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HEALTH FOR ALL

BY THE YEAR 2000

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The Journal on Social Change and Development is being published to promote discussion among the people of Zimbabwe on issues of change and development in the country, and to provide information which may be useful in furthering this development.

Editor in Chief

Iden Wetherell

Editorial Collective

Chenjerai Chisaka
Henry Muradzikwa
Brian McGarry
Nelson Moyo
Iden Wetherell

Issue Editor

Brian McGarry

Manager

Peter Roussos

Typing

Maria Gama

Printed by

Memorial Co-operative Society
Harare

Our front cover is taken from a poster of the International Green Cross. It depicts the World Health Organisation's goal of Health for All by the Year 2000.

contents

Health for All:

Transforming Health Services

'Health for all" is a truly revolutionary aim, and in its moves towards achieving this by the year 2000, our government has made more noticeable progress towards transforming the society we inherited at independence than in any other sector of the nation's life. In this issue our main articles therefore focus on health: what this transformation means, how well it has succeeded so far, what is still needed, and what obstacles there may be in the way of further progress.

Transformation in the health field has been noticeable because a new way of approaching the problem has emerged. This idea approaches it from the patient's end, and could be as radically different from the traditional Western approach, which looks at health from the doctor's end, as was the fabled ancient Chinese custom of paying a regular fee to your doctor when you were well, but none when you were sick. This story, whether it is true or not, illustrates the idea of a health service that really serves the patient.

We grew up with a health system which looked at life from the doctor's and nurse'send, and tended to judge its success by how many hospitals are built, and how many people are treated in them. Quite apart from the fact that this kind of system never could reach all the people, any system that prevents as many people as possible from being ill enough to go to hospital, does serve the people better. This is the aim of the modern movement which emphasises primary health care. Since independence, considerable efforts have been made to give greater importance to primary health care.

Our first Minister of Health must take a lot of credit for this change in direction. Even though experience, especially during the war, had aroused the people's awareness and desire for a new kind of health service, all professionals find it difficult to change their ways. Developing a true people's health service needs a sensitive ear to the wishes of the people, helped sometimes by a strong hand from the top

Then it is also true that health cannot be transformed without transforming the whole of society. There cannot be health for all if there is not a decent income for all, fair distribution of the land, and equal democratic rights for all. There cannot be a "socialist sector" in a predominantly capitalist society, so efforts at transformation on one sector such as health, must influence and be influenced by what happens in other sectors.

Given the distorted social system we had before 1980, it is not surprising that many of the old ways have been hard to change, or that those who work for change make mistakes. It is because real beneficial changes have been made in health that it is important to look honestly at any shortcomings in present policy, or its implications. The lessons we can learn from this are important for the transformation of our whole society.

Our main interview, with Comrade Evelyn Mutasa, who is responsible for directing the village health workers training programme for the Ministry of Health, outlines government aims in instituting this programme, and describes progress and difficulties in implementing it.

We follow this up with accounts from the viewpoint of the village health workers, and their trainers in the field. Then other health workers discuss other topics. Rene Loewenson a researcher at the University Medical School, describes the health situation of commercial farm workers, showing the great need these families have for a real transformation, not only in the medical field. Piers Cross follows this with an argument that good latrines and sanitation are the most important and cheapest ways of making great improvement in public health. David Sanders and Tony Waterston, writing as doctors working for transformation, show the need for radical changes in the whole health care system, and suggest how hospitals and highly trained medical workers should change their roles, and their way of working.

In this issue, we also introduce several more regular features. "Know Your Rights" which will keep us informed on our changing legal rights; "Third World", which discusses problems Zimbabwe shares with other developing countries; and an introduction to Marxist thought.

We have overcome the production difficulties that made the Journal appear irregularly, and hope that these regular columns will be able to help ongoing debate on these topics. They can do this better if more readers offer their own contributions to these columns, or your opinions in letters.

One reader showed how we need more of you to write your contributions to the debate. She thought she was complimenting us when she said the women's page in issue number 3 read like something out of an Australian feminist paper. That might be great for Australians among us, but suggests that Zimbabwean women might have a different slant on things. If so, we'd like to hear from you. Women of Zimbabwe, where are you?

Brian McGarry.
Issue Editor.

INTERVIEW:

Cde. Evelyn Mutasa

On the Village Health Workers Programme

Issue editor Brian McGarry spoke with Comrade Evelyn Mutasa who is with the Ministry of Health, and in charge of the Village Health Workers Programme.

Q. Comrade Mutasa, would you mind telling us how you understand the World Health Organisation's aim of "Health for all by the year 2000?"

A. This aim means that everybody in the world, not just in Zimbabwe, should have an acceptable standard of health. That means that everyone is doing everything possible to solve health problems in many ways. In Zimbabwe, we have adopted the concept of primary health care, meaning that everyone, in towns, on mines, on farms, or whatever, would have the basic health that is appropriate for their own needs.

Q. How do you see the village health worker's role in this?

A. We need to compare primary health care with what happened before independence. Then what facilities there were, were concentrated along the railway lines and main roads, with a few missions and clinics in the communal areas where people lived. So the village health worker has to be in those areas as a front-line worker in the chain of health delivery, so that everyone could reach them in their own village.

Q. What skills, attitudes, and knowledge do you think necessary in a VHW, and how do these relate to the problems they will have to deal with?

A. We want every man, woman, and child to have the necessary skills to lead a healthy life. We give the VHW a very simple training, only about two months in the training centre, in how to deliver the basic health and to solve the basic health problems in their own communities. Their main skill must be health education, teaching people to prevent diseases, and promote health, and to rehabilitate those who have been in hospital so that they don't have to return there.

Q. Have you any indication of what class the VHWs come from?

A. Do you mean educational level?

Q. Not only educational qualification, but social background, income level etc.

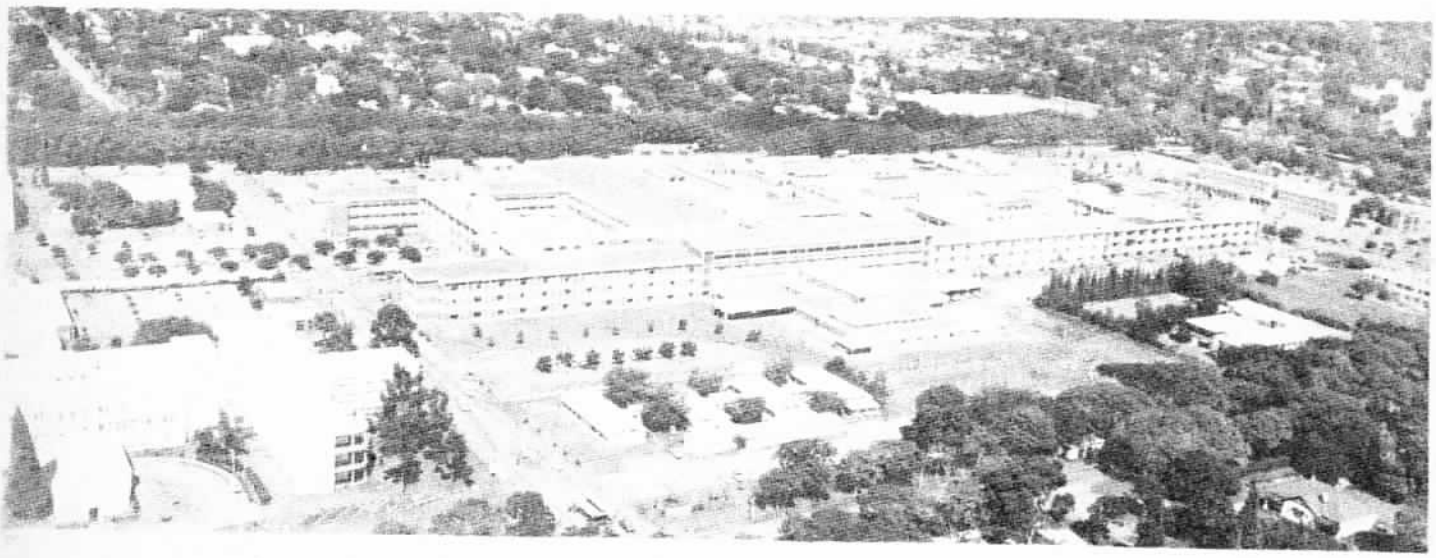
A. We don't want a high educational level, but some councillors get uptight about this, and we say, "No, we don't mind". We only demand that they be literate, they can write and keep basic information. We don't want those with more than primary education, as they need to identify with the people. Income is a problem. They only get $30 per month during training, and $33 after, and you can't live on that. It is more of an allowance, so that they can work part-time, and if necessary hire someone to do their ploughing and such like. Sometime they have to work longer than planned. Nobody checks on their hours, except the villagers.

Q. If they have done their educational job well, then you will find after a while that the VHWs come back saying they have new problems they want to learn about?

A. Yes, and no. We don't look at our VHWs as a first step on the medical career ladder.

Q. But if the basic problems change, because the people can now cope with the present basic problems, new problems will emerge and the VHW will have to learn to deal with these to continue in the same job?

A. Now we are talking about syllabus. After the two months basic training they go with their trainer for one month to identify some of the problems in their home area. Then the trainer returns to the centre. The medical assistants, etc, will be in a position to supervise the VHW on the job. After four to six months, they return to school for a sort of revision, and so on at intervals. We don't bring anything new into the revision, but the VHWs may do so according to their own experience. They may say, "In my



Before Independence a huge portion of the health budget was spent on the central hospital complex, now called Parirenyatwa Hospital. It was meant to be a referral centre for patients sent from all over the country. The new health programme aims at primary health care at the local level.

(Photo: Ministry of Information)

area we found A, B, and C, and we'd like to learn more about these problems". In some areas, for example, we had anthrax a little while ago, so this had to be included in the course. The same for typhoid, or other problems. So that in the six-monthly revisions, we help them to solve the problems they have met.

Q. Do they always work in their home areas and are they trained there?

A. Well, in each of the 55 districts of the country, we have training centres. Some are already being purpose built, with a classroom, a store room and dormitories for the VHWs when they stay for the course; most don't have kitchens or toilets yet. Some have still to be built, and in some cases we use a small hospital or clinic temporarily, until a centre is built. We do not use big district hospitals, because they could swallow up VHWs into their system and we want them to be separate.

Q. So you choose the centre in each district?

A. The provincial medical officer for health, and staff do. They consult the local councillors, and tell them what we want, a small hospital, right in a remote area, with some water, and within easy reach of the area it serves. Then we tell the councillors what we mean by primary health care, village health workers, and what their role as councillors is, and the role of the community, and we explain the whole programme.
When this has been done all around the country we start training. First we selected two trainers for each district, one medical assistant, and one health assistant, to complement each other. The health assistant's work is mainly environmental, and the medical assistant's is curative. They did a three month course. Meanwhile the council was selecting people for training as VHWs, from their own villages. There should be six per district, men or women, a mature person, preferably over 30 years of age and stable, meaning permanently resident in the area. People with their own family experience, with a couple of children, are better. For some younger people, going on the course would open up other possibilities outside the area, and take them away from this work. We try to discourage nursing mothers, and those who are expecting from taking the course but you can't stop that. When the council have selected the candidates, we offer to arrange their training.

Q. I think you said earlier that you don't want a VHW's job to be a step in the medical career structure?

A. That is right, and that is one reason why we don't give certificates, badges, uniforms, and such like. We emphasise that these things separate you from the people, and we don't want this to happen. We say, "You must be part and parcel of the villagers. They chose you because they know you, so you don't need badges to identify you". The Red Cross is different. They train outside their own areas, and may work somewhere else so they need badges. We meet a lot of people with Red Cross certificates wanting jobs on the strength of the certificate, but we tell our trainees that when they have finished the course, they are sure of a job, so they don't need certificates. We know they can promote health.

Q. Can we come to the question about VHWs working hours? I have met many who say because you are a health worker, you can't limit yourself to so many hours a day. When people need you, you can't refuse.

A. Yes, that is a problem that keeps coming up, because people don't realize the programme is not complete yet. We tell the VHWs themselves, the trainee and the councillors, "Your VHW is only part-time. She cannot do more than four hours a day, and may not work at all some days if she has her own work to do. She should not be called at night unless it is absolutely necessary. She is not prepared for that". Each VHW should serve about 50 to 200 families, that is 500 people or so, but at present, there may only be one in each ward, and everybody comes to them. This will change as we train more. We have only trained 1500 as yet, but we aim to train 12,000.

Q. What limits are there on your training programme now, and what constrains you?

A. Physically, we can't train 12,000 at once. To avoid spreading them thinly so that they are all overworked, it i suggested now that we should train the full number for some wards in each district, before we put any more in others. Another constraint is that we can't get the money to pay them. When the programme started local councils were meant to pay them, in money or in kind, but because of the war, many rural people don't have money, so the Ministry of Health is paying VHWs through the local council. Another problem is in getting their equipment. Each should get a bicycle, a bag to carry medicines in, and stock of common medicines; asperin, a cough mixture, and medicine for malaria, for scabies, for cuts and eye ointment. They don't really have medicines because their main job is healt education, not treating people.

Masvingo has been more successful than Mashonaland. I think because they haven't been able to disseminate information as quickly in Mashonaland. Basically, the VHWs, and the people themselves are becoming aware that the VHW is not a nurse, but what she's there for is to give education. People may come and say "My child is ill, can you give her some medicine?" yet the health worker has no medicine. What you have is a case that probably should go to hospital. She can give the letter referring the child to hospital, because she is the first to contact the patient and if she can't manage she refers to the next stage of treatment.

Q. How does the village health worker differ from the health assistant?

A. The health assistant is basically a more educated person They usually have some O, and even A levels, although there are some with only JC but long experience. Theirs is a technical job. They do the constructing, showing where to put toilets, wells and rubbish pits. Now if the VHW is good, what she does is to motivate the community to make them want to build toilets, wells, and so on. She visits the homes, she must do this to assess the situation on the spot, and she can say, "Where is your rubbish pit? Can I see your toilet?" and so on. She is able to teach them on the spot, whereas the health assistant is more of a technical man. He waits to do what the VHW says because the VHW has motivated the people to want a toilet, a well etc. She calls the health assistant, who sites the toilets, or wells, and may show people how to build them. He has the technical skill. Before, the health assistants were too few to have much impact, but now VHWs can show the effect in their villages, 20 toilets here, 40 toilets there, two or three wells. These needs are identified by the VHW, and pressed on to the health assistant. In Seke everything is going very well like this.

