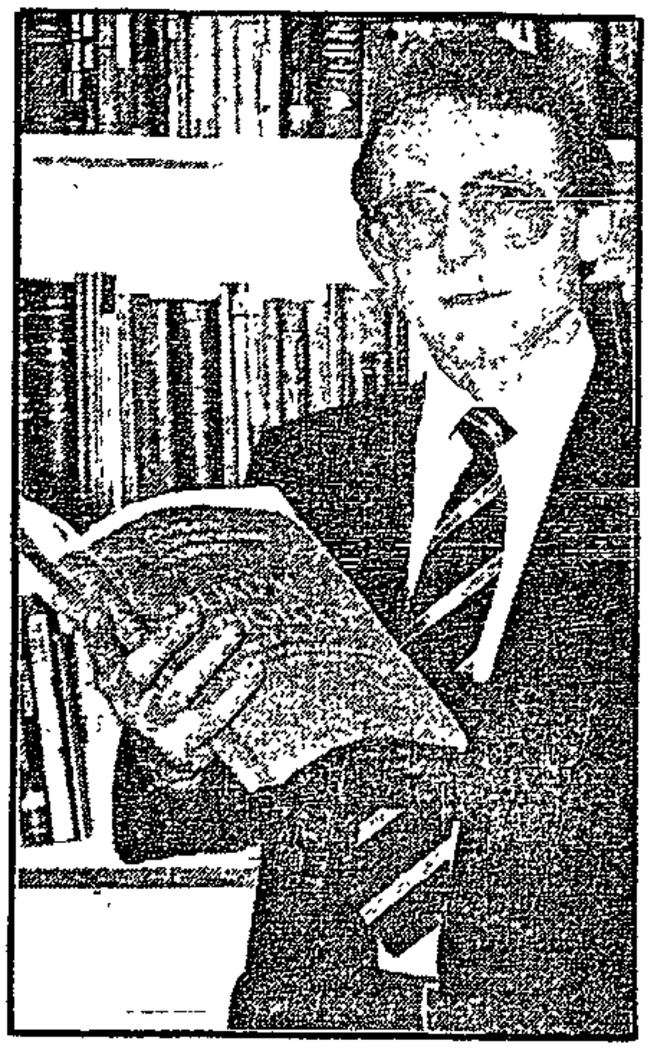
In collaboration with Dr Eric Rosen, of the Department of Paediatrics at Baragwanath Hospital, he is also monitoring the effect which an urban environment — such as Soweto — has on the growth and health of its children.

At a clinic in Muldersdrift, research is also being carried out to assess the nutritional status of chidren at risk of malnutrition.

He made a breakthrough in the area of tuberculosis following an analysis — organised by himself and a university student — of a sample of blacks in Bophuthatswana suffering from the disease

It is already known that ectomorphic individuals (those with a linear build) are at a high risk of contracting pulmonary tuberculosis.

However, Dr Cameron has also shown that those male and female patients with wide hips and narrow shoulders are more susceptible to TB than those of other body types.



DR NOEL CAMERON Studies related to human growth

A firm believer in the relationship of body type and disease, Dr Cameron says that, since the ancient Greek civilisation, people have been aware that one's body constitution relates to one's physical and mental health.

"For example, tall and thin individuals have been shown to be more susceptible to schizophrenia, while muscular types have more likelihood of becoming psychopaths."

And next time you're in a restaurant, observe not only how certain people eat but also the kinds of food they are consuming.

"The muscular types will probably be eating rapidly and aggressively, while fatter people are inclined to take their time," he says.

Dr Cameron is the author of a book published last year and likely to increase the effectiveness of malnutrition studies in this country.

It is called "The Measurement of Human Growth" and constitutes the details of a standardised method to analyse data on malnutrition.

Until now, numerous studies have been made using different methods, often depending on the particular bias of the researcher, says Dr Cameron As a result, no definite conclusions have been reached.

His expertise on the subject of growth has been in demand at universities throughout the world. He has been a visiting lecturer at eight universities, including Cambridge, the University of London, the University of Turin in Italy and three universities in Canada.

He has spent the past 10 years as a clinical auxologist and lecturer in the department of growth and development at London University's Institute of Child Health, where he worked with Professor J M Tanner, a well-know specialist in this area.

17/2/86
STAR

Venda child was starving, court told

A Johannesburg inquest magistrate yesterday found that one-year-old Mbangeseni Mudzunga, brought from Venda to be treated in Johannesburg, died of broncho-pneumonia and malnutrition.

Mr C G de Lange found that no one was to blame for the death of the child on November 25 last year at Baragwanath Hospital.

His mother, Miss Rosina Ramphahi, said her young son became ill while in Venda. "I brought him to Johannesburg to be taken to hospital. He was suffering from gastro-enteritis and his face was pimpled."

A Randburg general practitioner testified, in papers before the court, that the child was malnourished and suffered from pneumonia and pellagra (a deficiency skin disease) — which caused a skin pigmentation.

"It is well known that when pellagra is treated with a vitamin B injection, as he was, the rash becomes depigmented. This may have caused confusion at the post-mortem — where it was found that the boy suffered from partly healed second-degree burns. There were no burns on the child at the time of my examination."

Overseas help for hungry in Port Elizabeth

WP 19/7/86

90

By CATHY SCHNELL

MALNUTRITION in Port Elizabeth has reached such alarming proportions that Operation Hunger has had to resort to raising funds for the city overseas.

It is feeding 32 500 hungry people in PE — a figure they realise is only a fraction of the total number of malnourished people.

Mrs Roselle Frasca, Eastern Cape regional director of Operation Hunger, said the organisation would open an office in PE "in the very near future".

The organisation has two other offices — in Johannesburg and in East London.

Mrs Frasca has been serving the region, including Transkei and Ciskei, from the East London office.

But malnutrition has increased so much in PE that a separate office for the city is now needed.

She said that Mrs I Perlman, director of Operation Hunger in South Africa, had just returned from an overseas fund-raising trip, specifically to raise money for PE.

"I compiled a docket comprising newspaper cuttings on the conditions in PE, which Mrs Perlman took overseas with her. She told me people there were horrified at the severity of the problem in PE."

Mrs Frasca believes that once Operation Hunger opens an office in PE, soup kitchens will be established in the townships.

She said until now the unrest had prevented Operation Hunger from establishing feeding schemes at community level — both soup kitchens and feeding schemes at schools and creches.

Operation Hunger had been forced to opt for handing out food parcels instead — a relief measure which did not serve as many people as a soup kitchen could.

Community involvement — such as township women preparing and serving soup in the soup kitchens — contributed to a feeling of dignity and led to the emergence of valuable self-help schemes.

"But once the office opens in PE, we will be able to liaise more closely with Pebco and other groups and be able to work in the townships — instead of only on the fringes of the township or from white areas."

Loaves and Fishes distributes food parcels, given to them by Operation Hunger, to about 300 needy people twice a week.

But, because of the unrest in the townships, distribution takes place from the St John's Methodist Church in Havelock Street.

The Rev Mike Crockett says many hungry people have to be turned away because there are not enough food parcels to go round.

Mrs Frasca said the organisation fed 600 000 people every day in the country. Worst hit areas were the Eastern Cape and the Northern Transvaal.

"We can only spend R700 000 a month on food in the country — a figure that is hopelessly inadequate. Never in the six years of our existence have we been so short of funds."

Malnutrition in the rural areas was an increasing problem.

"We try mostly to feed the children and the old people, both of whom are particularly vunerable," Mrs Frasca said.

"Babies who are malnourished can grow up physically and mentally retarded. There is nothing as sad as a little kwashiorkor baby with spindly limbs, sobbing from hunger."



100 will die of hunger today

By Glenda Spiro

More than 100 South African children die of starvation every day.

The deepening recession, coupled with drought in rural areas, has plunged the hunger crisis to its worst level in many years.

Director of Operation Hunger, Mrs Ina Perlman expects 1986 to be the most disastrous year in the history of the organisation.

And if sanctions lead to more retrenchments, over a million people will join the waiting list to be fed.

"If the Chamber of Mines implements the retrenchments it has spoken about, it will be the kiss of death," says Mrs Perlman.

Operation Hunger is not a political organisation. It relies on contributions from the public. The American government last week donated over R300 000 to its cause.

Last year R6,2-million was collected to feed people and assist with self-help projects.

This year Operation Hunger is feeding 700 000 people and it cannot cope with requests coming in daily for thousands more who need food.

But there is light at the end of the tunne Mrs Perlman said "We have become involve in 100 self-help projects in the villages an have applications for 100 more."

This is the most exciting part of her worl Every self-help project has developed fro people who were initially involved in feedin schemes. In 1982 self-help was virtually no existent.

"Given half a brick, these people build house," said Mrs Perlman.

Craft and beadwork alone generated an ir come of R250 000 last year. Also successful i some areas is agricultural development; al though beset with water shortage problems, i is producing enough to feed small communi ties and sell the surplus for additional nutrion al food.

Unfortunately it's not enough. Operatio Hunger must spend R2-million on assistin these self-help schemes this year, and thi leaves the organisation short of money fo food.

One of the worst hit areas is Lebowa, whic is only a few hours drive from Johannesburg.

New soup kitchens to feed Helenvale hungry

(90)

Post Reporter

THERE has been a marked increase in malnutrition among the children of Helenvale and eight new soup kitchens are to be started there in August.

The secretary of the Help Our People Eat organisation (Hope), Mr Edward Anthony, said it ran soup kitchens in the area with the help of mothers and served soup to about 800 children daily.

Last week new executive and fund-raising committees were formed to keep up the good work, he said.

Evening Post 29/7/86

Malnutrition increasing rapidly in PE, says doctor

By RAYMOND HILL

MALNUTRITION was increasing rapidly among poor coloured children, according to a young Australian doctor who has been working in Port Elizabeth.

Dr Frank Brennan, 27, who worked at the Livingstone Hospital to gain a wider experience, said that what he saw in the hospital's nutrition clinic had touched and moved him very deeply.

Dr Brennan served his housemanship at Sydney's Concorde Hospital before coming to Port Elizabeth.

This week he left South Africa for South West Africa/Namibia on his way back to Australia.

He said the number of malnutrition cases in Helenvale, Missionvale and Kleinskool was increasing rapidly.

He saw many children between the ages of three months and five years old who were almost starving while he was attached to the "very busy" out-patient clinic at the hospital between 1984 and July this year.

Some of the children were so badly fed that they had to be admitted to the paedriatic wards of the hospital for up to three weeks at a time.

Malnutrition, he said, contributed towards the high incidence of tuberculosis and gastro-enterities.

He blamed unemployment and poverty for the problem but felt mothers could play a bigger role in combatting the disease.

With the help of a nursing sister at the hospital, Mrs Maxine Barbier, and a clerical worker, Mrs Daphne Anthony, of Hillside, he started the Help Other People Eat project — Hope.

The project run by the mothers of patients from homes in Missionvale, was now feeding up to 600 children a day.

Several volunteers visited the mothers regularly, Dr Brennan said, advising them on nutrition and budgeting, and the results had been encouraging.

The women were taught to cultivate vegetable gardens in their backyards and the crops were used for soup.

Dr Brennan said: "I have noticed a sharp rise in the number of malnutrition cases in Port Elizabeth's poorer coloured townships since February last year.

"Every case is heart-breaking. The blame for the problem, during the past three years, could be put at the door of unemployment and the economic climate.

"It is a vast problem and I think that it is going to be here for a long time.

"My advice to the members of Hope and the children's mothers is to continue with the good work.

"It has been worthwhile working with the little ones and their mothers. I am sorry to leave and do not know when I will be back," he said.

DDS/9/86 (90)

Kupugani fights malnutrition

She

By PAM AGNEW

Malnutrition in all its forms is still prevalent in East London today, but there is at least one organisation here which is dedicated to fighting this disease.

Kupugani is involved in improving the health of people in the local community by teaching them the importance of a well balanced diet and by providing basic high protein and nutritious foods at low cost.

The local branch of Kupugani is just one of many found throughout the country in both the rural and suburban areas.

The organisation was formed more than 20 years ago by a small group of concerned people to combat malnutrition in South Africa.

They called their organisation, Kupugani, a Zulu term meaning "lift yourselves up" or "improve the quality of your lives".

The regional manager of Kupugani here, Mrs Pateka Mtimtsilana, sees Kupugani as a welfare organisation which is non-profit making and which caters particularly for the low income group in the city.

Mrs Mtimtsilana said that a lot of people had the misconception that while Kupugani sold low cost food to the public, this food was "cheap, sub-grade junk food". Nothing could be further from the truth.

Kupugani manages to supply its customers with low-cost basic food stuffs for a number of reasons. It buys supplies direct from the manufacturers either at cost or at a little below cost due to its welfare status. In keeping with its policy of being a non-profit making organisation there is little or no mark-up on these prices.

So in effect, the food stuffs offered, including breakfast cereal, soups, cheese, samp, beans, mealiemeal and milk, are the same as those offered in local supermarkets, but most are literally half the price.

"I want people to see just how they can stretch their limited incomes," Mrs Mtimtsilana said.

An added advantage which Kupugani has over other stores is that they can offer smaller quantities of basic foodstuffs. The shop buys food in bulk and then repacks it in smaller packages.

Milk powder is the best seller and prices are kept to a minimum through a milk board subsidy which it receives. This subsidy is worth millions every year.

Combating malnutrition does not just mean curing hunger. Malnutrition means swollen bellies, festering sores, deformed bones, the lethargy of kwashiorkor and other related diseases.

Malnutrition is closely connected to what has been termed the "culture of poverty". Low income, little or no welfare services and minimal or no education, resettlement schemes which leave people landless and unable to subsist, and months of drought can wipe out an incoming food supply for many people in East London and the surrounding areas

Kupugani directs its efforts at people who are living on limited incomes, offering them highly nutritious basic foodstuffs at low prices

The organisation's particular concern has always been for babies and young children, to fight against the incidence of malnutrition-related diseases.

The managing director of Kupugani, Mrs Roma Pridmore, said in a recent company newsletter that there were children in many of the country's hospitals who were dying every day from diseases caused by hunger and malnutrition. "Babies who lie listless — staring into space with no interest in life — scant hair, reddish and straight greyish skin covered in sores, distended stomachs and wasted limbs."

While Kupugani generally has shown enormous growth over the past two years on a national basis, the East London branch was under threat of closure earlier this year as a result of the consumer boycott which severly hampered its work.

And the organisation was forced to stop its mobile shop which serviced many of East London's surrounding rural areas due to unrest.

Only recently has Mrs Mtimtsilana started visiting the outlying communities, promoting the functions of Kupugani.

She also visits church groups and other organisations and societies in an attempt to educate the community in the advantages of buying from the organisation.

Mrs Mtimtsilana has been heartened by the very good response she has recieved in her campaign and recognises a marked improvement in the number of customers who have been visiting the Kupugani shop over the past few weeks.

"On average we have about 100 people coming in to purchase basic food stuffs every day, but we are able to, and would love to serve a lot more needy people," Mrs Mtimtsilana said.

Two very different types of operation have emerged from within the one organisation namely, the retail food distributor and Kupugani, the nutrition educator.

The Kupugani Nutrition Organisation was established in 1983 to enable Kupugani to raise funds in order to increase and expand its work and also to embark on a more effective nutrition education programme.

Locally, Kupugani has not yet managed to embark on this programme but Mrs Mtimtsilana is confident that once she is satisfied that the local shop is fulfilling its greatest potential, then the education programme will be the next goal of her branch.

"Experience has taught us that the most important part of our work in this field is community support and involvement," Mrs Mtimtsilana said.

Kupugani offers the expertise, the support and perhaps more necessary, the finance, to assist organisations, creche workers and others who are involved in the health of the community. East London's Kupugani branch supplies numerous welfare organisations with food, some of these as far afield as Port Alfred, Grahamstown and Bloemfontein.

The organisation is always looking for volunteers to assist them in their endeavours, and "any assistance which can be offered in the form of donated plastic carrier bags, time or money is always greatly appreciated," Mrs Mtimtsilana said.



Mrs Pateka Mtinitsilana (centre) and Miss Pamela Mzanywa of Kupugani, serve one of their customers at their new premises in Buffalo Street.

Children retarded by hunger

The Star's Africa News Service

MAPUTO — Between 15 and 25 percent of children in six Mozambican provinces show signs of growth retardation because of malnutrition, according to Mozambique's Trade Ministry.

In a report, the ministry warned the figures could be much higher. Its information had been collected through a network of health units but these covered less than in 50 percent of the population.

The six provinces named are Gaza and Inhambane in the south, Sofala, Manica and Zambezia in the centre and Tete in the north west.

In the district of Changara, in the southern part of Tete, it was estimated that from now until March "80 percent of families may have to face a total lack of basic food products".

The department has announced that the State's marketing board, Agricom, expects to purchase only about 61 000 t of grain this year, an all-time low for marketed grains.

The report said the most productive areas in the country are under constant attack by rebels of the Mozambique National Resistance movement.

In addition the board's transport fleet has been almost totally destroyed in the provinces of Zambezia, Tete and Niassa.

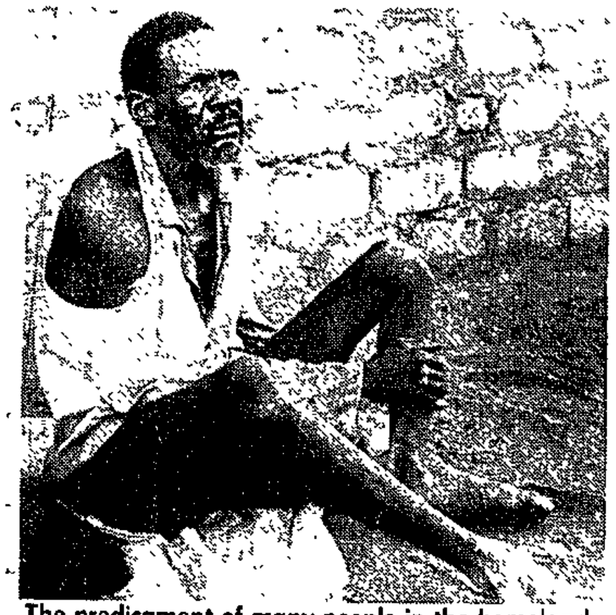
HEALTH AND DISEASE — NUTRITIONAL DISEASES

1987

FEB. ____ SEPT. →

7 000 live in destitute village, in a land of unemployment and malnutrition

Star 24/2/87



The predicament of many people in the homelands is shown by the appearance of Mr Elias Banda. His face is drawn and his body painfully thin.



A look of pain and hunger stares out from this small child who lives in the destitute village of Hlakano Sekhweng in Lebowa.

By Susan Pleming

When The Star visited Mr Elias Banda in Lebowa last week with Operation Hunger, he was sitting outside his one-room home. His face was drawn and his body painfully thin from lack of food. He was wearing his only shirt, which gaped at the back from a large tear, and a pair of old shorts.

Asked if he had any other clothes, Mr Banda said he had a pair of trousers which he wore during winter.

He lives in a tiny room with seven other people. There are no beds or blankets and the roof has collapsed, leaving everyone exposed to the weather.

Mr Banda is one of about 7 000 people living in the destitute village of Hlakano Sekhweng in Lebowa and is included in the 80 percent unemployment figure in that village.

RETRENCHED

Sister Rose Madisha, who runs a clinic in the area, said "there had been a large influx of farm labourers since 1983 when farmers retrenched many workers because of the drought.

"The malnutrition in this area is very bad and about 80 percent of the children suffer from malnutrition and pelagra," said Sister Madisha, who has worked in the area for 15 years.

The director of Operation Hunger, Mrs Ina Perlman, said Hlakano Sekhweng was one of the worst areas she had seen in many years. The village was indicative of what was happening in many of the homelands.

"The people in this village have been discarded — they are displaced. This problem of displaced people crops up in all the homelands. During the drought we became increasingly aware of the steady stream of people being pushed off the farms into the homelands."

In 1983, said Mrs Perlman, the maize industry laid off 250 000 men, many of whom returned to the homelands.

"These were the people employed at the lowest rung of the working ladder. Once their jobs had been phased out, the likelihood of employment became slight."

Mr Banda arrived in South Africa from Malawi "many years ago". He found employment on the mines, but had to leave after he became sick. He then worked at a farm near Zebedelia where he earned R50 a month. He was told to leave the farm in 1983 because of ill-health.

Mr Banda then moved to Hlakano Sekhweng. His wife worked on an orange farm, but brought in little money.

One of the worst cases visited by The Star was a family which consisted of a blind mother, blind son and a deaf daughter, who had four children. The children of the deaf daughter had kwashiorkor and their bellies were swollen from lack of food.

The blind mother and leader of the family said nine people lived in her two-room house. She had worked on a farm until 1982, but had still not received her pension.

Mrs Perlman said there was a terrible backlog in pensions in many of the homelands.

"It can take up to four years before an elderly person receives the pension in the homelands. For example, the Carnegie study showed that in kwaZulu 12 000 people were waiting for their pensions. In Lebowa some people have been waiting for years.

"It seems immoral that people should spend all their working lives in South Africa and not be entitled to a pension at the nearest source of their work," she said.

In another household, Mrs Letta Lettalo (79) said she had to leave a farm in Naboomspruit with her family in 1978 when her husband died. Her husband had worked on the farm from the age of about 16.

"After my husband died we were chased away from the farm. My husband was earning R50 to support 14 people and so we had no money when we got to this village."

BREWED BEER

Mrs Lettalo's daughter worked on a farm close by and earned R60 a week.

"She brings all her money home. We spend R41 on a bag of mealie-meal a month, buy washing powder and then my daughter uses the rest for travelling to the farm."

Some villagers survived by doing odd jobs and others had to take part in illegal activities. One woman said she brewed beer which brought in about R60 a month. Her children were not at school because she could not afford the uniform.

Mrs Perlman said: "This village is one of the worst that I have seen in many years. I have suggested that, for starters, we set up a massive child feeding scheme."



All these children have is an empty food bowl. Their hopes of attending school have been dashed — their parents cannot afford to pay for school uniforms. ● Pictures by Karen Sandison.

'... Like Jonah we were swallowed into the belly of the whale and spat out later when we were safe.'



Mothers learn the value of nutrition at the nutrition centre in Site B

Primrose fights for Philani

By MOIRA LEVY

HEALTH worker Primrose Nyoka waged a battle of her own when the Defence Force moved into Old Crossroads at the height of last year's violence.

For six weeks Ms Nyoka held on after the army had occupied SACLA clinic and threatened to take over the Philani Nutrition Centre.

At a time when most health workers feared for their lives if they returned to work in the heart of witdoek territory and volunteer doctors and nurses could not get through to the besieged clinics, Primrose Nyoko fought to keep Philani Centre open to squatter mothers.

Until the violence, Ms Nyoka's sole task was to interpret for the medical staff.

On her own for the first time, she managed to keep the clinic going for dozens of mothers and babies who depended on Philani for food.

"I found that I had learned from my previous experience and had stored it all in my mind," she said, explaining how she was able to continue the work at Philani Clinic during those critical weeks while the squatter camp burned and help could not get through.

New clinic

That was eight months ago Today Philani Nutrition Centre has mushroomed and a new clinic was opened at Site B, Khayelitsha, last November with another near completion at Site C.

A squatter mother summed it up well.

During the conflict, she said, "God was watching over us. Like Jonah, we were swallowed up into the belly of the whale, and spat out later where we were safe."

The new Philani clinics stand as memorials to women like Primrose Nyoko who would not give up their fight against malnutrition among the children of the squatter camp

Now Ms Nyoko is facing her greatest challenge. She will be responsible for the new Site C clinic.

Right now, the single room is still without toilets or water and a windbreaker is urgently needed

But Ms Nyoko is eager to start work. In April, as soon as she has trained someone to take her place at Old Crossroads, she will open the third Philani clinic

Keli Mbangata, since 1981 a nutrition worker at SACLA and Philani, was forced out of Old Crossroads by the witdoeke last year. Determined to continue with her work, she said at the time: "If the mothers cannot come to the clinic, then the clinic must go to the mothers

For five months Ms Mbangata searched for a site for a new nutrition clinic. Then the squatter leader in Site B provided a small



Sister Keli at Site B

piece of ground, and a construction firm donated the shell of a tiny, single-room building.

Today, under a cheerful, red wall-hanging from Swaziland that reads: "Breastfeeding is Best", dozens of mothers gather daily to learn about nutrition and health care.

Under the scrutiny of Sister Keli the mothers prepare well-balanced breakfasts and lunches for their babies from food supplied by the clinic.

The aim is to teach mothers the basics of sound nutrition. Mothers do all the cooking so that back at home and in the community they can teach others to provide their families with a proper meal, Mbangato and Nyoko explain

They describe the mothers as "resource people" who provide a vital link between the clinic and the community.

Gill Frame, a nursing sister employed part-time by Philani, said that the knowledge gained at the clinic is passed on "through word of mouth"

Speaking about the widespread malnutrition in the squatter camp Ms Frame said: "It is not the result of ignorance about what the babies should be fed The problem is not a purely educational one, it is mainly economic."

Lulame Damane first brought her baby to Philani over a year ago Five-month-old Mbulelo was clearly dying.

"He was very sick, and so tiny," Gill said.

Today Mbulelo is almost ready to be discharged His daily visits to the clinic have paid off Doctors monitored the baby's weight, and nutritionists watched carefully over the food his mother prepared for him

"The problem is so simple sometimes," Gill Frame said, cradling an infant who had not stopped crying since he was brought in that morning by an 18-year-old child minder

"I dont think this baby is sick," she says "He is hungry " And she sends for a baby's bottle that has a teat with a smaller hole

Mixed blessing

Theophilus Zondani is a healthy baby. Compared to six months ago, his weight is up and his growth is normal. And yet, his mother, Phyllis, regards his recovery as a mixed blessing Her biggest fear is that her baby will be discharged soon

If she cannot visit the clinic each day, she will have nothing to feed her baby. Ms Zondani cannot find work Her husband is in jail and everything, even soap, is provided by Sister Keli.

Dr Ingrid le Roux, one of the founders of the Philani Clinic in 1982, said only a very small percentage of the children visiting the clinic have one parent who is employed

Dr Le Roux fears malnutrition is increasing in the squatter camps as more people come in from the impoverished rural areas.

"When we treat malnutrition we are up against social, political and economic questions," she says "But we need to work now. We cannot wait for structures to change."



Sister Primrose Nyoka watches over one of her charges at Old Crossroads

(90) SMM 16/4/87

Inactive or overweight people are warned

Heart Foundation protests at Sugar Association adverts

By Janine Simon

The Heart Foundation of Southern Africa has expressed concern over a recent publicity campaign by the Sugar Association, saying the campaign implied that an uncontrolled sugar intake was not harmful.

In a statement the foundation said it was well known that excess weight was a risk factor for conditions such as high blood fats, high blood pressure and diabetes — and therefore of heart disease.

Controlled kilojoule intake — which involved a limited sugar intake — was an integral part of the prevention and treatment of all these conditions, the statement said.

Generally, an individual's sugar intake should make up a maximum of 10 percent of his total energy requirements.

But five teaspoonfuls of sugar, taken in tea or coffee during the day, could make up four percent of the energy needed by a moderately active woman, and the 10 percent limit could easily be exceeded by adding the sugar on cereals and in jams, sweets and cool drinks, the statement said.

Table sugar was a simple carbohydrate which was eventually broken down to glucose in the body. Humans could usually take sufficient glucose from carboyhydrate-rich foods.

These foods contained vitamins, minerals and fibre. Gram for gram, sugar provided the same energy but gave no other nutrients.

"If you are following a well-balanced diet and exercise regularly there is no harm in having some sugar every day ... but if you are inactive or overweight, as many South Africans are, it is unwise to include too many kilojoules in the form of sugar," the statement said.

Nutritionist for the Sugar Association, Ms Nicky Ogilvie, said the campaign was launched on radio and in the Press at the end of last year to counter consumer "myths" about sugar.

She said the association felt the campaign was ethical, educational and informative and that if read properly, the advertisements were not misleading.

Research had shown that the only disease where sugar was a contributing cause was in dental caries (cavities), she said.

Sugar campaign alarms heart body

Weekend Post Correspondent

JOHANNESBURG — The Heart Foundation of Southern Africa has expressed concern over a recent publicity campaign by the Sugar Association, saying the campaign implied that an uncontrolled sugar intake was not harmful.

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Medics warn on potential heart disease toll in SA

By Duncan Guy

More than 500 people — most middle-aged and white — were last night warned that there is a high incidence of coronary heart disease among white South Africans and recent studies show it to be frequently hereditary among Jews.

Dr Harry Seftel of the lipid clinic at Johannesburg Hospital said the city's 60 000 Jews, mostly originally from an isolated area in Lithuania, had avoided marrying outside their community and had not "diluted the gene pool".

