

The Function and Impact of Women's Organizations on Community Development and Rural Primary Health Care

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Introduction

When one explores the health problems of developing countries such as South Africa, the importance of primary health care becomes clear. The multiplicity of the health problems coupled with the lack of resources makes it imperative for government within the primary health care approach to call upon communities to participate in the solution thereof and community participation and development inherent in primary health care become the key objectives to realize and sustain a healthy living. However, without structures and processes to involve the community in their own health, the ideal of health for all embodied in the concept of primary health care will not be realized. One strategy for such participation is for primary health care workers to facilitate the organization of women into development-focused groups in the community.

Women's organizations by virtue of their existence are associated with community advancement. They are usually formed as a response to a need to meet activities for daily living. The activities are usually directed towards improving the communities' way of living through better health and income generation; and the organizations serve as a link between other organizations and the community.

This is a study to address how such women's organizations are organized and what contributions they make to the life of the individual member and the community.

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Literature Review

Primary health care by virtue of its definition calls upon communities to provide for their own needs. It requires of governments to be committed to the improvement of people's conditions of living by passing legislation that enables people to be meaningfully involved in their own care. In their report Annet and Nickson (1991) stated that as early as 1970 decision makers had already become aware of the need to make development people-centred based on the people's own ideas, actions and participation. The World Health Organization (WHO) (1976) presented participation in decision making as a basic human right which all people should enjoy because it enhances self esteem and increases a sense of responsibility.

Given the above explanation it is clear that community participation, personal interaction and human solidarity are inherent in community development. Women by virtue of their nature are predisposed to interacting with others such as family, spouse, child, neighbour,

fellowman etc. In projects meant for community upliftment women find themselves available as well as forming an interest group. One example is the Self Employed Women's Union (SEWU); an organization established by the Durban street hawkers. The organization attends to problems encountered by women in relation to police harassment when conducting business in the streets, sanitary environment for the hawkers, banking of small amounts of money sometime as little as R1.00. The women are making a contribution to the country's economy and they are a big tourist attraction especially in the Durban beach front area.

Such women's organizations are found throughout the world. Sebstad (1992) reports of India's Self Employed Woman's Association (SEWA) in Amehdabad, India. This organization is mainly composed of illiterate women whose main production is from household goods, and business is home-based. The products may consist of garden produce and/or chickens and chicken products. Sales



are small and from headloads that are carried from house to house. It is also interesting to note that SEWA has grown from strength to strength and has become successfully commercialized with the high illiteracy rate serving as a critical aspect in positively identifying and strengthening the organization.

In a study conducted by Mfono (1989) rural women in Venda were found to form a large component of unpaid labour force especially because the tasks addressed women's activities for daily living e.g housekeeping, childminding and agriculture. In this study Mfono (1989) also shows that family health ranked high amongst the needs of women hence their willingness to be involved in those endeavours that enhanced healthy behaviours e.g health education programmes on prevention and treatment of diarrhoea and dehydration thereof.

Community development, community participation and health

Community development can be described within community participation because it is a process of development where the community becomes involved in activities that they are concerned with, decide on priorities, select realistic goals and take responsibility for decisions made. In a description given by Rifkin, Muller and Bichmann (1988) community participation is stated as "a social proc-

ess whereby specific groups with shared needs, living in a defined geographic area actively pursue the identification of their needs, take decisions and establish mechanisms to meet these needs" (Rifkin et al, 1988, p.933). This explanation gives the meaning of 'community' and that of 'participation'. It emphasizes the commonalities of groups and proximity of members for easy contact and action in community development undertakings. Minkler (1992) also sees community development and participation as a process by which individuals, communities and organizations gain mastery over their lives. Women's organizations by virtue of the choice of their activities empower their members with skills in organization, leadership and management.

The activities of traditional birth attendants are some of the well known activities of women. These are small groups of women living in the same geographic area. They organize themselves to assist other women during childbirth especially in rural areas. Chipfakacha (1994) reports that over two thirds of births in the world are conducted by traditional midwives. In his study he points out that 81.6% of the sample studied from Kgalagadi, Botswana, preferred home deliveries by traditional birth attendants because of financial benefit, privacy, comfort, protection and proper disposal of the products of conception and uninterrupted care of the family during con-

finement.

