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Dr. Orenstein is also quoted as saying that the maintenance of a man, his wife and two children, one of five and one of two, is approximately 60/- a month. To this must be added of course rent, tram or train fares, and several other items ^{such as} ~~which~~ appear in the Johannesburg and Capetown budgets.

It is obvious that for the urban worker there is a big gap between what he ought to spend on the maintenance of his family and what he is able to spend. ^{The more the investigators examined, their results in the investigations proved the more ~~improved~~ they became because ~~there is~~ the gap between income & expenditure ~~is~~ ~~the~~ ~~rent~~ ~~represents~~ about 30% of his ~~own~~ earnings and if tram or train fares are added (since he is compelled to live some distance from his work), shelter alone takes over 40% of his wages. Compare this with the average of 18% spent by workers earning under 26/- a week included in Rowntree's study of Poverty in York ^{in 1899}. ⁽⁴¹⁾ In several of the smaller towns the percentage is not less, even though train or tram fares are not included, for wages are so much lower.}

The rent is thus a formidable item for the town Native, and it puzzles most ~~of~~ those who have grown up where shelter only costs the labour of the man and his family. The urban rents are generally determined by the high cost of White skilled labour used in erecting municipal houses, while the wages of the tenant are definitely related to wage rates fixed for "a standard of living compatible more with that of the tribal Native than that of a person living in a civilised community" ⁽⁴²⁾. With rents so high and wages so low it is clear that the difference must be made up either by savings on essentials or by additional forms of income or both.

There is enough evidence to show that, where there is cash available, the diet becomes more varied, and that the urban Native will adopt types of food that were unknown in Native life. Examples are to be found in the tinned foods ^(jam, salmon, sardines, corn beef) they will buy, and the vegetables ^(carrots, potatoes, cabbage) they will eat. It is in clothes that they tend ^{most} to adopt new things, and they will spend on clothes what ought to go for food. Clothes provide, the outward and visible sign of civilisation, of higher social position, ^{and} of respectability. A mother will scrape hard to buy shoes and stockings for her children to wear at school. A European child can afford to do without these in our climate; a Native child loses something in self-respect. The wearing of shoes and stockings may be unhygienic (especially when the shoes are so worn as to let in water) and extravagant, but they provide an incentive to family pride and

(40) Mid Paragraph 222.

(41) Poverty, Rowntree, page 244. Cf. also the following:- "The investigations of the U.S. Department of Labour indicate that for wage earners of this class (i.e. Negro labourers) rent should not exceed 20% of the total family expenditure"

Negro Problems in Cities, T.J. Woofter, page 124.

(42) Native Economic Commission Report, Addendum by Mr. T. Lawless

efforts. Lack of money shows itself more quickly in savings on food than on clothes.

The man's wages are supplemented by the woman's earnings, and, to some extent, by the earnings of the children. The woman takes ^mwashing^a or goes out to washer char. In many cases she also brews Kafir beer for sale. There is a very large ^{market} trade in Kafir beer but it would probably be a mistake to suppose that this trade is carried on by more than a minority of women. In most townships it is confined to a corner or a street, but in the slum areas of the towns most of the "yards" are pitted with holes in which beer is kept. It is difficult to give any estimate of the proportion of women who add to the family income by selling liquor or of the amount which is thus added to the income. There are "Skokisaan" ⁽⁴⁵⁾ queens who are said ⁽⁴⁴⁾ to be wealthy but the average return seems to be quite low.

Another form of income is that derived from lodgers. High rents in working class areas always leads to sub-letting. In those of our towns where the rent is particularly high there is to be found a great deal of sub-letting, and it is almost invariably a ^{source} of friction between the municipal authorities and the Natives, especially where a lodger's fee is charged. ⁽⁴⁵⁾ It is often a puzzle to find out just where the lodger sleeps. Sometimes a room is let to a family, in other cases the house is shared. As might be expected home life and moral relations are seriously affected by sub-letting and over-crowding.