Afrikaners, he said, faced the same problem.

Dr Seftel, along with visiting American Professor Henry Blackburn, director of the Division of Epidermiology of the School of Public Health at the University of Minnesota, addressed a public meeting entitled: "New Generation Living" at the Johannesburg Hospital.

Dr Seftel said seven out of about 400 Jewish men with high cholesterol counts were found to have family histories involving coronary heart disease.

TIP OF ICEBERG

"Considering many visit private doctors it is likely that this occurrence of one-in-sixty is the tip of an iceberg," said Dr Seftel.

He said, however, that correct dieting and the availability of modern medicine meant it was not too late for people to save themselves suffering.

The other speaker, Professor Blackburn, warned that South Africa's black population were potential victims of coronary heart disease as they changed to Western lifestyles.

He said that after extensive awareness and educational campaigns in Minnesota, low cholesterol foods were labelled with a stamp of approval which was seen even on menus.

Advice given by the speakers as well as a panel of experts were that people should eat "fish, fowl (chicken) and fibre" instead of food heavy in cholesterol, such as red meat; do moderate and enjoyable exercise, such as walking or running up to 20 km every day; avoid drinking alcohol which causes high blood pressure, and give up smoking.

CAR: Times 29/6/87

Philippi children underfed study

Staff Reporter

ALMOST half the children studied in the vegetable farming areas in and around Philippi suffer from malnutrition.

According to a study delivered at the recent conference of the Epidemiological Society of Southern Africa by Dr S Whittaker, 41% of the children surveyed were found to be malnourished on a weight- for-age scale, the accepted South African medical means of measurement.

Of the 156 children in the study, 29% had had cases of diarrhoea in the first year of their lives sufficient badly to warrant hospitalisation, while 26% had been underweight at birth.

The study, which looked at the prevalence of malnutrition and associated socio-economic ills of the farm workers' children, also found that more than a third of the families surveyed had recently had a case of tuberculosis.

Dr Whittaker found that the average wine consumption of the 129 families surveyed on 23 of the 90 vegetable farms in and around Philippi was 48 litres a month. Half the parents of the children in the survey had no higher than a Std 1 level of education and only 19% were legally married.

Family death toll mounts after mushroom poisoning

DURBAN — Another child was today reported to have died after eating poisonous mushrooms at Umlazi near Durban.

Yesterday it was reported that eight members of a family of 11 had died of mushroom poisoning and that remaining family members were fighting for their lives.

Two patients are in a critical condition in the King Edward Hospital. It is believed the mushrooms were picked off Umlazi golf course on Friday.

The victims are all black children aged between four and 18.

The names of the dead and the surviving patients have not yet been given, but the poisoning victims were taken to hospital on Tuesday night.

Doctors suspect that they ate mushrooms from the most poisonous family — the Amanitin. These mushrooms cause initial illness, a deceptive period of recovery and then a sudden and fatal relapse.

The chief medical superintendent of King Edward VIII Hospital, Dr Justin Morfopoulos, said poisonous mushrooms caused rhosis of the liver and eventual death. — Sapa.

Mushroom toll now 9

DURBAN — Two more victims of Durban's mushroom tragedy have died in Durban's King Edward Hospital, bringing the death toll to nine.

Mrs Winnie Zulu, 28, who apparently cooked the mushrooms for the household, died this morning and Philisiwe Ndlovu, 13, died last night.

A hospital spokesman said Boniswa Kheswa, two, was "hanging on to his life," but his condition was deteriorating rapidly.

Another victim was admitted to the hospital last night, but the girl, Victoria Sele, 10, was in a less serious condition.

The victims ate the mushrooms picked at the Umlazi Golf Course on June 18

Some were admitted to the Prince Mshiyeni Hospital a few days after eating the mushrooms. The others were only admitted to King Edward yesterday.

Poisoning — 10 die in Dbn family

By MZIKAYISE EDOM

TEN members of a Durban family of 11 have died of mushroom poisoning while the 11th is fighting for her life in hospital.

Eight of them died on Wednesday night and the other two, including a two-year-old girl, died yesterday morning. They all died at the King Edward VIII Hospital in Durban.

They were all from Umlazi township.

Those who died are Mrs Winnie Zulu (28), Mr Mbonenii Dhlamini (25), Wandile Dhlamini (6), Bonakele Cebiso (2), Mr Mzokhana Nzimande (52), Pumisela Cebiso (18), Zamunakhe Nzimande (9), Thabiso Mndaweni (4), Boniswa Kheswa (2) and Philisiwe Ndlovu (13).

Cooked

All except Mrs Zulu and Boniswa died on Wednesday night. The two died yesterday morning.

Mrs Zulu apparently cooked the mushrooms for the household.

● To Page 14

Poison kills family

● From Page 1

Victoria Sele (10), who is in a less serious condition, is still in hospital.

The 11 were admitted to hospital on Tuesday night, apparently after eating mushrooms.

Doctors suspect that they ate mushrooms from the most poisonous family called the Amanitin.

These mushrooms, according to the doctors, cause initial illness, a deceptive period of recovery and then a sudden and fatal relapse.

The medical superintendent of King Edward, Dr George Morfopoulos, said by the time the 11 were seen, it was too late to administer an antidote.

He said: The victims were already suffering from decreased lung and liver function. Poisonous mushrooms cause cirrhosis of the liver and eventual death.

POISON CURE 'AVAILABLE'

THE deaths of 10 people from mushroom poisoning last week could have been avoided if a drug widely used in poison centres in Europe had been administered promptly.

Now an urgent application is being made to the secretariat of the Medicines Control Council in Pretoria for the detoxifying drug to be flown to South Africa for nation-wide use.

After the agonising deaths in Durban of six adults and four children who had eaten the lethal fungus, Aminata Phaloides, information was given to the *Sowetan* that a drug manufacture in France, Belgium and Germany had been found to be effective against the horrifying effects of Aminata mushroom poisoning.

Professor Peter Folb, chairman of the Medicine Council, said that as far as could be ascertained, no application to use the drug, oral nifuroxazide, had been made in this country.

"As it is a matter of urgency, all necessary arrangements have been made to have the drug flown to South Africa for immediate investigation.

"We urge hospital and clinics to apply to import the drug for use on 'compassionate' grounds. It could be here within 36 hours."

SOWETAN Reporters

Similar detoxicans were available, but if the imported drug proved more efficient, the council would not hesitate to introduce it as an alternative treatment, he said.

The news of the drug, which was pioneered by a French doctor, Pierre Bastien, was given by vegetable pathologist, Mark Lang, of the University of Natal, Pietermaritzburg. "A letter I wrote was published in the *South African Medical Journal*, explaining Bastien's procedure," he said.

In a dramatic television report, Bastien ate 70 grams of the lethal mushrooms, enough to wipe out an entire family, and then used his own programme to detoxify his system.

The programme involves high doses of vitamin C given intravenously, nifuroxazide given orally, and an intibiotic, dihydrostreptomycin. This treatment is given for three days, during which carrot broth is the only source of nutrition. The treatment is combined with stabilising the body fluids and electrolytes.

The poisoning has a "booby trap" effect. The victims recover partially, but within three days cells in the kidneys and liver explode and the condition becomes fatal. Antidotes are effective only in the initial stages.

"The cold, damp weather creates ideal spooring conditions for the Aminata species, which are just as tasty as the real thing," said Mr Lang.

Black infant mortality rate an 'outrage'

Staff Reporter

GASTRO-enteritis and pneumonia were the first and second most important killers of coloured and black infants and constituted a "public health outrage", Dr Louis Grivetti, associate professor of nutrition at the University of California, said.

Speaking at a meeting of the Western Cape branch of the Nutrition Society of Southern Africa, Dr Grivetti said 1 733 out 100 000 coloured infants died of gastro-enteritis while only 41 out of 100 000 white infants died of the disease.

Dr Grivetti is well-known for his studies on the nutritional habits of the Tswana in south-eastern Botswana and for devising a drought "early warning system" after studying the Tswana's nutritional habits during periods of drought.

Nutrition

He was in Cape Town to attend the sixth annual congress of the South African Dietetics and Home Economics Association.

He said that while the infant mortality rate for whites was already unacceptably high, the rate for coloured people constituted "a public health outrage."

Nutritional diseases ranked only fifth as infant-killers in the country.

"In 1984 Wyndham produced the startling statistic that the mortality rate for all causes of death among coloured and black children in South Africa was seven times as high as that of whites and the mortality rate of Asian children twice that of whites," he said.

"About 130 out of 1 000 Xhosa infants, 78 out of 1 000 coloured infants and 18 out of 1 000 white infants died.

Seasonal

"It was found that the deaths were seasonal, with a clear relationship between sanitation and diarrhoea."

Dr Grivetti said that with the Xhosas income, not education, had the greatest influence on nutrition and it was found there was no difference in child nutrition whether the family had a home garden or not.

He said 20 percent of the infants who died, died before their first birthday and 30 percent before they were two years old. A high incidence of twins, which could influence the malnutrition of children, was noted.

About 17 percent of Xhosa children between the ages of two and three had a protein and calorie deficiency and the effectiveness of nutrition education centres in Xhosa areas hinged on problems mothers experienced trying to implement what they had learnt when they returned home.

ary employees when the detained employees are released by the Police?

The MINISTER OF LAW AND ORDER:

(1) Yes. Three persons.

(2) No, nil.

(a) Falls away.

(b) Falls away.

Primary/secondary schools

181. Mr C J DERBY-LEWIS asked the Minister of Education and Development Aid

What are the criteria applied by the Department of Education and Training in determining the number of teaching staff allocated to (a) primary and (b) secondary schools for Blacks?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

Teaching personnel at schools are allocated according to specific approved post provisioning scales and are calculated on the enrolled number of pupils per school per annum.

The approved post provisioning scales make provision for an average of one teacher for 28 pupils at secondary schools and one teacher for 38 pupils at primary schools.

Hospitals: foreign patients

184. Dr M S BARNARD asked the Minister of National Health and Population Development:

(a) How many foreign patients were treated in State-financed hospitals in each province during the latest specified period of 12 months for which figures are available, (b) from which countries did these patients come, (c) what was the total cost to each province of these patients and (d) what amount of the fees payable was recovered from these patients in respect of each province?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Period: 1.9.85 to 31 8.86

(a) 1 716

(b) USA, Australia, Belgium, Botswana, Bulgaria, China, Germany, France, Greece, Ireland, India, Iraque, Israel, Italy, Japan, Canada, Kenya, Lesotho, Malawi, Mauritius, Mozambique, Netherlands, New Zealand, Austria, Pakistan, Philippines, Poland, Portugal, Romania, Russia, Seychelles, Scotland, Spain, St Helena, Swaziland, Switzerland, Taiwan, Tasmania, Thailand, Tristan da Cunha, United Kingdom, Zambia, Zaïre, Zimbabwe

(c) Cape Province R236 384,82
Natal R28 217,00
OFS R766 745,60
Transvaal R405 507,15

(d) Cape Province R133 158,82
Natal R22 666,00
OFS R394 635,60
Transvaal R227 524,78

Marasmus/kwashiorkor

185. Dr M S BARNARD asked the Minister of National Health and Population Development:

How many cases of (a) marasmus and (b) kwashiorkor were reported in each of the latest specified three years for which figures are available?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(a) Marasmus

July 1984—June 1985	2 147
July 1985—June 1986	3 103
July 1986—June 1987	1 087*

(b) Kwashiorkor

July 1984—June 1985	1 250
July 1985—June 1986	1 263
July 1986—June 1987	694*

* Final figures are not yet available

University of Natal: teaching hospital

187. Dr M S BARNARD asked the Minister of National Health and Population Development:

(1) Whether a new teaching hospital is to be built for the medical school of the University of Natal; if not, why not; if so, (a) when will construction (i) commence and (ii) be completed and (b) how many beds will be provided in this hospital;

(2) whether this hospital will be fully integrated; if not, why not?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Yes.

(a) (i) and (ii) Not determinable as yet. Hospital in early planning stages.

(b) 1 025 beds.

(2) Bed allocation not as yet determined.

Public service: officials

191. Mr A GERBER asked the Minister in the State President's Office entrusted with Administration and Broadcasting Services:†

Whether there has been an increase in the number of officials in the Public Service since the implementation of the new constitutional dispensation: if so, (a) what increase, (b) how many of these officials have been employed since 1983 as a result of the new constitutional dispensation, (c) what is the total cost to the country involved in this increase in public servants and (d) in respect of what date is this information furnished?

The MINISTER IN THE STATE PRESIDENT'S OFFICE ENTRUSTED WITH ADMINISTRATION AND BROADCASTING SERVICES:

Yes.

(a) to (c) No separate record has been kept regarding the increase in the number of officials due to the new constitutional dispensation. To try and determine it at this stage, will be difficult and time consuming.

The general picture regarding the percentage increase, per grouping, in the central departments and provincial administrations for the year ending 30 September 1986, was as follows:

Broad occupational composition of the central departments and provincial administrations (September 1986) and percentage increase per grouping (1985-1986)

	Number	%	Increase 1985-1986	% Increase
Labourers	143 729	22,1	−99	−0,07
Educators	166 559	25,6	6 859	4,3
Nursing	60 822	9,4	1 366	2,3
Services	118 646	18,2	7 064	6,3
Other	160 521	24,7	−11 108	−6,5
Total	650 277	100	4 082	0,6

Miners poisoned

JOHANNESBURG — Five coal miners are today recovering in hospital after eating insecticide-spiked lunchpacks underground on Friday.

It is believed the men were among 120 workers out of a complement of about 1 300 at Gencor's TNC Colliery, near Witbank, who broke the national mine strike.

The men were rushed to the Rand Mutual Hospital in Johannesburg -where they are reported to be in a stable condition.
— Sapa

90 SM 15/9/87

Survey warns of increasing black poverty

SA malnutrition 'is among worst'

By Janine Simon

A report released by Operation Hunger last night said that malnutrition in South African rural areas is worse than in many other countries in the region, including Botswana, Swaziland, Zambia and Zimbabwe.

The report, on a survey titled "Estimating Vulnerability in Black Rural Communities in South Africa", also found that any move to increase ruralisation by relocation would mean more widespread and severe malnutrition in children.

Any increase in maize prices would also have an immediate and deleterious impact.

The report concluded that the declining job markets in rural areas and the recession in key industrial areas meant that both destitution and vulnerability would increase. The report said there was an urgent need for substantial and sustained development assistance in rural areas and increased relief to the destitute.

The survey, conducted from May to July this year, was the first of its kind commissioned by Operation Hunger and the report was tabled at its annual general meeting in Johannesburg.

It had been prepared by three Operation Hunger staff members and Professor Frances D'Souza, of Oxford University.

The survey was intended to be a pilot study and was carried out in the rural areas of the Transvaal, Northern Cape and Eastern Cape.

It aimed to:

- Assess whether poverty and malnutrition could be permanently monitored.
- Examine the relationship between poverty and malnutrition in children in the South African context.
- Attempt to draw up guidelines for Operation Hunger on priority areas and communities.

Overall results showed unacceptably high rates of absolute poverty — defined as insufficient income to buy an adequate diet.

Rates of stunting (low height-for-age readings) from the 401 children weighed and measured were exceptionally high: 48,5 percent in the Transvaal; 57,7 percent in the Eastern Cape; 80,4 percent in the Northern Cape. Stunting or other evidence of chronic malnutrition rates was higher than in Botswana (40,7 percent), Swaziland (30,3 percent) Zambia (34,8 percent) and Zimbabwe (13,9 percent).

Also, the percentage of children in the study having low weight-for-age readings was higher than in Mauritius (20,9 percent), Swaziland (9,7 percent) and Zambia (19,4 percent) and wasting rates, or evidence of current acute malnutrition, were higher than in rural areas of Zimbabwe, Swaziland and Zambia, the report said.

There was a strong association between malnutrition in children and female-headed households, dependence on low income and relocation.

This could be explained by the development of a "granny culture" or pension economy, which meant that parents were forced by relocation to leave their grandmothers to care for their children and migrate to the cities to look for work.

The survey also showed evidence of other social and health problems associated with dislocated communities, including increased reports of theft, rape and exploitative relationships. A lower mean age of pregnancy, a higher rate of tuberculosis and other disabilities and a higher rate of reported infant mortality were noted in relocated villages in all three regions.

The report said the Northern Cape was by far the poorest region with up to 27 percent of the population destitute and dependent on charity. The Northern Transvaal, which had more long-established farming communities and access to major industrial centres, was better off than the Eastern Cape.

- Operation Hunger expressed reservations about the report's "optimistic" prognosis for the Transvaal.

HEALTH DISEASE NUTRITIONAL DISORDERS

1987 - 1988

possibilities are for the provision of such facilities in the near future;

the financial position of the bus company which intends providing the service; and

whether the bus company is capable of providing and maintaining a reliable and efficient service by availing itself of the necessary servicing and repair facilities and infrastructure.

After determining what portion of the economic fare the commuter can afford to pay from his wages, the subsidy, being the difference between the economic fare and the portion thereof which is affordable by the commuter, is calculated.

Open commercial vehicles: conveyance of persons

569. Mr R J LORIMER asked the Minister of Transport Affairs:

(1) Whether consideration is being given to introducing legislation in connection with the conveyance of persons on the back of open commercial vehicles; if so, (a) what is being envisaged in this regard and (b) when will such legislation be introduced;

(2) whether he will make a statement on the matter?

The MINISTER OF TRANSPORT AFFAIRS:

(1) Yes.

(a) Standards to which vehicles must comply.

(b) During 1988.

(2) No.

Diarrhoea/dysentery

571. Dr M S BARNARD asked the Minister of National Health and Population Development:

How many (a) White, (b) Coloured, (c) Indian and (d) Black children died of (i) diarrhoea and (ii) dysentery in 1986?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(a) to (d) (i) and (ii) Information not yet available. The indication is that it will be available early 1988.

Hospitals: beds

572. Dr M S BARNARD asked the Minister of Constitutional Development and Planning:

What percentage of the beds in each provincial hospital are designated for (a) White, (b) Coloured, (c) Indian and (d) Black patients?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

Transvaal

Hospital	*White*	*Coloured and Indian*	*Black*
Amajuba Memorial, Volksrust	25,5	*5,3	69,2
Andrew McColm, Pretoria	100	—	—
Baragwanath	—	—	100
Barberton	19,4	—	80,6
Bernice Samuel, Delmas	100	—	—
Bethal	20,0	*6,5	73,5
Bloemhof	85,7	*14,3	—
Boksburg-Benoni	27,8	*9,1	63,1
Brits	94,2	*5,8	—
Carolina	17,9	—	82,1
Christiana	38,7	—	61,3

Hospital	*White*	*Coloured and Indian*	*Black*
Coronation	—	*100	—
Delareyville	100	—	—
Dr A G Visser, Heidelberg	37,5	*3,3	59,2
Duiwelskloof	100	—	—
Edenvale General	100	—	—
Elsie Ballot, Amersfoort	100	—	—
Ermelo	36,8	—	63,2
Evander	100	—	—
F H Odendaal, Nylstroom	15,3	—	84,7
Genl De la Rey Memorial/Lichtenburg	91,4	*8,6	—
Groblersdal	100	—	—
H A Grové, Belfast	80,0	*20,0	—
Hendrik van der Bijl, Vanderbijlpark	100	—	—
H F Verwoerd Complex	80,2	*11,7	8,1
Hillbrow, Johannesburg	—	*9,1	90,9
J D Verster, Koster	39,1	—	60,9
J G Strijdom, Auckland Park, Johannesburg	100	—	—
Johannesburg	100	—	—
Kalafong, Pretoria	—	—	100
Kalie de Haas, Potchefstroom	45,9	*0,7	53,4
Kempton Park	100	—	—
Klerksdorp Complex	28,4	*2,9	68,7
Laudium	—	*100	—
Louis Trichardt Memorial	85,7	*14,3	—
Lydenburg	24,6	—	75,4
Middelburg	26,5	*11,0	62,5
Natalspruit	—	—	100
Nic Bodenstein, Wolmaransstad	19,9	*0,6	79,5
Nigel	37,7	*5,8	56,5
Ontdekkers Memorial	100	—	—
Paardekraal/Leratong Complex	17,6	*2,5	79,9
Paul Kruger Memorial, Rustenburg	47,1	*2,6	50,3
Phalaborwa	100	—	—
Pietersburg	27,9	*2,6	69,5
Piet Retief	15,5	*1,8	82,7
Pretoria-West	100	—	—
Rob Ferreira, Nelspruit	53,4	*2,9	43,7
Sabie	14,0	*1,8	84,2
Sannieshof	100	—	—
Schweizer-Reneke	31,9	*8,5	59,6
Standerton	25,2	*8,6	66,2
South Rand	100	—	—
Sybrand van Niekerk, Carletonville	100	—	—
Tembisa, Olifantsfontein	—	—	100
Van Velden Memorial, Tzaneen	100	—	—
Ventersdorp	88,2	*11,8	—
Vereeniging Complex	27,6	*2,6	69,8
Far East Rand, Springs	30,8	*1,9	67,3
Voortrekker, Potgietersrus	92,3	*7,7	—
Warm Baths	100	—	—
Waterval-boven	80,0	*20,0	—



Lunch? Or the only meal of the day. The cup of soup and slice of bread she gets at school may be her only nourishment.

School feeding: 'Barely staving off the hunger pangs'

More than 13 000 primary school children in the Mitchell's Plain area go to school each day suffering from hunger pains. Many have had nothing to eat since the one "meal" they had the day before, provided by the Peninsula School Feeding Fund — a fund, itself fed only by public donation, now in dire need of contributions to keep those hungry mouths full. MAUREEN PITHEY reports.

Full, in fact, is overly ambitious. The little they are provided with keeps them barely ticking over. It's as much as the fund can give, and even that means stretching their resources to the limit.

But it staves off the urgent hunger pangs, fools the stomach into thinking it's been properly fed, and allows the mental faculties to function, if somewhat dully, for a short while. It makes no allowance for optimum growth, for building strong bodies and alert brains.

Monday is often the worst day of the week, for then these children may have spent almost the entire weekend without a proper meal, or even a snack. They arrive at school nutritionally spent — hungry, tired, with poor reflexes and responses to the lessons prepared for them.

Red Cross Children's Hospital. It seems like madness not to supply children at risk with supplementary vitamins," says Mr Freeman. "Only R5 worth of supplementary vitamins a year each would keep many of those kids out of hospital. But the emphasis seems to be on curative medicine, rather than preventive."

A "guesstimate" by Mr Freeman suggests that about 30 percent of the children fed by the scheme are "totally malnourished".

Mr Joe Maart, chairman of the recently formed Plain Aid, maintains that the solution goes deeper than simply trying to feed the children on a daily basis.

"There are thousands of families in the sub-economic areas whose incomes are simply too low for them to care for their children properly. Often the husband and wife are out

nunger pangs'

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The scenario is duplicated in the Atlantis area, with a similar number of primary school children being fed there daily.

A spokesman for the Department of National Health and Population Development said the minimum daily requirement for a child in the five-11 age group would be 600ml of milk, 2 portions of a protein dish (fish, meat, eggs, beans) and, according to their activity level, about four portions of starch (bread or cereals), four portions of fruit or vegetables and around three teaspoons of fat.

Less than that, over an extended period, will result in insufficient height and weight growth, lack of energy, lethargy and an inability to concentrate. Such children have difficulty at school and are much slower in their responses to a learning situation.

Mr Norman Freeman, of the Peninsula School Feeding Fund, says the problem of undernourished children has increased by 20 percent a year in the last three years.

"For some of these children, the cup of soup and slice of bread provided at the school is the nearest they get to a hot meal for days on end. For many, it's the only food of the day." It's never enough, and there's little chance of it getting any better.

"We're running seriously short of funds," Mr Freeman said. "Although we're committed to spending R1 250 000 this year, we're far short of our target."

Price rises also cause nightmares. "The recent bread increase has tacked on an extra R23 000 to our bill for this year," says Mr Freeman, " and we estimate that we will fall short by around R100 000 in funds."

It costs only an incredible R15 a year for this very basic feeding of a child in need. And free supplementary vitamins would improve their lot even more.

"It costs R95 to R100 a day to keep a child, suffering from serious malnutrition or Kwashiokor, in the Red Cross Children's Hospital. It seems like madness not to supply children at risk with supplementary vitamins," says Mr Freeman. "Only R5 worth of supplementary vitamins a year each would keep many of those kids out of hospital. But the emphasis seems to be on curative medicine, rather than preventive."

A "guesstimate" by Mr Freeman suggests that about 30 percent of the children fed by the scheme are "totally malnourished".

Mr Joe Maart, chairman of the recently formed Plain Aid, maintains that the solution goes deeper than simply trying to feed the children on a daily basis.

"There are thousands of families in the sub-economic areas whose incomes are simply too low for them to care for their children properly. Often the husband and wife are out of work and by the time they've paid the rent, there's just not enough money left over for food.

"Some of these people are existing on a diet of bread and coffee."

Plain Aid has plans to get to the root of the problem by trying to promote informal home industries to help supplement their income.

Destitute families

"We've drawn up a list of unemployed people in the area," he said, "and found many are skilled people who have something to offer, something that will help themselves and the whole community.

"Qualified machinists, for instance, could make school shirts and other clothing at home which could be sold cheaper than through normal suppliers and bring in extra money for these destitute families.

"If they made only R50 a week, it would make an enormous difference to them. The biggest problem is finding the machinery for them to work on."

More help comes from other children. Pupils of Plumstead High School and Bergvliet Primary and High, for instance, bring extra sandwiches and fruit to school one day a week, which is then collected and delivered to primary schools in the Mitchell's Plain area. Some regularly hand over their pocket money, so less-privileged children won't go hungry.

The problem belongs to everyone in the Cape. And it's a sobering thought that for the price of a few drinks in the pub, a child could be assured of at least subsistence feeding for a year.

These children are part of our future — and part of our today. It's up to us to help them and to help their parents help themselves.

● The contact address for Peninsula School Feeding is P O Box 4055, Cape Town.

● Plain Aid, which is looking for help with industrial machines and finance can be contacted through Alan Martin at 934-2321.

Cape Times 23/9/87

Shocks facts on hunger in SA

By ANTHONY JOHNSON
Political Correspondent

WIDESPREAD destitution and "exceptionally high" rates of malnutrition are haunting rural black communities in South Africa, the first Operation Hunger field survey has found.

The survey concluded that the malnutrition rates in black rural children in South Africa were "far higher" than in comparable areas in other Southern African countries.

The pilot study, which was released this week, examined conditions in 28 rural villages in three regions of South Africa, including five homelands, between May 11 and July 23 this year.

The study warns that "both destitution and vulnerability will increase in future due to a declining job market and recession in key industrial centres" and emphasizes that there is an "urgent need" for substantial and sustained development assistance for what it calls this "vulnerable sector" and for increased relief to the destitute.

Researchers found that the overall rates of stunting or evidence of chronic malnutrition were "exceptionally high" in the three areas studied (Transvaal 48,5%, Eastern Cape 57,8%, Northern Cape 80,4%).

This is higher than Botswana (40,7%), Swaziland (30,3%), Zambia (34,8%) and Zimbabwe (13,9%).

The percentage of children in the South African sample having low weight-for-age readings (22,5%) was higher than in Mauritius (20,9%), Swaziland (9,7%) and Zambia (19,4%).

"Wasting rates", or evidence of current acute malnutrition, were also higher in South Africa than in the rural areas of Zimbabwe, Swaziland and Zambia.

Of the total population sampled, only 10,8% were found to be in a state of "relative wealth", defined as having three or more stable income sources together with agricultural and other assets. The breakdown for the regions was Transvaal 9,7%, E Cape 14,8% and N Cape 3,8%).

Far more prevalent was "severe poverty or destitution", defined as those who depend on occasional income or who have no visible income and few, if any, assets.

This category represents 21% of the total population (Transvaal 21,6%, E Cape 16,6% and N Cape 38,4%).

The study notes: "A policy which ensures, over a long period of time, that people become wholly dependent on a cash income and have very limited access to land, and then removes people to remote land where they are effectively denied access to jobs and cash, is a recipe for disaster."

The authors conclude that the study "underlines the almost inevitable poverty and destitution which follows when communities are removed to areas in which they cannot farm adequately or have even reasonable access to employment".

WEEKLY MAIL, November 6 to November 12, 1987

How breast-feeding can save lives. And save the state money

By CARMEL RICKARD, Durban

NATIONAL breast-feeding week has a message which should make good economic sense — even to the government.

Natal University's Professor of Maternal and Child Health, Walter Loening, said the government could save millions of rands every year if it took the breast-feeding message seriously.

"The annual bill to hospitalise and treat babies under one year old suffering from gastroenteritis and similar conditions is enormous.

"Statistics seem to indicate that only two babies in 500, admitted to hospital suffering from diseases related to inadequate or poor diet, are fully breast fed."