The Care Group and Akanani are two women's organizations mainly established to improve the quality of life and the health of the women's families and those of communities they live in. The two organizations are located in the Northern Province, South Africa. To fully participate in the programmes the literacy rate of these women needs to be attended to. Members of Akanani have to increase their skills on numeracy so as to meaningfully participate in the budgets of the organization and those of the area. The Care Group women have to increase their reading skills so that they can gain access to health information and be able to confidently interpret health messages to their counterparts.

Methodology

The Setting

Elim is integrated into Venda in the Northern Province, South Africa within the confines of a district known as Hlanganani. It has thirty seven villages. The most recent census figure (1994) on population was stated as 148 200 of mainly Tsonga speaking people. The area is entirely rural with no industries. Family income is generally low and unpredictable as it depends on money sent by husband/father/son/brother working outside the area and on occasion seasonal employment of women in the surrounding agricultural farms. Summer rains are by far the main source of water and people depend on this rainfall for their crops. Subsistence is mainly on maize and peanuts. Farmers who have installed irrigation schemes grow a variety of vegetables and sell to the inhabitants of Elim. The disease pattern is typical of developing countries throughout the world. Preventable infectious communicable diseases and malnutrition are predominant and trachoma is endemic.

Research Design

In the quest for information on how women's organizations are organized and contribute to community development and health, a case study design was used and qualitative data collected to provide the needed information. Two women's organizations were chosen. These formed the case to be studied. The both organizations were active in the same rural area of Elim. One, the Elim Care Group Project, was health focused, and the other, Akanani Rural Development Association, focused on income generation. Seeing that each organization had branches that operated in various villages, the branches served as embedded cases of the main case. Five active branches were selected from

each organization as embedded cases based on their:

- progressive programmes
- a history of success in the community
- and increasing membership

Background Information on the Two Selected Organizations

Elim Care Group Project

The Elim Care Group Project is a woman's organization that is focused on health and health information propaganda. It serves as a direct link between the health services in the area and the community. According to Ballard, Sutter and Fotheringham (1978) the organization was established in 1976 in Elim, Northern Province, South Africa. Its initial aim was to eradicate and control the occurrence and spread of trachoma, an infective endemic blinding eye condition in the area. As soon as the organization was established it became apparent that, for the trachoma to be controlled personal and environmental hygiene had to be attended to because flies were found to be vectors that carried infection from one person to the other; and sharing of face cloths and sleeping areas resulted in individuals infecting each other. The medication that was used then could only be obtained from the hospital. Doctor Sutter working in the ophthalmology clinic, Elim Hospital; Selina Maphorogo the assistant nurse working with her and Andrew Radebe the hospital social worker decided as a team to go to the community to inform the people about the causes of trachoma. In the community the three made a plea for volunteers to come forward and take the eye medicine and apply it into the eyes of those affected as there were far too many people suffering from trachoma than were means from the hospital to treat it. The volunteers would be taught how to diagnose, treat and prevent trachoma as well. Initially groups of 15-20 women were formed from three villages. These women moved in groups from house to house diagnosing and treating trachoma and teaching households about prevention thereof. To extend coverage, each of the 15-20 women were allocated ten (10) households to take care of. From this came the concept of 'Care Group'. The group was managed and based in Elim Hospital.

Akanani Rural Development Association

Akanani Rural Development Association

is another woman's organization also based in Elim. At the time of investigation it was focused on economic development. It was established in 1980 by Robert Collins as a rural producer co-operative to initiate income generation under the name of Intermediate Technology for Small Industries Unit (ITSIDU). The name was changed in 1990 to **AKANANI** to literally interpret the intention of the organization in the community which is to 'build each other'. The organization's office was at Shirley farm, 7km from Elim Hospital. The aim of the organization was to socially and economically empower rural communities especially women. As circulation of money is important for development, Akanani called for people to support each other in their endeavours to generate and circulate money. To further realize its aims the organization offered programmes for adult literacy and training for skills in production and marketing. The organization also facilitated and assisted communities in planning and setting up small businesses. Mr Collins provided the initial funding and registered the organization with the National Welfare Department so that it could solicit support from the public. The initial projects were textile cooperatives, Tiakeni and Twananani. In these cooperatives cloth painting was done based on traditional paintings on the walls of homesteads.

Data Collection

A case protocol was used to increase the reliability of data collected and to enhance convergence of evidence in cases of triangulation. The protocol was divided into three sections:

SECTION 1: This was for the key informants i.e directors, supervisors, programme/project managers and coordinators, sponsors and motivators. The information required covered specific executive topics relating to organization and function of the organizations.

