

**GLOBALISING TENDENCIES AND TRAVELLING THEORIES :  
ADDRESSING SOCIAL DIVERSITY IN HOUSING AND LITERACY  
POLICIES IN POST-APARTHEID SOUTH AFRICA**

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**Abstract**

*The recent installation of a democratic government in South Africa and the consequent drive to social transformation to overcome the legacy of apartheid, created demand for the development of new social policies. While this opened a window of opportunity for local academics and others to engage in policy construction, it is also clear that much policy development has been influenced by contemporary international trends and ideas about the directions policy should take, not all of which are necessarily locally appropriate. This article compares and contrasts the effects of such trends and ideas in the three areas of housing, health and literacy policy construction and implementation. In all three of these areas there is a demonstrable need for policy to recognise and accommodate social diversity—a factor that features in much of the contemporary global literature on policy construction. Yet the ways in which social diversity is conceptualised in the international policy development literature, and the ways social categories are constructed, are often more reflective of metropolitan concerns than those at the periphery. The article examines the extent to which global ideas are entertained, adopted and adapted in the construction and implementation of South African policy, particularly in the three areas of special focus, and the extent to which recognition of local circumstances and social dynamics affect policy responses to such globalising pressures.*

**INTRODUCTION**

I have recently worked collaboratively as an anthropologist with two urban planning academics on a project that has attempted to contribute to local debate on the housing policy arena in South Africa (Spiegel et al

1994; 1996a; 1996b; 1997; 1999). Our particular concern has been to demonstrate the extreme diversity of housing need among the poor of Cape Town. We have done this by indicating the variety of forms that householding takes, whether for immediate contingent and pragmatic reasons or because people work towards the fulfillment of various 'life projects' (that are themselves often structured around long-term pragmatic considerations).

The exercise has revealed the extent to which post-apartheid South African housing policy tends on one hand, to pursue supply-side driven policies of a kind established in the latter years of the apartheid regime; and on the other, to assume that there is an almost homogeneous urbanising population that needs to be housed in very similar ways. Trying to understand the problem, my colleagues and I have sensed that at least in part, the current policies represent a continuity with international models of urban transition and of (increasingly outmoded) housing policies (once thought to be appropriate) to accommodate demographic processes associated with such transitions.

Our experience of trying to understand policy in the housing arena has stimulated our general concern with policy formation and implementation in other arenas. We have therefore recently begun to collaborate with academics who have attempted to understand the workings of aspects of (women's) health policy and of literacy policy in the 'new South Africa', so that some comparisons between these two arenas can be made with that of housing and with each other.

The present article draws together some implications of that comparison. I begin by briefly describing the policies in each of the three arenas, and the history and ideas (theories) that lie behind them. I then attempt a brief comparison and turn, in conclusion, to an analysis that builds on ideas about how theories transported from one context to another are transformed in their travel.

In all three policy arenas, the fall of the apartheid regime and its replacement with a fully democratic government has resulted in wide-ranging policy review, often influenced significantly by ideas derived from international agencies and perspectives. Yet there are clear indications of continuity with earlier policy and a lack of 'fit' between policy and need on

the ground. I suggest that at least in part, the lack of 'fit' is a result of the influence of ideas from abroad though not equally so for each policy arena.

### **Housing policy**

During the period of 'grand apartheid', housing policy for the African population was subject to the principle that Africans should have their homes in 'rural homelands' (bantustans) remote from the urban and industrial areas. However, as there was an extant urban-industrial African population (some with freehold rights that were subsequently removed), provision of urban housing was necessary. It took the form of mass construction of public rental houses in planned townships that could easily be regulated and controlled. In addition, provision was made for oscillating labour migrants to be housed 'temporarily' in single-sex hostels (almost all for males) in cities and on mines. In a very clear sense, the early apartheid housing policy was a continuity of colonial practice both in South Africa and elsewhere in sub-Saharan Africa. In that respect, from the 1960s onwards, it was fairly distinctive and increasingly out of line with ideas around the rest of the developing world at the time, particularly where colonial rule had been superseded.

The 1976 Soweto uprising led to a reconsideration both of the core principles of the apartheid policy and reformist attempts to use urban housing to create an 'African middle class' buffer between the predominantly white bourgeoisie and the predominantly African working class. One idea supported by the big business-funded Urban Foundation (a 'non-political', non-profit organisation intended to "promote improvement of the quality of life in urban [primarily African] communities"), was to create a commitment to the status quo amongst some Africans residing in cities through offering them greater security of tenure than before in their township houses. The intention was that they would participate in 'protecting' the cities from further massive influxes of population. It was an idea that failed as regards influx control. But it did establish the principle of 'self-help' housing provision.