Q. Are there other ways in which the health service is being restructured to fit the primary health care programme?

A. Well, I suppose so, because there is now a department of rural health in the Ministry, with one of the four secretaries responsible for it. The other three are for planning, psychiatric health, and for medical services. All we are doing is ensuring that health is delivered in the rural area. We work through the provincial medical officer of health, whose main function is preventative medicine. Now that it is being restructured, he is to be king-pin, whereas before it was the medical workers in the hospital who were most important. Now the PMOH is going to be the person to decide what health facilities are needed in his province. He works in a team of five, he is leader of the team, and works with a provincial nursing officer, a provincial administrator, a provincial inspector, and a provincial pharmacist. Together they can call on others to help, and are in charge of the health activities in the province. At the provincial level, you have the general hospitals which shall now be called provincial hospitals, then below those the 55 district hospitals. That is the new structure, and the provincial administrative structure is repeated in the districts, each with its committee of five around the district medical officer. Under each district council, you have 14 to 16 health centres. The aim is that no person should have to travel more than 10km to get to the nearest health centre.

Q. So this is largely an administrative restructuring, designed to separate the administration from the district hospital and therefore put the hospital in a better context.

A. Yes, so that for a person to get to the district hospital it would mean that the VHW had seen him or her, and referred her to the health centre. The health centre would do what they could, and if necessary refer her to the district hospital. Then the district, if they feel it is not within their scope, can send her to the provincial hospital, before finally they would be sent to one of the four central hospitals.

Q. So now, seeing how the VHW fits in the system, who would you say employs her?

A. Really the VHW works for the community. They don't work for us, or for the local government, although we all have a say.

Q. But who pays the salary?

A. We give the money to the local council and they administer it to the local health worker. They are the oneswho say, "Here is your money". We take an interest because we must account for it, but neither we nor the district council are responsible for that money in the long run. It is the community, because we hope that the VHW will be paid by the community, very much like the traditional healer.

Q. There has been some difficulty fitting in one scheme in Masvingo where they had enough VHWs in a scheme that was entirely voluntary at the start, and therefore there were far more VHWs than you could support as yet, but now it seems that many of those have lost heart because some of them are being paid, and the rest don't see why they should work without pay.

A. Well no. We visited Bondolfi Mission, where these were trained. At the time they had trained 236, but some had dropped out so that there were a hundred and something still working. Now they wanted us to take on all these VHWs into our programme, and pay them, recognise them, give them medicine kits, and everything. But you can see we couldn't do that with so many from a very small area. They would almost be as many as we had from the whole province. We said that we'd ask the provincial authorities whether they would consider taking these VHWs as their whole quota for the province , but of course they said they could not do that. So we suggested that the villagers could, if they agreed, send some workers for training to us and then they would get paid. So we trained ten whom they selected and now we pay them.

The village health worker programme will help to decentralise health care services. Its aim is to have each person not more than 10km away from a health centre. This will also help eliminate the crowds gathering at central hospitals.

(Photo-Ministry of Information)

Q. And only these ten so far?

A. Yes.

Q. Do you think the local communities will ever be able to pay their VHWs ? All the VHWs I spoke to in different areas are doubtful about what will happen when outside money stops coming in?

A. Is it coming in from outside?

Q. In one area they said it was coming from UNICEF.

A. That is a misunderstanding. UNICEF paid for the first two months and for the bicycles and medicine bags. We provide the medicines and salaries. They are supposed to pay $3 a month until they have bought their bicycles.

Q. But central government money is meant to stop eventually?

A. Yes, and then it will be the districts responsibility. We have had difficulty explaining to the councils that they can't take on more VHWs now than they can themselves pay eventually. We have a similar problem for resettlement areas, and commercial farm areas. We can train them, but the farmers might not support them, if we can't agree with them first.

Q. So you believe the communities will be able to support the programme?

A. They must, if it is not to fail. Who is going to have 12,000 times $30 to pay from one budget? When spending cuts come it will be impossible.

Q. Have you any other comments on the strengths and weaknesses of the programme?

A Well, some people leave because they are not satisfied. There is some nepotism, councillors choose their wives, and friends, but these say, "I can make more than $30 a month selling boxes of tomatoes, so I'm resigning". We are not present when they are chosen, and it will take time to see that they root out nepotism. Then some husbands are not happy because the work takes up so much of their wives time. It is mostly women who are VHW; you can't support a family on $30 a month. So we don't get the best women or men.

Also there is administrative competition. Women's Affairs think that sincemost VHWs are women, they should be under them, but we have the expertise, and they don't. Other ministries have their interests too.

On the other hand, the impact of having VHWs is very great. People are proud of them and where the selection has been democratic, everyone has something to say about "our health worker", but where there is nepotism, then you have problems.

Q. Comrade Mutasa, thank you very much for giving so much of your time to explain your work. ■

MASVINGO HEALTH WORKERS SPEAK

Sr. Margaret Nhariwa comments on the beginnings of the training programme at Bondolfi Mission, and village health workers talk about the current situation.

In the course of our recent liberation struggle, deprivation of many everyday facilities, especially in health, awakened our people to the need to change the structure that existed and ruled their lives from outside. There was found a great need for self reliance, even in the field of health. These people were, and still are, determined to create a self reliant and healthy community for themselves.

During the cease-fire in 1980, Bondolfi was approached by local party leaders, ZANU-PF District Committee, and asked to take on the training of popularly-elected health workers on "nutrition, child care, hygiene, sanitation, and a little home treatment" to quote their words. The sister responsible had to submit a syllabus to this committee for approval before training anyone. That was done. The area in question is south of Masvingo, covering four chiefs: Chiefs Shumba, Mugabe , Charumbira, and Mapanzura with an African Purchase area Mushawasha East and West.

The area was well organised into one political district with 28 branches. Each branch had a committee of 16 people who were popularly elected. Of these sixteen, two were responsible for community health matters. It was for these 56 branch health leaders, that training commenced in May 1980, just after independence.

The course that lasted six months was in theory, with a lot of practical work in the prevention of disease spread, and promotion of good health, with also mother child care, baby care and first aid. The practical work was done in the leaders' respective homes. This was done after sitting down with community members and planning together. They would together decide from her lessons, what would be the best plan of action to meet a certain end, e.g. in prevention of diseases spread by water, the health worker would talk first of these diseases, their pathology and their harmful effects. The community might plan a strategy of building toilets or protecting wells, and even organize other health lessons from the leader as preventative measures.

The projects decided upon would be supervised by the health leader. Every month besides a refresher course, there would be reports from every leader on work achieved, and at the same time sharing new ideas and discussing problems among the health leaders themselves. These leaders had responsibility of not only giving health education, but also going round to see if the villagers kept up the hygiene practices they learned.

The Village Health Worker is the first link on a chain of primary health services aimed at reaching the people at their homes. Her job is to mobilize people to improve health by improving their living conditions.

(Photo Ministry of Information)

This then proved a lot of work for two people on the branch, who are voluntary workers, have families to look after, and long distances to cover. The community demands were growing. Then people decided to have a VHW (village health worker) for one to three villages, depending on the size of the area. Now we have six to ten VHWs on every branch, with two leaders depending again on size. These also received six month training, but they got a lot of supervision, and some of the lessons from their leaders. 293 VHWs were trained, 35 of these are in other districts. Some have been disqualified by their communities, so now 135 are still very active.

The achievements in this area have been multifactoral and positive. The already mobilized community has been strengthened to work together for common good. Most homes in the area now have toilets built. The new Zimbabwe privy, which we have asked the health assistants to demonstrate to the people, is now being built. Wells are being dug, and some protected. These VHWs help at baby clinics. They organise the feeding of under-nourished children in the area. They have now organised for a field in every branch to have cash crops grown, and at the same time beans grown for their under-nourished children.

These people now believe that health is not just a matter of being ill and getting treatment, but also that it is the full well-being of the person, physically, mentally

and socially. From this project has sprung up a development committee organized by people themselves. Its aim is to co-ordinate the work done by VHWs in different areas, and organise other development projects that are not directly involved with health. They hope to build a community centre that will be used to train people in different skills locally. They hope at the end of it all, to create jobs locally and thus generate money into the community.

The people of Masvingo have a vision and a hope, and also a very strong will. What they need is support from outside, and some directives.

The formation of the Development Committee has strengthened the health projects, and intensified these projects making the people more determined than ever.

It has been a great experience for me to work in this strong willed and well organised group of community oriented people. ■

January 1982.

This account was brought up to date in an interview with an organiserof the VHWs programme, and several VHWs in February 1983.

Q. *I believe that a Government Health Workers Scheme was started in your area during the last year. Could you please tell me about it?*

A. Yes, VHWs were selected at public meetings, just as ours had been, and then they were taken to a three month training course at either Morgenster Hospital, or Muchibwa Clinic before they were recognised by Government and paid by them.

Q. *Was the training different from yours?*

A. The syllabus was very similar, although ours was drawn up by the trainers, and theirs was given to them by the PMOH. Their course was different ; they spent three months in the training centre, whereas we spent most of our six months training doing practical tasks in our villages, with only short visits of a few days at a time to the training centre.

Q. *So the Government scheme came into your area when your scheme was already working? Did this mean that they trained more VHWs?*

A. No, their training centres serve a larger area than ours, so outside our area they selected new people. In our area they trained ten, and all of them had already done our VHW training course.

Q. *And how many VHWs who trained at your centre are working now?*

A. 88, including the ten recognized as part of the Government scheme.

Q. *Do the VHWs trained under the two schemes do the same work, or different?*

A. We all dc the same kind of work, teaching people to build toilets, and cover wells, treating common illnesses, and teaching people how to do this for themselves, and reporting numbers of malnourished children so that they can be given help.

(organiser) Each of the government VHWs has to serve far more people than ours do. We aimed to provide a VHW for every 300 to 400 adults, but in fact, ours have to serve up to 700 families. One of the government health workers near here has to serve 11,000 families.

Q. *You say that 88 Health Workers who trained under your scheme are still working, but didn't you train many more than that?*

A. Yes about three hundred trained at our centre in all.

Q. *Why have so many stopped working?*

A. Some were seeking to get paid from the very start, and since their neighbours, who they were to serve, could not pay them a salary, they soon stopped. The scheme came from the people, with no money from outside. But then, when the government scheme started, and some were paid 36 dollars a month, others stopped working because they were not being paid.

Q. *Do you think the government would be able to pay you all?*

A. (VHW 1) Why not? The women's club trainees are all paid.

(organiser) I don't believe the government has the money to pay as many VHWs as we have here.

Q. *So what do you see for the future? Will more village health workers drop out if they are not paid? What do you, as unpaid VHWs think about all this?*

A. (VHW1) I am not happy, and I would rather stop doing this work, but people need me. When they ask for help I cannot refuse.

(VHW2) We would like to be paid, and so we are not really happy, but we do feel that we are doing something useful to serve the people, and improve their lives. Look at all the toilets we have built and the wells we have covered. You can see that children are healthier because of these things.

Q. *Your branches had formed Development Committees. Can you tell me what progress these have made?*

A. We had planned to have in each area a common field where maize and nutritious foods, like groundnuts and beans, could be grown to feed our less well nourished children, but the drought has prevented us from growing anything.

Q. *Well, I hope that you are able to overcome your difficulties and to be able to continue with your programme. Your dedication is an example to all of us.* ■

PEOPLE'S HEALTH WITHOUT PEOPLE'S HEALTH WORKERS

David Werner is one of the leaders, internationally, of the movement for primary health care through village health workers. He comments on the reports received from many countries that the VHW programmes have failed. His answer is that in most cases, the idea has not really been tried.

In some countries VHW programmmes cannot start because the government will not allow people to control their own lives. In many other countries, planners, administrators, and other bureaucrats insist that they keep control. They must know what is best for the people, and most convenient for themselves, but these two are not the same. It may be that health services are provided to cure diseases caused by bad working conditions, instead of changing those conditions, or malnutrition may be treated when it appears, instead of recognising that people are malnourished because they cannot grow enough food, and that land reform would solve the problem.

Sometimes VHWs are government employees. This puts them above the rest of the people, and so they become ineffective. So in all these cases, people lose confidence in the system, and when that happens, no free system can work.

Health and Farm Workers

by Rene Loewenson of the University of Zimbabwe Medical School

Zimbabwe is often said to be the "granary of Africa", being in the rare position of producing more than its per capita food requirements. The commercial farming sector has been encouraged because of its role in producing this surplus for export. Yet the 20% of the Zimbabwean population living on these farms are amongst the most malnourished in Zimbabwe, and the social conditions on some farms are "below an acceptable standard of human dignity", according to the Riddell Report (see *Social Change* Issue 2).

Health refers not only to the physical well-being, but to the social and mental well-being as well, and these are dependent on the political and economic state of the community. Poor nutrition for example, is not only a result of poverty, but also weakens a community. It thereby renders the people prone to infectious diseases arising out of the poor environment, and the community has even less chance of improving its socio-economic status. This results in a downward spiral of increasingly poor health.

In a survey of commercial farms in several districts in different provinces; 46% of children under the age of five were found to suffer from chronic malnutrition in Matabeleland, while the proportion was 65% in Mashonaland Central, and 66% in Mashonaland West.

A 1981 survey in Mashonaland Central showed that farmworker communities were living in overcrowded housing in fenced compounds. Sewage disposal was in the bush or in crowded pit latrines, and the water supply came from communal taps or rivers in 67% of the cases or more.

This type of living environment exposes the people to infections, diarrhoeal disease, and other water-borne diseases. Only 17% of children were found to be immunised, and 75% of families had NEVER been to a hospital or clinic. Not even curative care was accessible since clinics were too far away.

Schools Inadequate

Malnutrition has been shown to retard brain development in a child's early years. The child's further development is further restricted by the scarcity of schools in commercial farming areas. Only 40% of school-age children went to school, and these mostly to unregistered farm schools. As Cde. Mutumbuka said in the third issue of the *Journal of Social Change and Development* farm worker children's education, "perhaps shows the immorality of colonialism at its peak, because there were people who were sending their children to some of the best schools in the world, and they do not make an effort to even provide education for the children of their workers..."

The insecurity of the education, where the school can be closed down to make the building available for other purposes, or to provide more labour at certain times of the year, and the inadequacy of many of the schools, which prevents their being registered with the Ministry of Education, or staffed by it, all mean that farmworker children have little opportunity to enter any other field of employment. They thus form a labour pool that is totally at the disposal of the farmer.