SECTION 2: This was for the focus groups/ the embedded cases. The questions related to the organization and function of the branches in the villages and how individual members have benefited by belonging to the group. Information from this section served to indicate similarities and differences between branches as well as between organizations.

SECTION 3: The last section contained questions for community leaders to find out the contribution of the organizations as perceived by the community. The protocol was used in the intensive interview with the various people. Other

sources of information were project documents e.g project proposals, memoranda, progress and annual reports, newsletters, newspaper clippings, agenda, minutes of meetings, local statistics, publications, photographs, personal diaries, letters, maps, charts, certificates, audio tapes and video tapes. These were reviewed. Direct observation was also made during the visits and field notes compiled. Physical artifacts and tabular material in the form of membership badges, uniforms, completed projects, general communal productions and ornaments were observed and assessed.

Permission to conduct the study was sought and obtained from the Provincial authority, the management committee of each of the organizations, the chiefs of the various villages where the branches were operating and from the key informants including the focus groups.

To collect data, interviews were conducted and activities observed and documented for analysis. As the community spoke Tsonga, an experienced research interpreter who resided in Elim was engaged. The interpreter had worked with many research groups coming to the area and as such had a good knowledge of research principles. Collection of data extended over three weeks.

Results

The Structure and Functioning of the Groups

Elim Care Group Project

The office of this organization was situated in the community health department at Elim Hospital. The key informants were also the executive management of the organization i.e the director, project coordinator and motivators. These were health personnel employed by the Department of Health seconded to the project. The focus of the organization was in health.

The key informants verified the information on the establishment of the organization. They also added that on venturing into the community; Dr. Sutter, Selina Maphorogo and Andrew Radebe soon came to know the causes of cross infection and reinfection. The three had found that grandmothers and children shared sleeping mats or mattresses and washing cloths hence their clients were mainly children and their grandparents. They also came to understand why the disease was rife but accepted as something that had to occur. They found that in the

community people believed that:

- young children must have discharging eyes sometime in their early life to can see better at a later stage. When children were affected by trachoma and had discharging eyes mothers thought that it was the nature's way of improving their eye sight.
- young women must immediately inform their mothers-in-law about their pregnancy once they were aware of it. Failure to do so may result in the child or the grandmother or both becoming blind as punishment by ancestors.

They also came to associate other factors with the disease. There were no rubbish dumps in the village and litter was in abundance. Flies were all over the households. They also realized that the living conditions were to change if they were to combat trachoma. In the villages, they discovered overwhelming poverty that was the cause of ill health. Clean areas were found where people with income lived.

Getting into the community informed them of other concerns that people had. These were the incidence of diarrhoea, respiratory tract infections, malnutrition, worm infestation and impetigo.

This information is captured in a video cassette kept at Elim Hospital

The organization therefore aimed at informing communities about the causes, consequences and prevention of trachoma, diarrhoea, respiratory tract infections, malnutrition, worm infestation and impetigo. The organization also informed communities on ways of improving their living conditions including health. They

informed them about family planning, immunization, weighing of babies as a way of assessing the nutritional status of children, aspects that interfere with infant nutrition and treatment and prevention of dehydration amongst diarrhoea sufferers. The organization sought support from community leaders whereupon chiefs would call mass meetings and create a platform for the hospital team to present their views and invite contributions from the community. In this way volunteers to treat trachoma and all other ailments were identified. Vegetable gardens and poultry farming were started to combat malnutrition, cleanliness campaigns including building of toilets and digging of rubbish dumps (*amagoji*) were initiated and maintained.

To attend to the incomelessness, the women formed groups and made bricks and sold these to people wanting to put up cement brick houses and toilets. In some instances the women would get together to work in a communal garden under the assistance of the agricultural officer (*murimisi*). Vegetables realized from the garden would be used by member households and also sold to the community at a very low price.

As most of the women's time in Elim, like in all rural areas, is taken up by the search for water and fuel, the organization taught the women on how to address the issues of water and energy source. With these issues out of the way there would be time spared to clean their houses better. They were taught how to make and use wonder boxes. The agricultural section together with the chiefs helped them to dig boreholes and build reservoirs. This provided them with the much needed safe drinking water and reduced the incidence of diarrhoea whilst helping them to irrigate their garden produce.

