

Health Services for Natives

Health Services in Unions divided between

- (a) Union Govt - which has a Dept. of Public Health - responsible mainly for Infectious Diseases
- (b) Provincial Councils - which are responsible for hospitals

Both authorities concerned mainly with curative services of non-personal kind
Health services should be - promotive, preventive, curative

Health Services for Natives particularly bad - have been left largely
to Missions - hence we find Missions Hospitals in native areas

The result is that

"The medical & nursing services in the native areas are entirely inadequate
and have only a very small effect in reducing the preventable ill-health & suffering
which prevail"

In the Transvaal Territories in 1944 to meet the health needs of 17600
Europeans, 12300 Coloureds & 1,154,000 Natives ~~total of~~ $\frac{1}{4}$ million people there were

50 medical practitioners

14 hospitals with 600 beds for Natives, 100 for Europeans & 20 for Coloureds. - Total 720

48 rural clinics for Natives.

2 Leprosy Hospitals with 800 Lepers.

There is the machinery for dealing with curative work

but no amount of hospitalisation or medical care will avail unless
adequate preventive measures are taken.

Lack of Statistical Data

In dealing with health in the native areas one of the primary difficulties is
the lack of statistical data. No compulsory registration of births & deaths,
no registration of infectious diseases, no registration of marriages.
We need further demographic data on such matters as
(i) the structure of the basic family unit & the changes it is undergoing
(ii) health indices including food supplies, budgets, education statistics
(iii) physical indices such as growth rates, mental tests, social behaviour.

Difficulties

There are certain difficulties in the way of introducing a comprehensive
collection of vital statistics. These include

- (i) The superstitious beliefs & suspicions of the Natives. This difficulty is not
unavoidable.

1154000
17600
12300
1182900

- ② The administrative problem - the necessity for extra staff
- ③ The problem of certification of cause of death or ill-health in view of the shortage of medical practitioners in the rural areas.
- ④ The following up of cases of ill-health - which will also require additional personnel.

In the absence of vital statistics it is difficult to give accurate figures for such things as the birth rate, the death rate, the infant mortality rate. Sufficient information is, however, available to indicate that

(a) the rate of increase of native population is high as is shown by census returns

Census	Native Population	% increase over previous census	average annual increase
1904	3494056	-	-
1907	4019006	15.1	2.03
1921	4697873	16.9	1.57
1936	6596659	40.4	2.29

(b) the age distribution is characteristic of population with high birth & death rates.

Census Year	0-15	15-60	60+
1911	40.71	54.18	5.11
1921	41.65	54.02	4.33
1936	40.54	53.85	5.61

(c) Figures for the death rate are rarely less & often more than twice the European rate.

(d) The infant mortality rate is variously estimated at between 150 & 700 per 1000

Infant mortality - Uneducated Natives.

Type	No. of live births	Dead within 2 years	Dead 2-16
Red Natives	720	331 45.9%	67 9.3%
Brown Natives	705	188 26.7%	72 10.2%

These figures seem to show that infant mortality is lower among educated Natives than among uneducated Natives.