At King Edward VIII Hospital alone, he estimates R780 000 is spent "unnecessarily" each year on treating infantile diarrhoea which could have been prevented if the baby had been fully breast fed.

At least 50 percent of children admitted to other wards are malnourished and the level of malnutrition and complications could be appreciably decreased by breast-feeding.

"Even pneumonia and other respiratory diseases are far less common among breast fed babies, and the total which could be saved each year could be really significant to the health budget."

He said gastroenteritis was often caused by a combination of impoverished home circumstances and lack of knowledge. "Together these factors make the breast substitute a hazard to the baby's health."

Chris Theron, senior manager of a company making breast milk substitute, said the size of the market had decreased by about two percent during the last two years. Both he and Loening said it was too early to tell whether this represented a new trend.

Theron said he believed if there was any decline in the market it was due to "economic factors" which made substitute products too expensive — even for mothers who already dilute the product to dangerous levels.

His company, like others making milk substitutes, adheres to a code which bans direct contact with mothers and cosy adverts of happy, healthy bottle-feeding babies. However, even when these adverts stopped some years ago, the demand continued.

Theron puts this down to the ignorance of many health professionals. He says the attitude of clinic nurses has changed sharply since those days and nurses at clinics are now strong supporters of breast-feeding. However, he says there are still difficulties with general practitioners, many of whom appear to be badly informed about the benefits of breast-feeding, and are badly equipped to help mothers who are experiencing difficulties with feeding.

What could the state do to help reverse the trend and increase the number of women who breastfeed their babies?

The secret could lie with experienced "aunties" who know the difficulties involved and have the patience to encourage mothers to persist.

Loening says that research in Durban's KwaMashu area showed these "aunties" can make an astounding difference.

"We looked at two groups, one where there was no support at home and one where an 'auntie' — sometimes a neighbour, sometimes a relative or a woman with whom the mother has a good relationship — was available to visit the mother at home."

In the first group only five percent of women were breast-feeding by 16 weeks, in the second the figure soared to 76 percent.

He says the second priority for the state is audio-visual aids which should be made in conjunction with the medical schools and take into account research into attitudes and prejudices.

"These aids should be aimed at those parts of the black community most vulnerable to the image of 'bottle being better' — and to schoolchildren, since this is the age group at which attitudes are formed about parenthood issues.

"It is attitudes formed during this time which seem to decide a woman's feelings about breast-feeding — rather than conditions at the time she has a child. For example, we find that only a very small number of women stop breast-feeding because they work outside their home."

Kidney disease is the third biggest killer

By THABISO LESHOAI

ABOUT 1 200 black South Africans are affected by kidney ailments every year but only five percent of them get proper treatment, it was revealed in Johannesburg this week.

This was said on Tuesday by kidney specialist when the first national Kidney Week in the country was launched. Kidney Week starts next Monday and is aimed at creating an awareness of kidney diseases.

The specialists, Dr A M Meyers, Dr D Mzamane and Dr J A Myburgh, said kidney disease ranked third in the list of adult killers in the country.

They said poor socio-economic and educational standards among blacks led to large scale ignorance and rejection of kidney treatment methods and many patients preferred to die rather than receive treatment. Kidney transplants were particularly unpopular, they said.

The specialists, who are presently preparing a report for future publication, called for "intensive" input by social workers, doctors and nurses to counsel patients and their families.

In conclusion the doctors said while the kidney treatment situation is still alarming, South Africa was not too badly off compared with third world countries.

SMC 16/1/88

90

Priest appeals for help for starving

WINNIE GRAHAM

Children living less than 20 km from the heart of Johannesburg are suffering from kwashiorkor, the disease responsible for the deaths of thousands of children in Ethiopia and Biafra.

The killer disease, characterised by a loss of appetite, flabbiness, emaciation, dry skin and depigmented hair, is caused by diet deficiency.

It has earned notoriety in Third World countries and has long been a problem in all of Africa's poor rural areas.

Now, reports Dr Abu Asvat, spokesman for a group of health workers in Lenasia, Eldorado Park and Soweto, kwashiorkor has appeared at the Side Three squatter camp at Tokoza, an urban area not far from the heart of Johannesburg.

"The first signs of kwashiorkor can be seen in a child's hair," he says. "It becomes sparse and gingerish.

"When I saw those symptoms at Side Three, I asked mothers to bring their small children to be weighed and measured.

"Not all, however, were prepared to co-operate. Some seemed afraid we were witch-hunting."

One mother, who hid her child, said there was "nothing wrong" and that the colour of her child's hair had been inherited from his coloured father.

"I was astounded at the extent of the problem," says Dr Asvat. "The squatter camp is a dismal site where poor people live in squalor."

Professor John Pettifor, director of the paediatric mineral metabolism research unit at Baragwanath Hospital, says he has not seen "an enormous number" of kwashiorkor cases this summer.

But, he says, it is possible "isolated pockets" exist among the very poor.

The disease usually attacks children aged between six months and three years, but responds well once the victims are given an adequate diet such as milk, mealie meal and fresh vegetables.

● **Kaizer Nyatsumba** reports that a Lebowakgomo pastor, the Rev M M Mothiba, says starvation in the homelands has reached chronic levels and that no responsible Christian can continue to turn a blind eye to the suffering.

Mr Mothiba, who is in Johannesburg to ask for donations of food and clothing for his Christian Aid and Self-help Projects (Cashpo), says he knows of "more than 2 000 families needing food and clothing right now".

Cashpo, which aims to feed the hungry, offers basic training in self-help projects, assists students to acquire scholarships and preaches the word of God, is appealing for food, clothing, garden tools and sewing materials.

Mr Mothiba can be contacted at (01529) 2626.



Professor Noel Cameron ... "I was becoming more and more involved in examining patterns of growth in Third World countries." He now organises field trips for his students.

● Picture by Ken Oosterbroek.

UK-born professor to head new research programme

Wits plan will help solve SA children's growth problems

By Inga Molzen

The University of the Witwatersrand has approved a research programme which will identify the normal growth patterns of children in South Africa.

The research, which has been pioneered in this country by British-born Professor Noel Cameron, an associate professor in the department of anatomy at the university's medical school, will help clinicians accurately diagnose abnormality in children.

The 39-year-old professor hopes to develop human growth charts to assess the effect of chronic nutritional and environmental factors.

The charts will be drawn from numerous research studies.

Samples of children from different socio-economic backgrounds have been selected — ranging from children growing up on a white-owned farm in the Northern Transvaal to children from the mountainous Ubombo region of kwaZulu.

Another study — to be incorporated in the recently proposed Medical Research Council's urbanisation strategy — will follow the growth of 2 000 babies born during one week "for an initial five years".

"Following their progress into adolescence will be tremendously exciting. Other researchers may even examine their educational, nutritional and living standards," he said.

Until now, the pattern of children's growth in South Africa has been assessed against growth charts developed in the United Kingdom, Europe and the United States.

"Studies on human growth are seen as being the most sensitive indicators of health and well-being of children. Without these, we can't know what the normal growth pattern of our children is in the sub-continent or accurately diagnose abnormality".

The problem, said Professor Cameron, was that independent growth standards, which map the normal growth rate of a child, had not been established in the Third World.

Professor Cameron said many studies had been conducted in South Africa on children from birth to five years old because this was the major risk age.

"But," the professor said, "there is no real documentation about what happens to the pattern of growth after the age of five.

"In the United Kingdom, Europe and the United States, we can assess how severe an adverse stimulus is on a child by comparing the child with normal growth levels."

American or British growth charts were used in developing countries, he said.

This was under the assumption that the child, given a completely normal environment in food, hygiene and housing, will grow regardless of ethnic group at the same rate as a British or American child.

Professor Cameron, who completed his doctoral thesis on the growth of London schoolchildren under the "godfather" of this research, Professor James Tanner, came to South Africa in 1984.

He left England, where for eight years he assessed 20 000 children with suspected growth disorders, to be appointed a senior lecturer in human biology.

He said Professor Phillip Tobias, head of Wits' anatomy department, had fortunately given him carte blanche in research.

"When I came here there had been few studies on human growth in South Africa. Up to 1984, only 49 reports on the subject had been published in the Republic.

"Professor Tanner published over 300 papers on human growth between 1948 and 1980."

Professor Cameron soon set up controlled research studies here.

He began assessing the growth of rural children in Ubombo three years ago and, a year later, of children on a Northern Transvaal farm in Vaalwater.

On using adolescent sexual development as an indicator of maturity, Professor Cameron said: "That is the first time this has been done in Africa on a longitudinal basis, a term for on-going research using the same children."

ACCURATE

A cross-sectional study, where a large sample of children would be measured once only, may be used to obtain an accurate estimate of the average growth of the population and variation.

"But," explained Professor Cameron, "what it doesn't allow us to do is to measure the growth rate of an individual child."

Future research planned for the growth research programme will involve children moving from rural to urban areas and an analysis of a "privileged" (defined as those attending private schools in Johannesburg) sample of urban black children.

DAMELIN COLLEGE

News Report

245 SUCCESSES FOR DAMELIN MATRICULANTS

in Tertiary Education (1987)

No fewer than 245 Damelin Matriculants qualified at the tertiary level of education in 1987, namely 166 at the various universities monitored by the College, 8 as Chartered Accountants and 71 at the Technikon Witwatersrand.

1. The details of the University successes monitored are:

WORKSHOP

How to win on the Stock Market

Make money from your investments

The Damelin Management Workshops are based on the concept that your education is an ongoing process. And that by furthering your education, you will further yourself. Damelin Management Workshops combine theory and practical skills, with the emphasis on classwork not homework. Each Workshop is presented by a qualified and respected lecturer, who is an expert in his field. The Stock Market Workshop will teach you the skills to help you invest in the Stock Market and win.

On completion of the Workshop delegates will be able to:

- Understand basic principles of the Stock Market and all share dealing terminology
- Deal with brokers
- Read a prices page
- Manage a portfolio

WORKSHOP

How to market to the Black Consumer

Make the Black Market work for you

The Damelin Management Workshops are based on the concept that your education is an ongoing process. And that by furthering your education, you will further yourself. Damelin Management Workshops combine theory and practical skills, with the emphasis on classwork not homework. Each workshop is presented by a qualified and respected lecturer, who is an expert in his field. The Black Consumer Workshop will give you the marketing insights to tap into the vast buying power of the Black Market.

On completion of the Workshop delegates will be able to:

- Understand the myths and realities of the Black Market
- Access Black Market information
- Evaluate marketing and segmentation

Hansard

HOUSE OF ASSEMBLY

†Indicates translated version.

For written reply:

General Affairs:

Passports: applications/renewal

264. Mr S S VAN DER MERWE asked the Minister of Home Affairs:

(a) How many applications for passports and renewal of passports were received in 1987 and (b) how many such applications in respect of (i) Coloureds, (ii) Indians, (iii) Blacks and (iv) Whites were refused in that year?

The MINISTER OF HOME AFFAIRS:

(a) 258 743

(b) (i) 15

(ii) 20

(iii) 118

(iv) 14

The hon member's attention is drawn to the fact that the number of applicants involved in the refusals were:

Coloureds:	8
Indians:	15
Blacks:	95
Whites:	9

The reason for the difference in the number of applications refused and the actual number of applicants involved, is ascribed to the fact that several applicants re-applied for passports after their applications were refused.

Marasmus/kwashiorkor: cases reported

405. Dr M S BARNARD asked the Minister of National Health and Population Development:

How many cases of (a) marasmus and (b) kwashiorkor were reported in each of the latest specified three years for which figures are available?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Marasmus and kwashiorkor are not notifiable. However, the following number of children were treated in clinics for marasmus and kwashiorkor for the period July 1984 to December 1987.

(a) Marasmus

July 1984 — June 1985	: 2 147
July 1985 — June 1986	: 3 103
July 1986 — June 1987	: 1 739
July 1987 — December 1987	: 1 964

(b) Kwashiorkor

July 1984 — June 1985	: 1 250
July 1985 — June 1986	: 1 263
July 1986 — June 1987	: 3 355
July 1987 — December 1987	: 3 387

Applications for South African travel documents

433. Prof N J J OLIVIER asked the Minister of Home Affairs:

(1) How many citizens of each specified independent Black state (a) had applied for and (b) had been granted South African travel documents since the independence of each of these countries up to the latest specified date for which figures are available;

(2) whether any applications were not granted; if so, (a) in respect of which such states and (b) why in each case?

The MINISTER OF HOME AFFAIRS:

(1) (a) and (b) Separate statistics in respect of these states are not being kept. Since the dates of independence of the TBVC countries until 31 December 1987, 22 058 applications were received, of which 22 006 were approved.

(2) Yes.

(a) Separate statistics are not being kept in respect of each state.

(b) It is not policy to disclose reasons for refusal of applications.

Overseas visits

570. Mr P G SOAL asked the Minister of Economic Affairs and Technology:

Wrong emphasis, says Chris Barnard

Malnutrition 'main cause of heart disease'

(90)

By Dan Side

Money for research into the effect of nutrition on heart disease was being misspent, heart surgeon Professor Chris Barnard told the 60th World Congress of the World Association of Cooks' Societies (Wacs) in Johannesburg yesterday.

He said emphasis was wrongly being placed on the excesses of the Western diet as a cause of heart dysfunction, while rheumatic heart disease was far more widespread.

The biggest cause of rheumatic heart disease was lack of sufficient food and, by his estimate 400 million people throughout the world were malnourished.

He said enough food was produced to give every person a satisfactory daily diet of 2 500 calories, but food was grown to earn money and distribution was thus unequal.

SLICE OF BREAD

"The most heartbreaking thing that ever happened to me," said Professor Barnard, "was putting thousands of rands worth of state-of-the-art heart valves into a black boy and still feeling he would not live because of his general condition.

"When I asked him if there was anything else I could do for him, he said: 'Please give me a slice of bread.'"

But South Africa, while having its share of suffering, was being misrepresented overseas, Professor Barnard told delegates from many countries.

He said he had seen scenes of violence on French television that had been taken through the protective fencing at football games and, in another case, the agony on a black woman's face was due to childbirth.

"There's no doubt we have big problems and make more than our share of mistakes," he said, "but we are working towards giving everybody a share of the good life."

MAKING LIFE MORE ENJOYABLE

He told visiting chefs that both medicine and the culinary arts aimed at giving customers a better quality of life.

"The object of medicine is ultimately not to prolong life but to make it more enjoyable," said Professor Barnard, who recalled that his second transplant patient, Dr Philip Blaiberg, was more impressed with being able to breathe without severe discomfort than the mere fact that he was still alive.

In some cases, medicine did more evil than good in prolonging life and, in these instances, there was more mercy in death, he said.

● A presentation was made by Wacs to local convention organiser Mr Billy Gallagher, food and beverages director for the Southern Sun hotel group.

On behalf of a South African student yet to be selected, he was handed a gold medal and a scholarship to the New York Institute of Technology's culinary section.

CHR Times 29/3/88

(90)

Surge in marasmus, kwashiorkor cases

Political Staff

THERE was a sharp increase in the number of children treated in clinics for two main nutritional diseases, marasmus and kwashiorkor, in the last six months of last year, the Minister of National Health and Population Development, Dr Willie van Niekerk, said yesterday.

In the six months between July and December 1987, 1 964 children were treated at clinics for marasmus, more than the 1 739 cases treated in the previous 12 months between July 1986 and June 1987.

Between July and December 1987, 3 387 children were treated in clinics for kwashiorkor, more than the previous 12-month figure of 3 555 and more than double the number treated over two earlier 12-month periods.

However, Dr Van Niekerk, who was replying to a question by Dr Marius Barnard (PFP, Parktown), said neither marasmus nor kwashiorkor were notifiable diseases.

Star 13/4/88

(90)

'More people going hungry'

Malnutrition in South Africa has reached alarming proportions, according to the 1987 report of the Department of National Health tabled in Parliament yesterday.

And the World Vision organisation says tens of thousands of homeless people are swelling the numbers of the starving.

The report appears to contradict a statement last year by President Botha that there were no starving people in South Africa.

It says surveys have shown that there are no large-scale cases of acute physical hunger, but that there are an alarming number of malnutrition cases.

A survey carried out in April and May last year among pre-school black children in Botshabelo in the Orange Free State found about 15,1 percent were underweight and 35,5 percent showed significant growth retardation.

Among children younger than three years, 16,8 percent were underweight and 40,5 percent showed retarded growth.

QUESTIONS

Executive director of World Vision, Mr John Allwood, said it was not good enough simply to-feed people by handing over responsibility to other bodies. The question of why there are hungry or malnourished people had to be asked.

"This has come about because of the economic depression, forced removals and not giving the parents of the children the means to provide for their own families," he said.

While there are few deaths as a result of acute starvation in South Africa, hundreds of thousands of children have their life potential reduced through the effects of malnutrition, he says.

Funds are provided annually by local authorities for subsidising the buying of skimmed milk powder or a protein-vitamin-mineral mixture, says the report.

Local authorities are, however, finding it difficult to meet costs because of the rise in the number of children at risk.

Referring to the emergency food scheme which originated in 1985, the report says it was not meant to be permanent.

About 95 000 black peopl were provided with emergency rations each month. — Sapa.

(90) Bday 13/4/88.

Malnutrition survey is causing concern

HOUSE OF ASSEMBLY — Surveys had revealed an alarming number of cases of malnutrition in SA, the Department of National Health said in its report for 1987, tabled yesterday.

The report also gave details of a survey in April and May last year among pre-school black children in Botshabelo in the OFS, which found about 15,1% of the children were underweight and that 35,5% showed significant growth retardation.

Among children younger than three years, 16,8% were underweight and 40,5% showed retarded growth, indicating the nutritional status of this group was lower than that of the older children.

Funds were made available annually for subsidising the buying of skimmed milk powder or a protein-vitamin-mineral mixture by local authorities.

Because of the present economic climate, population growth and drought, there were more children at risk of developing protein-energy malnutrition. As a result, local authorities found it difficult to participate fully in the scheme because they could not contribute their part to the cost.

At the time the report went to Press, an investigation was being conducted in the OFS region into the effectiveness of the scheme.

Referring to the emergency food scheme, the report said the scheme, which originated in 1985, had from its inception not been meant to be a permanent one. As the emergency conditions prevailing at the time improved, the scheme would be systematically phased out.

A step in this direction was taken when the Cabinet decided that the scheme would be managed by own affairs administrations with effect from April 1, 1987.

Surveys had shown that at present there were no large-scale cases of acute physical hunger, but that there were an alarming number of malnutrition cases.

About 95 000 black people, mainly in the southern Transvaal, Eastern Cape and Cape Peninsula, were provided with emergency rations each month.

☐ Research suggested that SA could accommodate an optimum population of about 80-million.

☐ This could be achieved if the average number of children per woman could be reduced to 2,1 by the year 2010. — Sapa.

Cape Times 13/4/88

1/3 of black rural children stunted

Political Staff

A NUTRITIONAL survey has found that more than a third of rural black children under the age of five were wasted, stunted or had low weight-for-age, the Department of National Health and Population Development reported yesterday.

In its 1987 report tabled in Parliament, the department said the survey found that 1,8% of rural black children under the age of five were wasted, 24,5% were stunted and 8,4% had low weight-for-age.

Most wasted children were found in the Free State and Southern Transvaal, while in the OFS, Southern Transvaal and the Cape at least 28% were stunted.

The survey was conducted under the auspices of the Regional Health Organization for Southern Africa (Rhosa).

The department also said a survey of preschool children in Botshabelo in the Free State found that 15,1% were underweight and 35,5% showed significant growth retardation.

"Among children younger than 3 years, 16,8% were underweight and 40,5% showed retarded growth, which indicated that the nutritional status of this age group was lower than that of the older children."

Black kids under fed

OVER a third of black South African children under five are undernourished, the Department of Health has revealed in its 1987 annual report.

The shock figure has prompted opposition politicians to renew calls on the Government again to declare kwashiorkor and Maras — as notifiable diseases.

The report on the nutritional status of black children was conducted by the Regional Health Organisation of Southern Africa (Rhosa).

It found that a total of 34,7 percent of black children under five were well under size.

A total of 24,5 percent were "stunted", 1,8 were "wasted" and 8,4 percent were "low weight-for-age."

"Stunted" means having a height-for-age less than two standards deviations under the median.

	Transvaal	70	197 960,80	141 609,70	
Mexico	Cape	1	278,00		
Mozambique	Cape	3	1 769,50		
	Natal	1	232,00		
	OFS	5	1 650,00	1 650,00	
	Transvaal	69	63 751,97	48 370,17	
Netherlands	Cape	3	733,00	644,00	
	Natal	1	100,00	100,00	
	OFS	2	140,00	140,00	
	Transvaal	4	898,00	635,00	
Norway	Cape	1	698,00	698,00	
Philippines	Cape	1	810,00		
Poland	Cape	26	7 748,50	4 208,00	
Portugal	Cape	7	1 189,50	1 189,50	
	OFS	3	400,00	400,00	
	Transvaal	1	1 018,50	25,00	
Rumania	Cape	26	17 894,00	2 977,00	
Scotland	Transvaal	1	495,00	315,00	
South West Africa	Natal	4	4 077,00	3 551,00	526,00
Spain	Cape	35	7 215,00	4 720,50	
	OFS	1	80,00		
Sri Lanka	OFS	2	1 700,00		
St Helena	Cape	16	11 499,00	5 961,00	
	Transvaal	1	10,00	10,00	
Swaziland	Natal	10	4 755,00	3 008,00	
	OFS	1	5,00		5,00
	Transvaal	109	57 871,05	34 205,30	10,00
Sweden	Cape	1	43,50	43,50	
	OFS	2	120,00	120,00	
Switzerland	Cape	4	341,00	210,00	
	Natal	1	750,00	750,00	
	OFS	1	60,00	60,00	
	Transvaal	1	45,00		
Taiwan	Cape	4	165,00	147,00	
	Natal	1	100,00		
Tristan da Cunha	Cape	2	2 285,00	1 435,00	
United Kingdom	Cape	24	4 811,98	1 669,50	283,00
	Natal	7	1 732,00	1 666,00	
	OFS	51	7 860,07	4 435,07	1 025,00
Uruguay	Cape	1	64,00		
USA	Cape	10	3 207,00	972,00	
	Natal	2	91,00	91,00	
	OFS	4	200,00	180,00	20,00
	Transvaal	6	2 410,00	2 085,00	
USSR	Cape	8	2 584,00	2 316,00	
Western Germany	Cape	36	35 040,00	7 030,00	
	Natal	2	400,00	200,00	
	OFS	6	600,00	600,00	
	Transvaal	2	5 440,00	5 440,00	
Zaïre	Cape	1	342,00		
	Transvaal	5	5 662,81	4 833,75	
Zambia	Cape	3	152,00	152,00	
	Transvaal	5	4 400,00	4 400,00	
Zimbabwe	Cape	108	103 958,00	32 058,00	
	Natal	24	16 419,80	8 493,00	

	OFS	12	2 100,00	1 460,00	40,00
	Transvaal	102	102 270,86	35 257,94	
TOTAL	Cape	502	452 606,73	170 577,67	283,00
	Natal	70	41 119,80	29 318,00	526,00
	OFS	1 420	685 386,07	482 408,07	2 400,00
	Transvaal	718	858 127,66	512 971,47	70,00
TOTAL		2 710	2 037 240,26	1 195 275,21	3 279,00

Diarrhoea/dysentery: infant mortality

407. Dr M S BARNARD asked the Minister of National Health and Population Development:

How many (a) White, (b) Coloured, (c) Indian and (d) Black children died of (i) diarrhoea and (ii) dysentery in 1986 and 1987, respectively?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

The Department of National Health and Population Development does not keep record of infant mortality as a result of diarrhoea and dysentery.

Detainees: visits by State doctors

408. Dr M S BARNARD asked the Minister of National Health and Population Development:

(1) Whether any visits were made by State doctors in 1987 for the purposes of examining persons detained in terms of security legislation; if not, why not; if so,

(2) whether records were kept of these visits; if not, why not; if so, what total number of visits were made in 1987;

(3) whether any reports on such visits were submitted by State doctors to his Department in 1987; if so, how many such reports were submitted;

(4) whether any action was taken by his Department as a result of such reports; if not, why not; if so, (a) on how many occasions was action taken and (b) what were the circumstances in respect of each of these cases?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Yes

(2) Yes 3 800

(3) Yes 3 800

(4) Yes

(a) (i) Alleged assaults 20 cases

(ii) Hunger-strikes 50 cases

(iii) Depression 30 cases

(iv) Minor complaints 50 cases

(b) (i) ALLEGED ASSAULT CASES
Reported and followed up as follows:

a form SAP J88 was completed in all cases, and handed over to the Chief criminal investigations officer, for his attention.

The necessary medical treatment was given.

(ii) HUNGER-STRIKES
Consequences of such acts were explained to them by the District surgeon. All cases were persuaded to take their food again.

(iii) DEPRESSION CASES
Where necessary cases were referred to a Psychologist, Psychiatrist (or both) for treatment. Cases were hospitalised where indicated.

(iv) MINOR CASES
Including toothache, tummy upsets, flue and colds, etc. Appropriate treatment was administered.

Infant mortality: causes

409. Dr M S BARNARD asked the Minister of National Health and Population Development:

(a) What are the major causes of infant mortality for (i) Whites, (ii) Coloureds, (iii) Indians and (iv) Blacks and (b) what was the percentage of deaths from each of these causes in respect of each race group for the latest specified period of 12 months for which figures are available?

State's own survey finds malnutrition

Weekly Mail Reporter

HEALTH surveys sponsored by the government have found ...gh levels of malnutrition among black children in rural areas.

The surveys, extracts of which were published in the annual report of the Department of National Health and Population Development, which was tabled in parliament this week, found more than a third of rural black children under the age of five were wasted, stunted or had low weight-for-age and more than 40 percent of the children in Botshabelo in the Free State showed retarded growth.

In its 1987 report, the department said a nutritional survey had found that 1,8 percent of rural black children under the age of five were wasted, 25,4 percent were stunted and 8,4 percent had low weight-for-age.

The highest regions for wasted children were the Free State and Southern Transvaal, while in the OFS, Southern Transvaal and the Cape 28 percent or more children were found to be stunted.

The survey was conducted under the auspices of the Regional Health Organisation for Southern Africa.

The department only disclosed the findings for South Africa. It did not include findings for the "independent homelands" or neighbouring states but the pattern is likely to be similar, if not worse.

It also reported that a survey of preschool children in Botshabelo had found that 15,1 percent were underweight and 35,5 percent showed significant growth retardation.

"Among children younger than three years, 16,8 percent were underweight and 40,5 percent showed retarded growth, which indicated that the nutritional status of this age was lower than that of the older children," the department said.

Star 2/4/88 (90)

Operation Hunger running successful schemes in Lebowa, but . . .

Over half of rural SA malnourished

By Melanie Gosling

Although it is one of the richest countries on the continent, South Africa has a higher rate of malnutrition among children than many of its poorer southern African neighbours.

Research commissioned by Operation Hunger puts the rate of "chronic malnurition" in rural South Africa at 56,5 percent. In Botswana it is 40,7 percent, Swaziland 30,3 percent, Zambia 34,8 percent and Zimbabwe 13,9 percent.

Operation Hunger alone feeds 1,2 million children.

According to Dr Frances d'Souza of the University of Oxford, who did the research, "starvation and famine (in South Africa) arises not so much due to absolute lack of food but loss of entitlement to the food which is available".

This could be caused by loss of employment, forced relocation by the Government or huge food price hikes. Dr d'Souza cites two basic ways of dealing with the situation: immediate relief and development projects.

Operation Hunger does both.

One of its biggest success stories is in Sekhukhuneland in Lebowa. The organisation feeds 120 000 children in Sekhukhuneland daily and, more importantly, has established projects where families can now feed themselves.

Organisation director Mrs Ina Perlman says drought in the area is one of the biggest problems. Before Operation Hunger put down boreholes, women in the area were walking about 15 km a day to get water.

"When a family has an average monthly income of R50, even starting a vegetable garden is an impossibility. Because there is no water, boreholes have to be sunk — one of which costs R1 400.

"Even seed and fencing to keep chickens and goats from eating the crops are items beyond the community's means," Mrs Perlman says.

This is the type of commodity Operation Hunger supplies. The vegetable gardens are so successful that there is a surplus which is sold. Some of the money is kept by the individuals and some is put into a fund to buy more seed, fencing and farming utensils.

The organisation has also started sewing groups where it provides machines and fabric. Gradually the money for buying fabric is reduced until the groups are able to buy their own from the clothes they sell.

"It is essential that groups become self-sufficient — otherwise we are just inventing dependency," Mrs Perlman says.



Operation Hunger has put down several boreholes in Sekhukhuneland enabling local people to plant vegetable gardens in the drought-stricken area.

