N8.6



| | 1935 | 1936 | 1937 | 1938 | 1939 |
|---|---|---|---|---|---|
| DRUNKENNESS | | | | | 39,473 |
| ILLEGAL POSSESSION OF NATIVE L LIQUOR | | | | | 7,816 |
| MASTERS AND SERVANTS ACT | | | | | 18, 358 |
| LOCATION REGULATIONS | | | | | 20,635 |
| NATIVE LABOUR REGULATIONS | | | | | 25,066 |
| NATIVE PASS LAWS | | | | | 101,309 |
| NATIVE TAXATION | | | | | 48,668 |
| NATIVES (URBAN AREAS ACT) | | | | | 7,517 |
| Total convictions during the year | | | | | 268,842. |

adapted for X's essay on the Socio-Economic Aspects of Native Health

I come now briefly to my second part of the discussion, the prevalence of disease or disease carrying among the Africas.

Again we have to approach this part of the discussion from the point of the epidemologist and not that of the clinigian. We must try to synthesize our knowledge in order to see our problem in a comprehensive way.

In order to get a broad basis for our discussion, we must gather our facts wherever they have been proved. We shall make use of parallel experiences that throw light on our discussion from other countries.

Speaking generally, it is the aim and hope of the Union Public Health Department to carry out a satisfactory preventive medicine department. However, they only direct the Public Health Department and not the purse strings of the country.

In discussing this question of Health of the African we must ask ourselves questions whose answers must become as we develop the discussion.

Let us consider what has wealth or lack of it to do with health. Is education a factor in publich health? How far do occupation, income and housing contribute to their ill-health? How far does their income level permit them to supply for themselves the bare necessaries of life? Are they able to purchase and maintain their health and well-being by means of adequate food, suitable clothing, comfortable shelter? How far does their income-level affect their employability and health? What diseases, if any, would suggest that their income-levels and their education play an important part? Given good accomodation, are they able to maintain it? If not, why not? Once health is lost what means have they within their control to restore it? In other words, are they able to obtain regular and adequate medical care ? Is there any relation between nutrition and sickness among them? How does this affect their industrial efficienty, and what is its effect on their National well-being?

I believe that the prevalance and durationof illness among individuals, families or communities are conditioned largely by the income-level of the different classes.

Someone has said that "when the family income falls below a certain level, the standard of living rapidly declines." It is generally true to say that Health determines the wealth, progress and happiness of a people. From the public Health point of view or from the point of view of preventive medicine, wealth determines health.

Our emphasis, therefore, will not be on death rates or mortality rates, important though these are; but we wish to point out that

certain factors such as morbidity, imparred health, disablement, loss of earning capacity, chronic illness and finally death, are directly or indirectly influenced by social conditions and economic status of a people or community.

The difficulty is that there are no authentic authoritative vital statistics pertaining to Africans. It is all quess work.

In discussing this question, therefore, we shall draw from personal observations and the experience of others as well as the Union Public Health reports.

WHAT ARE THE CAUSES OF DISEASE? They are many and vaired. The cause may be (1) BIOLOGICAL (a) Bacterial and (b) Parasitic.
(2) ENDOCRINAL AND PHYSIOCHEMICAL DISTURBANCES.
(3) NUTRITIONAL DISTURBANCES AND DIETETIC DEFICIENCES/
(4) CHEMICAL POISONS AND IRRITANTS -INDUSTRIAL DISEASES.
(5) PSYCHOPATHOLOGICAL CONDITIONS.

However, of interest to our discussion are factors which predispose to disease, prepare the soil for infection to take place or for disease to develop.

Some of these factors are:-

(1) Income-levels which influence
(a) Food supply and nutrition;
(b) Fuel and clothing;

(2) Housing conditions;

(3) Overcrodwing;

(4) General economic and social conditions;

((5) Level of Intelligence or education.

Income levels determine the ability or not to purchase sufficient food, fuel and clothing. They have a direct bearing on housing conditions and the presence or absence of overcrowding. All things being equal, they also influence the social conditions, the level of intelligence or education of individual families or communities. When incomes fall or are absent people go with little or no food, they are scantily or poorly clothed, they cannot afford fuel, they cannot afford adequate accomodation, they 'double-up' to reduce expense and thereby lead to overcrowding and slum conditions. As a result they develop a bad state of nutirtion. They suffer from exposure, they drift into dilapidated premises that are often unfit for human habitation and prejudicial to

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health. They are 'packed up like sardines' with little or no amenities. They are devitalized. They become suitable soil for any infection or contagion that may begin. Deficiency of food supply leads to a bad state of nutrition, loss of efficiency for physical or mental work, reduced resistance to disease and even illneness itself.

The food deficiency may be primary, that is (a) inability to get food,(b) issuficiency of food, lack of balance or deficiency in food accessories or vitamins.

It may be secondary, that is, inability for the body to use the food due perhaps to phisiological disturbances or personal idiosyncracies.

Africans are suffering from malnutrition or starvation. The chief causes being overcrowding in the reserves arising from the operations of the Natives Land Act of 1913 and its 1936 amendment and Native Laws Amendment Act of 1937, (1) Leading to loss of pasture and cattle and therefore absence of milk supply.
(2) Low wages paid to Africans on farms, mines and industry in general.

The conditions must be serious because even the Native Affairs Commission reported that "the Commission has felt much concern at the signs of ill-health and general deterioration of the physique of the natives that are manifest in most reserves." In his annual report for the year ended June 30th., 1934 (see U.G.No 4L/34) the Secretary for Public Health, in referring to the excessive

We have sent our Tuberculosis cases to Sanatoria where they are treated and put under good regimen and food. They are however brough back to the conditions and environment that sent them to the sanatorium. The consequence is that most of thse cases seem to decline faster after this stimulation. Tuberculosis will never be cured by increasing the number of doctors without providing people with facilities to improve their environment and buy better food for them.

State medicine is useless whatever its control unless without land, food resources and other sources of production are also socialized and available for the benefit of every man woman and child irrespective of race or colour.

Other diseases from which Africans suffer from and die from are Respiratory Diseases indicating exposure, Typhoid Fevr indicating bad or lack of sanitary arrangements; Fyphus fevers a condition that spells overcrowding; Scurvy spells ignorance so that education in buying and preparing food is also important.