The earnings of children are also turned to account. During recent years the opportunities of employment for the town children have been greatly restricted, not only as a result of the contraction in business through the depression but also as a result of the propaganda ^{for the} substitution of white youths for Natives.

As is the case with the very poor everywhere, and especially with the rural-bred new to town life ^{the} balance of the wages after payment of rent is ill-spent. The poor usually buy dearly, partly because they do not await favourable opportunities, partly because they buy in such small quantities, and not a little because they do not know what to buy and how to buy it. Rowntree and others have found that in the case ⁽⁴⁶⁾ of respectable working class families in Europe the wastage is, as a rule, very small. Amongst Natives there is considerable wastage even within their narrow range of food, clothes and furniture. In many homes the best use is not made of

- (43) Skokisaan is Kafir beer with Yeast ^{and} ^{various other ingredients, added to increase its}
- (44) An investigation (being carried on at the moment of writing) by Mrs. J.M. Hellman, Johannesburg, ^{shows a return of 1/- per month in a Johannesburg slum yard of about 1000 women, seems to bear this out.} ^{Detailed estimates are available at the moment of writing.}
- (45) The fee ranges from 1/- to 2/6 per month per lodger.
- (46) Poverty, Rowntree, page 226. One's own experience however is that amongst the poor as in other ranks there is considerable wastage.

articles purchased; food is allowed to become uneatable; clothes are allowed to fall into too great disrepair for further use; furniture is left unmended, goods are bought at prices far above their true value; articles are bought which are not really wanted and are soon discarded. Uneconomic buying and use from one cause or another are certainly contributory causes of poverty among the Native urban dwellers, as amongst the urban Poor White. The awakening of new desires in dress, food and recreation, particularly noticeable in recent years, results in extravagant buying. Pianos, bicycles, gramophones, are bought on the higher purchase system and too often both the money paid and the article bought are lost through the inability of the purchaser to continue instalments. These forms of wastage are the product of ignorance of the use of cash, ^{and consequent} ~~also~~ lack of appreciation of values; they are also due to the lack of experience of foods, clothes and other articles. As a matter of fact Natives are keen buyers within the range of their own experience, but rural people in towns are always confused on these matters.

One cause of uneconomic use is the lack of storage accommodation in the houses. In hot weather food suffers from exposure, clothes lie about to deteriorate. This lack of storage is due not only to the narrow limits of a Native house but also to the inability or disinclination of Native men to construct cupboards and boxes.

Another cause is the removal of Natives from shopping areas where there is wide choice and low prices. The poor always have to buy more dearly because they buy in such small quantities. In the case of the Natives this is often aggravated by the restriction of the areas in which they can do their shopping.

The cost of everything is also higher because of the extent of Native debts. If in the Reserves Natives get into considerable debt at the stores and have to go out of the Reserves to work off some of their debts, how much more likely are those, who live in our towns and are surrounded by temptations to purchase, to find themselves overcome with debt.

With high rents, uneconomic buying, undue credit and low wages, it will be realised that the economic adjustment of the urban Native is a considerable problem not only to the Native, but also to the Municipal authorities which have to provide housing for him.

There is more than a modicum of truth in the contention of the Native Economic Commission ⁽⁴⁷⁾ that the ~~urban~~ ^{in the town} Native is not so much better off than on the

European farm when, on the one hand, the urban living expenses are set off against cash wages, and on the other the cash value of privileges and perquisites on the farms are set off against the low wage. But no one can measure the value to the worker of freedom to offer or refuse his labour as he chooses, to have cash in the hand and to spend it as he pleases and to enjoy freely the company of his fellows after the day's work is done. (There is magic in cash, even though the use of it may bring disappointment and bewilderment.)

Problems of Social Adjustment

It need not be surprising then if these problems of economic adjustment to town life affect the efforts of the Natives at social adjustment into their new environment.