RESEARCH

The maize factor

Pellagra is a form of malnutrition caused by a deficiency in Vitamin B3 (niacin). The main symptoms are dementia, dermatitis and diarrhoea. The number of sufferers in SA is unknown. But the Department of Health estimated, in 1976, that there were at least 100 000 pellagra patients a year being treated in our hospitals.

Maize fortification with Vitamin B3 was recently introduced in SA. This has little impact on the rural population, however, who are dependent on home-grown maize as their staple food. These people remain threatened by pellagra. Since the disease is also associated with a downturn in the economy, it could become an even greater problem if sanctions against the country are made to bite.

There is hope, however, from experience in Central and South America. Although the indigenous population there is heavily dependent on maize as their dietary staple, they do not succumb in significant numbers to pellagra. This is because they prepare their home-grown maize in a manner which enhances the release of Vitamin B3. This involves soaking the raw maize in a weak alkaline solution of lime-water prior to cooking, releasing niacin in a way the body can absorb. There is considerable experimental evidence to show that lime-water converts otherwise non-available niacin to an available form.

In the light of this evidence, officials at the South African Brain Research Institute (Sabri) have embarked on a project to assess the feasibility of introducing this seemingly simple and cost-effective method of maize fortification, particularly to the rural population. Sabri has a special interest as the brain is particularly vulnerable to growth retardation, especially during development. It hopes to raise funding to the order of R1m over the next five years. Dr Mark Gillman of Sabri leaves soon for a visit to Central America to gather information, and to meet with Dr Kenneth Carpenter, an American scientist and doyen in this field.

Because of the cheapness and ready availability of slaked lime in SA, fortification of maize through cooking in an alkaline solution seems an attractive solution to the pellagra problem. ■

Continued on P53

SAVED FROM STARVATION

16/5/88

By ANTHONY DOMAN, Municipal Reporter

THOUSANDS of stricken families fighting "increasing hunger, malnutrition, distress and despair caused by grinding poverty" have been saved from disaster by The Argus Food Campaign, says Medical Officer of Health Dr Reg Coogan.

The campaign, operated through the Mayor's Relief Fund, is a unique exercise in community health", said Dr Coogan in his 13th and final annual report — he retires this year.

After Government food parcels proved inadequate to cope with people suffering from "grinding poverty and the lack of job opportunities" in early 1986, the campaign took over "most successful-".

It brought relief to thousands of stricken families and the "genuine gratitude and goodwill generated" were enormous. Contributions from industry, the business sector and people in general were "excellent".

The Argus had been of "enormous benefit" to the fund, particularly reminding readers of the existence of the campaign.

At the time his report was written the total had reached more than R400 000.

"Our many generous contributors can take comfort from the fact that, during this recession, no needy family in the city will starve while we can prevent it," said Dr Coogan.

Other major points in his report were Cape Town's success at lowering its infant mortality rate, its joint nuclear accident exercise, and the battle against air pollution, Aids and tuberculosis.

The infant mortality rate had been halved in 12 years to 17,84 deaths in every thousand, he said. According to World Health Organisation criteria, between 10 and 20 was acceptable for a city of the developed Western World.

Cape Town's figures were the best in the country, he said.

On nuclear accident readiness, he said the combined nuclear accident exercise held by the Atomic Energy Corporation, Eskom and the City Council came after "nearly a decade of intensive argument with the nuclear establishment".

It would be necessary to hold at least another three exercises to cover all of the city, he said.

Small nuclear accidents could be handled with a trained populace but a major accident would present "overwhelming difficulty".

Dr Coogan sharply criticised the fact that the operator of the plant was designated Emergency Controller; this presented an "obvious conflict of interests".

Turning to disease, Dr Coogan said tuberculosis was the biggest public health problem in Cape Town.

Distressing

Studies had shown that the shortage of housing, leading to gross overcrowding, was a major cause of the spread of infectious conditions such as TB.

"It is distressing that no significant progress has been made in controlling TB," he said. "It is not possible to eradicate it by medical means alone."

One "grave error" was the closing of more than 1 000 treatment beds between 1975 and 1980. Treating TB sufferers as outpatients was "cent wise, rand foolish and was storing up a lot of trouble for the future".

In Cape Town only one bed was available for every 25 cases — compared with the national ratio of one in five.

Dr Coogan urged swift action to combat Aids. It was estimated that more than 1 000 persons in the Western Cape were positive for the HIV virus, and these people were potentially infectious to others.

500 a week treated



James Dingile, 2 , watches protectively over his sister Thozama, five months



Lubabalo Wotyi, aged two, showing signs of malnutrition. With him is his mother Mrs Nowilis Wotyi, and Ntombelanga, aged three.



Twins Lwandile (left) and Lwandiso

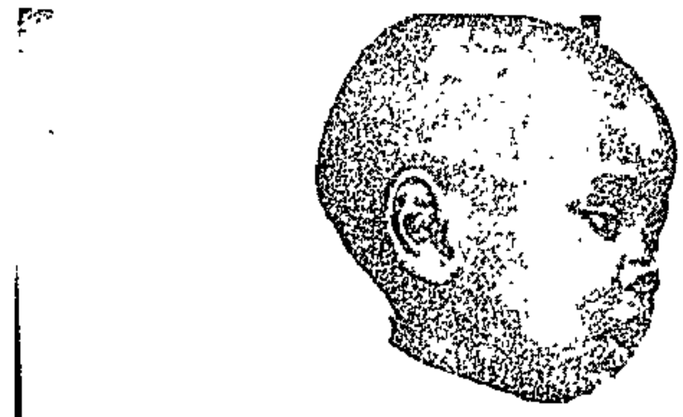
ABOUT 500 children are being treated for malnutrition every week at two Phulani clinics in Sites B and C of the Khayelitsha resettlement area about 50km outside Cape Town, according to the clinic co-ordinators.

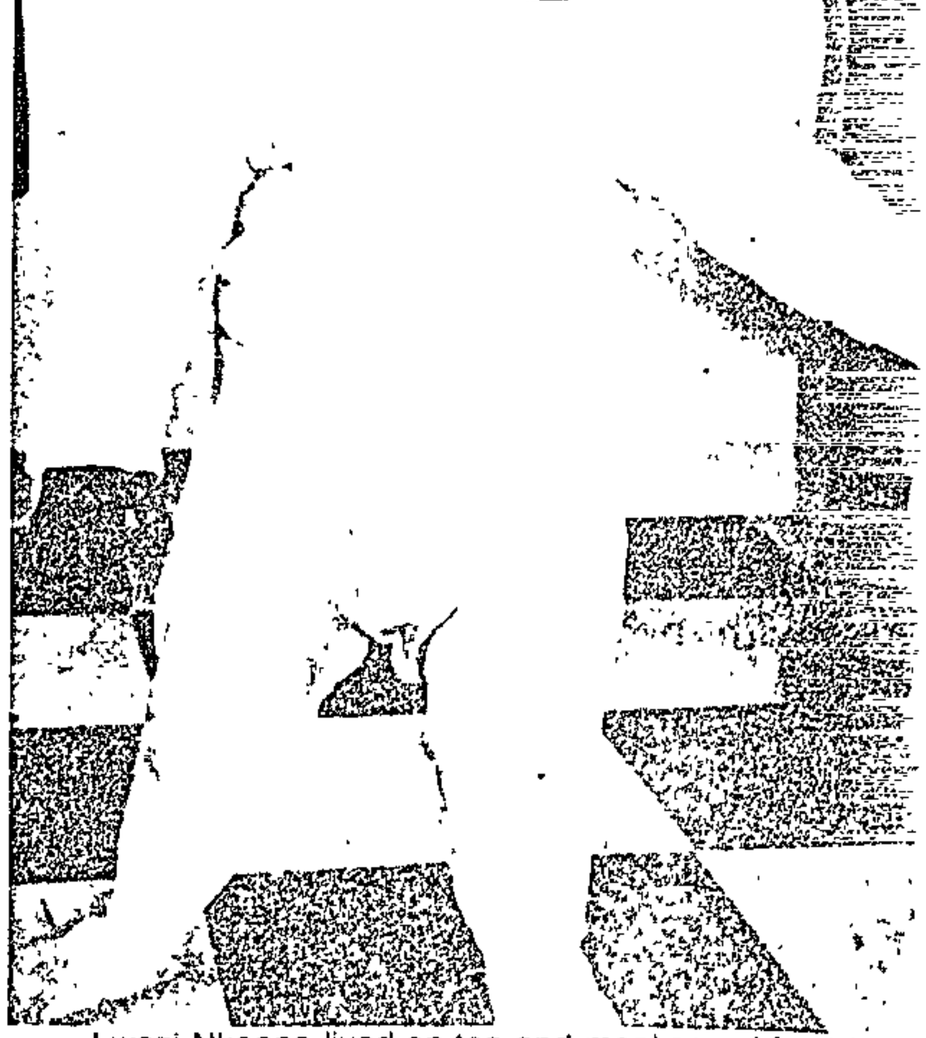
"We feed between 30 and 35 underweight and malnourished children at our clinic each day These are severe cases and all we can cater for with our resources and space We treat about 250 children a week at each clinic," said Princess Nyoka, co-ordinator of the Site C clinic

More than ten percent of preschool children in Site C were malnourished, according to Dr Ingrid le Roux, who helps at the clinics.

She said this compared with statistics in some rural areas

"One would expect the situation to be better because this is an urban area, but things have been getting worse lately because of unemployment.





Lwazi Nkoana lived on tea and mealiemeal for 14 mo

500 a Week treated for hunger



Parents feed their children at the Philani clinic, Site C, Khayelitsha

ABOUT 500 children are being treated for malnutrition every week at two Philani clinics in Sites B and C of the Khayelitsha resettlement area about 50km outside Cape Town, according to the clinic co-ordinators.

"We feed between 30 and 35 underweight and malnourished children at our clinic each day. These are severe cases and all we can cater for with our resources and space. We treat about 250 children a week at each clinic," said Princess Nyoka, co-ordinator of the Site C clinic

More than ten percent of preschool children in Site C were malnourished, according to Dr Ingrid le Roux, who helps at the clinics.

She said this compared with statistics in some rural areas.

"One would expect the situation to be better because this is an urban area, but things have been getting worse lately because of unemployment.

"We have more cases of people who are totally destitute. The children starve when the family has no money

"We have seen cases of children living on water for two weeks.

"Malnourished children get recurrent illnesses. More than 50 percent of the children we see have tuberculosis."

Le Roux said many serious cases came from Transkei.

"There are women whose husbands came to work in Cape Town but were unsuccessful While the husband remained unemployed, the wife and children would starve in Transkei

"It is unacceptable that children should starve anywhere in South Africa. People need to earn enough to be able to feed their children "

Dr Len Tibbitt, medical officer of health for the Western Cape Regional Services Council, said he was aware there was "a lot of these cases" in Khayelitsha.

"Our TB figures for the area are very high and malnutrition is one of the causes of this.

"There is a tremendous amount of help for these people. We refer all our cases of children who are underweight for their age or who have TB to feeding schemes, including Philani," he said.



Lwazi Nkoana lived on tea and mealiemeal for 14 months

Tea, pap for 14 months

TINY Lwazi Nkoana crawled on the kitchen floor of the Philani Nutrition Centre in Khayelitsha after receiving milk from his mother.

Two weeks ago, 14-month-old Lwazi could not crawl, let alone stand against the furniture.

He was suffering from kwashiorkor after being fed on only tea and mealiemeal since birth

His father has been out of work for four years and came to Cape Town to look for work. His 19-year-old wife, Elizabeth, unable to cope in the small town of Cofimvaba, came to join him last month after feeding her sick child on tea and mealiemeal for 14 months

Mealiemeal mixture

Nine month-old Lwandile Notutu was almost dying of TB when he and his twin Lwandiso first came to the clinic.

"I used to feed them a mealiemeal mixture in their bottles because I had nothing else," said their mother Mrs Mdunyelwa Notutu.

The twins are recovering after receiving TB treatment

Most of the children recover but some have to have treatment for months

Two-year-old Lubabalo Wotyi had kwashiorkor and had been treated since May last year

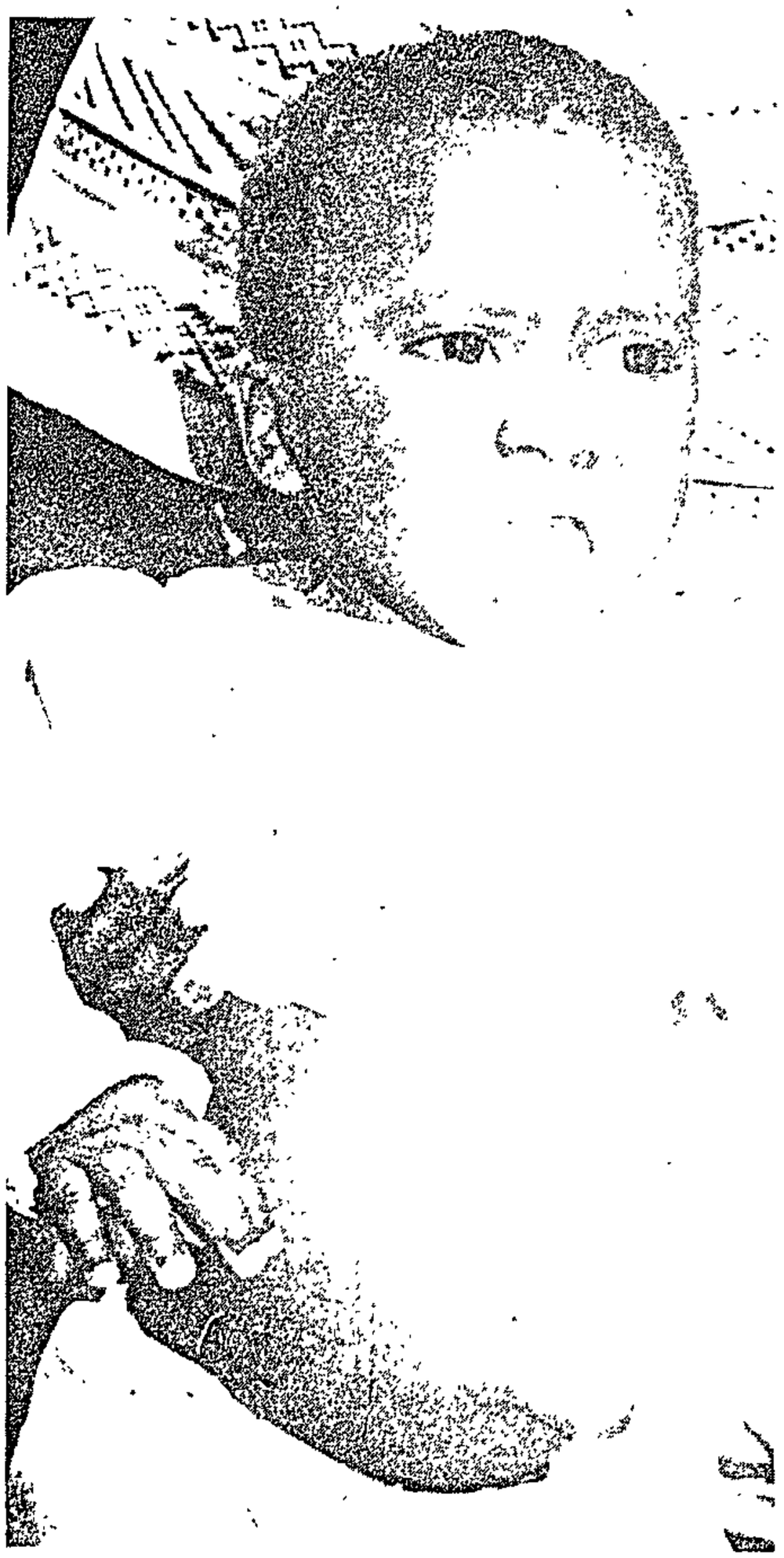
He and his sister Ntombelanga, three years old, still attend the clinic for special meals



Zoleka July, 20, with baby Siyabonga, 21 months

City's shame!

The hungry children of Khayelitsha



TWO-year-old Lubabalo Wotyi, pictured right, of Khayelitsha is daily stalked by hunger.

For most of his tender life he has been fed on pap and weak tea or water as a substitute for mother's milk.

Now in his weak state, and already showing signs of malnutrition, he is a likely victim of tuberculosis, the product of poverty and hunger.

He is one of 500 children being treated for malnutrition every week at two clinics of the Philani Nutritional Centres at Khayelitsha, Cape Town's newest township and situated about 35 km from the city centre.

Full story, pictures
See pages 6 and 7

The statistics provided by the clinics outline a terrifying indictment.

More than 50 percent of the children treated at the clinics have tuberculosis.

More than 10 percent of Khayelitsha's pre-school children are malnourished and between 30 and 35 "bad cases" had to be fed at one of the clinics each day.

Dr Ingrid le Roux, specialist nutritionist at the two clinics, said it was unacceptable that children should starve anywhere in South Africa.

"This is not a medical problem but a socio-economic one. People need to earn enough to feed their children.

"Children starve because their parents have no money. Some children live on water for weeks."

(90 Sowetan 24/9/88.

Food deaths

• From page 1

and had been removed from intensive care, a hospital spokesman said yesterday.

Col. Malherbe said police do not suspect foul play. A sample of the substance had been obtained and was being analysed.

City health officials said yesterday that they were investigating the theory that the poisonous substance was a form of nitrate.

Three men and a woman who ate with Mr Cele and Mr Khumalo and another five people who later bought 50 cents portions of the deadly stew collapsed with abdominal pains and were rushed to hospital by ambulance.

A Johannesburg Health Department spokesman said Mr Cele took police to the scene of the macabre cook-up where a small sample of the white substance was found.

A Hillbrow Hospital spokesman said blood tests on the victims indicated that an oxidising agent, like nitrate, which, he said, could be mistaken for salt, had caused the poisoning.

Mr Mothibi said some workers who usually assemble at Jeppe Park during lunchtime, telephoned for an ambulance.

Another patient, Mr John Bengu (28), of Mofolo Village, Soweto, said he nearly collapsed before he could finish his food.

Deaths due to lack of health sevices

Own Correspondent

JOHANNESBURG. — A lack of health care in parts of SA is leading to a huge proportional increase in black infant deaths, said Dr H G V Kustner of the Department of National Health and Population Development yesterday.

Addressing the conference on population development in Southern Africa, Dr Kustner said SA health services faced a dilemma.

The dilemma amounted to the "very noticeable disparity between the undisputed excellence of the hospital-centred health care offered in this country versus the basic, yet essential community-oriented primary health care services".

A breakdown of the infant mortality rate over the past five years emphasized this inadequacy. Three white babies in 1 000 died over this period, while the statistics for black babies were between 94 and 124 per 1 000. Coloured babies had an infant mortality rate of 52 per 1 000 and Asians 18 per 1 000.

Infant mortality rates assumed special importance, he said, because they were commonly used as indicators of health and the effectiveness of health services the world over.

In the black communities, childhood mortality was attributable to a number of infectious diseases, especially gastro-enteritis, but also infections of the respiratory system. Immunization against certain diseases would also alleviate the high mortality rate in these communities, said Dr Kustner.

Hope for future generations of disadvantaged children, who have a dramatically higher chance of dying in their first year of life than their white counterparts, lay in improved community midwifery and the strengthening of basic primary health care, Dr Kustner said.

Poison-choc lawyer tells of three months of agony

By EUGENE ABRAHAMS

PARALYSED poison chocolate victim lawyer Chris Taylor this week spoke about his three-months of agony in a hospital bed fighting death.

"Until recently, the pain was terrible," said Mr Taylor from his parents' home in Parow, near Cape Town.

"It was as if my body was strapped tight with bandages and my hands and feet were forced into buckets of burning coal."

But, he vowed: "I will recover. I want to return to work as soon as possible."

Because he was poisoned in such an unusual way, doctors could not tell him if he would ever recover completely from his ordeal.

Mr Taylor, from Swellendam, and his secretary, Mrs Jeanette de Jonge, were both poisoned when they ate arsenic-laced chocolates posted to Mr Taylor.

Charged

Later a third person, Oudtshoorn dentist Dr Thinus Stuhlinger, also received poisoned chocolates in the post.

On his discharge from hospital, Dr Stuhlinger, was arrested and charged with culpable homicide and attempting to defeat the ends of justice.

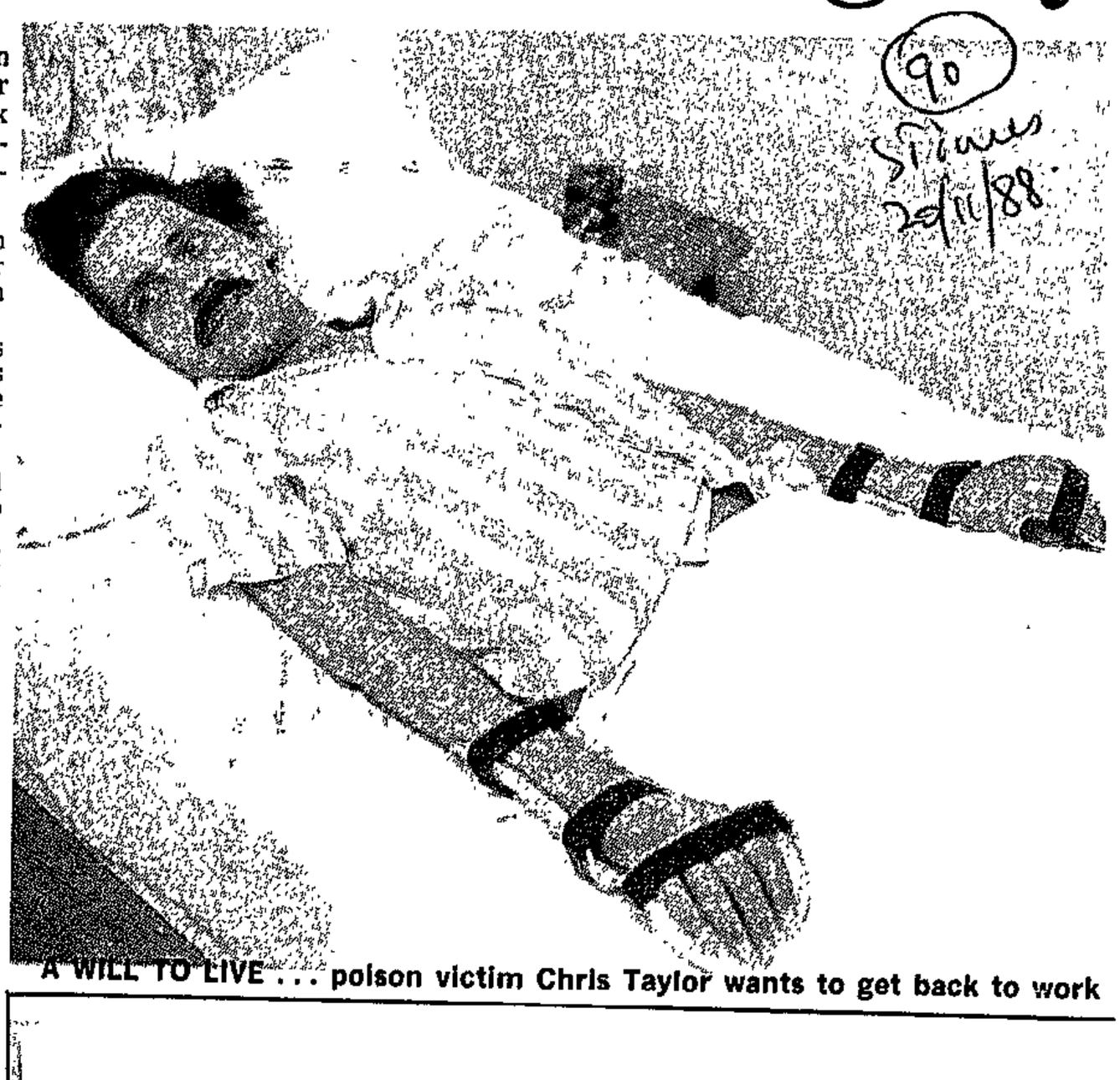
He will appear in the Swellendam Magistrate's Court again next month.

Although Mrs De Jonge was discharged from Tygerberg Hospital last month she is still confined to a wheelchair.

Mr Taylor, who is paralysed from his neck down, said he still experienced "terrible pain" when he received treatment for an hour every day.

But he felt that one of the people who had helped him turn back from death's door was his fiancée, Mrs Estelle Thiersen, a Knysna primary school teacher.

"She is always giving me support and visits me regularly," he said.



A WILL TO LIVE . . . poison victim Chris Taylor wants to get back to work

Measles rife in city, says MOH

Cape Times 3/12/88

90

Medical Reporter

MEASLES has increased to its highest peak in Cape Town since 1983 with 15 deaths caused by the disease up to the end of October — and the city's Medical Officer of Health (MOH) has called for the compulsory immunisation of children when they start school.

In a report tabled before the City Council's amenities and health committee yesterday, Dr Michael Popkiss, MOH, said measles was a "serious public health problem" which posed a particular danger to infants and malnourished children.

There had been an upward trend in the disease, which is notifiable, since 1984. There was usually an increased incidence in winter and spring, and this year's peak was the highest since 1983.

Dr Popkiss said there had been 15 deaths from measles up to October 31 this year, and 305 notifications in the first eight months of the year. There had been an average of 50 notifications a month since the start of the peak measles season in May.

"Proof of measles immunisation should be demanded as a prerequisite for entry to nursery schools and primary schools and such immunisation should be made compulsory," he said.

He said every effort was being made to increase the number of vaccinations against the disease, including an education programme conducted through the city's bus companies.

"It seems urbanisation is one cause of the increase in the disease, so we are trying to draw people into the city's network of clinics as soon as they arrive in the city. We will be distributing leaflets and posters through the bus companies."

The earliest practicable age for immunisation was at six months for high-risk children, repeated at nine months, and at nine months for other children.

He said measles, which was an untreatable viral infection, often led to other complications such as pneumonia and herpes infections on the lips.

HEALTH & DISEASE

NUTRITIONAL DISORDERS

1981
to
1982

NM 7/1/81 (90)

Hunger: It's all a matter of numbers



'The eyes of a hungry child'

THERE are approximately 50 000 children suffering from chronic malnutrition in this country. The condition — which can cause irreperable damage if it occurs up to the age of two, when brain development is at its most rapid — is stalked by the twin sisters of poverty and ignorance.

One hundred and thirty three cases of infant mortality per thousand in the coloured community and 123 in the African bear witness to what is a national tragedy.

The breakdown of the family unit, largely caused by the migrant labour system, when only sporadic amounts of money are sent back to the mother, is cited as one of the main contributing factors to urban poverty.

Before the system was introduced, families managed to subsist on the crops they grew. Now they can no longer manage. The mother frequently has to leave the family home to work in the town, leaving the children with a grandmother or other relative, who is equally unable to feed them adequately.

In the womb

Malnutrition can occur in the womb. If the mother's diet is bad or if she simply does not get enough food, then the foetus will reflect the deficiency. 'From the time the foetus develops until the child is two years old is the critical phase for growth,' said Professor A Moosa, Head of the Department of Paediatrics at the University of Natal.

Even if a child were to go onto a healthy diet from the age of two, it would probably be too late for it to catch up with its peers. A 1976 survey in Chatsworth showed that 50 percent of the six-year-old children surveyed were underweight and a positive correlation showed that the underweight children were backward in their reading skills.

'There is good evidence that if a child is chronically malnourished the brain growth is to some extent retarded.'

A 1977 survey in Umlazi showed that 30 to 40 percent of pre-school age children were underweight and stunted. According to the South African Medical Council, 50 percent of black childhood deaths occur in the under-five age group — the group most prone to malnutrition (the corresponding amount for white children is 7percent).

Of the 8 000 children admitted to King Edward VIII hospital annually, almost half are found to be suffering from malnutrition.

It should be noted, said Prof Moosa, that only severe cases of malnutrition are admitted to hospital. Mild cases are treated on an outpatient basis or go to private doctors. Fifteen hundred under-eight Indian children in Tongaat were recently studied and of that number, 47 percent were found to be undernourished.

Undernourished children need not neccessarily come from homes where poverty rules. Some come from families in the upper economic group.

'Mothers are just too busy with their own social lives to prepare school lunches or meals, or they leave the feeding of their children to domestic workers. Often the workers do not have the authority to insist that their charges eat the right foods and the kids are packed off to school with money and buy chips and cold drinks from the tuck shop,' commented Glenda Wilson, Youth Organiser for Feed the Babies.

Founded by Dr Zelda Jacobson, a lecturer in Social Science at the University of Natal, Durban, in 1958, the scheme now provides supplementary feeding to 2 500 under-sixes of all races in the Durban area and is trying to extend its work further afield.

couraged to bring an extra sandwich or piece of fruit to school and these are shared out 'very quietly' to other children. Schools visited range from primary classes to matric.

