

THE VALUE OF HEALTH EDUCATION IN BANTU SCHOOLS AND ITS ATTENDANT PROBLEMS

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I wish to thank the Soutpansberg Branch of the Medical Association of South Africa for its kind invitation to me to be present at this very important conference and to make some contribution, however humble, to the vital subject which is the theme of the conference. It is a significant invitation, perhaps the first of its kind in the history of the Medical Association. I am deeply appreciative of this kind gesture made not only to me personally but, what is even more important, to the section of the South African population to which I belong, and also to the institution on whose staff I am privileged to serve.

Perhaps my family doctor and friend, Dr. Moolman of Pietersburg, spoke wiser than he knew when, some 4 years ago, he observed that Turfloop might yet help South Africa solve her most baffling and perplexing problem, namely, the problem of the peaceful co-existence of her many national and racial groups within the boundaries of one state. In the nearly 5 years of its existence Turfloop has entertained South Africans from all walks of life. Here at Turfloop I have had the privilege of meeting and speaking to representatives of such well-known South African organizations and institutions as the Voortrekkers, the Rapportryers and Bantu Affairs Commissioners. The last time I spoke in this hall I had an audience representing Rotarians, Round Table, Lions International, Freemasons, Chambers of Commerce, the Jewish community, as well as 6 major South African churches, English- as well as Afrikaans-speaking. Today the Medical Association has added another link to the golden chain of mutual consultations. At Turfloop are to be found science laboratories which are second to none at comparable institutions in this land. At Turfloop has been established this laboratory of human relations to which your Association has come to make its distinctive contribution.

Medical Services among the Bantu

In the building up of a healthy and happy South Africa, the medical profession has played, and continues to play, a role second to none. It is common knowledge that the first Whites who laboured among the Bantu were the Christian missionaries. Not only were these early missionaries from Western Europe concerned with the Christianization of the heathen Bantu of South Africa, but they were also mindful of the physical needs of the people in those days when epidemics of disease were the scourge of humanity. Most missions insisted that there be a medical man among the missionaries sent out to Africa: indeed many missionaries combined the roles of minister and doctor. The monuments to their sacrificial labours are dotted all over the length and breadth of our country in the form of mission hospitals.

Private medical practitioners have rendered no less outstanding service. On behalf of my people I wish to thank you for this labour of love. May your tribe increase!

Origins of the Bantu School: Its Function

I have been asked to speak on the role of the school in the building of a healthy Bantu society. It is a vast subject and one on which I am not qualified to speak. I can only

make random observations and suggestions as befits a layman. But first I must introduce you to the Bantu school.

The chief function of the school is to transmit the culture of a community from its mature members to its immature ones. By culture we mean here the whole life of a community. It includes the way of obtaining, preparing, and eating food, making and wearing clothes, using language, making love, getting married, and being buried. It also includes law, literature, art and religion. Education is in fact nothing other than the whole life of the community viewed from the particular standpoint of learning to live that life.

But this description does not fit the facts concerning the Bantu school. Bantu schools were initially established by the early Christian missionaries not for the purpose of transmitting and perpetuating the traditional cultures of the Bantu, but rather to convert the Bantu from their traditional way of life. Missionaries founded schools as an essential part of their work of evangelization. Converts to Christianity were required to turn their back, like Christian in Bunyan's *Pilgrim's Progress*, on the traditional life of their people. Deep-rooted traditional practices, such as initiation, the *bogadi* (lobola) and polygamy, were frowned upon and proscribed by the missionaries.

Health education features in the earliest curricula of Bantu mission schools. But like so many other subjects in Bantu schools, hygiene was taught theoretically by way of the recitation method, a method which, by and large, still characterizes much of the teaching that goes on in Bantu schools today. Often a lesson on ventilation is conducted in a classroom in which all inlets for fresh air have been securely stopped. A lesson on disposal of refuse is conducted in a school where there are no sanitation arrangements of any kind. The last statement is true of all the primary schools around Turfloop. Pupils are warned of the dangers of drinking water from streams and dams, and yet there is no source of pure water within miles of the school. It is under such conditions that Bantu teachers must teach healthy living. What a task!

The Bantu Community

I have tried to give you a glimpse into the conditions in the average Bantu school. I must now remind you of the types of homes and communities from which the schools draw their pupils. I use the word *remind* advisedly, because all of you here know more about the conditions in our homes than I can tell you.

As has been stressed in another paper earlier this afternoon, present-day Bantu society is not homogeneous: it is heterogeneous. At the one extreme are communities which still live under primaevial conditions, while at the other end is found a steadily growing educated and economically well-off class of people whose standard of living compares favourably with that of the other races in our land. For our present purpose we shall focus attention on the Bantu who live in the Bantu areas, the homelands.

Thirty years ago, in 1934, there was held in South

Africa an Education Conference under the auspices of the New Education Fellowship, an international body. The theme of the conference was 'Educational adaptations in a changing society'. To that conference, in which Dr. W. W. M. Eiselen also participated, the late Prof. D. D. T. Jabavu read a paper entitled 'The child as he comes to school'. He described the rural Bantu child as a vigorous youngster, born of a hardy Spartan mother, who spent most of her day-time in the open air. Fed on a diet in which starch, proteins, milk and vegetables were well-represented, she bore children gifted with a robust physique.