Branch meetings were held every week

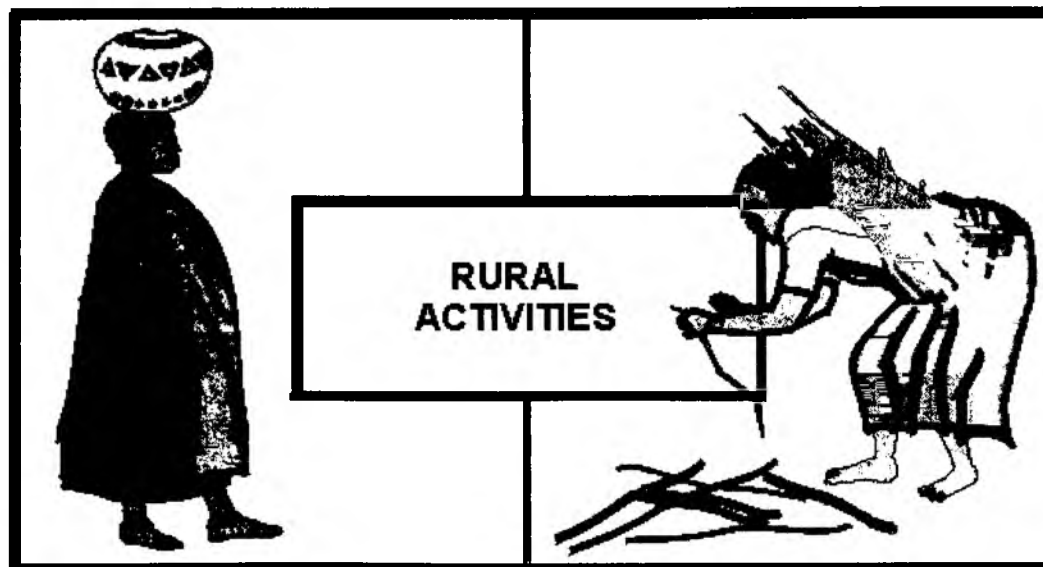
on Tuesday in the afternoon. Principles of formal meetings were observed. Each branch had an executive committee that consisted of: a chairperson, vice chairperson, secretary, vice secretary, treasurer and two additional members. Each woman in the branch was to take care of ten households by informing the households about health and ways of healthy living e.g. assist them in constructing a toilet, help them dig a dumping pit, assist them to keep themselves and their homes clean, teach them how to prepare the rehydration solution and how to administer it in cases of diarrhoea and dehydration, encourage breast feeding and inform women on proper nutrition of family members with emphasis on infant nutrition.. The woman had to assist them to establish a vegetable garden. The activities of individual women were recognized by initiating these women into the group in a graduation ceremony. A headscarf would be given to the women who have graduated to the membership of the Care Group. Community leaders were knowledgeable about the activities of the organization. In many instances they were involved in the initiation of projects, and chiefs in particular supported the organization's undertakings.

This organization also helped women to relate better with one another and through this cooperation, unity and sharing not only of ideas but of material possession developed amongst villagers. Cleaner surroundings especially at home and healthier children were appreciated by husbands who expressed this by increasing their visits from their workplaces. This assisted in maintaining the family structure otherwise disrupted by migrant labour.

Akanani Rural Development Association

The office of this organization was situated at Shirley farm, about seven (7) kilometers from Elim Hospital.

The key informants were the director of the organization and the project manager. These verified the establishment, organization and function of the organization. It was also heard that Mr Collins taught managers how to write funding proposals. The initial project was spear-headed by Mrs Collins who had observed that the women in the area were artistic as demonstrated by the decorations on the inside and outside of the walls of their rondavels. She introduced cloth painting translating the patterns from the walls onto cloth. Under this initiative two textile industries, **Tiakeni**



and **Twananani**, and other craft cooperatives were established as models for development. Women were taught to cut cloth according to pattern books, sew and sell clothes to the public. The organization also conducted literacy classes and taught women principles of production and marketing. From these, other needs were identified, like that of improving building materials used so as to put up solid safe houses that are also easy to clean. The women were taught brick making and brick laying, weaving and pottery. In this way money could be generated from other people other than those in Elim. Individuals as well as groups were assisted to set up small businesses. The weavers made wall and floor rugs as well as jerseys. The women doing weaving were introduced to the National Craft Association of South Africa. This association assisted them to identify relevant markets for their goods. At the time of investigation the organization, **Akanani**, was also helping the fruit and vegetable hawkers to build a market place where business could be conducted decently and comfortably.