Migrant labour

The basic problem — that of poverty and ignorance — is one not likely to be solved, in spite of better health care in urban areas. The migrant labour system, the lure of the city and the ensuing breakdown in the traditional family structure will continue.

So will the pull of advertising to an ignorant market.

'A lot of mothers are lured on to bottle feeding by advertising,' said Prof Moosa. 'The whole question of hygiene them becomes of paramount importance.' Bottle fed babies are more likely to develop gastro-enteritis and other intestinal problems than breastfed babies, because of the difficulties involved in sterilising bottles, teats and mixing jugs.

Breastfed babies are also less likely to succumb to ordinary infections, because they are protected from these by the antibodies in their mothers' milk.

But probably the worst problem associated with bottle feeding is that on a limited budget there is a strong temptation to mix too much water with the milk, thereby depriving the infant of an adequate diet and leading inexorably to malnutrition. 'It is part of the price we have to pay for modern advertising,' commented Prof Moosa.

It is difficult to see a way out of the dilemma. Glenda Wilson is positive that the answer — or a part of the answer — lies in effective birth control. 'How can we keep feeding babies when more and more are coming along all the way? It's for this reason that we supply the supplementary food through the clinics, so the mothers learn to trust us and to see the positive benefits of limiting their families.

'It all comes down to numbers. We must teach the people to be responsible for themselves. You have no conception of what it is like to see the eyes of a hungry child looking at one.'

Jennifer Crwys-Williams

Even if this does not occur, there can be other effects which can be just as serious and a drain on the purse of both the country and individuals.

Chronic malnutrition is an immediately visible condition, with swelling of the body, skin peeling, changes in the appearance of hair, wastage and a 'Belsen' appearance. Moderate malnutrition is less easy to spot, but its sufferers are usually underweight and shorter than their peers and this condition knows few social barriers.

The under-fives

With both these conditions, bodily resistance to infections is increased. Not only does the malnourished child fall prey to serious diseases such as pneumonia and meningitis, but everyday illnesses can become serious ones because of the complete lack of physical resistance, often with crippling effects.

Malnutrition is not limited to the more backward country areas.

The supplementary feeding takes the form of weekly amounts of dried milk and Pronutro supplied to families via clinics. 'This is the best way of handling the scheme,' said Mrs Wilson, 'because the nurses at the clinic are able to keep a close check on the progress of the babies and if there is no improvement in the babies' condition, we investigate further.'

Although there is some misuse of the supplementary food, the weekly 'package' ensures that abuse is not marked.

The scheme also encompasses educating children themselves on the importance of a proper diet.

With the permission of heads of schools, Glenda Wilson speaks to directly to the children. It is difficult telling a child from a poverty stricken family what it should be eating when it can't get hold of food, (the fund can help these children although its main thrust is towards the under-sixes) but probably more successful is the information supplied to children who can get the food but aren't being given an adequate diet or the correct amount of food.

'It is so important for them to know about it. Children come to school after having just a cup of black tea. No wonder they're exhausted by 1030 in the morning.'

Children who have no food problems are en-

Survey finds black pupils malnourished

RD 14/3/80

Own Correspondent

PORT ELIZABETH. — Ten per cent of black school beginners in the urban area of Albany are malnourished, according to a nutrition survey of Grahamstown and the district areas.

Double this number of malnourished children was found in the rural areas, the survey found

The study, by Rhodes University researchers working with the East Cape region of the Department of Health, found more malnourished children between the ages of five and eight in the rural areas than in urban centres.

As a follow-up to the survey, the department is now going to study the incidence of malnutrition among black and coloured pre-school children in the region

The surveys follow wide Press coverage in late 1979 of official reports which showed that nearly one-third of all black babies born in Grahamstown died before they were one year old

Figures released by the Medical Officer of Health showed an infant mortality rate in the city four times as high as the national average and nine times higher than in Johannesburg.

Although the figures were disputed at the time by health officials — on the grounds that they were based on inaccurate birth figures — the controversy prompted the Regional Director of Health Services in the Eastern Cape, Dr J D Krynauw, to initiate surveys among black children in the area.

At the time it was considered too difficult to locate and study an adequate sample of pre-school children So researchers, aided by nurses and a dietician from the Department of Health, started with children entering school for the first time

The project was undertaken by the Rhodes Institute of Social and Economic Research and initially used the famous Boston scales for measuring malnutrition

But the study ran into difficulties almost immediately, as the Boston scales require the weight and height of a child to be measured against the age of the child

Few children in the survey had birth or baptismal certificates and other methods of determining age proved unreliable

The project then switched to the American National Centre for Health Statistics charts in which weight is measured against height.

Unlike the Boston scales, which use as a control group, children from privileged Boston society, these charts use children from all United States race and economic groups.

A report on the project said pockets of undernourished children were found throughout the rural areas of the region and could very often be traced back to conditions of work and service on individual farms.

Researchers found extremely low wages (in one case R16 a month) and almost non existent rations for labourers on some farms, but an "adequate standard of income" on others.

In a statement, Dr Krynauw said it had been suggested that there were more potential sufferers of malnutrition among pre-school children than reports from the clinics suggested and the next survey was designed to assess the true situation.

"The department contends that no pre-school child need suffer from malnutrition if full use is made of its skimmed milk powder scheme to combat kwashiorkor," he said

Haxton calls for steps to avoid 'full-scale tragedy'

'Thousands may starve'

Political Reporter

THOUSANDS of people were in danger of starving to death in parts of KwaZulu while Natal and the Government stood by, Mr Rodney Haxton (PFP, Pinetown) said in the Provincial Council yesterday.

He called for the immediate setting up of a committee of investigation by the Provincial Council to find a way of averting 'a full-scale tragedy in which thousands of people face famine and starvation this winter'.

A tragedy would occur 'that is going to kill, maim and destroy just as surely and effectively as a thousand terrorist bombs.

'When the dust has settled, this tragedy will remain on the consciences of all of us who knew it was coming but did nothing to avert it.'

Speaking during the budget debate, Mr Haxton said many people knew that the rains had come late or had not come at all in some parts of KwaZulu.

'In the Tugela Valley alone, 100 000 people face possibly the grimmest winter of their lives, with neither food nor income, nor any prospect of any.

'I am ashamed to say that few people in South Africa seem particularly concerned about the situation.

'It appears that most of the whites have been convinced by the Government that because South Africa is a net exporter of food, it is impossible for there to be people who are starving.

'Night after night on the Government-controlled TV we see film footage of tragedy and suffering elsewhere in the world. But none of us has seen a single picture of the thousands who face starvation on our doorstep.'

Gloomy debate

Political Reporter

NATAL provincial councillors found themselves slipping deeper and deeper into the gloom during the budget debate yesterday afternoon.

But the cause of their gloom was not the level of debate but smoke from a fire started in a listening room used by heads of departments.

Smoke from the fire in the ancient fireplace escaped everywhere but up the blocked chimney, seeping into the council chamber in pungent blue clouds while speakers plunged bravely on.

Leader of the House Frank Martin left the council chamber in desperation and eventually traced the fire to its source by the smell, embarrassed heads of departments having long since doused the abortive blaze.

Whiteley spells out the dangers

Political Reporter

THE Prime Minister had to be 'supported to the hilt' if he went ahead and carried out the moves he had promised, Mr Roger Whiteley, (NRP Durban Point) said in the Provincial Council yesterday.

He warned that the Press would use the opportunity to 'break the NRP' if such support was given.

Mr Whiteley said he believed the NRP was facing a time of 'minimal support' it had traditionally received from the Press, judging by the way the Press had ended off the election campaign by asking the electorate to support the Progressive Federal Party.

'Much of what we say in the Provincial Council will be ignored, or it will be presented to show the PFP in a favourable light.'

He said during the budget debate that the real danger facing South Africa was the growth of the Right-wing Herstigte Nasionale Party.

The 200 000 votes which the HNP received in the election were of more significance than the gains made by the PFP, which had nearly reached its ceiling of support.

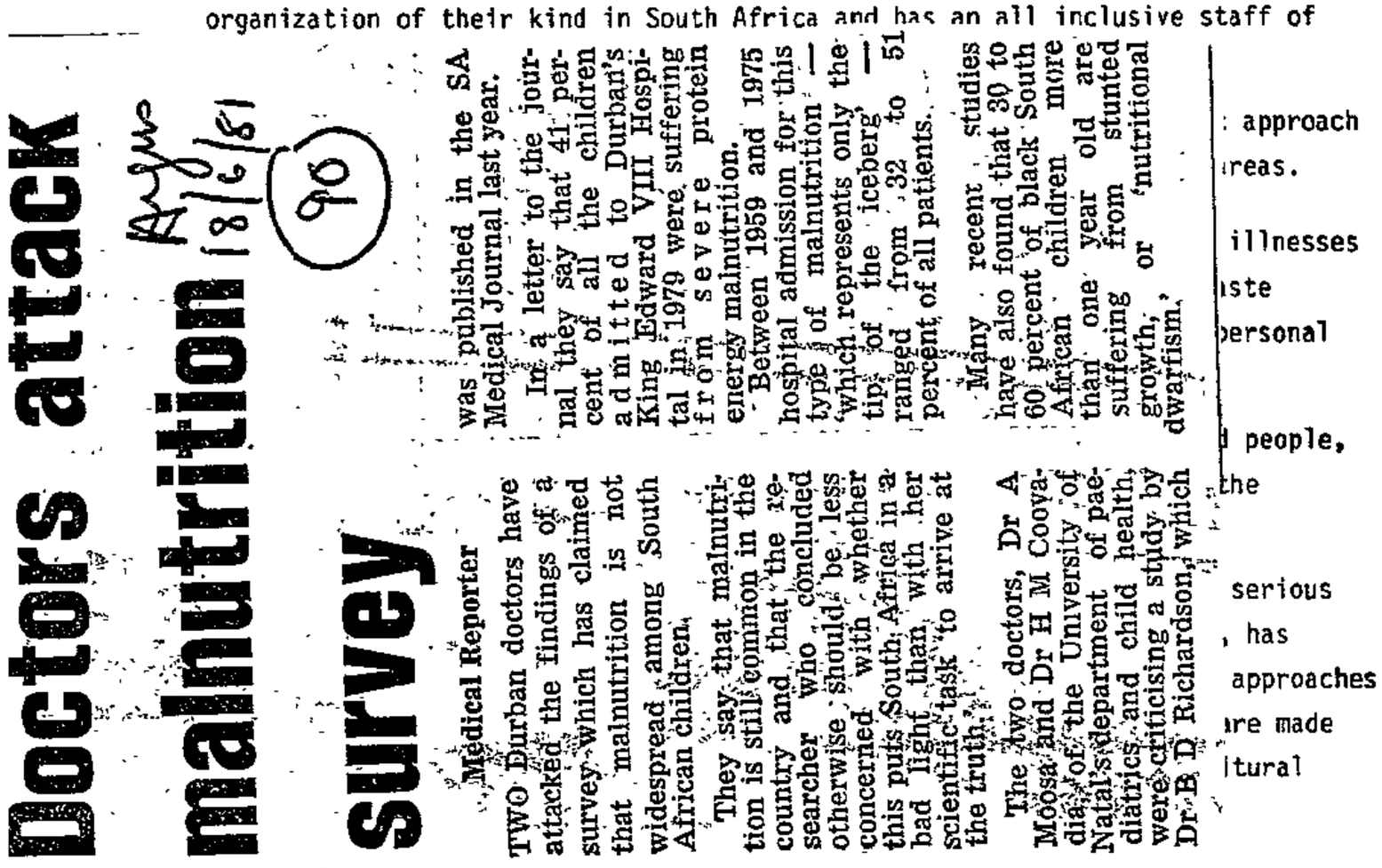
Mr Whiteley said that if the NRP wished to remain in power at the next election, local authorities would have to be strengthened. The Province should train lower echelon local authorities employees through the Development and Services Board.

Economic Aspects of Indigenous Healing

Len Holdstock
University of the Witwatersrand

There are several compelling arguments for officially incorporating the indigenous healers in the mental health services of the country. Needless to say, the overall improvement in the quality of life of the people in the country and the optimal use of the human resources available to us, are perhaps the two most cogent reasons.

There are as yet no registered black clinical psychologists or psychiatrists in any of the urban townships. There is only a handful of social workers. The Soweto Society for Marriage and Family Life has been registered as a social welfare agency for only a few short months now. They are the first black organization of their kind in South Africa and has an all inclusive staff of



Doctors attack malnutrition survey

Medical Reporter

TWO Durban doctors have attacked the findings of a survey which has claimed that malnutrition is not widespread among South African children.

They say that malnutrition is still common in the country and that the researcher who concluded otherwise should be less concerned with whether this puts South Africa in a bad light than with her scientific task to arrive at the truth.

The two doctors, Dr A Moosa and Dr H M Coovadia of the University of Natal's department of paediatrics and child health, were criticising a study by Dr B D Richardson, which was published in the SA Medical Journal last year.

In a letter to the journal they say that 41 percent of all the children admitted to Durban's King Edward VIII Hospital in 1979 were suffering from severe protein energy malnutrition.

Between 1959 and 1975 hospital admission for this type of malnutrition — which represents only the tip of the iceberg — ranged from 32 to 51 percent of all patients.

Many recent studies have also found that 30 to 60 percent of black South African children more than one year old are suffering from stunted growth, or 'nutritional dwarfism.'

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thus, perhaps, it is a blessing in disguise that there is such a complete lack of mental health personnel to help those people who have problems in living.

Another argument in favour of the use of indigenous healers is the plea put out by The World Organization for a greater awareness and use of indigenous healing methods.

Furthermore, indigenous healers are an established component of the black community, not only in the rural areas, but in the townships and white suburbs.

In addition, use of their services in an organized fashion would not only alleviate the mental health manpower shortage in the country. It is a distinct possibility that we may be able to learn a great deal from them. There is a good deal of commonality between indigenous healing principles and methods and some recent developments in Western approaches to healing.

Since there are so many arguments for recognizing indigenous healers, I often speculate about the factors which prevent us from incorporating them in our health care system? Is it an arrogant belief in the superiority of one approach over another? Is it scientific vanity? Is it power politics?

Whatever the reason may be, we undoubtedly waste one of our greatest natural attributes, the knowledge and spiritual energy of many thousands of indigenous healers and potential healers. Instead of medicating and locking people up, the indigenous approach to healing certain sick people is to train them to become healers. The economic implications of turning a debit into a credit is obvious,

Apart from, to me the obvious economic advantage of officially incorporating indigenous healers in the mental health network of the country, there are some concrete economic aspects of the profession which I would like to point out briefly.

Indigenous healers are in full and part-time practice, not only in the black townships, but also in the white suburbs of our big cities. The part-time ones are gardeners, domestic servants, cleaners, hairdressers, motor mechanics, and teachers. They practise primarily in the evenings and on weekends. Weekends are especially busy. Reputable healers are consulted by as many as 60 people on a weekend. One reported being consulted by 16 white persons on a Sunday.

Some indigenous healers in full-time practice would like to have a regular job, for most of their clients work during the day and week anyway. Several I have spoken to are prevented from doing so by their ancestral shades, for as soon as they start a regular job, they become ill.

Operation Hunger's battle against malnutrition



A booming economy, but poverty and malnutrition stalk the rural areas.

"OPERATION HUNGER" grapples with one of South Africa's most deep-rooted and hidden problems — the chronic malnutrition in our rural areas.

Statistics show that 25% of rural black pre-school children are underweight for age — a figure calculated on the internationally accepted standard of comparing weight for age.

And the proportion of underweight children younger than one year stands at 10%.

These babies are regarded as high risk cases because it is a well documented fact that low weight for age multiplies the chance of death.

But the sad fact is that even if malnourished children do not die, food deprivation can affect their health as well as their general and intellectual development.

Studies of the prevalence of malnutrition show that South Africa's problems are not much greater than other Third World countries. But the big difference is that South Africa's booming economy — with a Gross National Product (GNP) of R59 851-million last year — outstrips all Third World countries.

A comment from Professor Harry Stein, of the Department of Paediatrics at Baragwanath Hospital, underlines the tragic irony of the situation. "In terms of our GNP and our wealth we shouldn't be seeing malnutrition in South Africa," he says.

Faced with the problem of hundreds of thousands of malnourished children there are two approaches.

One is to step in with aid programmes and provide food for empty bellies.

The other is to address the problem by planning long-term solutions such as rural development schemes and encouraging self-sufficiency

Both approaches have positive and negative aspects — and both are made even more intractable by the country's social and political structure.

The short-term approach of providing food is just that — short term. Hungry bellies will get hungry again and more aid will have to be provided.

The difficulty with the second approach is that it takes years before any of these projects are likely to reap any benefit.

Meanwhile, children die.

"Operation Hunger" has adopted the short-term strategy, but this does not mean a rejection of the long-term approach. They see themselves as responding to a crisis and wherever possible are attempting to implement schemes that will have long-term effects.

When Mr Rex Glanville, managing director of Checkers, handed over R25 000 to the Institute of Race Relation's "Operation Hunger" campaign last week, he said the donation did not begin to address the magnitude of the hunger problem facing South Africa. True words indeed, as ROBYN RAFEL reports.

Project secretary Ina Perlman says: "Dolling out food is, of course, only a palliative. But we must realise that until people are given the means to support themselves, they are starving and dying right now, and they have a right to live.

The origins of "Operation Hunger" date back to 1979 when the now-banned Post newspaper ran a series of reports on hunger and malnutrition in rural areas.

Dr Selma Browde, of the Progressive Federal Party, and Dr Nthato Motlana, chairman of the Soweto Committee of Ten, responded to the reports by calling a public meeting. As a result the Hunger Concern Programme (HCP) was established.

In May last year the HCP predicted that 50 000 children would die during the winter.

But they also decided that the HCP itself did not have the organisational capacity to combat the massive problem.

So the Institute of Race Relations stepped in and "Operation Hunger" was launched last September. The project has collected R161 500 so far.

The IRR pulled together a number of organisations to form a committee to collect and distribute funds.

It decided that the money should be distributed as it came in and also decided to work through responsible community and religious groups and organisations like the Red Cross as the best way of ensuring that rural people would be helped.

Accordingly, "Operation Hunger" has responded to appeals to fund pre-school and school feeding schemes, a Red Cross famine relief project in KwaZulu, schemes to supplement the feeding of malnourished children and the distribution of food parcels to destitute families.

These projects are operating in KwaZulu, Venda, Ciskei an KwaNdebele.

"Operation Hunger" is also involved in several other projec geared towards long-term solutions.

These include the removal of cattle from drought areas an supplying them with feed, sinking boreholes at resettleme camps, an experiment to make cattle feed from acacia pods, an the funding of a womens' self-help sewing project and a scheme market beadwork.

The institute carefully monitors the projects, demanding repor backs every three months.

Says Mrs Perlman: "Heartening news is that the two Ven feeding schemes report that the normal autumn absenteeism h dropped considerably. We assume that because of the feedin children are less susceptible to infection."

She outlined a number of socio-political factors that aggrava the hunger problem:

- Insufficient land for subsistence agriculture in the homelands
- Resettlement;
- The migrant labour system;
- Few employment opportunities;

"The whole resettlement policy has led to gross overcrowding the homelands. There does not seem to have been any advan planning in terms of the number of people moved. Often there no work and no water supply.

"The lack of water, combined with the fact that too little lan was originally allocated for the homelands, is one of the maj factors affecting subsistence agriculture which formed the bas for a rural family's survival in the past," she said.

In addition a great deal of the land is agriculturally poor.

"Low wages paid to migrant labourers also cause hunger," M Perlman said. She said that the tightening of influx control h made it increasingly difficult for rural men to get jobs in town

And women who had previously done "piece jobs" had bee unable to find jobs after being resettled far away from towns.

KwaZulu has been plagued with drought for many years. La year the drought highlighted and brought to crisis point th problem of malnutrition in the area

Mrs Perlman pointed out, however, that in certain areas KwaZulu and the Ciskei the drought has not yet broken and even areas where the drought did break, it was too late to ensure cro for this year.

These are just some of the problems facing "Operation Hunger and the whole of South Africa.

Crossroads clinic gets help after report

Argus 9/7/81

AM 90 MP

Medical Reporter

THE mothers of Crossroads are set to run the camp's malnutrition clinic alone — thanks to a report which appeared in The Argus last month and the generosity of the public.

The report highlighted the plight of children attending the clinic, many of whom were the sole survivors of families after brothers and sisters had died of starvation in Transkei.

Soon after it appeared readers of The Argus began offering to help the clinic move from its temporary location at the Noxolo school hall into its own headquarters.

A donor who wanted to remain anonymous gave R1 000; several people sent varying amounts of money; a Worcester woman undertook to give the clinic clothes regularly; and the Lions' Club of Paarden Eiland 'adopted' the clinic as one of its projects.

OVERWHELMED

The club has provided the clinic with a paraffin heater and will send regular food parcels.

'We have been overwhelmed by the response,' clinic founder Dr Ingrid le Roux said yesterday.

'We have been promised all the furniture and equipment we need and now we are simply waiting for it to arrive,' she said.

The women will probably move into their new 'home' — a small building erected with the help of several city companies and Crossroads' residents — this weekend.

They will use it as a meeting place to discuss problems and as a play centre for some of their undernourished children.

focus

Is malnutrition a South African problem?

T 10/7/81
90

Recently, two doctors from Natal bitterly attacked a report by a colleague who expressed scepticism about the extent of malnutrition among children in South Africa. How serious is the problem? MARGIE McALLISTER reports.

MALNUTRITION, mistakenly thought to be confined to developing Third World countries, is a spectre that is haunting South Africa

Just a few hard facts taken from documents of the South African Institute of Race Relations, show that malnutrition is established as a killer disease in this country, and is claiming thousands of lives every year.

"South Africa has one of the highest infant morality rates due to malnutrition, among black children, in the world."

and requires a long term solution.

"Feeding schemes like Operation Hunger provide short term relief and only touch the tip of the iceberg. But my philosophy is that even though we are aware that it is only the tip, it doesn't mean that we should sit back and do nothing about it.

"The problem won't go away if we shut our eyes to it. The favourite tourist photograph of smiling black children with cute little pot bellies in fact often shows badly malnourished children weeks away from death."

Ina Perlman's words are no over-exaggeration.

A research conducted by the World Vision group estimates that 400 000 children are at risk of dying from malnutrition right now.



● An average of three children die every hour in South Africa from malnutrition.

● Statistics show that 25 percent of rural preschool children are underweight, using the internationally accepted standard of comparing weight for age.

● A survey conducted by Rhodes University revealed that nearly one third of all black babies born in Grahamstown died of malnutrition before they were one year old.

Mrs Ina Perlman, who heads the Operation Hunger campaign for the South African Institute for Race Relations, feels the greatest tragedy of malnutrition is that it hits the children of the country.

"The youth of South Africa is the country's future, and the debilitating effects of malnutrition today will obviously have very real consequences tomorrow," she says.

Mr David Cuthberg, support director of World Vision of Southern Africa, says this country has a mortality rate from malnutrition-related diseases on a par with many developing African countries, and is grappling with a malnutrition problem of near-crisis proportions in spite of unprecedented economic boom and a high growth rate of seven percent.

This goes to prove it is a myth that a bigger economic cake creates more for everyone.

A recent study conducted in Soweto by Dr J Keenan of the University of the Witwatersrand shows that even in periods of economic boom, large sections of the working class actually experience a decline in living standards.

Widespread unemployment, resettlement of Black families, and insufficient food and water in certain areas have all combined to create a critical situation.

Blacks in South Africa do not share in the general well-being of the country and this is one of the major causes of the malnutrition problem.

Death from malnutrition-related diseases is 13 times as high amongst black children between one and four years old, as it is among white children of the same age.

The irony is that South Africa produces enough food to meet 112 percent of the optimum daily energy requirement of the whole population and should theoretically not be facing a chronic feeding problem at all.

"This tragic fact goes to prove that malnutrition in this country is not the result of ignorance or famine, but of gross income disparity and maldistribution of wealth," says Ina Perlman.

"Malnutrition stems from structural, social and economic conditions

The Infant Mortality Rate (IMR) in South Africa is staggeringly high and even if malnourished children escape death, food deprivation during the early years of their lives can have a permanent effect on their physical and mental health.

Professor Ali Moosa, head of the Department of Paediatrics and Child Health at the University of Natal, says that there is evidence that chronic malnutrition among African children can result in their being both physically and mentally stunted for life.

The rising cost of living exacerbates the malnourishment problem.

Economists are already predicting that food inflation will top 30 percent during this year — 18 percent high than the forecast for the United States.

Death from malnutrition-related diseases is 13 times as high amongst black children between one and four years old, as it is among white children of the same age.

"The lower income groups are automatically at a greater disadvantage when prices go up because of South Africa's unique situation.

It has First World communities existing alongside Third World communities, with the latter forced to pay the same prices as the higher income, First World community", says David Cuthbert.

He adds: "South Africa has one of the highest infant morality rates due to malnutrition, among black children, in the world."

Malnutrition is not a notifiable disease in South Africa, which means that there is no official source data on diseases related to malnourishment. This creates problems as relief and feeding projects are obliged to conduct their own surveys and statistical analyses.

Mr Cuthbert doesn't mince words: "It means a lot of extra energy is wasted on compiling figures by organizations that would be devoting their energy to active work. The figures we came up with at World Vision are horrific.

"Sixty percent of black deaths are children under five years of age, and 55 percent of the causative diseases were malnutrition diseases.

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"We also worked out that it costs R100 a day to treat a malnourished child in hospital. Normal treatment takes three months which means that R9 000 to taxpayers' money is used.

There are three specific malnutrition syndromes — kwashiokor, marasmus and pellagra. They are the result of protein deficiency and lead to swelling of the limbs, wasting away, mental derangement and death.

Relief operations may stave off mass starvation and death but act merely as a palliative and do nothing towards dealing with structural causes

Organizations such as Operation Hunger and World Vision's Forty-hour Famine fund-raising scheme, do prevent some deaths and in this respect short term solutions are vital.

In September, World Vision will be holding its annual Forty-hour Famine — fund raising drive to create awareness of malnutrition and collect funds for feeding schemes.

"We feel that this is a meaningful contribution as this money supports 43 feeding schemes," says David Cuthbert.

"However, the main causative factors of malnutrition have still to be dealt with. There is evidence that 75 percent of rural households have an income below the Poverty Datum Line, a minimum cash level of existence which many critics claim is totally artificial and unrealistic.

"Malnutrition is a huge problem which needs a large solution."

Post Focus

In wealthy SA thousands are dying of malnutrition

Ev Post 10/7/81 90

— By —
MARGE McALISTER

MALNUTRITION, mistakenly thought to be confined to developing Third World countries, is a spectre that is haunting "wealthy" South Africa.

Just a few hard facts taken from documents of the South African Institute of Race Relations, show that malnutrition is established as a killer disease in this country, and is claiming thousands of lives every year.

- An average of three children die every hour in South Africa from malnutrition.
- Statistics show that 25% of rural pre-school children are underweight, using the internationally accepted standard of comparing weight for age.
- A survey conducted by Rhodes University revealed that nearly one third of all black babies born in Grahamstown died of malnutrition before they were one year old.

Mr David Cuthbert, support director of World Vision of Southern Africa, says this country has a mortality rate from malnutrition-related diseases on a par with many developing African countries, and is grappling with a malnutrition problem of near-crisis proportions in spite of the recent economic boom and a high growth rate of 7%.

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Mrs Ina Perlman, who heads the Operation Hunger campaign for the Institue of Race Relations, feels the greatest tragedy of malnutrition is that it hits the children of the country.

"The youth of South Africa is the country's future, and the debilitating effects of malnutrition today will obviously have very real consequences tomorrow," she says.

Death from malnutrition-related diseases is 13 times as high amongst black children between one and four years old, as it is among white children of the same age.

The irony is that South Africa produces enough food to meet 112% of the optimum daily energy requirement of the whole population and should theoretically not be facing a chronic feeding problem at all.

"This tragic fact goes to prove that malnutrition in this country is not the result of ignorance or famine, but of gross income disparity and maldistribution of wealth," says Mrs Perlman.

"Malnutrition stems from structural, social and economic conditions and requires a long term solution.

"Feeding schemes like Operation Hunger provide short-term relief and only touch the tip of the iceberg. But my philosophy is that even though we are aware that it is only the tip, it doesn't mean that we should sit back and do nothing about it.

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Research conducted by the World Vision group estimates that 400 000 children are at the risk of dying from malnutrition right now.

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"It has First World communities existing alongside Third World communities, with the latter forced to pay the same prices as the higher income, First World community," says David Cuthbert:

He adds: "South Africa has one of the highest infant mortality rates due to malnutrition, amongst black children, in the world."