Diet on the farms was found to be poor; sadza and vegetables twice daily, rarely supplemented by more high-energy foods, such as oils and beans. 26% of farmworkers never eat meat, and a further 54% do not get it as often as once a week. The average income of this group in 1982 was approximately fifty dollars below what is needed to satisfy minimum subsistence needs, and shortage of time and water meant that only 43% of families grew food on their own plots. These communities cannot be expected to get adequate food supplies from expensive rural dealers, and from farm stores.

Although many farmworkers find health services inaccessible, most of the admissions at district hospitals in areas that include commercial farms come from these farms. For example, at one district hospital in Mashonaland Central, in January 1982, 55% of child admissions were from commercial farms, 20% from mines, and 25% from communal or urban areas. 70% of these admissions were due to malnutrition, diarrhoeal diseases, and respiratory tract infections all of which can be prevented by decent living conditions. The health services are involved in providing expensive cures for diseases caused by poverty and lack of basic necessities.

Zimbabwe's Landless Class

A further investigation into the lack of basic needs shows some of the possible causes. Commercial farmworkers from scattered communities are often of Malawian or Mozambican origin, although many have Zimbabwean wives. They make up a special landless class, dependent in a "feudalistic" type of system on the benevolence of the farmer. Historically, they have arrived at a position where they lack any political representation, either in the rural councils which are elected by the farmers, or in terms of an effective union. At central government level, therefore, they form a voiceless fifth of the Zimbabwean population. Not surprisingly, the rural poor in commercial farming areas have been largely by-passed in current government development planning.

There is no legislation guaranteeing the right of farmworkers to a reasonable living environment, as exists on the mines for example. The basic right to safe water supplies, and sanitation, is therefore not enforceable in the community. The right to reasonable working conditions is also essential to good health. Legislation on working conditions drafted before independence has so far only been superficially amended for farmworkers. The employment of many people as contract workers throughout the year deprives these workers, often women, of the right to a minimum wage.

The statutory labour legislation is not clear, for example; the farmer is allowed to make up overtime by time off at a later date within an unspecified period. This means that the employer can completely avoid paying overtime. This sort of legislation means that often the issues lead to dispute, where the party with the strongest legal representation wins. The farm workers have no chance against the expertise of the Agricultural Labour Bureau and the Commercial Farmers Union.

Moves to increase the power of collective bargaining, such as the formation of a group representing the interests of all workers' committees in an area, are regarded by farmers as threatening the security of commercial farming, rather than as likely to improve relations between employers and their workers.

In such a situation of absence of basic political, social, and environmental needs, it is not surprising that health of the farmworkers is poor. The feudalistic relationship between employers and workers implies that while some farmers have tried to improve facilities, these "benevolent" farmers are both scarce, and have little impact in a general context where basic needs are not the enforceable rights of the communities. In the words of the Riddell Report, "It is clear that fundamental changes are necessary to improve the pay, working conditions, and living conditions on commercial farms." Health is an indicator and an effect of the pattern of political and economic development of the people, and fundamental changes are required in local government, land tenure, labour relations, and legal rights if the health of farmworker communities is to improve. ■

Latrines and Liberation

BY PIERS CROSS

Sanitation development, that is to say, the provision of a safe means of disposing of human wastes, has frequently become a priority for socialist policy in developing countries. For example, mass environmental sanitation programmes soon followed the revolution in China; Vietman developed a national campaign against "faecal peril", and in Mozambique, latrine construction was one of the first public health measures started in the communal villages. Sanitation has also been identified as a development priority in independent Zimbabwe. Let's examine the importance of sanitation for public health, and development, and also consider aspects of sanitation development in Zimbabwe.

Sanitation and Disease

A very large portion of illness in the world is related in some way to human excreta. Excreta contain disease-causing agents, which travel from anus to mouth by any one of a number of routes, and allow minute particles of infectious excreta to be taken in by humans.

The major excreta-related diseases include intestinal infections, hookworm, roundworms, tapeworms, and other varieties of parasites which differ between different regions. Diarrhoeal diseases, including typhoid, cholera, salmonellosis, and amoebic dysentary, along with other diseases, such as schistosomiasis (bilharzia), infectious hepatitis, trachoma, and leptropirosis, are also carried in faecal waste.

The relationship between sanitation facilities and the reduction of these diseases is complex and ill-understood. Most people feel that better health cannot be achieved without improving sanitation, but that better sanitation alone is not enough. Sanitation improvements can have a great impact upon public health, and should be an essential part of health policy, along with water supplies, and health education. Poor countries must always choose priorities in allocating limited money resources. The main public health measures which compete with sanitation are water supply, and immunisation programmes.

Improving water supplies has been traditionally the main focus in improving public health. A minimum supply of water is essential for hygiene and human consumption. Yet the importance of water in public health and development is probably over-emphasised. Several studies have shown that the supply of clean water alone will bring few public health benefits.

The development of a water supply differs greatly from the development of proper sanitation facilities. Water development is generally more expensive, requires more outside experts, in many cases needs equipment which is imported, and requires more maintenance Sanitation on the other hand, can be improved very cheaply, requires little outside technology, and may be more easily turned into long term self-sufficient development. In spite of the fact that sanitation is an easier goal to achieve than sufficient water supply, it is often not a priority in development.

Vaccination programmes also compete with sanitation for funds which are available to control infectious disease. While mass vaccinations, as in the case of typhoid, can produce great benefits, the improvement of sanitation brings longer term benefits and also helps to control a wide range of other diseases.

Sanitation is also a development activity which can be done by the people themselves, through local organisations.

Sanitation Technology

Sanitation technology has long been controlled by engineers. Until recently, waste disposal practices in the developing countries were designed to follow the practices in developed countries, where water-borne sewage systems have been the means of waste disposal. The use of water-borne sewage system in developing countries has been disastrous. Imported systems do not suit the needs of developing communities for several reasons. First of all they are too expensive. Also the populations requiring sanitation are much larger or more scattered than those which faced European engineers when the water-borne sewage system was developed. In addition the "high technology" of such systems needs a well developed infrastructure, skills for maintaining it, along with the financial resources to keep it running. A good example of the way in which traditional western engineering practices did not suit the situations of the third world is Calcutta, India. By the mid 1960s one could see that the system was not working because the sewers were continually blocked, leaking, and overflowing. Most of the money available for public health services was spent on facilities which provided a poor service for only a small part of the city's population.

The Ministry of Health in Zimbabwe has been very progresive in the use of more appropriate technology in the form of the Blair Ventilated Privy. This is a low-cost sanitation technology which is based on the improvement of the traditional pit toilet. It is appropriate because it is socially and culturally acceptable, and technically sound. The design can be adapted to many situations, requires little maintenance, and is simple to understand.

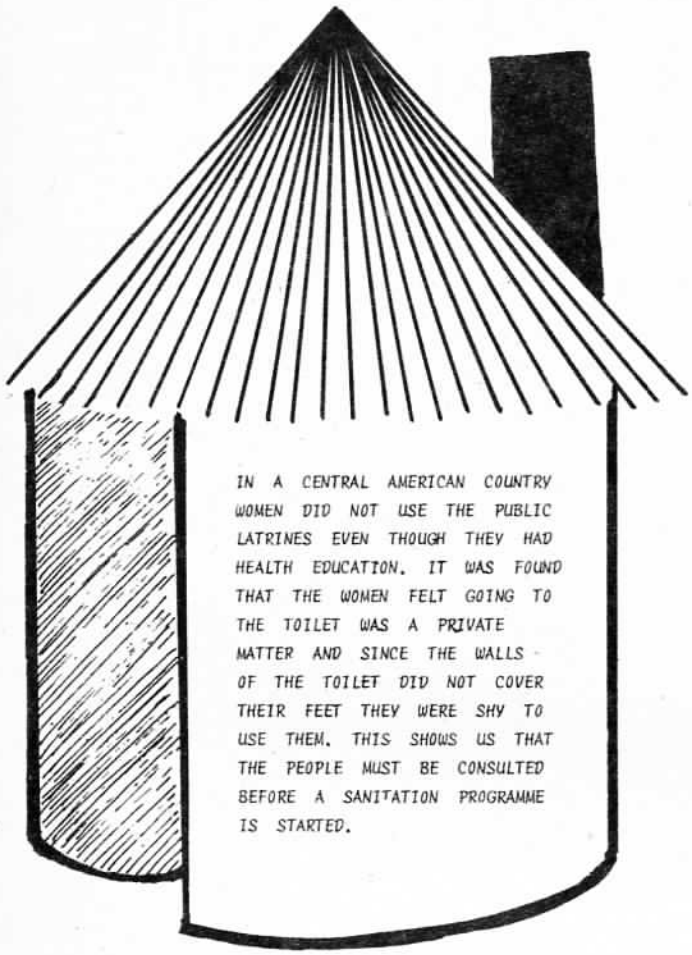
Most important is the fact that the technology does not require outside support, and so does not make the community dependent. Many local people have mastered the skills involved and the principle of the design, so that they are adapting this toilet to their own situation without international or central government support.

The relationship between sanitation and health goes much deeper than the transmission of diseases. Inadequate sanitation is part of a web of poverty, malnutrition, dependency, and lack of access to knowledge. Sanitation facilities are a remarkably reliable indicator of social development. It is one of the key resources whose facilities distinguish the urban elite from the peri-urban, urban from rural, and rich from poor.

For example, in a society such as South Africa, which is characterized by highly unequal development, the urban white elite population is almost entirely connected to an efficient and expensive water-borne sewage system. At the same time, the urban and peri-urban black populations are served by unsatisfactory and unhygenic sanitation services, such as bucket and cartage. In rural areas, the situation is even worse. The white farmer and the rural elite have septic tanks and suitable systems, while their labourers, and the great majority of the rural population, have foul-smelling and unhygenic pit latrines, or no sanitation at all.

The consequences in terms of diseases are predictable. In one urban area for example, 99% of the black children had some type of parasite, compared with only 6% of white children in the same age group. In rural areas of Natal and the Transval , cholera is a regular cause of suffering and death for the black population, while it is virtually unheard of among whites. Moreover, blacks are denied the

right to improve the situation even through parliamentary representation. Local action is regarded as a threat to the white establishment and ruthlessly suppressed.



Sanitation and Community Involvement

Different sanitation programmes have had different degrees of community involvement. Programmes which are centrally planned, and carried out by a central organisation, where the programme is imposed upon the community,always fail. Human excreta disposal is universally a private matter, but the attitudes towards it differ with the culture. Systems which do not regard the opinion and traditions of the local people do not work. Although many proposals are written in the language of community participation, in reality they do not bring local people into the decision-making process.

Other community based projects fail because of the lack of outside administrative or educational support. Community involvement is no substitute for good administration. The attempt to engage genuine involvement is likely to involve more, rather than less, administrative support by outside agencies, although the nature of the support may be quite different to that of a programme which is handed down directly from the top. Involving a community in its own sanitation programme may have great importance on the attitudes and self confidence of the community, as well as in improving the sanitation and health situation.

Sanitation Development in Zimbabwe

Despite the advance of the technical development of sanitation in Zimbabwe, the facilities actually used remain at a relatively low level. The reason for this is primarily the neglect of preventative health care, or primary health care and of facilities for the poor before independence.

The present government of Zimbabwe is committed to change this imbalance, and has made considerable efforts to improve rural and urban facilities. The centre point of rural sanitation development is a pilot project which has recently been started in the Mhondoro Communal Area. The project is field-testing several innovations in water supply and sanitation technology. The project is in its infancy, and it remains to be seen to what extent the programme will be run as a centrally planned administrative exercise, or whether it will go out and involve the local people.

Everybody from the householder to the district committee must be involved if the project is to succeed in both liberating the rural population from the diseases related to excreta, and in involving and helping the community to take control of their own development. Ill-health is only one aspect of rural poverty, and sanitation programmes need to be planned in the broader context of social transformation. ■

Skimming the Skills off the poor

Based on an article by Marit Kronberg

Since 1970 a type of village health worker, the Family Welfare Educator (FWE) has been trained in Botswana. The idea was for them to come from the poorer families, who could then be compensated for he loss of earning power. But the problem was now to pay them. As daily paid casual workers, they would have no guarantee of permanent employment, no rights to holiday or sick leave, no increments for experience, and, at the end of their working life they would retire without any pension. In all these respects, they would be no different from the majority of the rural population. The other option was to put them on the lowest rung of local government services, which gave them the times, the salary, and the many otner privileges. This second choice was made. Over the years the differentiation in rural incomes has increased, and FWEs are comparatively well paid today, so that they identify with the bureaucratic class, not with the rural poor. There is also considerable competition to be selected for training as FWEs, usually won by the better educated daughters and nieces of the rich families.

The government does not appear to see any conflict of interests between the rural poor, and the bureaucracy, and is using the FWEs to popularize the new tribal grazing land policy which will worsen the gross inequality in rural incomes. More and more FWEs are now saying that the poor are extremely "difficult to understand", as well as uncooperative , and "lazy".

The FWE has been lifted out of her background of poverty, and coopted into the bureaucratic structure. She has lost her ability to identify with the people she is meant to serve, and therefore, her effectiveness as a vehicle for change. The FWEs who have retained their original identity are finding it difficult. The result of the FWE status promotion has been to take the political element out of rural health care, the cost being a decrease in its effectiveness. ■

MEDICAL INSTITUTIONS IN PRIMARY HEALTH CARE

By Dr. David Sanders and Dr. Tony Waterston of the University of Zimbabwe Medical School.

Primary health care means comprehensive health care, that is promotive, preventative, curative, and rehabilitative care, provided for everybody with their full participation. Usually doctors and hospitals are not regarded as part of primary health care, but their help is necessary if primary health care is to be effective.

Zimbabwe has embarked on a national programme of primary health care to overcome the diseases which are most common among the poorer groups in the country. Doctors and other highly trained medical personnel must change their ways of working if they are really to help this programme.

To see what this means in practice, we must know what diseases are most prevalent in Zimbabwe today.

As in most of the underdeveloped countries, complete information has not been collected on how many people suffer from different diseases, or how badly they are affected by them. We do know, however, that nearly half the people who die in Zimbabwe each year are less than five years old, and we have records of the commonest causes of death.

Infants born in town stand a better chance of living through childhood than do rural infants. Of every 1000 babies born in Mufakose high density suburb, 21 will die before they are one year old, but in remote Binga district, the infant mortality rate is 300 for every one thousand babies born.