Akanani groups were fairly small as most of the women went their different ways once trained. The organization was also willing to help individuals. In those cases where women got together to form cooperatives the members were eager to get their products on to the market. There were no regular meetings. Members met only when they felt a need and this could be a long time. The management committee served to mainly ensure that the environment was conducive for members to work in; so, during the few meetings there would be reports on equipment, cleaning up operation and toilet facilities available to members.

Community leaders did not know much about the organization and its activities. Those that had an idea were not sure of the operations therein.

The Impact Of The Organizations

From the interviews with the key informants, the information from the documents, videos, audio tapes, physical artifacts and field observation the organizations had each kept its focus and had contributed to the improvement of living conditions in the community. At the time of investigation through the Care Group's activities trachoma was seldom seen at Elim. Nearly every household had a latrine and a rubbish dump. There was piped water within 5 km walking distance for every household. On observation the nutritional status in the village was satisfactory.

Even though the main building material was still mudbricks and grass for roofing, there were many houses built of cement bricks and corrugated iron roofing. Some of the houses belonging to **Akanani** members had electricity, which factor improved their quality of life because there was amongst other things reduced floor dust and smoke from cooking fires.

Individuals had learnt life-long skills which they would not have done had they not belonged to the organization. Both individuals and communities attributed the improvement in sanitation, nutrition and health to the organizations' effort, especially the health focused organization. In the study, the people stated that the construction and use of toilets and the digging of rubbish dumps had greatly reduced the flies which are agents in disease transmission. The establishment of communal gardens, poultry farming, awareness campaigns in nutrition and immunization, improvement in the construction of dwellings all contributed to the prevention and reduction of disease. In accordance with Addo et al (1985) it could be stated that the history of **Hlanganani** was unfolding and the people were gradually being acculturated and transforming to western standards.

What was also found was that the Care Group had much more cohesion than **Akanani**. The Care Group received much support from the community as it addressed concrete problems. The origin of the organization was better understood by the people and in many ways acceptable as the people were involved from the start. The management structure was strongly supported by the government and provided a stable core. The uniform that the women had and the ceremony that was held to inaugurate members served to strengthen the bond amongst members and between the members and the community even further as these took a form of regional festivities.

There were factors that negatively affected the organization's functioning though. One of these was the close relationship of the organization with the government that sometimes interfered with the organization's charitable functioning. The fact that the executive was made up of fully employed people meant that they sometimes were not able to undertake tasks they were expected to perform as they had to put in a day's work for a day's pay.

Akanani on the other hand was completely non-governmental even though there was an indirect governmental in-

put in the educational programme. The Department of Education had to register the matriculation students receiving tuition from the organization. At the time of investigation, the organization was not well supported by the community because the initiators did not introduce their intentions through acceptable channels i.e chiefs. It was an initiative of a white man and this coincided with the political uprisings of the 1980s in South Africa. The offices were in the premises of a white farmer. The people became suspicious and, because the people were not at the time, in the habit of entering the white man's premises without permission, the organization was already inaccessible to the ordinary black person. During the 1985 political uprisings, politically active youths sought refuge in the offices. This action identified the organization with the then banned African National Congress and as there were policemen 24 hours around the clock at the place, older folk were afraid to associate with the organization. This is evidenced in the response of community leaders who are fairly old and at the time of investigation it still served as a perceived weakness in the functioning of the organization.

Summary of the Discussions

There seemed to be a number of factors which strengthen the organizations studied. For the Care Group these were: the presence of a full-time director who was a medical doctor and had a high status in the community, a centralized executive management that included community members and was linked to the most utilized Elim Hospital. For **Akanani** the ability to generate own funds and improve literacy served as great strengths for the organization. The organizations had addressed some key elements of primary health care. They had provided for health education especially of the prevailing conditions, nutrition and food provision, sanitation and supply of adequate safe water, family planning and immunization, control of communicable diseases and provision of essential drugs.

The factors which tended to weaken the organizations were their strong links and association with a controversial government and other structures and their inability to meaningfully generate income. For **Akanani** members the other factors that contributed to it being perceived as weak were lack of managerial skills, lack of identity as a group and poor support of members by the main organization.

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