(a) Health

An important aspect of social adjustment is the maintenance of personal and communal health. There are no helpful statistics that would give any indication of whether Native health in urban areas is improving or not, nor is it possible to compare urban with rural statistics. There are many indications that Native health in rural areas is of a deplorably low grade. There is nothing to prove that it was ever better. Undoubtedly warfare and constant migrations - often hurried - the effects of certain social customs, low hygienic standards and the absence of medical science tended towards the elimination of the unfit, but the more varied diet, which seems to have been available in game and veld roots and herbs, and possibly greater physical effort in warfare and hunting and other exercises, may have more than counteracted the adverse conditions. There are indications that in certain areas the physique of the Natives has deteriorated considerably in recent years⁽⁴⁸⁾. It is noticeable that Natives who come from rural areas put on weight after a few weeks in mine and other compounds. The impoverishment of the Reserves as regards crops and veld foods, ^{and} the reduction in the milk yield of Native cows through inadequate pasturage must have had a profound influence upon the health and physique of the Reserve Natives.

In the towns the Natives would be better placed for varying their diet were they not so deplorably handicapped economically. The chances of starvation are probably less, for there are few - if any - Natives who will refuse to share. One of the things in White people that shock Natives is the need for charitable institutions, although these are now also becoming necessary for Natives⁽⁴⁹⁾.

(48) Cf. address by Dr. Hamilton Dyke before Conference on Training and Employment of Non-European Nurses convened by the S.A. Institute of Race Relations, Bloemfontein, June 1933.

(49) Native children find it difficult to understand why orphanages are necessary.

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Employers who issue rations to their Natives often fail to appreciate the necessity for anything beyond mealie meal and sugar. They believe that in the country Natives live on mealie meal only and cannot see why Natives in the towns should have more than that. They do not know that in normal circumstances the Natives in the Reserves have not lived ^{on} meal only. They also do not realise that in the towns the physical and nervous energy expended by Natives in prolonged and often very strenuous labour is vastly greater than in the Reserves, so that if physical efficiency is to be maintained it must be through the replenishment of the physical and nervous system by means of a suitable and adequate diet.

There is undoubtedly a great deal of ill-health amongst town Natives, but its extent cannot be gauged either by the official morbidity rates or by the vital statistics or by hospital returns. The fact that hospital returns in respect of Natives have grown enormously in recent years does not indicate an increase in the incidence of illnesses and disease amongst them, because far greater hospital and clinical facilities are now available to Natives than was the case five years ago; also the Natives are themselves turning more and more to seek the aid of modern medical science. When the Johannesburg Hospital Board built its hospital for Non-Europeans ^{in 1923} it was thought that perhaps the accommodation provided in the Native section was too great, but the hospital has been considerably enlarged since and in 1932 ^{11,500} Native patients were treated at the hospital.

In many towns the infantile mortality rates have given considerable concern. In some cases figures as high as 800 per 1000 (and even more) have been published. Such high rates have led to considerable controversy, their accuracy being sharply questioned by health authorities. Attempts to check the figures or to secure accurate rates have been rendered almost fruitless because organisation of the registration of Native births in urban areas is far from being effective. It is more than doubtful if births that take place in an urban area are all registered, while most if not all burials are registered; there is migration from town, and also many rural women bring their infants to the towns for medical attention usually at the last possible moment - and ^{many} ~~they~~ die there.

Some twenty municipalities in the Union have established medical and health services in their urban townships. Medical officers and nurses have been appointed to serve the Native populations, and their services are proving increasingly effective and more appreciated by the people. In some instances the municipalities provide these services by placing on the rent an additional charge of 6d. or 1/- a month. This charge is sometimes resented, the people continuing to call on the services of medical practitioners of their own choice and at their own expense, even though a free service is available. This increased medical and health activity has served to give prominence to the existence of ill-health and

(50)
disease amongst the urban Natives.