The main causes of death among young children can be classified as malnutrition or communicable diseases, that is diseases passed on by some type of germ. The main communicable diseases are malaria, measles, pneumonia, diarrhoea and trachoma. Malnutrition makes people more likely to catch communicable diseases, and these diseases make the ill effects of malnutrition even worse. Young children are naturally harmed more than adults by malnutrition, and they are also more likely than adults to catch infectious diseases.

The poorer majority of our population, which includes man people in towns, as well as the 80% who live in rural areas, are more likely to be malnourished because they cannot get enough food or the right kind of food. They are also more likely to live where infection is common. Communicable diseases are mainly spread through the air by sneezing, coughing, or through infected water, or by food or utensils that become contaminated because there is not enough clean water to wash them.

These problems did not end with independence. Surveys since independence show that there are many undernourished children in communal areas, in commercial farming areas, and in towns. On average, 30% of the children under five in the whole country are severely undernourished, but in some places the proportion reached 80%.

Although people in the communal areas are often said to be "subsistence farmers", less and less of them are able to subsist or agriculture alone. Because 68% of the population has been crowded into the poorer half of the land, this land has been over used, and produces less food every year per person who is living on it. Before 1960 the communal areas probably did produce the 175kg of maize per person per year that was needed to feed their people, but in 1977, they produced only 105 kg per person. Most communal lands are in malarial areas. Water is often scarce, rarely clean, and many people have to go so far to collect it that they use as little as they can. When people crowd together indoors in cold weather, they easily pass on airborne diseases.

20% of the population live in commercial farming areas, and they are even worse off. Most employers pay no more than the minimum wage of 63 dollars to 82 dollars a month, and this is barely enough to maintain reasonable health. Farmworkers' housing is usually too small, and difficult to keep clean. Few farm workers get enough clean water, or have safe latrines.

Mineworkers and the poorer urban workers, especially domestic workers, are not much better off.

Land Reform Needed

Even better nutrition alone would make a great difference to the nation's health, but it cannot be achieved by nutritionalists alone. It is no good knowing what are the best foods to eat if you cannot afford to buy them. Radical land reform is still needed as well as redistribution of other agricultural facilities such as irrigation, machinery, and fertilizers, in order to give as many people as possible enough to produce their own food. Since weather conditions, such as this year's drought, can mean that some people, even with enough

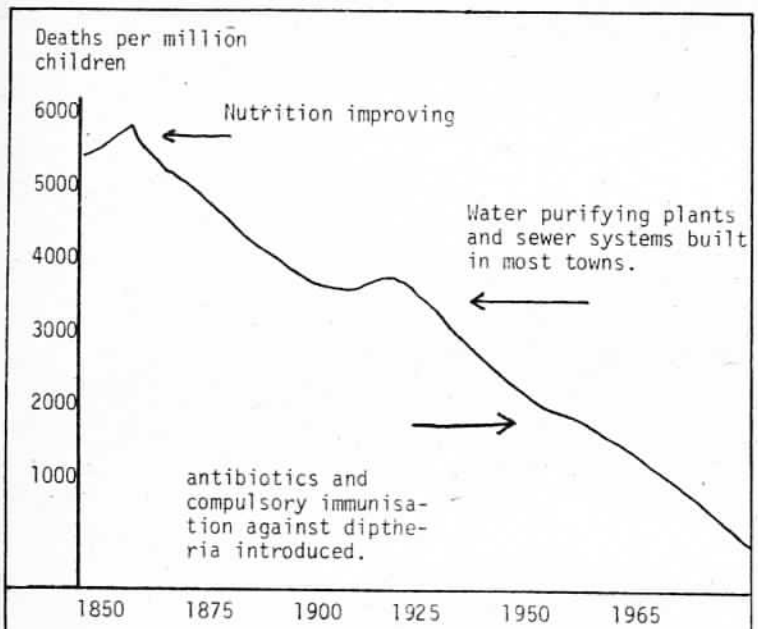
Traditional Healers set an example to modern medical professionals because they are an integrated part of the community

(Photo: By Ministry of Information)

land will not always grow enough food, the distribution of food needs to be properly organised. China has overcome under-nutrition in the 30 years since the revolution.

In China, dedicated health workers teaching and organising the people have helped them to control disease-carrying pests, such as the snail which causes bilharzia, and to reduce disease by improving hygiene.

In fact, the pattern of disease that we have in Zimbabwe is typical of any country where wealth is very unevenly shared, and not only of tropical countries. In England and Wales, all the diseases which are common in Zimbabwe today were rife in about 1850, even malaria. It was not any improvement in methods of medical treatment that eliminated these diseases, but improvements in nutrition and hygiene, that is to say, better living conditions for the poorer sections of the population. The graph shows how these measures brought the child death rate down to a fraction of what it had been in the 1840s, even before antibiotics and compulsory vaccinations were introduced in the 1940s.



Deaths of children under 15 from scarlet fever, diptheria, whooping cough & measles, in England and Wales.

This change in the health of the English people followed on the agricultural and industrial revolutions and the colonial exploitation of India, Africa, and South America, which brought vast wealth into England. At first, this wealth only enriched a small section of the population. But as a fully developed capitalist system emerged, the masses of workers who had been forced to leave their land or their cottage industries began to protest against the harsh conditions under which they lived and worked. This protest led to repression, but eventually also to reform. Public Health Acts and Factory Acts, and other legislation was passed by parliament, so that as a result of class struggle, health conditions of the workers improved.

Capitalism No Answer

Social changes are needed if the health of the people of Zimbabwe is to improve, but it cannot be the same kind of change that occurred in Britain in the nineteenth century. The countries which have tried to develop along the capitalist path in this century have all failed, and they failed because capitalism itself has changed. We are now in the stage of monopoly capitalism, where most of the world's resources are controlled by a small number of multinational corporations, such as Anglo American, Lonrho, RTZ and Shell. These corporations will not allow new centres of capitalist development independent of themselves to grow, but small groups in most countries can gain by serving the purpose of the monopoly capitalism. And so, the rich get richer, while the poor get poorer.

More than 60% of the total capital invested in Zimbabwe is foreign capital. Mining and agriculture especially are dominated by multinational corporations. If this situation is not changed, the health of our people cannot improve in the long term. There have been no great improvements in health in those countries which have remained under the domination of the capitalist world system since they gained political independence. In some cases, such as Brazil and some Central American countries, the health situation has actually become worse.

By contrast, China and Cuba have both greatly improved the health of their populations since they adopted a socialist system. A baby born today in China can expect, on the average to live about 70 years, like babies born in the developed countries. This contrasts with poorer countries, and with China itself 40 years ago. This example is important to us because China was, like Zimbabwe, a poor country and mainly agricultural.

The health services that developed in Rhodesia, and persist in Zimbabwe today mainly favour an urban elite. Health services are provided by:

(1) Central government - The Ministry of Health

(2) Voluntary associations - Mainly Christian Missions.

(3) Local authority - Urban and rural councils.

(4) Industrial Employers.

(5) Private Doctors.

The first two put most money into health services, and a very large part of this money went to hospitals and clinics. Before independence only 10% of the government health budget was spent on preventative measures, such as improved sanitation or eradicating pests, the rest went to hospitals and clinics, and 30% went to the then Andrew Fleming Hospital in Harare. It was claimed that one good hospital was needed, where patients could be referred for special treatment from all over the country, but, as in most countries, most patients visiting such hospitals live in nearby urban districts

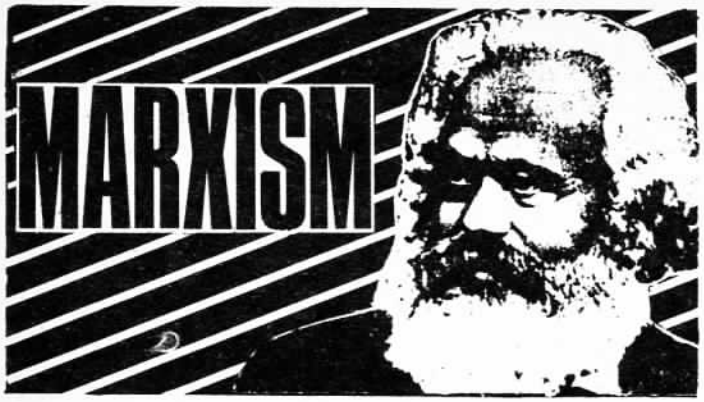
Doctors, nurses, and even health assistants are concentrated in the towns, and the lower level health workers in rural areas still stay tied to their clinic, prefer curing the disease to prevention, and look down on the rural people.

Changes Needed

Some changes have already been made; resettlement, setting up of growth points, minimum wage legislation, and workers' participation. These should improve living standards, although the rising cost of living makes this more difficult.

Those who earn less than 150 dollars per month can get free health care. Health policy now emphasises rural primary health care, building rural health centres, immunization and nutrition programmes, and training village health workers.

Much more could change if hospitals checked on the general state of health and home background of patients instead of, as they often do, only giving medicine to treat one symptom. Malnutrition might be stopped in its early stages. Mothers could be taught how best to feed their children and to treat diarrhoea, thus preventing many infant deaths. Perhaps even incurable patients could be found suitable places to spend their last days. *continued on page 21*



The Historical Basis

In Britain a man recently wrote 2000 job applications without receiving one offer. In despair he committed suicide. His fate was bound up with the 500 million estimated to be unemployed in the third world, as much as with the 35 million unemployed in the advanced capitalist countries.

As the world capitalist economy flounders in the worst crisis since the depression of the 1930s', more and more people are turning towards Marxism for an understanding of the crisis and for solutions to their social problems. In Zimbabwe where Marxist literature was once banned, and until recently generally not available, the search for answers is all the more urgent.

The Struggle of Ideas

All struggles in society have always seemed to be organised around ideals and principles. In the past there has been the struggle of Christianity against African traditional religions; of African nationalism against white racism. These ideas seem to be what has propelled people into a life and death struggle. But underlying these ideas is the struggle of ordinary people for survival, and for a decent life; work, home, sufficient food, clothing, and education for their children.

This, of course, does not mean that the struggle of ideas means nothing to Marxists. For centuries socialists have put forward ideas to help improve the poverty-stricken life of the workers. But it was Karl Marx, and his German co-worker, Friedrick Engels, who put these socialist ideas on a scientific footing.

The Marxist School

Marx and Engels developed a method of understanding society we now call Marxism. Their greatest contribution was in providing a metnod for understanding the struggles for survival of people, in predicting their outcome, and in offering a way out. The Marxist metnod does not depend on discovering "eternal laws" or "eternal truths". Marx proved there were no such things. Instead he studied the ways people produce what they need, and from this material base, worked out the general meaning of customs, politics, and ideas. Marx's method is materialistic because it works from the facts of life to ideas, not the other way around. The Marxist method is also dialectical, because it never regards human development as fixed, but in a state of constant struggle between opposing forces, and constantly evolving.

Human Development

Marx and Engels spent most of their life studying capitalist society, to understand our past and future. They both produced brilliant historical theories. They described all the stages of development of human beings from the lowest to the highest levels. They explained that the lowest level of development was the society of primitive communism. In this society tools of production were simple, and there was no complicated political and economic structure.

There were no classes in this society. A class is a group of people united in owning property or in fighting to gain and share the existing property. In this society there was little property, private lands, mines, etc. And so there was no struggle to take over the property from the owners, which is what Marxists call a class struggle.

But society could not remain at the level of primitiveness. Gradually tools developed, proper agriculture started, simple mines were opened, and these forces of production improved. Inevitably divisions were created within society as some became owners of wealth and property. Wars over land, cattle, and harvests were very important in building these divisions.

Captives were enslaved and this led to a society of slaves on the one hand and masters on the other. The cruel exploitation of slaves by masters started. Other forms of society branched off from this early development, into feudal or tribute-paying societies. In feudalism the traditional landowners kept peasants on "their" land, and took a part of what the peasants harvested.

In tribute-paying societies, such as Zimbabwe experienced under the Mutapa and Rozwi rulers, there was a class of Kings or Emperors, and their officials, who received the tribute, and taxes, on the one hand; and peasants who paid the tribute and taxes on the other.

In all these societies, it is clear that people were now becoming divided into classes; that is groups with opposite interests. The slave-masters, for instance, wanted to capture other slaves, force them to work, and keep them under tight control. The slaves' interest was to struggle for freedom, to revolt, and to escape.

The State

To keep control over the slaves, and to capture more, to take the example of slave society further, the slave owners developed a state; that is, a government made up of the slave owners, a standing army, which often included some slaves, and a police force. In every society in which there are class divisions, a state is necessary to maintain the rule of the dominant class.

Although all these developments increased human misery and oppression, Marx pointed out that the forces of production such as workshops, and plantations were advancing. He pointed out that each of these developments only increased the presure on the old ruling classes to give up their control of the state.

The Rise of Capitalism

Nowhere was this better seen than in the slow crumbling of the feudal society as the small seed of capitalism broke through the old barriers. After making some advances, feudalism reached the stage where technology and organization of labour could no longer be improved on. The traditional landlords were mainly interested in trade and the enjoyment of luxury goods instead of investment in production. The peasants, the producers, and life generally, stagnated.

Slowly the small workshops grew into factories. The traditional handicrafts of the people, weaving, pottery, beer-brewing, etc, were taken over by the rising capitalists. Eventually this growing economic power led to sharp political struggles and the young capitalist class led revolutionary struggles against the old regimes. But even at this early stage, the capitalist class came to realise it had a new and deadly enemy, the industrial working class. For instance, the French capitalists, used the slogan "Liberty, Equality, and Fraternity" to demand that the trade unions should be made illegal.

The Achievements of Capitalism

After the capitalists seized control of the state they introduced sweeping changes which speeded up the development of society tremendously. As the capitalists in the cities and on the land robbed the people of their land and handicrafts, much bigger farms, mines, and factories were built. Under the private ownership of property, which aimed to produce profits for the capitalists, great progress was made at the cost of misery for the working masses. Science advanced, whole continents were opened up to trade, and labour-saving machinery was invented.

None of this was achieved without the use of brutal force. The peasants in Britain, the homeland of capitalism, were pushed off the land into the cities to make way for sheep and agriculture. Thousands were hanged for relatively minor offences, such as stealing food. The more advanced capitalist countries waged war on the others, or forced them to open their doors to their products. The capitalists scrambled to grab colonies in Asia, and Africa, and to force other "independent" countries to trade with them at a level of unequal exchange.