By the mid 1980s both the apartheid state and big business had come to recognise the failure of earlier attempts to control influx of population to the cities, as ever increasing numbers of shanty areas appeared around the country's major cities.

Recognition gave way to yet another policy. It was to provide serviced urban sites in formally laid out townships, but with minimal 'superstructure' comprising a water supply and a latrine. The intention was to extend the 'reach' of state housing funds, an exercise approached through the establishment of parastatal agencies. One such agency, the Independent Development Trust, was able to increase the supply of 'housing' through the rapid provision, 'at scale', of some 100.000 serviced sites.

In contrast to the unrealistic assumption made in the early 1980s that it should be possible for many potential homeowners to acquire completed houses through conventional market processes, the IDT scheme recognised that a majority of African households would be able to acquire 'proper' or 'formal' housing on an incremental basis only, and therefore over time. The implication was that those households' members would live for the mean time in a shack or some other 'informal' structure. In addition, although the process of 'consolidation' would be undertaken by households using their own financial resources or 'sweat equity' (direct labour), it was accepted that the initial acquisition of serviced sites would have to be financed through one-off capital grants (Spiegel et al 1994). Initially these amounted to R7,500; by now they have been doubled, at least for the poorest (R1=US\$0.17—Jan 1999).

Behind the new policy, then, lay an assumption that tenants (later to become plot-owners) would construct their own homes on a 'self-help' basis using resources of their own rather than relying on the state for complete formal houses. Thus was laid the idea of incremental housing provision, an idea that resonated increasingly strongly with urban housing policies as they were developed during the 1970s for other third world countries with so-called 'emerging' economies and where a process of urban transition was said to be under way (see Turner 1968; World Bank 1974; Burgess 1992).

The same idea lies behind most aspects of present post-apartheid urban housing policy. In part it follows from ever increasing fiscal constraints that undermine the possibility of providing even sub-economic housing on the scale needed. This is despite the governing party's promises that a million houses will be built before the turn of the century. Indeed, even where sub-economic houses are built, they are designed as 'starter

houses' that occupants are expected to extend incrementally over time and as they accumulate resources.

In further part, the idea of incremental housing is built on an assumption that an urban transition model can readily be applied to South Africa's urban African population.

In other words, people in towns and cities are said to be committed to a personal and domestic developmental sequence that includes their own attempts to consolidate urban homes (while relinquishing any interests they may have in rural areas).

Furthermore, urban residents are thought to have found sufficiently large and reliable urban incomes to be able to make the necessary investments to undertake household consolidation in one city or town and not to feel the need to spread risk through a variety of social and economic investment (c.f. Berry 1993). As shown elsewhere (Spiegel et al 1996a; 1996b), such assumptions about income levels and commitment to urban living do not hold for much of the African population, at least in Cape Town (see Mabin 1990 for other parts of South Africa).

Angela Tait (1994) has indicated the extent to which the impetus for this model during the later years of apartheid came from the big business-funded *Urban Foundation* which drew heavily on models and theories about urban transitions and notions of incremental housing provision that were in currency in a variety of international 'development' arenas including the World Bank (1974). What is interesting is that these ideas continue to predominate, despite the change in government and in the face of local academic argument that such policies fail to recognise the heterogeneity of demand for housing in the working population at large. Elsewhere my colleagues and I have attempted to understand how the relationship between policy makers and academic researchers and the academic mode of discourse, constrain the admissibility of the latter's evidence in policy arenas (Spiegel et al 1999). Here my concern is with the ways global ideas about appropriate housing policy for third world countries associated with international pressures for fiscal control and monetarist macro-economic policies, have resulted in the persistence of

models for housing provision that do not easily fit with on-the-ground demand.

### **Health policy (especially women's health)**

The Apartheid era health delivery policy was most crucially marked by its division into virtually autonomous departments, divided up on the basis of racial and ethnic criteria. This was in line with the general apartheid policy that each racial/ethnic segment of the population ought to develop its own structures separately. By the mid 1980s, there were 10 separate state health departments associated with various bantustans ('homelands'), plus a further division of the core state health department into three (for Asians, Coloureds and whites). Separation of curative services from its poor cousin, preventative services, resulted in further fragmentation (Cooper 1997). Moreover, there was unequal provision of resources to the various segments (departments) of the public health service system.