What a change for the worse has taken place in the generation since those words were spoken! Gone indeed are the days when the following description of the rural Bantu's diet, as given by the late Dr. A. B. Xuma to the New Education Fellowship Conference obtained:

'Formerly the people's diet was simpler, coarser, harder and better balanced, consisting chiefly of mealies and *amabele* (kaffircorn) grain. The mealie was eaten as a whole grain, the green ears roasted or boiled . . . Sour milk was mixed with mealies or kaffircorn, milk being then abundant. . . . They also ate fibrous roots and wild fruit and berries. Venison and other meats were eaten . . .'

A diet to make one's mouth water!

And from what kind of environment do the schools draw their pupils today? Dr. Bernard Squires writes as follows of Sekukuniland, which is typical of many Bantu areas today:

'At one time the country was covered with bush, today there is little left; it abounded with game: there is practically none today; the country was not so dry or eroded as it is today; and the old men say that "there was not so much sickness among the people".'

Bantu Health

The most comprehensive and authoritative survey made of the health of the Bantu of South Africa was undertaken by the Commission for the Socio-Economic Development of the Bantu Areas—the famous Tomlinson Commission. This is not the place to go into details about the findings of the Commission on the health of the Bantu, except to say that this section of its report makes sombre reading. It told of the high incidence of eye diseases and of blindness; the prevalence of gastro-intestinal troubles including typhoid fever; of the scourge of venereal diseases, tuberculosis, bilharzia, malaria and trachoma, especially here in the Northern Transvaal.

As a result of these wasting diseases we find that the child as he comes to school is in a most unsatisfactory state of health. Visit a Bantu school at about midday and you will not fail to be impressed by the sorry sight and the unpleasant odour that will greet you. The pupils are listless, apathetic and bored. Many have come to school in the morning from distant homes and they have not had a meal: they will get their first meal—and perhaps the only one for the day—when they return home after school. The meal of mealie-meal porridge, the ill-clad body, the tiring walk from school—these and other factors are not calculated to improve the Bantu child's physical and mental strength.

This, then, is the environment from which the average Bantu child comes to school. What must be done to arrest this process of human wastage and soul erosion? What part can and must the school play, and what part the community? I have time to make a few suggestions only.

HOW THE SCHOOLS CAN HELP

Because the school exists in a community, the people there should be better people physically, socially, mentally and spiritually. But the school can achieve this desideratum only with the cooperation of the community. In the words of the Eiselen Commission Report on Native Education, the school teaches the virtues and merits of modern hygiene; the traditional family knows nothing of this. The school teaches modern agricultural theory; the traditional family is both unable and unwilling to allow this practice.

The Teachers

Schools and teachers are needed who can identify themselves with the interests and activities of the community. In the matter of health education children should not only be given theoretical knowledge in the classroom, but they should be required to put it into practice in the community. The recitation and lecture methods of teaching must be replaced by the more effective problem and project methods. The community school should use the community as a laboratory for learning. I said earlier that at none of the primary schools around Turfloop does one find sanitation facilities. To relieve nature, resort is still had to the bush. It requires a little initiative on the part of teachers, acting in concert with the parent community, to provide these necessities for healthy living.

School Feeding

As one of the post-war, new-deal measures, the Government of South Africa introduced a school-feeding scheme for children of all races. I was headmaster of a large combined primary and secondary school at the time the school meal was introduced and for 10 years thereafter. I have first-hand experience of the great difference that the midday school-meal made to the health and vigour of the children. The discontinuance of the scheme must account for much of the ill-health that afflicts Bantu children today.

School Health Service

In recent years the Department of Bantu Education has set up an efficient psychological testing and guidance service. Attention has thus been given to the mental health of Bantu pupils. It is a well-known fact that physical and mental health are closely related. It seems high time that thought be given to the establishment of school health services in the form of conveniently-sited clinics manned by nurses and other health assistants. Thought should also be given to the appointment of school health inspectors.

AWARENESS BY THE COMMUNITY

The school alone cannot hope to achieve much: the community, too, must be made health conscious.

Culture

As far back as 1934, Dr. P. A. W. Cook, presently an Under-Secretary of the Department of Bantu Education, pleaded for a 'cultural mission', consisting of experts on education, sociology, agriculture, health and social work,

to be sent to study the problems of the Bantu community, to understand its culture and to suggest how it could be used; to discuss local problems with the adult members of the community, and to win the chiefs for social progress. He also pleaded for the introduction of schools for adults where, besides the three R's, such subjects as marketing produce, care of cattle, cooperative buying, etc., could be taught in a practical way. In that way he hoped that the Bantu population would, in the words of the Native Economic Commission of 1930, be freed from their reactionary conceptions—animism and witchcraft, certain phases of the cattle cult, the 'doctoring' of lands as an alternative to proper cultivation, and all the mass of primitive fears and taboos, which are the real reasons for their backwardness.

Efforts have already been made in that direction but they have been, for the most part, sporadic and isolated. The Tomlinson Commission recommended the establishment of a Bantu Health Service, as a State undertaking, but supplemented by private medical doctors, dentists, nurses and other practitioners. Acting in part on the recommendations of that commission, the Government has launched a 5-year plan (1961/62—1965/6) for the development of the Bantu homelands. It includes town development, irrigation and water supplies, afforestation, soil conservation, fibre development and many other projects besides. What is wanted is a crusade, an all-in effort, to rid our people of those things that make their lives nasty, brutish and short.