Capitalist Production is for profit, and not for the satisfaction of human needs!!

But there were advances in political liberty as the growing working class demanded representation in the capitalists' parliament. Pressure from trade unions and their representatives in parliament led to legislation that limited working hours and made factories safer.

The Exploitation of the Workers

Marx explained these developments in his famous book *Capital*. He showed that the capitalist system depends on squeezing as much profit as possible from the workers. Wages are kept at bare survival level because the army of unemployed compete among each other for the few jobs available. The profit of the bosses comes entirely from exploiting the workers.

The exploitation of the worker occurs because the boss pays less than the value which the worker's labour creates. The difference is taken by the bosses. It is this unpaid labour of the working class which gives the bosses their profits.

The capitalists are able to exploit the workers, to take the fruits of the worker's labour for themselves, for the single reason that they own the means of production, that is the land, raw materials, machinery, and buildings, while the workers own nothing but their own power to work. Thus, to stay alive and provide for their families, workers have to sell themselves, their power of labour, over and over to the capitalists, and so maintain the daily cycle of exploitation.

The boss buys the worker's labour power for a week, or month, as the case may be. That is the so-called "contract" of employment. The boss and the worker "agree" on a price for the worker's labour-power. That is the amount of the wage.

Workers enter the "contract" of employment with the bosses under very obvious disadvantages. They have no property to sustain them. Poverty, hunger, pressing needs, drive them into whatever jobs they can get. At the same time, in a capitalist society, the state and the bosses work together to keep the worker's bargaining position weak. The result is that wages tend to remain at the lowest level necessary to keep the working class alive, to keep the workers capable of working, and to replace them with other workers when they become too old or sick to work, or when they die.

Capitalist Crisis and the Need for Socialism

An economic system which keeps hundreds of millions unemployed and cannot afford a living wage for most workers is going through the same crisis as, for example, the feudal system. Marx was the first to draw attention to the booms, and slumps, which is the perpetual crisis of capitalism.

He showed that industry would become dominated by huge monopolies, and that machinery would throw ever increasing workers out of work. From this he concluded that capitalism had become a barrier to further progress and should be overthrown.

The capitalists always tend to over-produce goods because they want to make the most profit possible. Over production causes problems for the capitalists. Eventually prices have to be cut. The competition hots up until nobody is willing to buy. Then production is cut back and the economy declines, throwing workers out of jobs at the same time. The unemployed then compete for fewer jobs, and drag down the level of wages.

But mass unemployment creates a time-bomb for the capitalist system, which can explode any time in the form of mass demonstrations, strikes, and eventually a workers insurrection which threatens the foundation of the system itself. In fear, the advanced capitalist countries have had to introduce unemployment benefits; in the Third World massive armies are built.

The massive slump of world capitalism shows it is a system without a future. The limitations of the nation-state, shown especially in the use of protectionism, and private ownership of industry, both hold back any solution to capitalist crisis.

The great depression of the 1930s , the most serious slump until the present one, was "solved" only after the destruction of industry in Europe and Japan in the Second World War. Since then, there has been an astonishing boom based on the crisis of leadership of the working class, and the super-exploitation of the Third World. That boom came to an end in 1973 and since then there have been only weak upturns and deep downturns. Zimbabwe has not been spared the fall in prices for exports, the laying-off of workers, and the rise in inflation which accompanies stagnation.

All these crises result from the inability of capitalism to carry society forward in development. Capitalist production is for profit, and not for the satisfaction of human needs. Marxism suggests that the only way out of these unending crises is the replacement of capitalism by socialism, a system which will end private ownership, introduce public ownership, and therefore end exploitation of workers by capitalist bankers, factory-owners, and farmers. Production then will be for the satisfaction of human needs and not for profit.

According to the Marxist method, workers, in the lead, and in alliance with other progressive groups, such as the peasants, youth, and intellectuals, need to organise to bring about the desired change in society. When this grouping of revolutionary and progressive classes, and groups, comes to power, they will control the state in their own interests and take steps to gain control of the means of production, factories, banks, farms. Public control of the means of production will lay the foundation stones of socialism, a system without exploitation of one man by another.

In the next issue of *Social Change*, the author will examine the particular application of Marxism to colonial and neo-colonial situations. ■

Third world

TOURISM

A Road to Development?

In a first class Kenyan hotel a group of tourists is entertained with a local traditional dance. The dance is supposed to be Masai in origin, but the performers are not. They are "Kitchen boys ", not of the Masai tribe, and the dances they perform have little to do with their culture, or anyone elses for that matter. In an artificial act of spontanaeity, one of the onlookers jumps up and girates suggestively, in what he sees as an imitation of their movements.

In Bangkok Thailand, a group of tourists arrive for a holiday from Germany. The strange thing about this particular group, is that they are surprisingly all men. They come for what is termed a "Sexotic" holiday, that is, to enjoy the Bankok prostitution business.

Ten years ago a traveller to Greece could sleep on the beaches and feel safe. He could leave his gear unattended all day and it would never be touched. The Greek people were known for their hospitality and would often share drink and food with a stranger. Scores of youth came from the northern European countries. It was the day of the "hippy" traveller, who came with little money, and abused the hospitality of the Greeks. The local people soon changed their attitudes toward the tourists. Theft began to increase, as the dishonest tourist took advantage of the situation.

Tourism has been the survival of many developing countries, but also their doom. The pros and cons lie heavily against each other. It can bring quick cash, and booming business, or a neocolonialist dependency on developed countries.

There are about a dozen African countries that rely on tourism as a source of income, particularily foreign exchange. Places such as Morocco , Egypt, Senegal, and Kenya, have well developed tourist industries. Others, such as Lesotho, Swaziland, and the "Bantustans" of South Africa are expanding, mostly in the area of gambling casinos, taking advantage of the hypocrisy of "religious" South Africa where gambling is illegal.

Let's see what could happen in a country developing a tourist trade. Before a country dives into the development of tourism, it must look at the type of investment that will be necessary. Where will the money come from? Where will the goods to supply and maintain tourist standards come from? What infrastructure is needed, and what potential is there?

Let's make a model. Say we have a small African country, blessed with the things a tourist, who most frequently comes from the northern climate, wants. That is; sun, beaches, beautiful scenery, and a bit of exotic culture. The country is completely undeveloped. Its economy is agricultural, with little manufacturing. In other words, it is poor, and tourism will give it some means of earning foreign exchange.

Let's develop its tourist industry

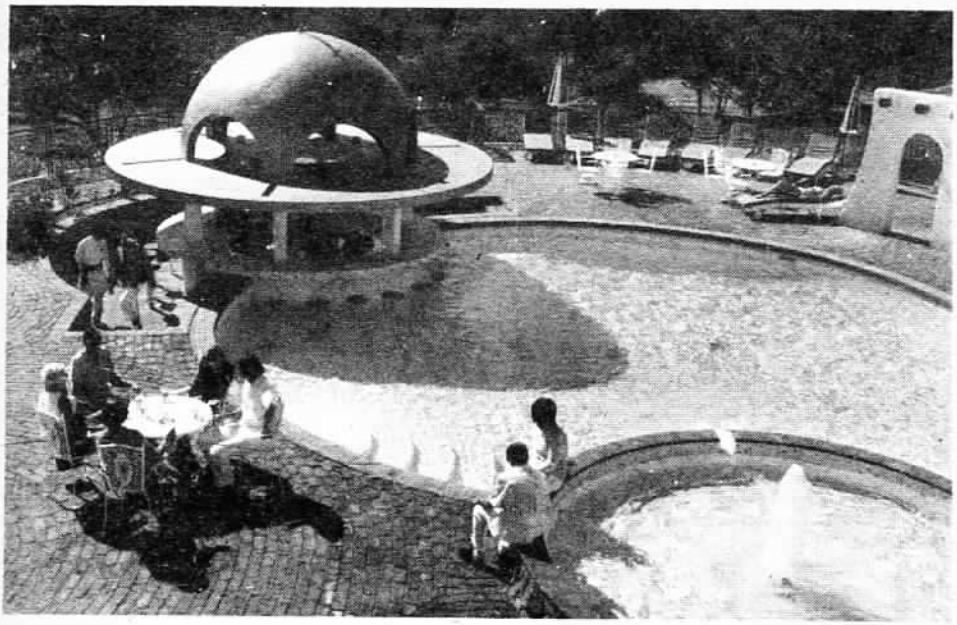
First of all, the tourist needs a way of getting there. Most small countries at least have an airport, although it may take a bit of expanding to accommodate large aircraft and large groups of people. This will generate a bit of business for local construction people, and the increased staff necessary for customs, etc. will be welcome employment even though they will be paid out of government coffers.

Next, we will need roads. The present system of half tarmac and half dirt has been sufficient for local traffic, but the tourist must have safety and efficiency. The roads will lead into the more remote and picturesque areas of the country, thus benefiting the rural poor. Money could possibly come from a donor organisation, or government.

Accommodation. A series of first class hotels must be built, a few in the city, but the rest in remote areas, and along the beach. These must be supplied with electricity, hot running water, flush toilets, and all the other luxuries of home. Our tiny country cannot supply the materials necessary to build and furnish the hotels, so it seeks help from an international hotel chain. Of course their ownership means most of the profits will go back outside the country, but there is no choice. Hopefully, the number of jobs generated will reduce the unemployment rate in the rural areas

Food. Although the little country is mainly agricultural, the basic diet of the hotel demands high quality produce, which the peasant is unable to supply. They thus need to buy from the commercial farming sector, which soon has a monopoly of the business. It is also necessary to import a great deal of special foods, such as cheese, and liquor, which are not made locally

After some time the industry is booming. The tiny country has become a fad holiday place, and flocks of visitors are coming from the northern countries. Business is good, but hotel managers have found that many of the local people are too uneducated in western ways to serve as table waiters, or even maids, so they found it necessary to bring people from the city. The local people have established a curio business making masks and other things the tourists believe are of everyday use in the "tribal" village. A good number of young girls have found it easier to sell themselves to the generous white men than to finish school. City boys, more experienced in the ways of the world, have taken to sunning themselves on the beaches, and carrying a panga in order to relieve some careless tourist of his cash, which they then trade on the blackmarket for three times its worth.



Luxury hotels serve as feudal castles to wall off the poverty of the masses. The only contact the tourist may have with the local population is on a classist master-servant level.

(Photo: Ministry of Information)

In a number of years the crime rate has skyrocketed. Prostitution is an industry, and the place has lost its popularity as new grounds for the tourist have opened up in some more hospitable, and "unspoilt" place.

Has our tiny country really benefited from the tourist industry? The foreign exchange it thought it would earn has leaked out to import so many "necessary" luxuries. The jobs it produced only served to steal the dignity of the people, making them more subservient than in the colonial era. The cultural exchange that was supposed to occur didn't. Most tourists didn't actually care to find out what the people really lived like. The local people got the impression the tourists lived as kings their whole lives, drank excessively, had strange sexual habits, and gambled loads of money away. The visitor thought of them as some curious relic out of the past.

Our little country's tourist industry died a natural death. Fashion changes. If it had taken precautions to invest the money it did earn into productive industry and long term projects, it could come out ahead.

There can be much more abrupt deaths to a tourist industry. A recent example is the Seychelles, whose economy is heavily dependent on tourism. After the attempted coup by South African backed mercenaries in November 1981, there has been an estimated 40% decline in tourist traffic. The losses have been over 17 million dollars, an estimated one fifth of the Gross Domestic Product. The same holds true for Kenya, where one tenth of the foreign exchange earnings come from tourism. After the August 1st, 1982 attempted coup, tourism has dropped 15%. Zimbabwe itself has suffered from the 1982 kidnapping of six tourists, and the recent publicity on dissident activity. Political stability is of the utmost importance if tourism is to be promoted, especially in Africa, which the developed world's population still tend to think of as "the Dark Continent".

International tourism promotes the dependency of the southern poor countries on the northern rich ones. The dependency is worsened if the country has little industry of its own, and must import everything to maintain standards.

Must tourism necessarily be a dependent foreign exchange earner, or are there ways to avoid its pitfalls? Looking at the present policy of the Zimbabwe Department of Tourism, we can see how controlled and planned tourism can indeed become a viable industry.

At present, the Zimbabwe Tourist Board has been given 1,7 million dollars for promotion. This money will be used to set up information centres in Germany, UK and the USA. In view of the fact that Zimbabwe is newly independent, these tourist centres are essential to inform people of the present travel situation, and that they are indeed safe as travellers.

The aim is to attract the upper income tourist who has money to spend, as opposed to the middle income, and "rucksack" tourist.

The system of roads, hotels, and amenities that has been inherited from the previous government is seen as being sufficient for the number of tourists that are expected at the present time. Zimbabwe is fortunate also to have the manufacturing and agricultural industries which can provide the luxury goods, thus preventing the earned foreign exchange from being spent on imports. Capital investment is minimal at this time, with only 1 million dollars designated for development. The projected earnings for 1983 are 45 million dollars.

One point of caution lies in not adding more facilities which would compete with existing ones, but instead, upgrading and maintaining standards that are presently available. Plans to go ahead with the 65 million dollar conference centre which will include a five start hotel seem a bit extravagant in view of the fact that Harare has already three very good four star hotels, and a Holiday Inn which will add an addtional 275 beds, under construction. These hotels are presently only 47% full on the average, and run at a "break-even" point of 50%. The addition of the conference centre hotel may prove to harm the present facilities.

Another problem tourism may bring is the "Cultural Pollution". Zimbabwe is just trying to recover from the adverse effects of colonial cultural dominance. The tourist has his own image of what Africans should live like, and may tend to idealise as "earthy" or exotic, the life of the underdeveloped areas. It is possible for the poor to take advantage of the tourist's curiosity and fulfil his image by distorting and selling themselves as tokens of the "primitive" way of life. To counter this attitude, the Ministry of Natural Resources and Tourism works with other ministries to make people aware of and proud of their cultural heritage. The culture of Zimbabwe is something which a foreigner can only know by open and honest contact with the people, and not through exhibitions of tradition taken out of its original context.