Medical Officers of Health, Medical missionaries and social workers at many centres say that ~~the~~ Native mother ^{are} is appreciative of instruction in health matters and that this is shown not only by their attendance with their infants at Clinics, but also by the definite progress evidenced in the care of children and the readiness of the mothers themselves to submit to pre-natal and post-natal treatment. They accept the trained help of nurses and midwives even though these are often young and unmarried.

Notwithstanding the development of medical and health services for Natives in urban areas, there is still a great deal of reluctance to seek medical help. The relatively high cost of medical aid has deterred Natives from seeking help and they too often postpone calling for help until it is too late for any effective help to be given. When free services are offered they are often ignored, either because the Natives do not understand that they are free - often they cannot be brought to believe that the White man will give anything without asking for something in return - or they think that the doctor they pay for must be better than the doctor who works for nothing!

The failure of hospital, doctor or nurse to cure the patient often causes the patient or his relatives to turn to the izi-Nyanga ⁽⁵¹⁾ or the aba-Ngoma. ⁽⁵²⁾ Social workers often ~~admit~~ ^{admit} that there is renewed belief in these "practitioners" and that there is a loss of faith in the efficacy of the White Man's power to heal and cure. The hospital and clinic returns do not support this view nor has there been any apparent increase in the number of the Native herbalists and witch-doctors. It is true however that patients often cease attendance at clinics because they have lost faith in the treatment.

Despite improvements in sanitation effected by Municipalities, generally there is no doubt that unsanitary conditions in urban areas are responsible for much ill-health. ^{Some} ~~In the country~~ ^{at these centres are} the African is particular regarding the disposal of ^{them} ~~his~~ excreta and does not willingly make habitual use of the same place. This is due in part at any rate, to the belief that secretions and excretions

(50) During these years of depression Native children in the towns seem to be very much thinner and less sturdy. This has been forced on the attention of the writer by the frequency with which "Pathfinder" (Scout) boys collapse after standing in rank for a short while. At a recent rally in Pretoria of 1,000 Pathfinders from the town and district the European spectators commented upon the poor physical appearance of the boys - their excessive slenderness and the many cases of lameless were most noticeable. A sample investigation conducted in a Native school by a lady doctor for a Committee of the Johannesburg Children's Aid Society revealed that out of 127 children examined at random, 100 needed medical attention and that there were 31 cases eye trouble, 50 teeth, 60 tonsils, 31 skin affections, 33 constipation, 12 heat.

(51) Doctors (Zulu terminology)

(52) Witch-doctors (Zulu terminology)

Except other tribes the practice is to use.

While this is not true of all tribes,

contain something of the personality of the person and may therefore be used for evil by an enemy. To the country bred person there is something revolting in the sanitary arrangements of the private closet, and particularly revolting in the communal latrines which are so frequently the only sanitary conveniences in some ^{Urban Native Locations} towns. This dislike is not lessened by ^{the Native's} his own ignorance of the proper use of sanitary conveniences which are so often loathsomely filthy because the people have not been trained to their right use. The communal latrines are not in themselves objectionable, but they are the cause of insanitary practices. On cold nights (especially in cases of sickness) they are too far and too unpleasant for use and so the nearest convenient spot is used. These insanitary conditions cause a good deal of illness especially among infants, ^{partly} accounting for the heavy incidence of enteritis. (53)

These years of depression have undoubtedly left their mark upon the health of the urban Natives. Their low dietary standard has been kept low by the economic pressure of low and reduced wages, loss of employment, increased rentals, and the high cost of medical aid, and by social ambition as expressed by the tendency to "put money on their backs instead of into their stomachs".

These forces have resulted in under-feeding, depressed spirits and ^{some} loss of health. There is however nothing to show that Natives in the towns cannot in normal times and in normal conditions, even with their present economic resources, maintain health and stamina. They give many signs of taking advantage of medical facilities when they are offered and of responding to health instruction when it is given.

(53) ~~Sanitary arrangements in the large towns of the Bechuanaland tribes are insanitary because there are ^{no} organized sanitary arrangements~~

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