Malnutrition is not a notifiable disease in South Africa, which means that there is no official source data on diseases related to malnourishment. This creates problems as relief and feeding projects are obliged to conduct their own surveys and statistical analyses.

Mr Cuthbert doesn't mince words: "It means a lot of extra energy is wasted on compiling figures by organisations that should be devoting their energy to active work. The figures we came up with at World Vision are horrific

"Sixty per cent of Black deaths are children under five years of age, and 55% of the causative diseases were malnutrition diseases.

"We also worked out that it costs R100 a day to treat a malnourished child in hospital. Normal treatment takes three months which means that R9 000 of taxpayers' money is used. To supply a child with protein in the form of milk over the same period would cost only R9."

There are three specific malnutrition syndromes — kwashiokor, amrasmus and pellagra. They are the result of protein deficiency and lead to swelling of the limbs, wasting away, mental derangement and death.

Relief operations may stave off mass starvation and death but act merely as a palliative and do nothing towards dealing with strutural causes.

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In September, World Vision will be holding its annual Forty-hour Famine — a fund raising drive to create awareness of malnutrition and collect funds for feeding schemes. They hope to raise R570 000.

"We feel that this is a meaningful contribution as this money supports 43 feeding schemes," says David Cuthbert.

"However, the main causative factors of malnutrition have still to be dealt with There is evidence that 75% of rural households have an income below the Poverty Datum Line, a minimum cost level of existence which many critics claim is totally artificial and unrealistic.

"Malnutrition is a huge problem which needs a huge solution."

Other objections relate to the practicality of capitalising leases. If capitalised, the leased asset would be shown at an amount representing the cash price. If this is not known the present value of the future lease rentals would be used. However, this should not exceed the fair value of the leased asset - a figure that may not always be readily determined, and which, when known, may need to be adjusted by tax allowances which it attracts.[3] Further, in chosing a discount rate to calculate the present value an element of subjectivity is involved. While theoretical arguments exist as to the correct rate (for example, whether it should be the lessee's incremental borrowing rate,[4] or cost of capital), the rate stipulated in the agreement can generally be taken as a fair representation of the interest factor. The advocates of non-capitalisation also argue, perhaps a little inconsistently that disclosure of the present value of future lease rentals as a liability, would understate the total commitment (due to the amounts being discounted). Other arguments concern the fact that capitalisation may lead to borrowing powers being exceeded, and may make leasing less attractive. It is submitted that the majority of these arguments can be dismissed, as they represent problems of implementation rather than accountin

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Example 1 : Capitalisation of le

Assume that an asset with a cash
is to be leased over 5 years wit
p.a. flat. Instalments are paya
After 5 years the rental will be

Before showing the entries made
the lease, it is necessary to cc
interest, and thus to allocate t
the capital and interest elements.

Doctor hits at Cape farmers

RDM 5-10-81

Mail Correspondent

FARMERS in the Greater Cape Town area have been criticised by the Cape Divisional Council Medical Officer of Health, Dr L R Tibbet, who says in his annual report that poor living conditions and low wages continue to contribute to serious health problems among farm labourers.

Dr Tibbet also warned that "we appear to be losing ground in the battle against tuberculosis in the non-white population groups".

In his 1980 report — he says the farm labourers of Philippi were one of the most depressed.

Alcoholism and poverty were rampant, nutrition was poor and the quality of life low.

On Constantia, he said· "Poor housing and low wages of much of the farm labour continues to contribute towards the problems of alcoholism, tuberculosis, child abuse and neglect and malnutrition, all problems in one of the country's wealthiest areas".

In the Durbanville area nearly 5 000 visits to clinics were made during the year because of venereal diseases. A survey on VD in the area had indicated "a most alarming incidence of 15,7% in the farming population of this area".

"Over-crowding was apparent in 45 out of 76 dwellings and with poor hygiene and sanitation the ideal conditions for endemic syphilis and other diseases arise. Infestation of flies can only complicate matters"

Referring to TB, Dr Tibbet said because it appeared the fight against the disease was being lost among blacks and coloureds, better housing and economic improvement for these groups were top priorities.

He expressed the hope that State cuts on finances this year would not affect the supply of drugs used in the treatment of TB

'Alcohol in Perspective,' a congress at Rand Afrikaans University — Pamela Klerkot reports

Drugs and drink 'do not mix'

Star 13/10/81

90

Ninety percent of nutritional problems among urban blacks are related to alcoholism, Professor Harry Seftel, head of African Diseases at the University of the Witwatersrand, told the congress yesterday.

Professor Seftal warned during a discussion on "The Chemical Substance of Alcohol" that the public should not drink alcohol while they were on any drugs.

He was supported by Professor Deo Botha, of the University of Stellenbosch, who said that alcohol should not be consumed by a person taking medication of a psychoactive nature.

Major-General I. P Neethling, head of the Forensic Laboratory of the South African Police, said that between 80 percent and 90 percent of any given quantity of alcohol was absorbed by the bloodstream in 30 minutes and disturbed the normal function of the neurons in the brain.

Some of the symptoms of increased alcohol intake include:

- Emotional disturbances manifested by boastfulness, talkativeness, remorse, exhilaration and belligerency. This is achieved by a concentration of 30 mg ethyl alcohol for every 100 ml of blood.
- Impaired motor coordination resulting in slowed reaction time, slurred speech and ataxia.
- Sensory disturbances like double vision and flushing of the face.
- Rapid pulse increase sweating and vomiting due to impairment of the medulla of the brain.
- Drowsiness, stupor and finally coma with retarded or absent tendon reflexes. This is obtained at a concentration of 300 to 350 mg ethyl alcohol for each 100 ml of blood.
- Death from respiratory or circulatory failure, or from aspiration pneumonitis which results from concentrations as low as 355 mg ethyl alcohol for each 100 ml of blood.

A drop too much is bad for the heart

The functioning of the heart is weakened after excessive intake of alcohol, Professor G P Human, of the University of Pretoria and the H F Verwoerd Hospital said yesterday.

Alcoholism was one of the risk factors in ischaemic heart disease.

And "one of the best kept secrets in modern medicine" is how much alcohol the patient consumes, how often he takes it and how long he has been taking it for, Professor Human said.

He pointed out there was a high correlation between liquor sales and arythmias over holiday seasons and at weekends.

"These facts clearly indicate the tremendous potency of ethyl alcohol as a drug acting on the complete spectrum of human endeavour," Major-General Neethling said

He added that ethyl alcohol must be considered a toxic substance with the average fatal dose in an adult being between 750 and 1 000 ml of any strong liquor like brandy or whisky

Coloureds' diet helps beat risk of cancer

RDM 20-10-81 (90)

COLOURED people in Johannesburg are less prone to cancer of the colon than whites and blacks — apparently because of their high-protein, high-bulk diet.

This finding follows an 11-year study by Dr O E Maisto and Professor C G Bremner of the Department of Surgery at Wits.

Their comparison study at Coronation Hospital, Johannesburg showed the cancer was less common among the 249 472 coloureds attending the hospital than among blacks and whites.

Of 16 coloured patients with colon cancer, six were male and 10 female. Another seven male and six female patients had rectal cancer.

The diets of coloureds established the following pattern:

● Almost all those interviewed ate meat twice a day, with eggs and cheese at breakfast.

Alcohol

● Breakfast also provided carbohydrates in the form of bread, jam and maize porridge and, at lunch or supper, rice and macaroni, cakes and puddings with custard and fruit with a high sugar content, such as grapes and bananas.

Alcoholic beverages gave further energy intake.

● The diet was rather low in fats, mainly provided by butter and oily gravies to cooked foods.

Eggs were usually boiled, not fried, and meat was fried infrequently.

Mail Reporter

● Lots of vegetables were eaten.

"This fact is believed to lower the risk, not only because of the fibre they provide but also because of characteristics of the vegetables themselves," the study noted.

● Bulk intake is comprised of mealie meal, wholewheat brown bread and fruit and vegetables, making the diet high in bulk.

● Alcohol comsumption among coloureds was high, but did not seem to be an important risk factor.

● The study noted that more than 70% of those interviewed smoked 20 or more cigarettes daily.

"The Johannesburg coloured population has a low socio-economic standard," the report says, "but it is interesting to consider that, despite socio-economic progress and change in diet towards the white pattern, the incidence of colon cancer has not increased significantly in the last 25 years.

"This suggests that, although emphasis has been placed on dietary characteristics, other poorly understood factors, perhaps genetic in nature, may also be involved."

'Government must act to prevent diseases'

By ADA STUIJT

A SENIOR paediatrician in Natal says the Government should be spending more money on primary health care rather than on sophisticated health care in towns.

And Dr Walter Loening, senior paediatrician at Natal's King Edward VIII Hospital who has completed a survey on primary health care facilities in four Natal communities, revealed that the Government does not have reliable statistics on black infant mortality, one of the criteria on which a country's quality of primary health care is judged.

Doctor slams lack of data on infant deaths

Primary health care directs attention to the root causes of diseases, such as unsafe drinking water, lack of sanitation and poverty.

"Most of the public money is spent on sophisticated health care in towns to cure patients, with the result that many people still die prematurely from infectious and other preventable diseases," he said

Four deaths

Only a month ago, a major cholera outbreak in BophuthaTswana, 40km north of Pretoria, was traced to the heavily-polluted Apies River, used as the only water source for the hundreds of thousands of people living along its banks. Four deaths resulted and hundreds of victims were treated on an emergency basis.

Five ways of evaluating the quality of a country's primary health care are the availability of enough clean, treated water and safe sanitation, the infant mortality rate, prevalence of preventable diseases, nutrition of children in particular and the community at large, and how important the Government rates primary health care facilities in its budget.

But the major problem — and primary health care's first concern — is the availability of clean water. Among the communities on which he based his study, Dr Koening noted that two of them relied almost completely on a stream for their water source and the earth's surface for their sanitation

In only one community — KwaMashu — there were outside taps and toilets available. Hlabisa, Inanda-Ndwedwe and Mawela have pit and surface sanitation exclusively.

"It is thus not surprising that water-born diseases (typhoid, cholera, malaria) continue to be a major problem."

Dr Koening attacked the Government for not providing reliable statistics on black infant mortality, quoting from the Department of Health's latest publication which said that "data on blacks for the outlying rural areas were not available because of the customs, mores and level of education of those communities concerned".

"It is interesting to note how the blame has been placed on the shoulders of the community and no mention is made of the task of health care facilities," Dr Koening said

Prof spells out poverty's heavy toll among blacks

By PAT SIDLEY

ABOUT 45% of black children admitted to King Edward VIII Hospital wards in Durban are malnourished, and 25% of those die, says the paediatric chief at the University of Natal, Professor A Moosa.

Slightly malnourished children are not admitted.

Prof Moosa blames poverty for malnutrition in South Africa and says the solution is not medical but "political and socio-economic".

Prof Moosa, head of the department of paediatrics and child health at the University of Natal in Durban, makes the disclosures in an article in the latest edition of "Sash", quarterly journal of the Black Sash.

About 80% of children who die in the children's wards are under two years old, Prof Moosa says, and most of these are under a year.

About 20% of these are in the 1-2 year age group — and this is not reflected in the official infant mortality rate.

The death figures for black children in South Africa are comparable to those of other African countries, while the child death rate among whites compares with that of countries such as Denmark.

Children up to five years old (the most vulnerable group) make up 16% of the black population. But deaths in this group account for 55% of total black mortality.

Among whites, the 1-5 years age group makes up 11% of the population, but only 7% of total deaths.

A 1977 Soweto survey showed 45% of children aged 10 to 12 years were undernourished, and 30% of households operated below the poverty datum line.

Prof Moosa says the health priorities of South Africa should be the "provision of clean, constant water, constant, adequate supply of food, adequate sanitation and adequate housing".

The medical profession should put pressure on "policy makers and planners to deal with the roots of the problems and not the symptoms . . ."

BONUS

Mystery cholera-like disease kills 8 in Natal

Cape Times 7/12/81

Own Correspondent

DURBAN. — Doctors are mystified by a water-borne gastric infection raging in Stanger, Natal, which has killed eight people.

Once thought to be cholera, they have established that although symptoms and treatment are very similar, the disease is entirely different.

"Our tests have definitely established that the severe gastric epidemic which health officials in Stanger thus far still treat as they would cholera, was not caused by the vibrio cholerae bacteria which has swepted some other parts of South Africa," says Dr H G V Küstner, deputy director of the Epidomology Department for the Department of Health, Welfare and Pensions.

The two major cholera epidemics which have swept through mostly rural areas of South Africa since October 1980 have caused health officials to do some major reorganizing to contain the outbreaks, according to Dr James Gilliland, deputy director of the Department of Health, Welfare and Pensions in Pretoria.

Co-operation

His department had to co-operate with other government ministries such as the Departments of Finance, Defence, Co-operation and Development, Agriculture and Fisheries and the Department of Foreign Affairs.

Together they mounted an intensive anti-cholera campaign when first it hit South Africa in 1980.

Farmers, for instance, were provided with half-percent interest loans to instal clean water supplies for farm labourers, and millions of booklets, pamphlets and colour slides were distributed among rural school children to, educate them as readers, and their families, on ways to prevent cholera.

Municipalities and local homeland authorities were shown how to monitor their water sources for cholera bacteria.

Water-purification plants were set up in afflicted areas to provide rural communities with better water sources, according to Dr Gilliland.

Ignorance

"But above all, educating the public on the dangers of cholera and how to prevent it became our most important weapon, because ignorance on its causes lets cholera get out of hand," he said.

While 3 700 cases and 36 deaths were proven last year, cholera this year has taken a much smaller toll because health authorities were geared for it.

In South Africa 590 proven cases and 13 deaths resulted from the 1981 epidemic.

The Officer of Health in Stanger, Dr E C Bhorat, an Indian-born doctor who fought major cholera epidemics in India and Pakistan, was convinced that the gastric infection raging among 30 000 blacks in his area was cholera — blaming it on "slum conditions".

Last Friday, however, the Department of Health announced that the Stanger outbreak was not identified as cholera.

Water-borne

"There is a water-borne infection in Stanger which is being treated as if it was cholera, but our clinical tests show that it was not caused by any known cholera bacteria," said Dr Küstner.

Department of Health officials said cholera in sewerage systems, such as has been identified in Johannesburg's incoming sewage, was not necessarily any cause for alarm.

However, Dr Claude Newbury, director of Johannesburg's Health Department, said that although there was no chance of an epidemic, because the municipal water supplies were chlorinated, food handlers with 'unclean toilet habits' could give individual contacts cholera.

"One of the oddest characteristics of this particular form of vibrio cholerae is the fact that only two percent of those afflicted by it actually show serious signs.

"Healthy-looking carriers may spread the disease quite easily."

Conversations with town clerks in three towns established the extent of the official housing shortage:

Malnutrition in Albany — survey

DAILY DISPATCH, TUESDAY, MARCH 3, 1981 —

GRAHAMSTOWN — Ten per cent of black school beginners in the urban areas of Albany are malnourished, according to a nutrition survey of Grahamstown and district.

Double this number of malnourished children was found in the rural areas.

The study, by Rhodes University researchers working with the East Cape region of the Department of Health, found more children aged 5 to 8 at risk of malnutrition in the rural areas than in urban centres.

As a follow-up to the survey, the department is now going to study the incidence of malnutrition among black and coloured pre-school children in the region, starting with black children in the Division Council area.

The surveys follow wide press coverage in late 1979 of official reports which showed that nearly a third of all black babies born here died before they were one year old.

Figures released by the Medical Officer of Health indicated an infant mortality rate here four times as high as the national average and nine times higher than Johannesburg.

Although the figures were disputed at the time by health officials — on the grounds that they were based on inaccurate birth figures — the controversy prompted the regional director of health services in the Eastern Cape, Dr J. D. Krynauw, to initiate surveys among black children in the area.

At the time it was considered too difficult to locate and study an adequate sample of pre-school children to be at risk to malnutrition and probably malnourished.

Taking into account that some of the children who fell below the "10th percentile" might be displaying erratic growth, the children found in this category in the Albany magisterial district were at risk to malnutrition and probably malnourished.

Few children in the survey had birth or baptismal certificates and other methods of determining age proved unreliable.

The project then switched to the American National Centre for Health Statistics (ANC) charts, where mass is measured against height.

Mr Rob Fincham, the project leader and a lecturer in geography at Rhodes, said the ANC charts had been recognised by the World Health Organisation as particularly useful in Third World countries, where no age data was available.

Unlike the Boston scales, which use as a control group children from privileged Boston society, the ANC charts use children from all United States race and economic groups.

The study ran into difficulties almost immediately, as the Boston scales require the mass and height of a child to be measured against his age.

The study was also intended to encourage parents who did not make use of child health services at local clinics to do so.

The survey will be conducted in co-operation with the Dias Divisional Council, the Rhodes ISER, the department of Social Work and Social Service at the University of Port Elizabeth and the Department of Community Medicine at the University of Cape Town.

It is expected to start this month. — DDC.

In a statement yesterday, Dr Krynauw said it had been suggested that there were more potential sufferers of malnutrition among pre-school children than reports from the clinics suggested and the next survey was designed to assess the true situation.

"The department contends that no pre-school child need suffer from malnutrition if full use is made of its skimmed milk powder scheme to combat kwashiorkor."

The study was also intended to encourage parents who did not make use of child health services at local clinics to do so.

The survey will be conducted in co-operation with the Dias Divisional Council, the Rhodes ISER, the department of Social Work and Social Service at the University of Port Elizabeth and the Department of Community Medicine at the University of Cape Town.

It is expected to start this month. — DDC.

Researchers found extremely low wages (in one case R16 a month) and almost non-existent rations for labourers on some farms, but an "adequate standard of income" on others.

The researchers recognised that a study of pre-school nutritional standards was necessary if infant and childhood mortality rates were to be reduced.

A report on the project said pockets of undernourished children were found throughout the rural areas of the region and could very often be traced back to conditions of work and service on individual farms.

Girls seemed to be at greater risk than boys while, of the rural districts surveyed, the area around here had more malnourished children than others.

The project then switched to the American National Centre for Health Statistics (ANC) charts, where mass is measured against height.

Mr Rob Fincham, the project leader and a lecturer in geography at Rhodes, said the ANC charts had been recognised by the World Health Organisation as particularly useful in Third World countries, where no age data was available.

Unlike the Boston scales, which use as a control group children from privileged Boston society, the ANC charts use children from all United States race and economic groups.

The study ran into difficulties almost immediately, as the Boston scales require the mass and height of a child to be measured against his age.

Few children in the survey had birth or baptismal certificates and other methods of determining age proved unreliable

Nestlé agrees: mother's milk is better

90
Sowetan 18/3/80

NESTLE, the world's largest producer of breast-milk substitute baby foods, has bowed to a decade-long international campaign against aggressive marketing of its products in developing countries and announced that it would stop advertising and sales practice which discourage breast feeding.

Mr Rafael Pagan, president of the Swiss-based company's Co-ordination Centre for Nutrition in Washington, issued guidelines which Nestlé's subsidiaries around the world will follow. They are intended to restrict promotion of breast-milk substitutes, stop mass media advertising in Third World countries, and discourage the use of breast-milk substitutes except where mothers have the benefit of medical consultation.

NESTLE, whose sales of breast-milk substitutes are estimated to total between approximately 300 and 400 million, has been fighting a rearguard action for 10 years against claims that these substitutes pose serious health risks in countries with contaminated water supplies, low levels of health education and endemic diseases, to which immunity can be transmitted through mothers' milk.

In addition, it has been alleged that the decline in breast feeding encouraged by substitute milk advertising in the Third World has increased birth rates because breast feeding can act as a natural contraceptive.

Since 1977, religious and consumer groups have been trying to organise boycotts of Nestle products because of its dominance of the baby food market in many Third World countries.

Last May, the World health Organisation (Who) voted 118—1 in favour of a voluntary code restricting the advertising of breast milk substitute products. The lone vote against the cost was cast by the US Government, amid a storm of protest in the US and resignations of senior government officials from the Agency for International Development.

It was left for national governments to implement this code through legislation, and 20 countries have now done this, with another 38 preparing statutes.

Now Nestle has said that it will abide by the Who code in all countries, whether they have imposed it by law or not.

The company will establish an "Infant Formula" Marketing Ethics Committee in the US to investigate any complaints about violations of the Who code by its national operating companies.

The committee will include clergymen and scientists.

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underlining, emphasis or for diagrams, for which pencil may also be used.

3. Names must be printed on each separate sheet (e.g. graph paper) where sheets additional to examination book (s) are used.

3. No part of an answer book is to be torn out.
4. All answer books must be handed to the commissioner or to an invigilator before leaving the examination.

Any dishonesty will render the candidate liable to disqualification and to possible exclusion from the University

Made in South Africa PSL / PD UCT Vervaardig in Suid-Afrika

Plastering the cracks

SEVEN-YEAR-OLD Petrus is suffering from kwashiokor, a protein-calorie deficiency.

He has a bloated tummy, bloated cheeks and his hair is falling out.

With lots of good food his bloatedness will disappear and his hair will grow.

He will be discharged when cured. But Petrus will be back at Baragwanath in three months — suffering from kwashiokor

Sisters will advise his parents on nutrition but they cannot afford to feed him properly.

And so the cycle continues — for him and hundreds of other Soweto children.

Doctors say Baragwanath provides an excellent curative service, but hardly begins to make an impression on preventative and rehabilitative health.

For example Bennett, a paraplegic in his 40s, has been in hospital since January 18.

He has bedsores and a urinary tract infection. Plastic surgeons will operate on his bedsores this week.

But Bennett will be back again — and again will leave cured of his ailments but not of his problems.

Besides having beds filled by patients needing preven tative and rehabilitative care, Bara has to handle patients inadequately treated by other doctors.

For example James, a railway worker, dropped an iron bar on his foot a year ago. He was treated for pain at the time.

Now he is in Baragwanath after having his foot amputated because the tissue rotted.

Precious beds are filled with patients who could be cared for in homes for the aged but there are none in Soweto

For example Mary, who is over 80, is mentally confused. She has nowhere to go and no one to care for her

She sleeps on a stretcher in an overcrowded female ward instead of being in an old-age home.

And so Baragwanath is much more than a hospital. It is a home for the disabled and elderly.

The real wound is Soweto itself — all Bara can do is try to provide some plasters.

WITWATERSRAND BAKING AND CONFECTIONERY INDUSTRIAL UNION

Year	Membership				
	African	Asian	Coloured	White	Total
1970					
1971					
1972					
1973					
1974					
1975					
1976					
1977					
1978					
1979					
1980	1 915	136	33	44	2 128

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Address: 30 Pasteur Chambers
191 Jeppe Street
Johannesburg
2000

Telephone: (011) 296 737

Officials: Secretary:

Area of Operation: Trar

Founded: 1980

Registration: Yes

partment took the initiative to consult all the medical faculties of our universities in regard to foodstuffs for infants and children and as a result thereof draft regulations were published during February 1982. in the *Gazette* for information and comment. The promulgation of the regulations will be considered after the closing date for comment

654

21 APRIL 1982

Infant food formulas

Q.Q.1. 653 – 654 21/4/82

*4. Mr. P. H. P GASTROW asked the Minister of Health and Welfare:

Whether his Department contemplates taking steps to effect the implementation in the Republic of the World Health Organization code relating to the marketing of infant food formulas; if not, why not; if so, what steps?

†The MINISTER OF HEALTH AND WELFARE:

No; adequate legislation already exists in the Republic and most of the other general principles on which the code is based have been Departmental policy for a long time. Prior to the publication of the World Health Organization document the [illegible]

'No starvation' — but children die

W/L ARGUS 24/4/82

90

Weekend Argus Reporters

CAPE doctors have slated remarks made by Dr J van Marle, head of the Corporation for Economic Development, that there is no starvation in South Africa.

A paediatrician at the Cecilia Makiwane Hospital at Mdantsane, Ciskei, who did not wish to be named, said the remarks of Dr van Marle were 'absolute nonsense.'

And Dr Trudy Thomas, who is attached to a hospital in the Eastern Cape, said: 'There are children dying of hunger in South Africa.'

Dr van Marle, addressing a National Council of Women seminar this week, said: 'South Africa is a food exporter and I refuse to believe there is not enough food for all.'

After his speech, Dr van Marle said in reply to questions there was a big difference between starvation and malnutrition. He said he accepted there were people suffering from malnutrition in South Africa, but that they were not starving.

'I don't know what he means by starvation,' said Dr Thomas. "But I do know there are children here dying of malnutrition.

"There are people in this country who don't have enough food to eat every day.

The Cecilia Makiwane Hospital paediatrician said that between June and December last year the hospital had had 160 cases of severe malnutrition, with children suffering from kwashiorkor and marasmus. About 11 percent died.

'I don't know exactly where he draws the line between malnutrition and starvation,' said the paediatrician, 'but I do know that children suffering from malnutrition are four times more likely to die than healthy children of illnesses such as gastro-enteritis.'

AFRICAN GARMENT WORKERS UNION (NATAL)

Year	Membership			
	African	Asian and Coloured	White	Total
1970				
1971				
1972				
1973				
1974				
1975				
1976				3 000 *
1977				3 553 *
1978				4 550 $
1979				4 900
1980				5 600

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Call to end 'root causes of disease

CAPE TIMES 26/4/82

Staff Reporter

THE medical profession should aim at eliminating the root causes of socio-economic illnesses such as TB and malnutrition, rather than merely treating each case, the vice-chancellor of the University of Cape Town, Dr S J Saunders, said on Friday.

Dr Saunders was addressing the College of Medicine of South Africa.

"The profession's obligation is, of course, to ensure that society, and particularly the opinion-makers and policy-makers in society, remain fully informed about the root causes and extent of problems such as these," he said.

The profession was obliged to give good diagnostic and therapeutic services, but its main aim, he said, should be to eliminate this type of illness, which was widespread among underprivileged people and had its root cause in socio-economic conditions.

Detention

Dr Saunders said there were no easy answers to the difficult ethical problems in fields like abortion, test-tube pregnancies, genetic engineering and life-support systems. However, these difficulties underlined the need for doctors to receive well-rounded, broadly-based education.

He said it appeared that the base of the present medical educational system should be broadened. Medical students should at least have to choose from one of a group of subjects, such as history, a language or philosophy."

Doctors needed more than factual knowledge and the question should be asked as to whether the medical profession was doing enough to ensure that doctors were more than technicians.

Dr Saunders said there had recently been widespread concern about the effects of detention without trial on detainees, especially with regard to their access to medical care and the effects of solitary confinement. The profession had an obligation to set an example to society in those areas in which it had special knowledge, he said.

The profession was obliged to give good diagnostic and therapeutic services, but its main aim, he said, should be to eliminate this type of illness, which was widespread among underprivileged people and had its root cause in socio-economic conditions.

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Ethical problems

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Doctors needed more than factual knowledge and the question should be asked as to whether the medical profession was doing enough to ensure that doctors were more than technicians.

"The profession thus far has been negligent in failing to draw to the attention of the authorities clearly and firmly and publicly the profound, seriously adverse effects of solitary confinement."

The profession could not remain silent on ethical issues of this kind, he said.

The medical profession should be alert to diseases arising from industrial hazards and was obliged to alert society to the danger of "luxuries" such as smoking and alcohol abuse.

Migrant labour blamed for faulty nutrition

Provincial Staff

THE migrant labour system, which disrupted and fragmented family life, was the main cause of malnutrition in the rural areas of South Africa, Dr John Sonnenberg (PFP, Green Point) said during the no-confidence debate in the Provincial Council.

"Inasmuch as the migrant labour system is approved National Party policy, so much is this Government largely to blame for malnutrition in rural South Africa, which results from social instability.

"Malnutrition is much more a social than a medical problem. There is a real as well as an apparent increase in malnutrition.

SOCIAL CHAOS

"Migrant labour is justified by some because it is believed that African men prefer the way of life. This is analogous to justifying drug addiction because drug addicts enjoy it.

"Malnutrition is an expression of social chaos."

Dr Sonnenberg said the longterm solution for malnutrition was a socio-economic one. "It can be brought under control only when families live together — within travelling distance of their places of work for which they receive living wages."

Quoting from a recent report on malnutrition, Dr Sonnenberg said statistics based on hundreds of questionnaires and thousands of interviews clearly demonstrated how illegitimacy, desertion and disloyalty — all the direct result of the disruption of African family life — were associated with malnutrition.

Address: P.O
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Starving farm people come to Soweto for help

S. Express 2/5/82

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By HELENE ZAMPETAKIS

FARMWORKERS' starvation wages are being blamed for the high number of malnutrition and kwashiorkor cases admitted to Soweto's Baragwanath Hospital, doctors at the hospital told the Sunday Express this week

The disclosure was made after the announcement that the National Manpower Commission had appointed a commission of inquiry into conditions of farm and domestic labour.