In conclusion, the tourist industry, developed carefully with all the pitfalls in mind, does not have to lead to the spoiling of a country. Hopefully, the Department of Tourism will continue its practical and cautious policy. ■

Legal Age of Majority

The Age of Majority Act, passed by Parliament last year, changed the legal status of the black woman, to give her adult status on an equal basis with both men and white women. The Bill was greeted with much controversy, and fears on the part of parents that they will "lose control" of their daughters. Erika Ndewere, of the University of Zimbabwe, examines the legal relationship of this new act to the Customary Marriage Act, and also looks at the need for social change before the law can have effect.

The Legal Age of Majority Act, which was passed by Parliament last year has been a controversial piece of legislation. But the idea of a legal age of majority, meaning the age of which a person is considered an adult under the law, is not something new. Under the previous law, men and white women acquired adult status at the age of 21. This law was changed by the new law, which lowered the legal age of majority to eighteen, and included black women.

The area which is most affected by this new Legal Age of Majority Act is customary family law, with particular reference to women and marriage. Until the passage of this new law, the African woman was considered a minor, as a child, all her life. Among other things she could not sue, or be sued as an individual, or make any important transaction, such as a contract for a loan, without the consent of her male guardian, which was usually her father or her husband. Therefore she was not in full control of her life, particularily her financial and business life.

The new law has put African women on the same level as men and white women. That is, they are now considered adults at the age of 18. They can vote, enter into contracts, and enter into marriage without permission from the guardian. This law is to override any other law, including customary law.

The law does not say anything which is precise about marriage, but it can affect marriage. Before, when women had status only as minors, and could be controlled by their guardian, the male guardian had control over her marriage. There are two marriage laws: one which was passed in 1951 and is called the African Marriage Act, is meant to govern customary African marriages. The other, called the Marriages Act, is for non-African marriage. Africans can get married under either law, but in both cases the woman must have permission from her guardian.

In practice, the guardian would give permission to marry on the basis of payment of roora. If a son-in-law paid the requisite amount or agreed to pay it, the guardian would agree to the marriage. If the father-in-law did not trust the son-in-law he could refuse to agree to the marriage. Even if the guardian did not fancy the son-in-law for reasons unconnected with the proposed marriage, he had the power to stop it

Marriage Act Discriminates

Now that the new Age of Majority Act gives women the power to enter into marriages and contracts without the guardian, we must look at this Marriages Act differently. The Marriages Act 238 is actually discriminatory against African women because it calls for a certificate from the guardian giving the black woman permission to marry, when it does not call for the same certificate from the white woman, or man.

Since 1981 Zimbabweans have been able to choose whether they want customary laws, or general laws to apply to their legal cases. Therefore, if persons choose to marry under the general law, that is under the Marriages Act, only the general law should govern their marriage. It is unfair to import part of the law from the customary system just because the person involved has a black skin. This part of the law applied only to Africans; Europeans and Asians are excluded and do not have to have permission. This is discrimination on grounds of race, which is forbidden in the constitution of Zimbabwe.

Roora Avoided

So on the basis of the constitution, an African woman, who is legally an adult, that is over the age of 18, should be able to enter into a marriage under the Marriages Act, without need of a guardian's consent. This is where roora can be avoided, because it has never been a part of the Marriages Act. So if the couple gets married under the general law, which is the Marriages Act, and not under the Customary Law, which is the African Marriages Act, then they can avoid paying lobola, and the guardian has nothing he can legally do. The marriage will be valid and to this extent roora is no longer a must. But if the couple marry under customary law, the rules of customary law will follow, and payment of roora is one of them.

Roora is one of the essential elements of customary law marriage, and until it itself is repealed, those who marry under customary law will be required to pay it. Whether a person can avoid paying roora or not depends on the system of law under which that person is marrying, and the question to ask oneself is "Under which law am I marrying?" If customary law, roora is a must, if general law, roora is optional. The two ministers, who are both lawyers, were right but were looking at the Bill from two different view points, when they discussed the Majority Act in regards to roora. Comrade Zvobgo gave the legal implications of the Bill, which have been discussed already, and these are, when an African girl who is eighteen, or above, decides to marry under general law and refuses to have roora paid for her, or if there is a disagreement with the guardian, in which case roora is no longer a must.

But if she marries under customary law, roora becomes compulsory because marriage by that law requires it. Therefore roora is no longer a must if the couple chooses to marry under a system which no longer requires it. That is what Comrade Zvobgo meant when he made the controversial statement in the May, 1982 issue of *The Herald*.

The Minister of Justice and Constitutional Affairs, Comrade Mubako, said the Bill has nothing to do with

roora. but simply altered the age of majority, or adulthood, for everyone. Indeed, a liberal interpretation of the Act does not bring up the issue of marriage or roora at all, and in that respect, Comrade Mubako is right. In fact, if girls continue to marry under customary law, nothing will change. Roora will be paid as if no new law on the status of women has been passed. But if African women choose to stop marrying under customary law, and refuse to have roora paid for them, Comrade Zvobgo's idea will hold true.

The reasons why African women who become aware of their rights would choose to marry under the general law, are obvious. The institution of lobola is the key institution which represses African women. It reflects an undesirable remnant from our recent feudal past, which is entirely against the aims of our liberation war, and Zimbabwe's transition to socialism. The achievement of equality for African women is more or less unattainable as long as the lobola is preserved in customary law.

However, because of the very nature of the African society in Zimbabwe, as well as the fact that roora has been practiced for as long as the African Zimbabwean can remember, Cde Mubako's interpretation will be effective for a long time to come. Guardians will continue to demand roora, even after the marriage. Sons-in-law will continue to pay it because refusing to do so will spoil their relationship with the in-laws. The women will rarely challenge their guardian's right to roora because they too feel tied to the traditional practice. Moreover, Zimbabweans still revere ancestral worship, and since a father is considered the line between his children and the ancestors, children will continue to follow the dictates of their families, otherwise the "spirits" will punish them. Hence, whatever the law says, people will continue to behave in the same way.

Education Needed

Such patterns can be overcome by educational campaigns to get rid of feudal and mystical ways of thinking. This means that before the government passes progressive legislation, there must be education for the masses about the benefits of the new laws. Otherwise the majority of the people will still continue to live in the feudal days. The essence of marriage is not roora. It is something more than that. Marriage is when two people who love each other agree to live together in accordance to the law. Without that consent to live together, as husband and wife, even if one pays a million dollars, there is no real marriage.

No doubt roora was good in the feudal days. It was consistent with the life of that time, but it does not fit in with our modern social and economic demands. ■

Training Should Include Women

How much of our lives are planned by men without them ever even asking us what we think, what we need, and what suggestions we may offer? It is the woman who works most in the home, yet it is the men who design it. In some countries it is the man who chooses the place to build the house, and doesn't pay attention to how far the woman must go to fetch water. Our markets are run largely by women, yet we have nothing to say in the planning of them. It is the woman who finds something to feed her family, yet often she does not have control over the money. In Zimbabwe, it is the women who grow the food, but most of the time it is the men who receive the education in agriculture.

The area of agriculture is just one very good example of the way women are left out of planning and controlling the work they actually do. Over 60% of the agricultural work in Zimbabwe is done by women. The wife is left responsible for the farming when the husband is away in town. Yet, the women receive little opportunity to learn better agricultural practices, and are included even less in the planning and engineering of agricultural production.

The Ministry of Agriculture has not turned a blind eye to this fact. They are aware that among over a thousand agricultural extension workers, there are only six women. The role of the extension worker is very important, since this person is the one who carries the knowledge from the research centre to the people, and the problems of the people to the ministry. These extension people must be able to communicate with the farmers, and the farmers must in turn feel free to approach and discuss with the worker.

Although women are free to attend any session given by an agricultural extension worker, often they are too busy to go. Equally, the time factor, and responsibility of child rearing, would prevent women from taking short courses offered at such places as Domboshawa and Kushinga Pikelela Training Centre.

The whole programme of agricultural development must take a turn, and gear itself to meeting the needs of the women. Farming must first be recognised as a women's occupation, and a girl's choice to study agriculture should seem as normal as a choice to study nursing.

One of the first steps needed is to get more women training in agriculture. Until 1981, the agriculture training institutes didn't even take women as students. This shows that the occupation was looked on as suitable only for men. At the present time there are about 40 women training, at three of the agricultural schools, those being Mlezu, Chibero, and the greatest number at Kushinga Pikelela.

The problem at this time, is that none of the schools, with the exception of Kushinga Pikelela, were built to accommodate women. Until dormitories are constructed, very few women will be allowed to enter. This problem

however is being solved, with new facilities being built at Chibero and Esigodini. Hopefully, once the problem is solved, more women will be interested in pursuing careers as extension workers, and related occupations.

At the university level, about five percent of the students of agriculture are women and this number seems to be increasing. These women, however, tend to enter the field more as researchers, and in academic oriented work, than as workers at the "grassroots" level.

Aside from learning agricultural skills, it is important that women be consulted in the design of new equipment. A woman's body is proportioned differently from a man's, so it follows naturally, that certain tools and implements designed for men may not be comfortable for a woman to use.

Similarity, women have special problems when it comes to using chemicals in modern farming methods. A chemical such as 2,4D, which is a common ingredient in weedkiller, can harm pregnant women. Special training and precautions should be given to women on these matters.

Women must be consulted and worked with closely when a resettlement plan is drawn up. It is they who will be fetching water, carrying produce to market, and finding fuel for cooking. It is important that the beginning the needs of the woman be realised, and the women be educated in why, and how things are going to operate in the new area.

One of the biggest factors which hold women back from increasing their agricultural output is that they have no real capital to work with. What little extra they may earn goes for clothing, or school fees. The small amount needed to purchase say, 100 chicks, and get the poultry project started is not available. Because women have no property to use as collateral they cannot get loans. If you look around, you see that women co-operate very well in business. They operate sales stalls together, help each other with the sale of needlework, and many other things. Financial help should be arranged for women who are working in co-operatives so they themselves have control of capital to start projects with.

Perhaps the best approach would be to set up a system similar to that of the village health worker. A woman from the area would be sent for training. Being aware of her particular area, and being a part of the community from the beginning, she could then teach the other women. Facing the same problem herself, she could advise on what work can be done to solve it.

With the introduction of agriculture in secondary schools, hopefully more girls will go on to train for careers in agriculture. There is much opportunity not only in training programmes, but teaching, and the private sector as well

Very important men should be encouraged to bring their wives along to meetings, and let them go for training sessions. Literature should be aimed at the woman farmer, as well as the man. If you ask any child, who is it that feeds you, she will say, "It is my mother". It is time the agriculture field was shared by all of those involved in it. ■

Odds and Ends

In Africa 88% of the women are illiterate, and 66% of the men. This is a higher proportion of women to men than anywhere else in the world, except for the Arab states, which have 89% of the women illiterate compared to 66% of the men.

The notion of self-government is not the idea that the ordinary citizen is to be consulted as one consults an encyclopedia. He is not there to be asked a lot of fancy questions to see how he answers them. He and his fellows are to be, within reasonable limits, the masters of their own lives.

About 80% of the diseases in the developing world are related to unsafe water supply, and inadequate sanitation.

Due to the absence of an adequate water supply, and sanitation services, more than 15 million children, aged zero to four, die each year.

2/3 of all the working hours in the world are performed by women.

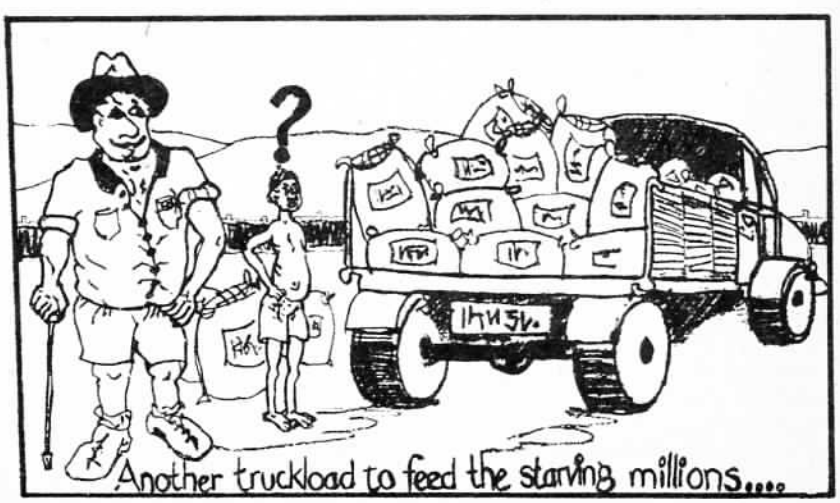
1/10 of the world's income is received by women.

1/100 of the world's property is owned by women.
(Women at Work, ILO, 1978)

let's destroy the myths

Many times people believe things about women and accept ideas without even looking about themselves to see what the situation actually is. Even we as women tend to believe the old myths about ourselves.

An example of a myth that in the past may have been true, but is now changed, is the idea that it is the man that supports the family. The truth is, that around the world, 33% of all households are solely dependent upon women. In some countries, such as Botswana, as many as 42,9% of the households are completely dependent upon the mother. Those that say it is more important to employ men before women should look hard at these figures In all of Africa, even though men may help to support the family, the woman is the only one often left home to rear the children. It is her sole responsibility to make sure they are fed, clothed, and safe.



TORTURE USED IN THE NAME OF SECURITY

The torturing of political detainees in South Africa is done systematically. This is why, when listening to exdetainees describe how the security police terrorized them, you can't help noticing that similar descriptions of maltreatment crop up again and again.

You will, for instance, hear over and over of how this or that comrade has had hoods forcibly thrown over their heads, and then pulled tight, partially suffocating them. Torture equipment, such as the hood used in this way, is often standardized. Such equipment must have been produced somewhere. It is logical to suppose that somwehere in South Africa, there is a factory which has been secretly commissioned to produce this equipment for security police. Torture is a growing industry in South Africa.

Until recently, information confirming this was scarce. This is partly because it is illegal in South Africa to publicize information about the maltreatment of detainees.

Recent Exposes

Last year, the curtain of ominous secrecy surrounding the detentions was lifted somewhat through exposés made by a group called Detainees' Parents Support Committee, (DPSC) The members are family and friends of detainees. These people joined forces for the purpose of providing support to all South African detainees.

The DPSC painstakingly took down statements by 70 ex-detainees, detailing police torture. Some of the more common forms of torture used included:

(a) Electric shock: In some cases detainees are restrained by straitjackets of wet canvas while being shocked.

(b) Physical assaults: Including choking, punching, kicking and beating with a hosepipe and other weapons. Injuries to detainees include damaged bladder, and kidneys, loss of eyesight, and burst eardrums.