Given the above health-policy history, recent public health policy has aimed at unifying health service delivery thereby trying to overcome the inequities of the past while simultaneously reinforcing a perspective that recognises the diverse demands of the population for health services. One way to achieve such a combination of intentions, it has been suggested, is to give precedence to primary health care in an integrated package of public health services that address basic health needs from within a context of severe budgetary constraints. Emphasis on primary health care has directed special attention to the needs of young children and of women, with a special (but not exclusive) emphasis on women's reproductive health service delivery—a sector that is no longer to be confined in principle to pregnancy and childbirth as it was previously (*ibid.*) done when public health concern for women's health was limited to issues of fertility, contraception and maternal illness.

The policy switch to an holistic approach to women's health issues derives from two intertwined factors. The first has been an increasingly international strident voice, particularly from the women's movement since the 1980s, for a move towards emphasis on a life-cycle approach to women's health; that is a perspective that looks at both socio-cultural factors affecting women's health and at those derived exclusively from sexual biologies. Secondly, that voice became part of South African

women's opposition to the kinds of public health care delivery and services that were available under apartheid, although—as Walker (1995) has recently shown—womanhood and motherhood have been blurred in South African women's political discourse. The blurring is a factor that has reinforced the old understanding of woman's health as primarily to do with fertility and maternity. In 1994, the same year as South Africa's first democratic elections, a consultative process was set up to formulate women's health policy. It provided opportunity for the definition of women's health to be broadened so that by 1997 "women's health policy recognises a wide variety of women's health issues and acknowledges differences amongst women users' health needs" (Cooper 1997:12). As Cooper goes on to point out, this has been achieved through the involvement of the local women's movement and is in keeping with global women's health trends.

Yet, Cooper adds, at the level of implementation, a strong emphasis on women's reproductive and maternal health remains (see Walker 1995), and, importantly, health service delivery is still often structured from above with little if any engagement with clients and their own perceptions of need. In part, Cooper argues, this is the product of archaic management structures and budgetary limitations; in part it is the result of an attitude, particularly amongst the lower levels of health professionals, that they are experts whose work it is to inform their 'ignorant' clients and that way to direct their behaviours, rather than to engage them as equals. Clearly, then, there is something of a gap between women's health care policy and rhetoric and its practice. We need to ask why this should be so, and whether it is the result in any sense, of introducing global ideas about health delivery services to the South African context without considering that context carefully.

### **Adult literacy policy**

Until the dying years of the apartheid regime, adult literacy training was not on any state agenda, although big business had shown some interest in terms of workforce training. Moreover, various opposition NGOs were directly involved in developing and implementing literacy training packages, often with support and funding from international agencies.

The situation changed dramatically with the transition to democratic rule. Policy was soon established that education should include a sector of

adult basic education and training (ABET). Its establishment followed concern that the adult population was inadequately educated to support the hope for developmental thrust of the country, or even to participate as full citizens. These sentiments echo strongly those about lack of literacy in an internationally circulating modernist narrative: "illiteracy is a threat to freedom and prosperity, a barrier to social and economic development, a blight on the social body" (Kell and Prinsloo 1997:1).

Working from the principle that fewer than four years of primary education provides less than functional literacy, policy makers have calculated that about 15 million South Africans (a third of the total national population) are functionally illiterate.

Given that apartheid education policy in the country at large discriminated most severely against African people in particular, and against blacks in general, extrapolations are that the 15 million illiterate people are almost all black, and the vast majority of those are African. Their illiteracy is thus seen as a further deficit characteristic to a range of others that is apartheid's legacy for black people.

ABET policy makers are therefore faced with an enormous task, not only in numerical terms but also in terms of wanting to use literacy training as a basis for empowerment that will overcome a legacy of deficit in many more arenas than just the educational. One way to deal with it has been to attempt to desegregate the assumed target population and to argue that those most 'in deficit' (that is, in need of literacy intervention) include rural people and women and black rural women in particular (Malan 1997).

This is where models, rather than empirical understanding, have been brought into consideration. Two models have been used. Both provide an easy dichotomisation (probably a too easy dichotomisation) that has helped to focus attention of literacy providers. And both draw from international ideas about the nature of social development and change, particularly in the (industrialising) third world.