The commission would investigate, among other things, whether to impose the Wage Act on farm labour.

Baragwanath doctors told the Sunday Express most malnutrition cases came from Reef farming areas.

In their desperate attempt to get treatment, these patients claim to be Soweto residents.

In 1980, about five cases of malnutrition were admitted to the hospital daily.

A sixth of all patients in the children's ward were suffering from malnutrition. Most were from rural areas

Mr Eugene Roelofse, an independent ombudsman, told the Sunday Express that according to his research, this was 'only the tip of the iceberg'.

Recent research has shown that Reef farm wages varied between R10 and R20 a month, with a sack of mealie meal as rations.

Prof Harry Stein, head of the paediatrics ward at Baragwaneth, said that with together with malnutrition, gastro enteritis made up "substantially half of the cases admitted to the hospital".

In 1980, 1 089 children suffering from malnutrition were treated at the hospital

"A fair number of them come back because they return to the same conditions as they left," Prof Stein said.

One doctor told the Sunday Express: "It is common knowledge at Baragwanath that when a malnourished kid comes in it is likely he has been living on the farms.

"We keep them for about three weeks to feed them up but some of them die."

Doctors said that white farm areas were badly served by health clinics but because transport was poor, only a fraction of malnourished cases ever reached Baragwanath.

A group of independent researchers is conducting a study of farm labour conditions around Piet Retief, Muldersdrift and Amersfoort. They asked not to be identified while research continues.

Mothers had told them that frequently "swollen babies die of hunger" — an indication of widespread kwashiorkor.

The researchers found that labourers worked 12 to 14 hours a day with no overtime or leave pay.

"When they lose their job, they lose their house. One family said they earned R180 a year from the mother and father's wages. Women can make R1 from three days of washing," a spokesman for the group said.

Workers who earned R20 a month — or 9c an hour — had to work for one and a half days before they could afford a tin of corned beef at trading store prices.

The commission of inquiry will work with farmers from the South African Agricultural Union.

In a recent debate in Parliament, a nominated MP, Mr J W van Staden, said farmers were not afraid of an inquiry into farm labour because they looked after employees extremely well and provided them with rations.

The first trade union for farm workers was organised this year under the Orange Vaal General Workers' Union.

Organiser Mr Philip Masia said: "We welcome a spotlight on farm labour but if the commission into farm labour is to be effective it must work independently of farmers who have vested interests in paying low wages."

(1) Applied for registration but objections raised by other registered unions.

SECTION C

Taxpayer hit by socialised medicine

Star 21/5/86

96

The trend to the socialisation of medicine is continuing in South Africa according to Mr John Toerien, director of Northern Transvaal Chamber of Industries.

This, he says, is bringing about a total distortion in the market place and placing an unnecessary burden on the State and taxpayer. It is also discouraging the natural development of the pharmaceutical manufacturing industry.

Mr Toerien said an estimated 65 percent of manufacturers' sales were directed through the State.

He added that about 55 percent of the medical profession and 70 percent of nurses were already employed by the State and, according to the present trend, these employment figures by the State could dramatically increase.

"There seems to be a very close correlation of volume of medicine supplied to the State and professional engagement of staff — a remarkably high figure within the philosophy of the free enterprise system," he said.

Mr Toerien said the pharmaceutical manufacturing industry was the most investigated industry in South Africa and none of the investigations carried out had found evidence of the industry "abusing its position in the market place."

Mr Toerien said there was nothing illegal or immoral in providing health services at a profit to the entrepreneur.

Referring to an accusation that the private sector was now subsidising the price of medicines to the State, he said the prices became so uneconomic that the private sector withdrew from manufacturing and promoted generic prescribing and generic dispensing.

Medicine is bought by the State through the tender system, with price the determining factor.

Mr Toerien said he did not think the present system of medical care in South Africa would be able to meet future needs. It was therefore time to pursue actively a policy of returning health care, including medicine supply, to the private sector.

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Kupugani slams Smit for allegations

(90) Sowetan 7/6/82

THE national chairman of the Nutrition Corporation of South Africa (Kupugani) has angrily condemned allegations made against the no-profit organisation in the provincial council recently and has called on Mr H A Smit (NP George) to refute his statements.

Mr L A Weinberg said on Friday he was "deeply concerned and surprised" that a man of Mr Smit's standing should have made derogatory remarks about a charitable organisation "without having taken the trouble to check his facts."

Reacting to the allegations, Mr Weinberg said that Kupugani had never deviated from its object of combatting malnutrition among people of all races by selling nutritious foods at the lowest possible prices.

"There may have been a few isolated instances where voluntary workers have sold a few items of food which do not fall in this category but this does not constitute a deviation of the organisation's policy.

"I understand some of the criticism of the organisation had stemmed from the fact that certain persons who are obviously not in the lower income groups have been seen leaving Kupugani in Knysna with parcels of food.

"These people are either voluntary workers, representatives of state health and welfare organisations or housewives who have bought food on behalf of their domestic workers."

He said that the annual general meeting was held in Lesotho this year for the purpose of helping to establish a Kupugani organisation there and not because of any "ulterior motives" suggested by Mr Smit.

Mr Smit appealed to the Provincial Administration during the budget debate to over-rule a decision by the Knysna Municipality to exempt Kupugani from paying a trade licence.

Mr Weinberg said that the fact that Kupugani was exempt from taking out a trade licence was a matter of legal interpretation which had been accepted not only by the Cape Supreme Court and the Secretary for Inland Revenue but also by a number of larger local authorities in the Cape Province and Natal. — Own Correspondent.

Enough food but poverty rife — MPC

Argus June 1982



Dr John Sonnenberg

SOUTH AFRICA produced enough food last year to supply 112 percent of the optimum energy needs of its population, yet malnutrition and the diseases of poverty — scurvy, kwashiorkor, rickets and others — were still rife, Dr John Sonnenberg, MEC, said yesterday.

Addressing the annual meeting of the Service Dining Rooms organisation, Dr Sonnenberg said the prevalence of poverty and malnutrition among all racial groups, but especially among coloured and black people, was "an expression of the social chaos in South Africa."

THE POOR

He went on: "The situation for the poor in South Africa is deteriorating daily, helped along by the deepening recession, inflation and worsening unemployment, and it saddens me that this sort of situation is allowed to exist in the midst of so much wealth."

He said it was common cause that poverty among blacks had a rural origin, where 75 percent of households had incomes below the poverty datum line — which in a Port Elizabeth study was fixed at a country-wide average of about R230 a month for a black family of six or a coloured family of five. The figure varied in different centres, he added.

INFLATION

"Poverty is not caused only by ignorance," Dr Sonnenberg said.

"There is little any of us can do about inflation, which ran at 16 percent last year. But there is even less that those living on or below the poverty datum line can do about food prices which rise by 25 percent, as they did last year."



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Call for urgent action to curb diseases

AHG US 16/6/82

URGENT action is needed to prevent severe malnutrition and to control infectious diseases in the homelands, says an article published in the South African Medical Journal.

A study conducted in southern Lebowa says that more attention needs to be paid to attracting South African doctors to homeland hospitals and to training nurses to work in these rural areas.

Dr W R C Booth of the department of paediatrics of Baragwanath Hospital and the University of the Witwatersrand conducted the study of children under the age of five years admitted to the Jane Furse Memorial Hospital in southern Lebowa in 1980.

Gastro-enteritis, respiratory problems and kwashiorkor were found to be responsible for 85,7 percent of 1 328 children aged less than five years admitted to the hospital in 1980.

PROTEIN

"Urgent action is needed to prevent the many cases of severe protein energy malnutrition still seen and to gain better control of infectious diseases in these areas," Dr Booth said.

He said a major part in the campaign should be played by the agricultural spheres.

The shortage of doctors and paramedical staff was serious and encouragement to work in the rural areas should start at student level.

GRASSROOTS

Also, greater emphasis needed to be placed on the training of nurses in primary health care and on the training of less qualified people who could play important roles in the overall health care of the rural people of South Africa by "providing health/nutrition services at grassroots level," Dr Booth said.

The Jane Furse Memorial Hospital was one of four in southern Lebowa, serving a population of approximately 120 000, the study said.

Many of the medical problems in young children seemed to stem from overcrowded conditions and shortage of medical and paramedical staff at hospitals and clinics, the majority of men being migratory workers, inadequate local food production and open water supplies susceptible to contamination.

SUNDAY TRIBUNE, JUNE 27, 1982 190/(2)

People are dying all over South Africa as famine takes its toll

Operation Hunger, which funded relief feeding schemes during last year's drought, is currently receiving reports from various parts of the country that make it clear that this year they will have recently alerted Operation Hunger that a school feeding programme would be needed in the area of Namaqualand covered by the towns of Okiep Nababeep, Springbok and Steinkopf.

A SECOND winter of great discontent in succession, threatens to stalk parts of the country, in the form of hunger ushered in by crop failures, recession and escalating food prices.

A detailed survey commissioned by the Red Cross shows that of 508 children medically examined in this area, nearly 52 percent were suffering from various forms of malnutrition. Among teachers questioned 75 percent thought that malnutrition was an important factor in high school failure rates.

Ina Perlman of Operation Hunger, which is run by the Institute of Race Relations, says in many areas there is nothing to harvest and in resettlement areas the buying of maize meal from local shops is beyond the reach of many people, even to double at least last year's relief budget.

Appeals for relief aid are coming in from as far afield as Onverwacht, the resettlement area in the Free State, and Ekuvukeni, the resettlement area near to Limehill and Ladysmith in Natal, where mission workers are asking for 1 000 bags of maize meal to help 5 000 people "in dire financial straits" through the winter.

Other areas that are worrying the Natal Red Cross Society in Durban are Mahlabatini, Enselzni, Nqutu and Msinga. The vice-chairman, Mrs Inka Mars, said that parts of these areas would almost certainly require relief feeding, in addition to the school-feeding programmes already being supplied by the society.

Meanwhile, in the Cape region, the South African Red Cross has without the recent price rises.

To help assess the situation Sunday Tribune reporters went to just three of the hardship agreas and this is what they found ...

EM 2/7/82 (90)

FEEDING THE HUNGRY

The SA Institute of Race Relations' Operation Hunger (OH) campaign is in dire need of funds to cope with requests for help from black rural communities throughout the country

OH is a continuous Institute project but winter is always a time when the concentrated soup supplied to its recipients — mainly young children and old people — literally means the difference betwen life and death.

"This winter is going to be more devastating than the last," says Ina Perlman, OH organiser, who estimates that between 50 000 and 100 000 children are at risk of being malnourished each year. "Last year's drought, which has still not broken in many areas, it is going to hit even people practising subsistence agriculture and there could be a far larger number of fatalities among the children."

OH's normal cash flow is between R5 000 and R7 000/month to feed about 50 000 people But as a result of all the urgent requests that have been pouring in Perlman says the campaign now needs about R15 000/month.

"The Red Cross in Natal, where we feed 27 000 children in school feeding schemes, say that we have to double up for this winter. We've also had urgent appeals from the Msinga district in Natal and the Ekuvukeni and Botshabelo (the new name for Onverwacht) resettlement camps," says Perlman.

"In addition, the Cape Red Cross has sent us details of a malnutrition survey conducted in Namaqualand where 51,9% of children examined showed varying degrees of malnutrition. They have asked us to start a school feeding scheme."

Donations to OH should be sent to PO Box 97 Johannesburg 2 000. Perlman also has a slide-tape show on the project which is available to business groups and any other interested parties.

Ina Perlman can be contacted at (011) 724-4441.

Star 7/7/82

Hunger may kill 50 000 children

South Africa's infant mortality rate for rural blacks is 240 in every 1 000 births, as against 12 a 1 000 for whites. Operation Hunger, the South African Institute of Race Relations' hunger relief organisation, daily receives reports of malnutrition, hunger and disease in South Africa's underdeveloped rural areas. EUGENE SALDANHA reports.

Fifty-thousand children under the age of five may die in South Africa this year because they do not get enough food, Mrs Ina Perlman, an Operation Hunger organiser warned yesterday.

To add to this tragedy, the number of children in drought-stricken areas who are dying of malnutrition and starvation is expected to increase sharply in the coming months as unemployment in those areas worsens.

Among the malnutrition - related diseases most common in the rural areas are kwashiorkor and marasmus.

"Low income and the erosion of subsistence farming have led to a growth in malnutrition and related diseases in the rural areas," says a report by the South African Institute of Race Relations.

"The overpopulation of the rural areas has been exacerbated by the resettlement there of large numbers of people who have been uprooted as a result of the implemention of various facets of Government policy.

"Furthermore, an examination of the share of public revenue the homelands receive from the public purse are not sufficient to allow for any real development of the magnitude required to halt the cycle of increasing deprivation," the report says.

Appeal to Operation Hunger for relief aid have come from as far afield as Onverwacht, the resettlement area in the Free State, and Nababeep, O'Okiep and Steinkopf in Namaqualand.

In Namaqualand it was found that malnutrition was a contributory cause for various infections, dental caries and poor school performances in children.

The institute's report notes that in kwaZulu, which is the most densely populated homeland with 3,5 million people, the land can only support 1,5 million. Operation Hunger supplies soup to 27 schools in the homeland.

"We were all aware that the kwaZulu drought in 1980 dramatically highlighted what was in fact an on-going and country-wide situation — vast unemployment and the virtual destruction of subsistence agriculture through resettlement and the lack of water.

93 SCHEMES

"These have all led to a situation where the majority of young children in the rural areas are malnourished," said Mrs Perlman.

The organisation runs 93 feeding schemes at a cost of R15 000 a month.

● Donations to Operation Hunger can be sent to PO Box 97, Johannesburg 2000.

Two die from gastro-enteritis

By MAURITZ MOOLMAN

TWO patients from the Weskoppies Psychiatric Hospital in Pretoria have died from gastro-enteritis and 16 blacks from the surrounding area — five of whom are confirmed cases — are under treatment at the Kalafong hospital.

Dr J Gilliland, deputy Director General of Health, said yesterday that the condition of all the confirmed cases had improved since the two people died in the Kalafong hospital last week.

Tests are still being done on 11 other patients from various areas of Pretoria.

The victims, a man and a woman died after contracting the highly contagious disease in the Weskoppies hospital. It is believed they were contaminated by a new patient who was admitted while suffering from gastric fever.

They were transferred to the Kalafong hospital and died there.

Dr Gilliland said the situation is under control and steps had been taken to prevent the disease from spreading.

About 5 000 people in South Africa contract the disease every year, though deaths are rare

● No new cases of polio were notified last week. So far 19 people have died from the outbreak in the Northern Transvaal homelands and two in Pretoria Altogether, 226 polio cases have been reported.

CAPE TIMES 20/7/82 (90)

Campaign for breast-feeding

Staff Reporter

CONSUMER action groups and journalists had played a great role in the struggle to reverse the declining rate of breast-feeding and the resultant infant deaths in the world, Dr E F P Jeliffe said yesterday.

Speaking at the ninth biennial congress of the South African Nutrition Society in the City, Dr Jeliffe, a United States expert on breast-feeding, said support for a return to breast-feeding was growing.

However, campaigns were needed to educate government authorities, health professionals as well as mothers on the benefits of breast-feeding.

Issues

Dr Jeliffe and her husband are monitoring breast-feeding programmes all over the world and will be attending a workshop in Indonesia soon.

She emphasized the necessity to breast-feed, both to prevent babies dying of malnutrition and for its known contraceptive effect.

Issues that needed emphasis were:

● The "rooming-in" system in hospitals where babies were in the rooms with their mothers and were breast-fed. This should be done as soon after the birth as possible. Unnecessary caesarian deliveries and over-sedation should be avoided. Startling results shown in hospitals were a 50 percent drop in infant illness and a 47 percent drop in infant mortality in hospitals The numbers of babies abandoned in hospitals — common in the Third World — was dropping

● Doctors and nurses had to be trained and "sensitized" to the issue. They should support and encourage women to breast-feed and should not "frighten" women about lactation.

● Information aimed at all levels of society should be distributed by health departments and clinics. Support groups should help "lonely, lactating mothers" overcome problems after the birth. This education should start at the ante-natal stage.

● Legislation to help working mothers should be enacted. In countries such as Brazil and China, creches were compulsory where 20 or more women worked and women were given two periods of 30 minutes a day to feed the babies.

● The marketing of breast milk substitutes was being monitored and each country should check that companies were abiding by the code of marketing ethics signed in 1979 by 118 States of the World Health Organization.

'Sabotaging'

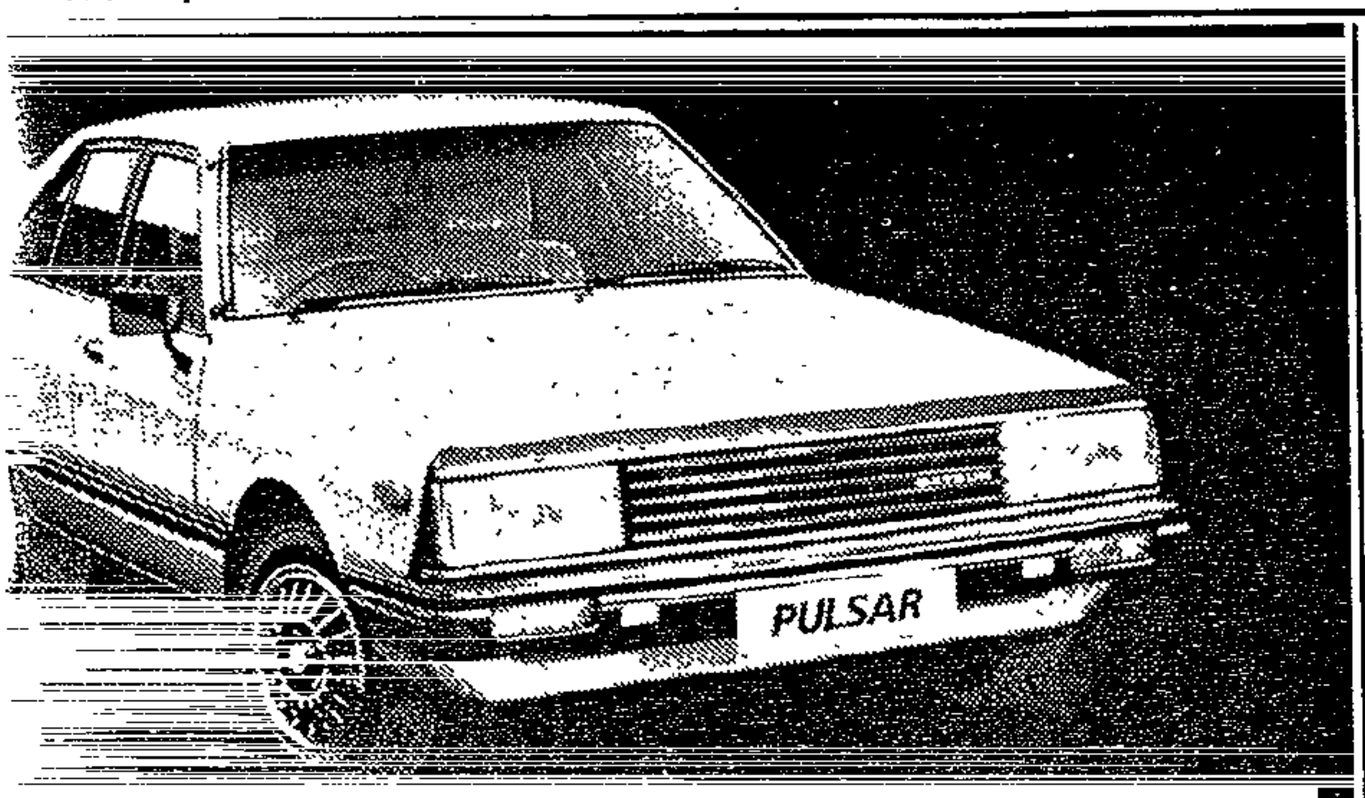
Prevented from advertising, companies were handing out samples to doctors and nurses who were in turn "sabotaging" breast-feeding.

Dr Jeliffe said that an "amazing" campaign was being conducted in Brazil where a 45-day media blitz was held after government officials were shown a documentary on the "horrifying" situation.

Creches at factories were mandatory and were inspected. Posters and pamphlets were put up everywhere. Bank cheques and pay cheques were embossed with "Breast-feed your baby" Celebrities went on television to plead the cause during free air time donated by commercial television.

Among them was the mother of soccer star Pele, who told Brazilians how breast-feeding had given her son advantages.

"I hope to see a resurgence of breast-feeding worldwide and infants being granted the rights that are being denied to them," Dr Jeliffe said



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Professor calls for anti-TB 'task force'

Staff Reporter

A SPECIAL task force should be appointed to review and control tuberculosis (TB) in South Africa, Professor S R Benatar, head of the department of medicine at the University of Cape Town, said this week.

Speaking at the opening of this year's UCT Medical Students' Council conference, he said such a task force would not reduce the need for socio-economic improvement in South Africa, but could be instituted in the immediate future, with rapid benefits.

The task force should develop an effective TB control programme and carry it out with the assistance of the State, provincial and local health authorities, as well as voluntary organizations.

Professor Benatar said TB accounted for 83 percent of all notifiable diseases in South Africa, with malaria the second most common (11 percent) and typhoid third (five percent).

The incidence of TB in South Africa ranged from 20 per 100 000 among whites to 300 or more per 100 000 among coloured people and blacks. During 1977 there were 2 636 TB cases in the Cape Town municipal area. Of these, 24 percent were from Langa and 22 percent from Guguletu.

Professor Benatar said the most important determinants in TB were poor housing, overcrowding and malnutrition.

The number of doctors involved in treating TB in South Africa had progressively decreased since 1960 and "the medical manpower situation has now become critical".

"There is increasing dependence on the nurse, and indeed development of the nurse should be further encouraged to allow the development of a control programme which could be used countrywide. Furthermore, such a programme should be integrated into the general health services, be readily accessible and planned on a long-term basis."

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Children hardest hit as famine bites

Hunger – a way of life

By Pamela Kleinot

A few scraps of stale mielie pap was all that was left for Mrs Kutama Masindi (36) and her children to eat. She didn't know when she would get more. She had no money and no job.

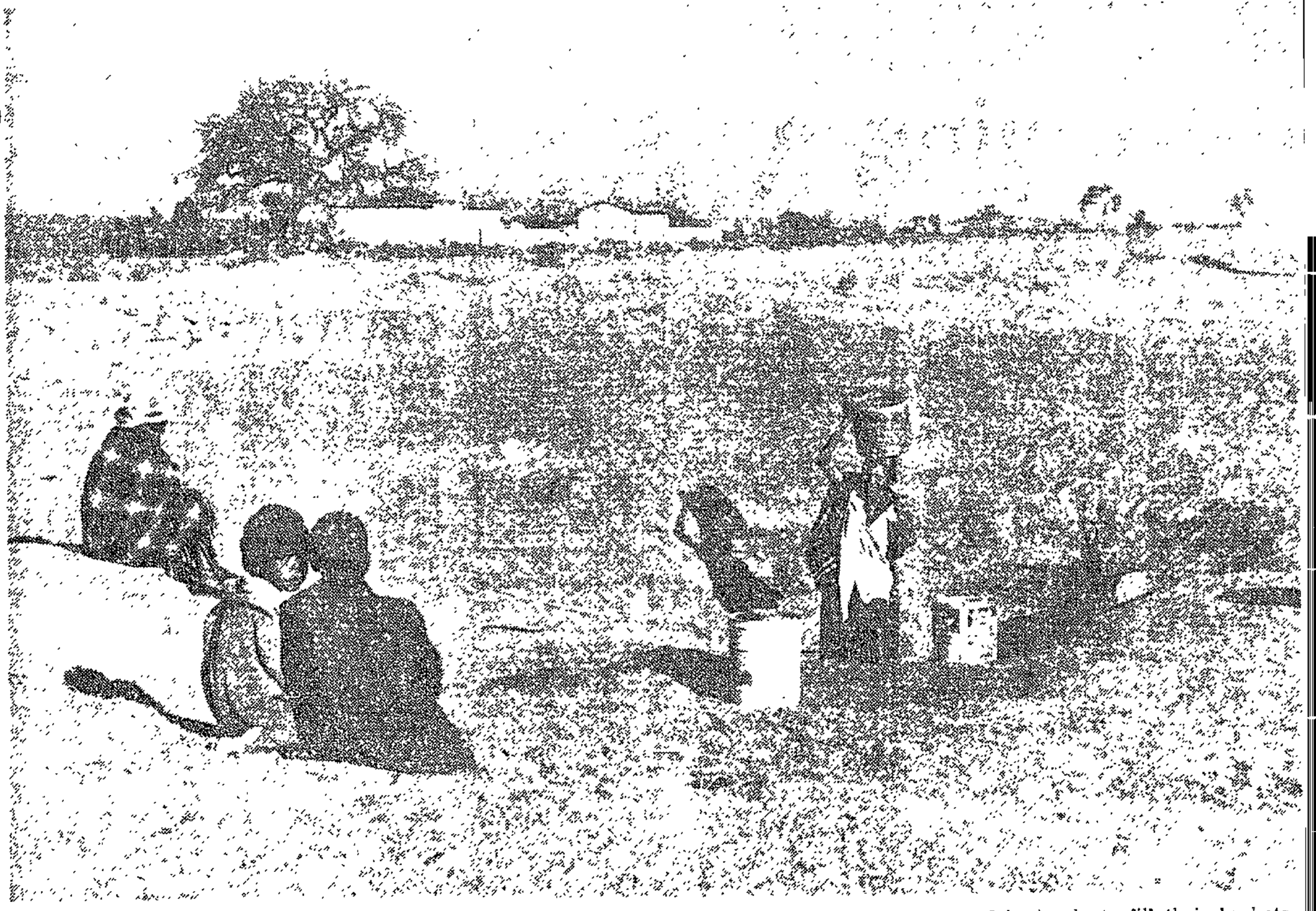
And the vegetables she planted did not grow this year.

Speaking through an interpreter, Mrs Masindi said she was worried about her children, who sometimes went without food for days.

"I can see other children growing but not mine," she said.

She is still breastfeeding her nine-month-old twins, who have kwashiorkor, according to a nurse at the clinic near her home.

Mrs Masindi lives in a dingy mud hut in Chavani village in the foothills of the Ribola mountain in Gazankulu.



A dried-out riverbed on barren land where people dug to find trickles of water they scoop out laboriously to fill their buckets.

It is dark inside, and cold in the winter. She sleeps on the floor with her twins and two sons, aged nine and 15.

Inside the hut is a clay pot containing a few scraps of stale mealie meal, a bucket of water, a few tattered items of clothing and a bench, two chairs and grass mats stacked against the wall.

Her problems began a year ago when her husband died while she was pregnant. That was the end of her cash income.

Since then, Mrs Masindi wakes up each morning not knowing whether she will have any food. Sometimes she gets handouts from neighbours. But sometimes they too have nothing for themselves.

Some days she goes and collects water from the river — 2 km away — and takes it to people who give her mielie pap in return.

"But sometimes we are stranded without food for a week," she said.

Mrs Masindi is one of the many thousands of people in South Africa who live in the shadow of hunger without money or the prospect of any work.

"There's an undeclared famine in the area," said one Gazankulu doctor.

In the Mhala district of Gazankulu a famine relief programme is being organised to provide malnourished children with food — mealies, beans and ground nuts.

"This year's drought has left many people starving," said one of the organisers. "In an informal survey of one village, 23,7 percent of the children were found to be malnourished."

Dr Machupe Mphahlele, Lebowa's Secretary for Health, estimates that 100 000 children in Lebowa are malnourished. He bases this figure on a survey of more than 400 schools in north-west Lebowa.

But he does not expect more malnutrition than usual.

"The pattern has been going on for some years," he said.

It is estimated that 50 000 children die from malnutrition and malnutrition-related diseases, says Mrs Ina Perlman, organiser of Operation Hunger.

"We feel many more children's lives are at risk this year because of the shortage of food due to the drought," she said.



Mrs Kutama Masindi with her twins. She has no idea when she will get food.

FAMINE

Dry veld spells death

By Pamela Kleinot

Drought has ravaged huge areas of the Northern Transvaal, aggravating the hunger problem and foreshadowing death through disease for thousands of children.

Every year an estimated 50 000 children in South Africa's rural areas die from malnutrition and malnutrition-related diseases. But this year it is likely the death rate will rise.

The devastation of drought — empty rivers, no harvest — adds to the toll taken by diseases bred of poverty, overcrowding and malnutrition.

During a week-long survey of drought-stricken areas The Star found:

● There is an acute shortage of water, even for drinking in some areas, as rivers and streams have dried up

● Crops have failed, including maize which is the staple diet of millions.

● There is little grazing left.

"There's an undeclared famine in Gazankulu," a senior health official told The Star.