(c) Psychological assault: Solitary confinement, death threats and the giving of false reports of friends or relatives having died.

(d) Continuous interrogation over several days and nights by successive teams of interrogators: This entails deprivation of sleep. In some cases it also involves deprivation of food, drink, and toilet facilities.

(e) Enforced standing during long interrogation sessions. This includes standing on bricks and standing on one leg.

Trainee Tortures

The methods of torture used by security police are much the same across the whole of South Africa. This indicates that somewhere they must have been given the same sort of training. It is rumoured that a large centre for training in the "interrogation methods" they use, is located in South Africa's Cape Province. Candidates for the sort of training that would be offered at such a place have to be fanatically dedicated to the preservation of the unjust property and power relations in South Africa. To put it differently, they have to be committed to the strict maintenance of racial capitalism.

Detainees in S.A. have been forced to hang by the arms or legs for long periods. Hooding is used to hide the identity of security police busy assaulting detainees.

This means commitment to ruthless suppression of attempts to increase control which common working people, and particularily blacks in this category, have over their own lives. The security police are thus fascists,in the true and precise sense of the word. It is their job to torture those who champion the cause of the working class and its allies.

In their zealous attempts at crushing opponents of racism and capitalist exploitation, security police have been forced to be quite colour blind. This may seem surprising, since they are, of course, racist.

They have, however, been faced with the fact that increasing numbers of whites have joined the ranks of anti-apartheid organisers and revolutionaries. Security police have tried to break this mounting trend by treating white detainees in the same cruel way that they have traditionally handled black captives. This became shockingly apparent when, in February 1982, for the first time, a white, Dr. Neil Aggett, died in security police custody.

Death Count

Aggett was only one of many to have died at the hands of the security police. It is no exaggeration to say that the security police are trained to kill. This is shown by the high death toll of detainees. During the past 20 years, over 50 people are known to have died in detention in South Africa. There is, however, good reason to believe that the security police have been responsible for more deaths than those we know about with certainty. The South African authorities frequently do not supply, or even confirm, information on detention. This being so, there have probably been deaths in detention which we do not know about. There may be some which the international community will never get to know about.

Handcuffing wrist to ankle: This practice is vividly described in a sworn statement made by an ex-detainee, who was released very recently, "Cpt. Olivier then said that the blood supply to my head should be improved. They then handcuffed my right wrist to my left ankle, and said that if I sat down or lay down, I'd be beaten up. For the first couple of hours, every hour or so, a different hand would be chained to a different foot. I was not being asked questions. All that was expected was that I should start talking".

Sham Courts

Despite the high number of deaths in detention during the last two decades, the courts have never in that time convicted a single member of the security force for his or her role in one or more of these deaths. Yet in one case after the other, there is overwhelming evidence that security police brutality was continually responsible.

(a) The body of Mthayeni Cuthsels had weals, bruises, and a cut on the head. The official verdict was death by natural causes.

(b) Luke Mazwemba was found hung with a noose made of strips of blanket. These strips had been cut with a razor blade, and tied together with twine. Police were unable to explain how he had managed to obtain the razor and twine. They also could not explain several injuries to his body. These included abrasions on both shoulder blades and an ankle, swelling and bruising of the right cheekbone, and slight swelling of the lower scrotum. The official finding was suicide by hanging.

(c) The front, back and side of Imam Abdullah Haron's body were covered by 26 bruises. Police claimed that Haron had fallen down stairs. A pathologist testified that some of the bruises were older that others, and not all could have been caused by the "fall". The court's finding was that Haron died of heart failure, brought on in part by his "fall".

Of course each case has its own peculiarities. We could list more examples, but they only repeat the same. The sinister nature of the security police would become increasingly obvious.

Hollow Safeguards

What is to prevent the torture and murder which they have carried out from being continued, or even speeded up? Apartheid authorities have self-righteously claimed that there are legal safeguards which ensure as far as possible, the safety and well being of detainees. For instance, the Minister of Police, Louis le Grange, has said that the medical care and treatment of detainees is sufficiently provided for by district surgeons. Government spokesmen point out that detainees are by law supposed to be seen now and again by a government doctor (district surgeon) and by a government appointed inspector of detainees.

In practice, many inspectors of detainees are in league with the security police. For this reason, detainees cannot afford to, and do not, trust their inspectors. The government doctors who are supposed to visit detainees occasionally, are not of much value either. The security police only summon doctors when it is for their own protection.

An example of this many people in South Africa remember has to do with the death of Steve Biko in detention in 1977. The doctors who treated Biko during the last hours of his life covered up in court for the police thugs who murdered him. One of these doctors admitted he had accepted that, "the security of the state", was far more important than his patient's health.

The government claims that detainees can lodge complaints of ill-treatment with the doctors and inspectors who visit them. But in practice, these state appointed officials have told the security police about complaints which have been made to them. This results in complaints rebounding, with police torturing detainees even more in an attempt to force them to withdraw their complaints. The police also use various kinds of pressure to prevent complaints about torture from being made in the first place.

A New Deception

Recently the government introduced a new code which it claims is aimed at protecting political detainees from inhumane treatment. This code provides for detainees to be told what their legal rights are. This is a loud-sounding nothing. Since detainees are denied access to lawyers, it is extremely difficult and usually impossible, for a detainee to try to secure his or her rights, even if he is told of them.

Another provision made by the code is that members of the uniformed branch of the police should be present when a detainee is interrogated by security police. This is not a meaningful safeguard. As Ntsiki Biko, the widow of Steve Biko, says, "Police, be they uniformed or security police, are the same and serve the same purpose, so that the inclusion of some uniformed police during interrogation is hardly a safeguard ".

In general, the new code, dreamt up by the apartheid government is a cynical attempt to hide and legitimate the vicious torturing of detainees.

Scapegoats

This should, however, not blind us to the fact that even if there were limited but real safeguards, detainees would continue to be in a very vulnerable position. Their captors are themselves not always in control of the situation. A former detainee has, for instance, said that security police are particularly sadistic when they have hangovers from excessive drink. It might be beyond the control of the security policeman, with a hangover, severe headache, or some other personal frustration, to master the temptation to use a detainee in his custody as a scapegoat for his problems.

This applies not only to South Africa, but to any other country, in which people are, or can be detained. The implication of this is that the welfare of detainees will only be guaranteed when all detentions cease and all detainees are freed.

The abolition of repressive measures, like detention can only become a reality with the ushering in of a society free of class conflict. In any society torn by class conflict, the ruling class will use all kinds of repression to cling to and consolidate its dominance. Even in a truly socialist society, the state, as the organized expression of the power of the working class and peasantry, may need to use detention against capitalist exploiters trying to revive the capitalist system. Torture, which the capitalist class has used to squash opposition is foreign to socialism, which moves towards freeing people from degradation and dehumanization. ■

According to the authors of *The Technology of Political Control* Penguin Books 1976) torture can be used for the following objectives.

(1) To force prisoners to give information

(2) To prepare prisoners for a show trial.

(3) To neutralize the political effectiveness of prisoners.

(4) To generate a general climate of terror and fear among the largest section of the population.

The extraction of information is the only objective which the state can afford to admit to when details of torture leak out. But, it is probably the fourth function which is the most important one in South Africa.

The Botha regime's strategists know that the apartheid government can only stay in power if the masses are fearful and intimidated. Fear of the state and its methods discourage people from supporting and joining the freedom fighters. Since the government does not rule by popular consent, the only way it can rule is by terror.

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continued from P.II

Highly trained staff could aim to share their knowledge with all the staff who work with them, instead of only giving orders. Hospital staff must work as a team, and any team works better if everyone knows what is going on and shares in making decisions. The most important thing that higher staff can teach their subordinates is compassion, and this is best taught by example.

The most effective ways to change hospitals are:

(1) Curriculum reform: For example in Harare Hospital medical students are already:

(a) Selected for motivation as well as academic merit.

(b) Given experience of working in outlying hospitals and the surrounding rural districts.

(c) Encouraged to get to know the patients as people and to learn their language, if they don't already speak it.

(d) Encouraged to work as a team by project work.

(e) Taught about the cultural, political, and socio-economic aspects of health care and encouraged to make contact with traditional healers.

(2) Standarising treatment: So that local health posts, and even the main hospitals give similar treatments: e.g. all children should be weighed, examined for malnutrition, and offered immunisation. A salt and sugar solution should be given to all diarrhoea patients, since it is the best treatment anyway. Low cost antibiotics should be used for uncomplicated infections. All malnourished children should get the same high-energy diet, and most important,

the health worker who sent the patient for treatment should get a report when the patient is released.

(3) Community participation in running the hospital: Peopl should understand how a hospital works, and share in their own health care. Local community members could join the hospital committee, and patients could be encouraged to help run their wards. In Mozambique, each ward has a committee with a representative from each level of the staff, from cleaner to consultant. This committee meets fortnightly with a different chairperson each time, so the doctor doesn't always dominate. In the other weeks, the committee meets with patients or parents to discuss general problems, especially communication in the hospitals. At first the lay persons are shy, but as they find they can say what they think, they become freer and deeper feelings are discussed, which eventually does a lot of good.

These are a few ways in which the principles of primary health care can be practiced in hospitals. Some are already being done. What of the others? Much will depend on the political and ideological climate in the country. This climate will also determine what development path Zimbabwe follows, and the people's social conditions, which are the most important influences on their health.

A Luta Continua.

■

KNOW YOUR RIGHTS

Price Control

Often the first step taken to restrict the exploitation of the working classes, even in a capitalist society such as Zimbabwe still is, is to regulate the prices people have to pay for the goods they buy for daily use.

Even in colonial Rhodesia, some price controls did exist, but they were not designed to be easily understood by the urban workers or the rural peasants who are most exploited by traders. The present government has started to impose firmer controls on the prices of basic food stuffs, and other simple necessities, on which the masses of our people depend. They are also trying to make storekeepers display the prices on all the goods which they sell, so that prices cannot be changed at the whim of the storekeeper. When this price changing does happen, it is usually the most powerless, and least vocal customer who suffers. So far, most urban stores are being obliged to display prices, but progress in rural areas is slower.

Retail Price Control

The price control regulations apply in different ways to different kinds of goods, so that there are different types of controls spelt out in the government regulations. The first type is the simplest to understand and the simplest for the customer to appeal to. This is control of the retail price which applies to a number of the most basic foods and other necessities. The retail price is the price that we pay for these goods when we buy them from our local store. Retail price control means that for certain goods the storekeeper may not charge more than the price which is laid down by the government. If we find that anyone tries to sell us these goods at a higher price we can have him prosecuted.

Some examples of controlled retail prices are:

Matches: No person shall sell or offer or expose for sale any matches at a price exceeding three cents per box.

Maize Meal: The prices vary depending on how finely the meal is ground, so regulations list these maximum prices:

Roller meal	Price
5kg	76c
10kg	$1.47
20kg	$2.80
50kg	$6.99
Straight-run meal	
5kg	$1.18
10kg	$2.30
20kg	$4.50
50kg	$10.23
Super-refined meal	
5kg	$1.57
10kg	$3.02
20kg	$5.79
50kg	$13.60

Of course, in a capitalist economy such as ours, customers may find that only the most expensive variety, super-refined meal, is on sale in the shop, so that even though these regulations protect us from the storekeepers who might charge more than the correct price for each type of meal, we are still being exploited by the millers who will only supply us with the more expensive meal when we want to buy a cheaper one.

Postage Stamps: Storekeepers who are licenced to sell stamps are not allowed to charge more than the face value of the stamp, that is, the price stamped on it. So if a storekeeper sells 9c stamps for 10c, he is breaking the law and can be fined.

Bus Fares: Are regulated by a different government department, but they are easy for travellers to check on because very clear rules are laid down. Bus fares may not exceed 1,81c per kilometre. This means the maximum fares charged between Harare and some other towns are as follows.

Town	Km from Harare	Fare (km X 1,81c)
Mutoko	143	$2.59
Masvingo	293	$5.30
Karoi	205	$3.71
Chegutu	108	$1.95
Inyanga	269	$4.89

These are maximum fares. So, as examples, all these fares from Masvingo to Harare are legal:

Company	Fare
Ujamaa Co-op	$5.29
Matambanadzo	$5.20
Manyanga	$5.00

If any company would charge over $5.30 it would be illegal and they could be fined. All buses are obliged to display a table of fares where passengers can see it.

If buses travel by different routes, the one taking the longer route can charge for the extra distance travelled.

Some retail prices are allowed to vary in a controlled way to allow for transport costs. For example shops which are more than 25km. from a bakery, may be allowed to charge up to 2 cents more on each loaf of bread. Bread can only be sold as 360 gram loaves or 720 gram loaves. They may be overweight by 50 grams, but the seller cannot charge for those extra grams. The controlled price of bread is 14c for a 360 gram loaf of white, 13c for a loaf the same size brown; 28c for a 720 gram loaf of white, and 26c for the same size brown. The price may be one cent higher on small loaves, and two cents on big loaves to cover transport. If you pay more than this the storekeeper is breaking the law.

Motor fuel can also increase in price depending on the location of the seller. There are 14 different classes a garage may belong to, and the price charged depends on the class. In any case the higher price may not exceed the basic price by more than 2,8c per litre. The basic price is 97,5c per litre for blend, and 51,7c per litre for diesel.

Wholesale Price

A slightly more complicated type of control applies for cooking oil and margarine. The wholesale price, or the price the storekeeper pays for it, is controlled, and so is the amount which he adds to this for his profit. The markup for oil and fats is 10% of the wholesale price, so the price you pay at various shops should be the same.

Who Regulates Prices?

The Price Control Board, in the Ministry of Trade and Commerce is in charge of regulating prices. Their address is P. Bag 7708 Causeway, Harare, and they are on the I2th Floor of the Earl Grey Building. If you know of a place that is over charging you can report it to them. They will then send out inspectors to investigate the shop.