The first is a version of the urban transition model whereby it is assumed by ABET providers that very limited modern development in rural areas means that there has been inadequate opportunity for rural residents to



have been through formal school education, and that this leaves them more 'in deficit' than people in urban areas. The second is a model based on the idea that women are universally disadvantaged so that in terms of literacy, women have been particularly disadvantaged in their efforts to obtain the benefits of modernity through formal education. Studies of literacy levels in various other parts of Africa have demonstrated that women have indeed been so disadvantaged (Malan 1997), although the finding is not universal for the whole continent. Understanding the effects of the migrant labour system on women left behind in rural bantustan areas has emphasised their general marginality in the mainstream economy (e.g. see Sharp and Spiegel 1990). Again extrapolations have led to assumptions that, that marginality includes lack of literacy.

Yet recent studies of people's literacy practices have shown that these assumptions are incorrect and that those who most feel a sense of deficit in terms of illiteracy are urban men resettled from rural areas (Malan 1997) rather than rural women who have not moved. As has occurred in the housing arena, however, such findings have not readily percolated into policy revision.

### **Social diversity and the problem of policy 'fit'**

All three policy arenas are marked by clear lacks of fit between policy, particularly policy implementation, and demand for services. In particular, much policy has failed to recognise or come to terms with the diverse demands that are made on the services it proposes to offer. Moreover, all three arenas have been influenced by models drawn from international literature. Yet those influences have been differently incorporated from one arena to the next. Why those differences?

As indicated, the demands and pressures of the women's movement, both local and international, have had a marked effect on the nature of public health policy in that they have drawn policy makers' attention to the diversity of demand for health services. Concerns that much medical practice, even that relating to women's health, has long been dominated by men, have led to concerted efforts to redefine the parameters of women's (and children's) health and to incorporate social-psychological with biological factors. Health delivery policy has therefore already faced the issue of diversity, at least in terms of a division between men, women and children.

Yet in practice, concern with diversity stops at that point. Indeed, even at the policy level, the intention to extend women's health care to social-psychological aspects is overshadowed by its focus on maternal health. In that respect local 'popular' theory about the role of women as mothers, translated in turn into activist rhetoric about the role of women in the struggle (see Walker 1995), has combined with other factors to constrain in particular ways the influence that global theory has brought to bear as regards recognition of diversity.

Furthermore, and as indicated earlier, lower level health practitioners in South Africa continue to be unsympathetic to issues of what might be understood as class difference, and to see themselves as representatives of an all-embracing, all-powerful modern global science. In that respect, the power of global theory, both in terms of medical science generally and in terms of feminism in particular, have blinded health delivery practitioners and policy makers to the need for recognising (and thereafter accommodating) other markers of social diversity that are a feature of local southern African conditions. Modernist narrative is so hegemonic that it all but obliterates any other, at least at formal policy making levels.

A similar argument applies to the arena of literacy policy and ABET, where combined global and local theories about the racial, gendered and locational (urban versus rural) nature of the South African population have led to attempts to disaggregate the 'target' population for adult literacy intervention. As in the health policy arena, the theories have helped to recognise certain fission lines. In this instance, however, that recognition and its translation into policy is marred in two ways. Firstly, it is flawed by an underlying acceptance of the modernist teleology that underpins much development thinking (see Escobar 1992; 1995; Rist 1997) so that illiteracy is associated with marginality (black rural women), even where that is empirically shown not to be the case, that is, that there is no necessary preponderance of functionally illiterate people amongst rural women.

Secondly it is flawed by assumptions that make for a characterisation of illiteracy as necessarily one of deficit. Not all people who lack formal schooled literacy experience that condition as one of deficit. The second flaw is associated with the theories' structuralist biases that lead to

assumptions that social categorical boundaries are fixed rather than in flux, and that individuals targeted for intervention will necessarily require and want the intervention because they feel a sense of the same deficit that policy makers attribute to them.

A growing body of empirical evidence in South Africa is showing the contingent nature of such a sense of deficit on the ground (Prinsloo and Kell 1997). It has also begun to reveal that literacy intervention (or ABET) cannot alone hope to transform prevalent gender relations that *perpetuate women's social marginality within particular classes of the population, even when women are highly literate* (Malan 1997). Indeed, indications are that social transformation of that kind can only come if a whole basket of coordinated interventions is implemented simultaneously so that 'integrated development' can occur.