Lebowa's Secretary for Health, Dr Machupe Mphahlele, said the extent of malnutrition in his area was frightening. He estimated 100 000 children in Lebowa were malnourished.

Lebowa and Gazankulu are fragmented homelands which share borders and straddle most of the Northern Transvaal. Both are mostly thorny, rocky wastelands but each has a corner of the wilderness area of Tzaneen with its lush, green meadows.

The recent polio epidemic, which has killed at least 28 children and paralysed 253 others to date, has focused attention on the north-eastern Transvaal.

The Star has established:

● Polio is a mere drop in the ocean of disease that ravages children daily in these rural areas. Gastro-enteritis is the biggest killer of black children — followed by respiratory infections, malnutrition and measles. At a hospital in Gazankulu 50 patients were being treated for typhoid. Doctors said this number was not unusual. Tuberculosis and whooping cough are also rife.

● People live in overcrowded and unhygienic conditions. For most the bush is their toilet and contaminated rivers their water source.

● People are poor because there are simply too few job opportunities. A family of six often has to live on R40 a month — or less — and depend on migrant workers for this cash. There are few men left at home.

● Local food production is low because of land shortage. There is also insufficient water to grow crops. People are forced to buy food at local stores at considerably higher prices than in urban areas.

● Health services are inadequately funded, poorly equipped and understaffed. They are inaccessible to many people who lack transport facilities. Sick people may have to walk 15 km to a clinic. Hospitals are overcrowded, with patients sharing beds and sleeping on the floor.

Lebowa has requested drought-relief from the South African Government, reports The Star's Farming Correspondent.

A spokesman from the Department of Co-operation and Development yesterday confirmed it had been asked for financial aid for drilling boreholes. He added the matter was receiving priority attention but no decision had yet been taken.

● See Page 19.



Sister Virginia Mgiba with Oscar Mgiba (9), one of 50 typhoid patients being treated at Tinswala Hospital in Gazankulu.

● Picture by Clive Lloyd.

Professor calls for anti-TB 'task force'

Cape Times 4/8/82

90

12

Staff Reporter

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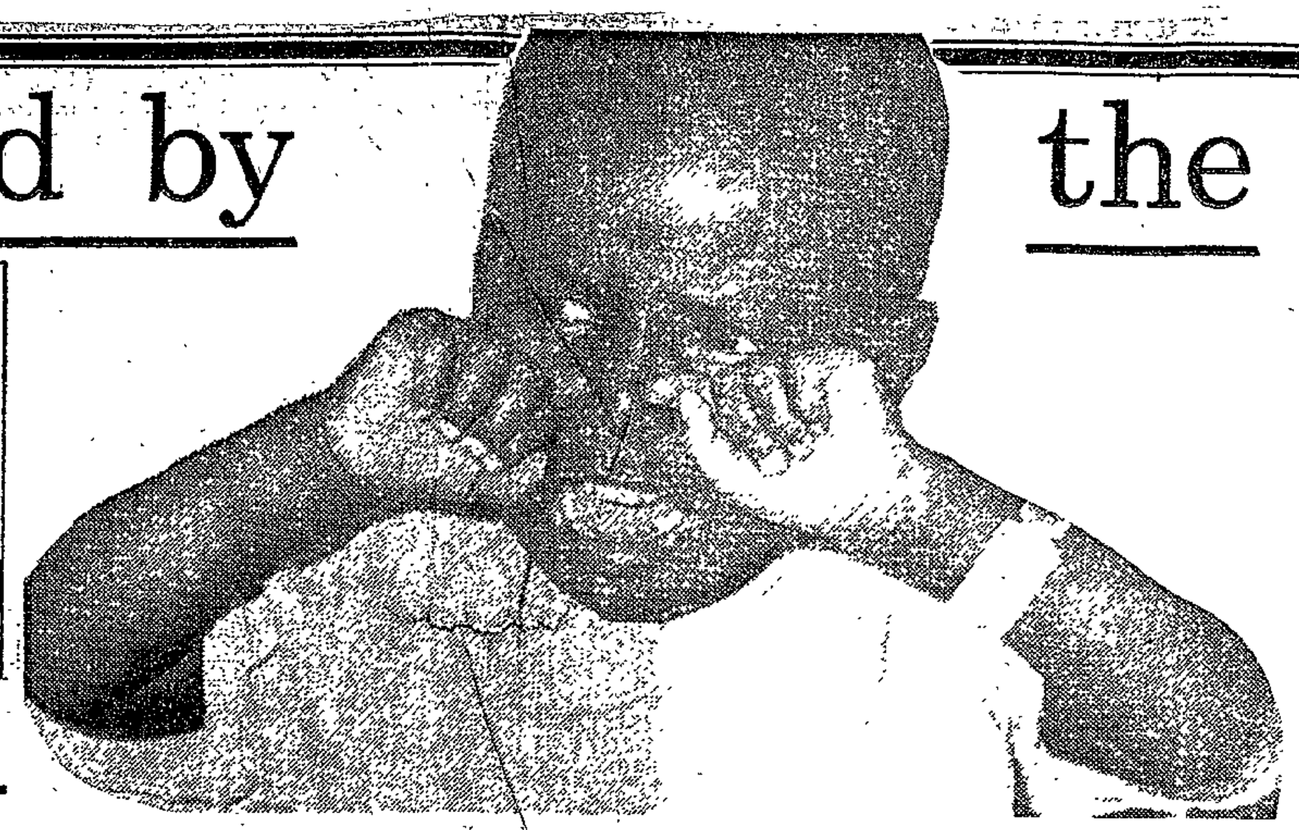
Doctors are worried by the







The North-Eastern Transvaal has been the focus of attention with the recent polio epidemic. The Star visited the area and found it plagued by drought, poverty, hunger and disease. Pamela Kleinot reports. Pictures by Clive Lloyd.

Generation raised on disease

Polio is just one of the many diseases that ravage children daily in the rural areas of South Africa.

Less than 30 children have died since the polio epidemic broke out in the north-eastern Transvaal 10 weeks ago compared to the 770 children who have died from measles in the same period.

Measles — the fourth biggest killer of children — is said to kill 11 children daily.

But the biggest killer is gastro-enteritis followed by pneumonia and malnutrition.

People tend to respond to "glamour" diseases like polio and cholera paying little attention to these much more dangerous and common conditions.

The Infantile Mortality Rate — the barometer of a population's health standards — is about 130 every 1 000 in rural blacks compared to about 20 every 1 000 in whites.

Forty-eight percent of deaths in blacks occur in children under five years of age while only seven percent of deaths in whites occur in this age group.

The vast discrepancy in death rates reflects the different disease patterns among whites and blacks rooted in the different socio-economic status of the two groups.

Rural blacks suffer from diseases of deprivation. The people are poor and often live in overcrowded and unhygienic conditions which are conducive to the spread of diseases like TB which kills between 10 and 20 people daily. Malnutrition further favours the development and spread of these diseases.

The contaminated water supply and poor sanitation in poorly developed areas causes many other infectious diseases.

When it rains, human excreta scattered in the bush or overflowing from badly sited pit latrines may be washed downhill into the water-source.

These conditions provide the ideal breeding grounds for the spread of cholera, typhoid, hepatitis and gastro-enteritis.

Most children in Gazankulu have bilharzia and doctors say there is no point in treating them unless they have complications because they soon get reinfected.

Trachoma, an eye disease that can cause blindness if untreated, is extremely prevalent along the Limpopo Valley and surrounding areas, particularly rife in northern Lebowa and the Louis Trichardt area.

It is a disease of poor hygiene easily spread among family members using the same towels and face cloth. It is also spread by flies.

Most of these diseases are preventable. Many have been eradicated in Western countries because of improved living conditions.

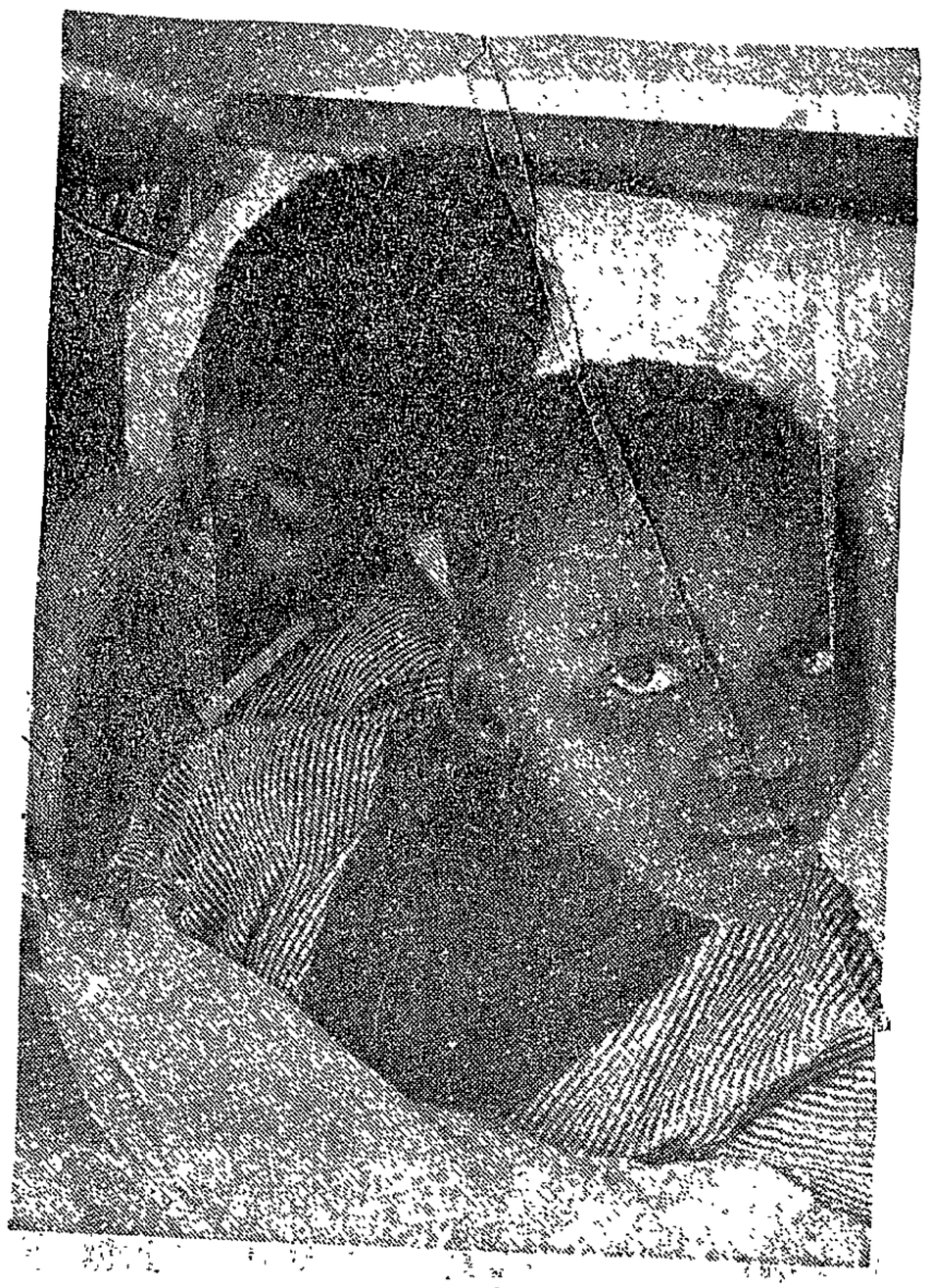
While some are totally preventable through vaccine like polio, measles, whooping cough and diphtheria, others can only be contained by improving environmental conditions — a clean water supply and proper waste disposal facilities.



One-year-old Thabo Phala, from Lebowa, has severe kwashiorkor.



Mihloti Tears (3), from Chavani Village, Gazankulu, can't cry



Simon Mukutoni (12) from Venda, is being treated at Elim Hospital for Vitamin A deficiency which is caused by lack of green leafy vegetables and yellow fruit and can lead to blindness. Mrs Selina Maphologo, a care group motivator, is wiping his eyes.

children who survive and hunger

Star 5/8/82



"I feel guilty when children I treat survive. Most of them are sickly and hungry. Some look as though they come out of concentration camps.

These are the words of a South African doctor trapped in the vicious cycle of diseases bred by poverty.

He is working at a hospital in the homelands where the wards are filled with children suffering from malnutrition, gastro-enteritis, penumonia, measles and typhoid.

He also sees children suffering from whooping cough, TB, hepatitis, malaria, diphtheria and tetanus.

Those that die just add to the statistics. Many deaths go unrecorded as the children never reach hospital.

But it's the children who survive that worry the doctor. Because he knows they will return to a life of misery and despair, always living in the shadow of hunger and disease.

An estimated 50 000 children die in South Africa each year from malnutrition and malnutrition - related diseases.

Minor illnesses like measles become serious in malnourished children whose body's have little resistance.

About 11 children die each day from this totally preventable disease and many others are left blinded for life.

Tuberculosis kills between 10 and 20 people daily and millions of others walk around spreading this highly contagious infection.

South Africa's major health problems are concentrated in the "homelands" where people have been resettled in areas where they are unable to subsist on the available land or earn adequate cash income to feed their families.

Accurate figures are hard to come by, but it is estimated that three-million people have been resettled since 1960.

The population of Gazankulu has risen by 69 percent from 281 900 to 476-694 in the same period and Lebowa by 44 percent from 1 149 700 to 1 658 125.

There are too many people living on too little land and they lack basic health needs like potable drinking water, food, housing, sanitation and waste removal.

Drinking has become a major problem among men and schoolboys as bottle stores have mushroomed up in the past few years.



Thorny, arid wasteland in Lebowa where people have been resettled and can't grow crops.



Agnes Thobejane (20 months old), from Lebowa, is suffering from kwashiorkor and is being treated at Jane Furse Hospital. Sister N M Mohlala is holding her.

These are a few of the 50 typhoid patients being treated at Tinswala Hospital.

TB figures in SA 'appalling'

Staff Reporter

STATE policies and capitalism in South Africa directly effected the incidence of tuberculosis (TB) in this country, Dr Dave Webster, a senior lecturer in social anthropology at the University of the Witwatersrand, said this week.

He was speaking at the three-day conference of the UCT Medical Students' Council, which has the theme "TB in South Africa — Consumption in the Land of Plenty".

He said: "Our appalling TB disease statistics are primarily due to the discrimination and oppression to which the mass of our people are subjected. Without fundamental social and economic change, and the key to bringing about change — political power — the scourges of TB and other such diseases will not be successfully overcome."

Dr Webster said the incidence of TB in South Africa was paralleled by and usually linked to the process of proletarianization — the creation of a labour force.

"South Africa is a Third World country with an unevenly developed capitalism. Our history is one of concommitant development and underdevelopment, with increasing profits on the one hand and poverty and malnutrition for the mass of the population."

He said early records showed that there was little or no TB in pre-colonial times. Since the turn of the century, however, the incidence of TB in South Africa had steadily increased, in spite of the production of drugs in the 1950s to combat the disease.

'Web of causes'

"Tuberculosis is a disease which springs from a web of causes. Primary among these are underdevelopment, with attendant poverty, malnutrition, poor housing, low wages etc."

Dr Webster said TB first became prevalent among black people in South Africa at the turn of the century and later reached "epidemic proportions" in rural and urban black communities

Responsible

He said the mining industry was the "main agent" responsible for the spread of TB among black people, particularly in the homelands. Mines produced the physical and social environment in which diseases such as TB, phthisis and silicosis were nurtured and spread. Workers who contacted these diseases were repatriated to the homelands and prevented from returning to the mines, he added.

"The effect was to spread highly-infectious diseases into communities already in crisis from overcrowding and poverty. The homelands, from the earliest stages, were the dumping grounds for the rejects of a crippling industry," Dr Webster said.



Prof Jack Metz

Nutritional deficiency widespread

Malnutrition, which had its roots in poverty, ignorance and dietary habits was South Africa's major medical problem, Professor Jack Metz, director of the South African Institute for Medical Research, said this week.

"Nutritional deficiency is widespread in South Africa, particularly among rural blacks who subsist predominantly on a cereal diet," he said.

Mealiemeal, the staple diet of millions, had decreased in nutritional value because of refining.

In the Far East, outbreaks of beri-beri had been traced to consumption of polished rice in diets with no sources of thiamine other than rice husks.

"It is difficult to get people to change from refined foods to less processed foods," said Professor Metz. "The solution is to fortify refined foods where necessary to restore their nutritional value."

Fortifying mealiemeal could help alleviate the widespread deficiency of B group vitamins in Southern Africa.

But it was imperative that fortified mealiemeal remained acceptable to consumers and did not change in colour, consistency after cooking or taste.

These aspects were being tested at the Institute for Medical Research.

Deficiency of folate — a substance in green leafy vegetables—is widespread and could lead to severe anaemia particularly during pregnancy, breast-feeding and the rapid growth period during infancy.

Folate deficiency in a pregnant mother could contribute to premature birth and possibly also increase the risk of congenital abnormalities in the newborn child.



Mrs Dorothy Kiewitz and Mr Cecil Erasmus, outside the Kew Town house where a middle-aged woman was found starved to death yesterday.

Mother of 5 starves to death in City

Cape Times 15/10/82

90

By STEPHEN WROTTESLEY
Crime Reporter

THE body of a middle-aged woman who died on October 5 after not eating for at least a month was found in a house in Kew Town, Athlone, yesterday.

Police made the gruesome find when they were called to 87 Eland Street, the home of Mrs Christine Leibrandt, 52, and her five children. They found Mrs Leibrandt dead and her five children, Paul, 33, Gerald, 31, Mavis, 26, Richard, 25, and Yvonne, 19, in various stages of starvation and very weak.

Police went to the house after Mr Charles Leibrandt had been told that his wife — the two were separated — was seriously ill and needed an operation.

The five children, described by neighbours as looking like skeletons, were taken to hospital by ambulance.

The family were members of a religious sect and had not eaten for 40 days.

Mrs Leibrandt told neighbours before becoming a recluse in the house that she had had a vision.

She said she had been told to wait for "the Lord to come and fetch me and my family".

A neighbour, Mrs Dorothy Kiewitz, 48, said she had lived next door to the family for some years. They had been actively involved in religious work in the area.

"They lived according to the church and did not want to accept charity," she said.

"They did not worry a soul."

Then Mrs Leibrandt told Mrs Kiewitz she had had a vision. The family became recluses.

Several months ago, according to neighbours, they were evicted from the house and lived in their yard, leaving their furniture outside their house.

"It was good furniture and was just left out in the rain," another neighbour, Mrs Fatima Dienie, said.

After a few weeks, Mr Leibrandt paid the rent — apparently without Mrs Leibrandt's knowledge — and the family was al-

➡➡➡➡ To page 2

A 90

From page 1

lowed back into the house.

Since then, they had been out once to buy food.

Offers of hot water for tea and food were rejected by the family. Pieces of wood thrown into the backyard so that the family could warm themselves were thrown back.

Then the family's dogs stopped barking and the family refused to speak to Mr Leibrandt when he tried to talk to them from a neighbour's yard.

Earlier this week, Mr Cecil Erasmus, Mrs Kiewitz's cousin, saw the bodies of two dogs removed from the house.

Yesterday Mr Leibrandt was contacted at work and was told his estranged wife was ill.

She needed an operation and his authorization was required.

He went to the house with a man, believed to have been his employer, and when he discovered his wife was dead, he called the police.

Mrs Kiewitz said she believed the children intended burying their mother in the backyard.

Mrs Dienie said the children looked like "human skeletons" when they were taken away.

Lack of food a significant child killer

Mail Correspondent

DURBAN. — Between three and four children die of malnutrition every hour in South Africa, Prof Allie Moosa, head of the Department of Paediatrics at the University of Natal, said yesterday.

"This is a long-term, low grade starvation where children die simply because they do not get enough to eat," Prof Moosa said.

He said he had arrived at the figure from statistics received by hospitals around the country.

"There are 8-million black children in South Africa of which 2-3% suffer from malnutrition.

"From our experience at King Edward VIII Hospital, about 20% of those die, which is about 30 000 a year," Prof Moosa said.

Bid to improve eating habits

By NKOPANE MAKOBANE

THE Department of Education and Training, Fedfood Limited and the Women for Peace have launched a joint campaign to improve the eating habits of the people of Soweto and Alexandra.

According to Mr Jaap Strydom, a Det. official, the programme was started because malnutrition was rife.

In order to achieve progress at school and in the community, it was felt that healthy eating habits were essential, he said.

HABITS

And Miss Suzette van der Walt, group dietitian of Fedfood stated malnutrition is not simply under-nourishment. She said malnutrition refers to any wrong eating habits, even eating too much.

The campaign has been described as unique because Fedfood and the Women for Peace, were not only enlisted as sponsors and volunteers for legwork, but in fact, conducted a considerable amount

of research to make the project a success while they were also intimately involved in the running of the programme.

SCHOOLS

When the campaign started, primary schools were used as points of entry to the community and the results were so encouraging that the programme has been extended to all senior primary and combined schools in the two areas.

So far, the results of the whole effort have been dramatic. Pupils have started to pack their own lunches and parents have requested special lectures on nutrition.

MILK

It has also been observed that at schools the "mothers", who sell food and snacks, had to yield to a new consumer demand as their informed customers insisted on milk, fruit and fruit juice, brown bread and hot balanced meals instead of cold drinks, white bread and sweets. One other factor is that in many schools, vegetable gardens have started to appear.

GENERAL NEWS

HSRC sets out study options

Own Correspondent

People with senior certificates have a choice of more than 300 fields of study, says the Human Sciences Research Council in Pretoria.

University training was obviously training at a high level but it was not superior to other training, the council said. There was evidence that most first-year failures at universities could have succeeded had they followed similar courses at other institutions.

Two council publications "University Training and Career Opportunities" and "Tertiary Training Outside Universities and Career Opportunities" indicate the range of occupational fields and the requirements for study in each.

Nutrition battle dealt a severe blow . . .

Funding stops, so service to close

By Pamela Kleinot

The fight for better nutrition in South Africa was dealt a heavy blow this week with the end in sight for the long-running Nutrition Advisory Services.

The prime factor behind the closure of the 15-year-old service is lack of finance.

Four food control boards — dairy, maize, egg and oil seeds — sponsored the service to the tune of R250 000 annually. Now all four have said they can no longer continue the sponsorship.

Doctors and nutritionists have been most distressed at the closure of the service, which has operated mainly in South Africa's black communities. The service employs 22 nutrition educators in five major centres.

A leading paediatrician called the move a retrogressive step.

"Health educators have done an outstanding job in reducing the incidence of malnutrition in some areas."

Wits University's head of community paediatrics said the service filled an important need and was an important ongoing and increasing priority, worthy of continuing support and sponsorship.

In a letter to The Star, Professor Lucy Wagstaff said "With increasing financial stringencies there will not only be a greater need for such services but an obvious and urgent seeking (want) for advice to help feed families economically and adequately.

She said the nutrition educators were highly trained.

"Their service is unique as the advice offered is not product related."

Professor Wagstaff said doctors and nurses could not spend lengthy periods in group discussions giving practical demonstrations on food selection and preparation.

A Baragwanath Hospital doctor said health visitors had a captive audience at paediatric as well as at ante and post-natal clinics, where they could educate mothers on nutrition.

He said it was not always necessary to admit a child with malnutrition to hospital. "The mother is referred to a nutrition adviser to correct the poor dietary habits and it is hoped the child will not succumb to malnutrition again."

90
Stars
3/11/82

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Milling firms slammed for vitamin deficiencies

By CHARLES MOGALE

TWO giant milling companies have been accused of failing to help fight pellagra by refusing to put vitamins in their products.

The accusations against Tiger Oats and Premier Milling are made in the adult literacy magazine Learn and Teach.

According to the magazine, more than 100 000 people suffer from the disease every year.

"The companies can help in a simple way. They can add the two vitamins, nicotiné and riboflavin, to their mealie meal. The vitamins are very cheap and do not change the taste of the mealie-meal," the report claims.

A nine-year long research into pellagra which started in 1963 has revealed that the disease can be minimised if mealing companies add vitamins to their products. In other countries where the vitamins were added the battle against the disease has been successful.



MALNUTRITION: help fight it.

The report quoted a spokesman for Tiger Oats, the manufacturers of Ace and Induna mealie meal, as saying: "We will do anything the people want, but we don't believe the people want us to add vitamins."

A spokesman for Premier Milling which makes Iwisa and Impala, said: "We put vitamins into our mealie meal for two weeks last April. But people didn't like it. People said the colour was not the same."

Learn and Teach, which launched the ongoing campaign against skin-lightening creams, said the Institute of Medical Research had disputed the change of colour after vitamins were added.

Dr Walker, of the South African Bureau of Standards (SABS), who studied the adding of vitamins to mealie meal for about 20 years, said if there was any colour change it was "very small".

A needed lesson in nutrition . . .

Today 150 schools in Soweto and Alexandra township are devoting two lessons a week to a course in nutrition, reports JEAN HEY.



MISS SUZETTE VAN DER WALT — "Children are demanding nutritious foods."
● Photograph by Gisele Wulfsohn.

The belief that every child needs to eat well to achieve his full physical and mental potential inspired Mr Jaap Strydom two years ago, while he was regional director of education and training in Soweto and Alexandra Township, to launch a campaign to improve the eating habits of people in those communities.

He enlisted the help of Women for Peace and Fedfood Limited (a large food company) who in turn consulted school inspectors.

The result is that today 150 schools in Soweto and Alexandra are devoting two lessons a week to a course in nutrition for Standard 3, 4 and 5. And this month 460 Soweto and Alexandra primary school teachers received diplomas qualifying them to teach nutrition.

A pilot course involving 20 teachers in 10 schools was carried out last year by Fedfood. The results were so encouraging, says the company's group dietician, Miss Suzette van der Walt, that two of the teachers were recruited as full-time trainers and the programme was extended to all senior primary schools in Soweto and Alexandra.

Further evidence of its success is the effect these bi-weekly lessons have had on the children. Miss van der Walt says: "They insist on their parents giving them nourishing food. Many are packing their own lunches. Snacks at school now consist of fruit, milk, brown bread and balanced meals instead of cold drinks, white bread and sweets."

Not only is this course innovative but Miss van der Walt believes it is the first time nutrition has been formally taught at school anywhere in the world.

Pioneering the teachers' course in nutrition brought with it several problems however. "Teachers were initially doubtful of the need for a nutrition course in schools. It is not an examination subject and they have little spare time," she says.

The training programme and the school lessons also had to be practical. "A course that just paid lip service to the value of nutrition would have been useless. We needed to change the eating behaviour of the teachers and children and not just their attitudes," says Miss van der Walt.

Fedfood and Women for Peace also insisted that the information given to the teachers was scientific. Miss van der Walt consulted nutrition experts, "although we had to take care not to become too academic in our approach."

During the three-day course and subsequent workshops, which are held every two weeks, the teachers contribute their ideas on how best to communicate to the children the value of good eating. "The teachers have more experience than us in how to convey information so we allow them some flexibility in their method. Standard 3 children may learn through games, songs or plays. But the older children may be given more conventional lectures," says Miss van der Walt.

One of the aims of Mr Jaap Strydom and the Fedfood/Women for Peace team was to spread information of nutrition further than the primary school classroom. Now, says Miss van der Walt, teachers of other subjects such as biology and physical training are including elements of nutrition in their lessons. Interest in food value has also spread to parents who ask for more information at their PTA meetings, says Miss van der Walt.

Lack of funds sinks nutrition advice body

Star 29/12/82

By Pamela Kleinot

Twenty-two nutrition teachers will lose their jobs at the end of this week when the 15-year-old Nutrition Advisory Services closes down on December 31, due to a lack of finance.

This was said by a Maize Board spokesman yesterday. He said nobody had been found to take over the service which had operated mainly in black communities.

Attempts to get the State Health Department to take over the service had failed.

The service was sponsored annually to the tune of R250 000 by four food control boards—dairy, maize, egg and oil seeds—but for economic reasons they can no longer continue the sponsorship.

Doctors are dismayed at the closure of the service, considered essential to the promotion of better nutrition in South Africa.

"Malnutrition is South Africa's major health problem and health educators have done an outstanding job in reducing the incidence of malnutrition in some areas," said a leading paediatrician.

He said it was not always necessary to admit a child with malnutrition to hospital. "The mother was referred to a nutrition adviser to correct the poor dietary habits."

Professor Lucy Wagstaff, head of the Department of Community Pediatrics at the University of the Witwatersrand, said it was sad that such a vital service was being withdrawn when it should be increasing.

"It's a tough year ahead for a lot of people facing increasing financial stringencies, and there will be an obvious and urgent seeking for advice to help feed families economically and adequately," she said.

Professor Wagstaff said doctors and nurses could not take over the role of health educators as they could not spend long periods in group discussions giving practical demonstrations and guidance on food selection and preparation.