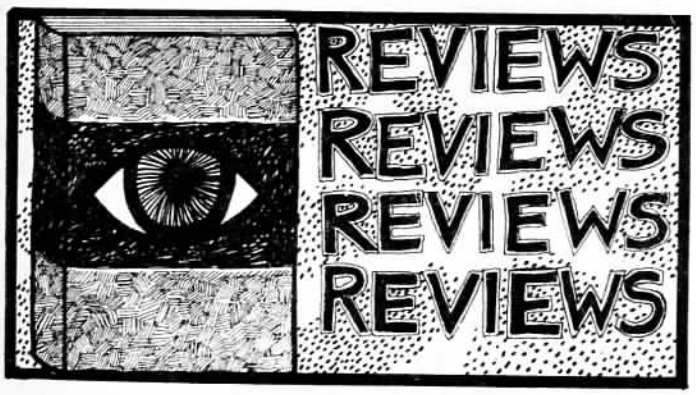
Bus fares are controlled by the Controller of Road Motor Transportation, and the address is Box 8332 Causeway, Harare. Complaints on buses overcharging can be sent there.

Where Can We Find The Regulations?

The government regulations on price control are found in the Control of Goods (Price Control) Order, I982 (Statutory Instrument 263 of I982) which was published as a supplement to the Government Gazette for 30th April, I982. You can buy a copy of the laws from the Government Printers Office shop in Cecil House, Stanley Ave, Harare.

It appears to be government policy to make more clear and specific price controls. These also appear in the Government Gazette when they are issued, and you can get them from the Government Printers.

The price control measures and regulations set out by the government can only protect customers from exploitation by retailers. They offer no protection against manufacturers who stop the supply of goods in order to force government to allow them to increase prices. Price control orders can do nothing about this, only wider ranging social change can do that. If this article helps you to win some small battles for fair prices, it should also show how limited those victories are, and open the way towards more sweeping changes. ■



LOBOLA

Aeneas S. Chigwedere has skilfully tackled the controversial subject of lobola, and has challenged many people's ideas with his book called *Lobola*. The book is divided into seven parts, starting with the definition of lobola, lobola payments, love proposal, service to the nation, advantages and disadvantages, evolution, and finally reform or abolition.

This book has been well timed. It has come when lobola is the subject on many people's lips. People are talking about lobola because of the high prices fathers are asking for their daughters, and women's liberation is also part of it.

The author tries to define the meaning of lobola in the first part of the book. For, example, dowry, which, according to the Oxford English Dictionary, means the portion or money the bride brings to the husband. This is the opposite in Shona custom. Secondly, we have bridewealth, which is nearer in meaning to lobola. This word might lead people to think that when you are paying lobola you are making the father-in-law rich, which is not correct. According to our tradition, by marrying you are trying to cement the relationship between the two families concerned. Thirdly there is the word marriage insurance. This word implies that by paying lobola, you guarantee the success of the marriage. This is also not true. Lastly we have children insurance; this definition probably has the closest meaning to lobola. In most cases the bridegroom gains the ownership of children after paying lobola. If he paid nothing in the way of lobola, the children are not legally his.
As we have seen, there is no one English word to describe lobola. We can say that by paying lobola you are only securing the services of the bride, which in most cases mean the production of children.

This book goes a long way to demonstrate that when you marry, you do not "buy" the bride, as some people might believe. This fact is explained more by the following few points. In Shona tradition, the bride adopts the husbands sub-totem,"Chidao", and ends up indentifying with two dynasties, her husband's and her own. The bride is entitled to some property rights in the home, which she can transfer to her parents home during or after the marriage. The fact that she maintains her totem and owns some property in her husband's home justifies the view that she cannot be her husbands property. A garage owner cannot claim right over my car after I have fully paid for it. By the same token, you can buy a Hi-Fi set, and resell it, but you certainly cannot do the same with your wife. All this should clearly make absurd any notion that African women are sold to their husbands. Husbands buy services of their wives, not the wives themselves.

The book goes on to discuss the purposes of items paid by the bridegroom and the meaning of each. He tries to expose the intricacies of a marriage deal, especially the high charges which to some extent may be responsible for the high rate of divorce we are experiencing.

He also warns readers not to look at our traditional marriages through our 1980s eyes. As generations change and culture grows, so do the customs. In order for us to make a balanced and fair judgement on our tradition, we must first of all understand the values of those who lived during a certain period. The values of people living in I500 are not identical to our values. Threads of our ancient culture remain, but at the same time we have acquired threads of a new culture. This makes us different from our ancestors. Chigwedere challenges those who talk of abolition to think carefully before making suggestions.

Chigwedere discusses at length why our marriages are not lasting. He says it is because traditionally the choice of the bride was made by the elders. In most cases the bride - groom was not personally responsible for the lobola. This was so because the elders thought the bridegroom was not traditionally educated enough to chose a wife for himself. There were a number of things involved in choosing a bride, such as the historical background of the family. This had to be looked into even before love was proposed. In Shona custom, one didn't marry for oneself, but for the good of the whole community. This meant that the family or community had a say in the marriage, so divorce was not easy.

Today things have changed. Some bridegrooms enter into marriage contracts without even consulting the family, much less the community. Marriages can also break up without the knowledge of the community. Part of the reason for the breakdown of marriages is the breakdown of the extended family

This book does not offer solutions for the many problems that arise from marriages. It does not say we should ban lobola or keep it as it is, but says we must examine our present social status or cultural values in comparison with our traditional values, look at the two realistically, and see what we can take or leave. It gives many ideas to share, and discuss, and lots of information. It is a book for everyone to read before entering into a marriage contract, and possibly should be introduced to schools, as this is where the marriages of the future will be made.

Lobola is published by Books for Africa, and sells for $2.60. ■

MASSES Vs. MEDIA

None But Ourselves by Julie Frederikse, published by Zimbabwe Publishing House, 1983.

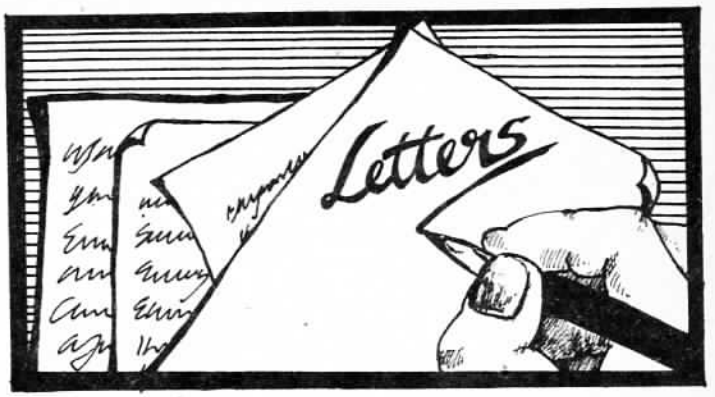
This is a book in which the author takes second place. Second place because it is not the author who speaks here, but the author who allows the people to speak for themselves. Julie Frederikse is the mouthpiece through which hundreds of people involved on both sides of the liberation struggle have been allowed to express what they experienced in trying to find the truth. "None but ourselves can free our minds", sings Bob Marley, and the book tells how, although confronted with a news media that censored, slanted, and lied outright, the masses were able to unite in the liberation struggle of first mind, and then body.

None But Ourselves, is a compilation of interviews, newsclippings, and advertising material put together so that one can actually follow the history of the liberation through to the elections and beyond. The interviews are printed as they were, giving the book a human, and very personal touch. The sometimes comic attempts of the Rhodesian government to mobilize the masses show their real lack of knowledge about the people they were fighting against. Although they were armed with the entire communications media, including the press, the radio, the TV, and the money, the government failed to get the support of the people. The propaganda machine was at its best, but the "Bush Telegraph" was far superior.

The "masses versus the media" involved not only trying to brainwash the black people, but also convincing the minority white population that all was well. Censorship was the main weapon used. Cut off from the rest of the world it was easy to convince the white population that the "terrorists" were being defeated, and the "evil" of communism halted .

None But Ourselves is well organised and footnoted accurately to allow explanation of any points the reader may not be informed on. Written by an outsider (Frederikse is American) it could have easily failed in its attempt to grasp the situation and become itself media propaganda. Instead, Frederikse keeps her comments to a minimum, and serves instead as the editor and archivist of the minds that were freed.

The book also serves as a reminder that a controlled media does not mean controlled minds. Well worth reading, and available at a reasonable price of $8.95. ■



EDUCATION

Dear Comrades,

I have just recently become a teacher at a rural secondary school in Zimbabwe and one of the subjects I find myself teaching is "education for living". Perhaps it is the fact that I have not been teaching long enough to become complacent with the way in which things are done in our schools, which may enhance my critical perception of the situation. The question I find myself asking relates to the goals of our education. What kind of persons would we like to see emerging from our schools to take their places as citizens within our society? Naturally I am not impressed by those mindless individuals crammed with facts yet quite undeveloped with regard to values and the alliance of these to behaviour.

I have come to realise that we learn, in the real sense of the word, through experience, or what one might call a process of praxis and reflection. My ideal school-leaver must be one who has come through a system which has educated him, albeit partially, to become more REASONABLE and RESPONSIBLE. Is this at all possible within a system based on the concept of education with an over-emphasis on discipline, whereby the freedom of the students to think and act is all but removed by the tremendous fear of authority which oppresses them. Often our headmasters rule, not without parallels in society at large, on the basis of fear. The threat of expulsion, always effective because of the lack of places at secondary schools, blackmails the students and their parents into a humiliating passivity. Certain issues cannot be raised and some actions are beyond being questioned

What kind of citizens are we forming? Those who will never be able to stand up and demand their rights, who will feel defeated when they encounter corruption or injustice within the system, and never know that they can demand accountability from those who represent them? To become responsible citizens means that one must first of all be given a certain measure of freedom, for without the freedom to decide you cannot make responsible decisions, nor learn from your mistakes.

Surely one aspect of liberation should begin at this level. When we use the slogan "Power to the people" this does not mean power to some to oppress and impose their will upon others. It can only mean, when there is of necessity an authority structure, that there must be dialogue at all levels. Information must not be withheld nor used only to some peoples' advantage, but must be made available to all as a precondition for reasonable reflection and responsible action. Our schools must become learning situations in which increasing responsibility is given to the students to run their own affairs, and demand accountability, firstly from themselves, but also from those whose role of service is to educate them.

Noel Whitcomb.

Dear Editor,

I read with great interest yourlast issue focusing on education. As a teacher at one of our "model" schools, a Zimbabwe Foundation of Education with Production school, I wish to offer my comments.

First of all, the ideal of education with production is very fine. Its aims to eliminate classism, and bring greater esteem to the worker are progressive, and in keeping with our move towards a socialist state. However, in practical application, the ideal gets lost. I would like to tell some of the problems we have as an Education with Production school.

One of the biggest problems is that teachers who come new to us are not even told what ZIMFEP or education with production actually means. They think it may involve working in the fields, or doing a bit of gardening, but they have no idea that the intent of such a system is these ideals I've mentioned. As a result they often want to uphold the "status quo" of a teacher being a professional who doesn't get his hands dirty. I think if teachers were more educated as to what these model schools are trying to do, they would be more willing to participate.

A second problem with the teachers is that we receive no extra compensation for our extra time. We often live in the worst conditions, over-crowded, etc. Teachers of practical subjects, not only teach, but are responsible for the production at the school. A teacher of agriculture, for example, teaches and cares for the farm, often giving up holiday time which other teachers receive. There is no compensation made for these extra duties. Other teachers must return for holiday duties, which again, the teacher in town does not have to do. What is more, many of us were the ones who suffered during the war to teach in the camps, and we are still suffering.

One of the biggest problems is that, although there has been much talk of getting rid of the British system, there has been no progress on initiating a new one. Our students live for exams. A teacher of a practical subject may as well not bother to teach those students in forms two and four who will be examined. Headmasters slot practical subjects into the timeable without consideration of the special time needs of these subjects. I have even heard teachers say, "Don't bother with building, you don't test in it anyway".

Our emphasis on "O" and "A" level is going to bring us a country full of educated people who can do nothing. There has been no progress made at all towards upgrading the status of the worker in our society. Equally, the present education system will not encourage students to become the mechanics, machinists, and craftsmen we need. We will instead have a bunch of useless clerks, and administrators who contribute nothing to the upgrading of our standard of living, or to the "production" of our country.

Finally, I would like to ask. If we are the "model" schools, then why are we so neglected? We shouldn't be short of capable staff. We should have the best the country has to offer. We should be the first on the list for funding, the first for adequate facilities. If this experiment is going to work, we need the full attention of the ministry.

Thank you.

Concerned Teacher.

Dear Editor,

As it was analysed in issue 3, that education with production can be a solution to unemployment, what can we do in ZIMFEP (Zimbabwe Foundation of Education with Production) to change the attitudes of the people towards the new system, and in what way is education with production creating an equitable opportunity for the people to develop their skills to fit a developing country which has adopted a socialist production policy?

The ZIMFEP schools are aiming at binding the manual and mental capabilities of a person, which should have a bearing on the society, and then the nation as a whole. The curriculum these schools have adopted is people oriented. In these schools the work and progress is a collective responsibility. That is to say, the teacher and the pupil work as one body, not teacher versus pupil, which breeds imposition, antagonism, and negative attitudes. The two groups reflect upon a situation, devise a strategy, and take action, sometimes called Praxis. The parents are made aware of the situation by involving themselves in board meetings, and seeing the accomplished tasks. The certificate the student obtains, is obtained side by side with skills. These negative attitudes will be washed away when the new curriculum has been accepted by the Ministry of Education and Culture.

According to the principles of production, and scientific socialism, production exercise is practice oriented. The more experience a person has, the greater is the skill. As people get acquainted with a certain mode of production, the more they learn how to produce and diversify their economy. For example, Zimbabwe is known as cattle country, so the knowledge of cattle breeding and cattle handling has reached a high degree of sophistication and efficiency. The knowledge was enhanced by practice and not the theoretical reflections of the situation. The people should see the use of acedemic subjects to production.

Cde. J. Chitekuteku
ZIMFEP agricultural officer.

PAY POLICY ?

Dear Editor,

Your Journal provides food for thought in every issue. I hope we will soon see you tackling the question: who has really gained since independence?

Our government had a very good policy, of raising the minimum wages until they equal the PDL (poverty datum line), but what has happened to that policy? This year there is no increase in the minimum wage, but prices are still increasing, so that PDL is rising, and low-paid workers are losing.

It was recognised that you can't give more to the poor without restricting what you give to the rich, so government policy laid down maximum increases which could not be exceeded for the higher paid. But what happened to these maxima? In 1982 we saw many groups being given increases far above the maximum laid down: teachers, many civil servants, MPs, etc. In fact, the maximum limit only seems to apply to cabinet ministers and to bus drivers.

Maybe we are still heading for socialism, but it is hard for the povo to see this. Can you give some space to help us understand what is happening?

Takafirei Munondo.

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