Yet that in turn raises questions about the modernist intentions behind such transformative intervention strategies and their appropriateness in circumstances such as those of contemporary South Africa in its late twentieth-century global context. The example of women's health shows how difficult it is to implement aspects of global modernist policy that run counter to local practices and ideas about social relationships. And some of the material from studies of housing need has shown too that people's strategic and tactical local practices are often more in tune with the everyday insecurities and flux of life than are the modernist ideals towards which policy makers appear to strive.

Precisely those same questions about the appropriateness of modernism are therefore raised by recognition of the limitations of housing policy in South Africa, and its apparent inability to come to terms with the diverse demands for housing that manifest amongst the country's poor. The incrementalist approach that presently prevails, and indeed any attempt to supplant that with a policy aimed at larger-scale mass housing provision, is clearly enmeshed in theories of modernisation that might well not be appropriate to contemporary South Africa, but that continue to prevail there precisely because they draw from global ideas about the need for a kind of 'development' that is almost universally accepted as an unconditional good (Rist 1997), and that is commonly associated with urban industrialism, economic growth, orderly administration etc. It is surely for that kind of reason that urban transition models continue to

hold sway, even when the empirical evidence indicates that they are severely impaired as means of explaining contemporary social processes.

While globalisation is often understood as the effects of late capitalist expansion on local political economies, I prefer to open up our understanding of the term to include all the processes whereby ideas and practices from dominant parts of the world expand their reach across the globe (c.f. Cheater 1995 who cites Giddens).

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## CONCLUSION: THEORIES THAT TRAVEL

In a recent article about the hegemonic character that marxist ideological modernism has taken in contemporary China, Mayfair Yang (1996) has drawn very usefully on Edward Said's notion of 'traveling theories' (Said 1984). Said's argument is that theory developed in one social context--one place and time--is always transformed when it moves into another context. His example focuses on how Lukac's (1923) work and ideas

about reification and the need for critical consciousness, conceived in the crucible of his experience as a 1920s middle-European activist, have been transformed in sentiment and applicability through the work of his students, especially Lucien Goldmann (1955). They have applied it to quite different issues and contexts, and in doing so have transformed its vitality into the basis for a more structuring and limiting mode of analysing literary materials. Said's central point is that in its journey from the middle European activist context of Lukac's life to the literary-historical scholarship context of Goldmann's work the former's theory has been 'degraded': degraded in the sense of losing its vitality through Goldmann's conversion of Lukac's "insurrectionary, radically adversarial consciousness into an accommodating consciousness of correspondence and homology . . . [that] mutes the latter's [Lukac's] almost apocalyptic version of consciousness" (Said 1984:236).

By contrast with Said's interest in the literary, Yang's focus is with on-the-ground application of grand theory to a particular social situation. It thus more readily informs my present discussion, with its concerns with social practice and policy construction in an emerging democracy. Yang's argument is that the potentially enlivening and locally empowering ideas of Marxist-Leninist theory have been so overly structured into an hegemonic ideology in China that they have lost that very potential.

In all three policy arenas discussed here, the global-international theories or ideas that have been brought to bear in the construction of local South African policy were all premised on assumptions that they offered opportunities, if not for wholesale empowerment then at least for participation and engagement that in itself would empower. Yet, the ways they have been imposed and inserted into local conditions have tended to undermine the possibility of their achieving their promised potential.

Indeed, there are indications that, without careful consideration of the ways that they are inserted, they may experience worse than merely having their potential undermined. They may actually disempower those they are intended to assist. As Wendy James (1999) has recently pointed out, efforts to empower often entail simultaneous processes of disempowerment.

In today's apparently global world there is a marked tendency for theories about society to be transported, easily and rapidly, from one context to another. Yet commonly little, or inadequate, attention is paid to the local conditions into which they are injected, and which alter their very nature and efficacy. Similarly inadequate concern is given to the ways that those alterations recreate the very theories, either by re-enlivening them or by stultifying them. South Africa today provides a useful case in point, as the material discussed earlier suggests. The country's recent emergence from an extended period of relative isolation, and the fact that its democratic transformation has opened up, indeed demanded, review and reconstruction of policy in a variety of arenas means that there has briefly been space for global theories, some of which were previously untested in the country to become the basis for new policy.

The South African example thus offers opportunity to follow the paths those theories travel and the transformations that they undergo as they interact with various local theories and practices. It therefore provides a good testing ground for the argument that a theory's transportation from one time and place may lead to its own transformation and a change in its analytical efficacy.

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