

ABSTRACTS

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Mental Illness on the African Continent: An Overview

Until the last two decades there was a tendency upon the part of western professionals to see mental illness as a western problem; to believe that severe depression and psychotic illness, especially schizophrenia, "belonged" to post-industrialization, to the stresses of the modern world. The golden myth of "primitive man" being relatively free of severe mental illness was reinforced by cultural "blinkers"; the earliest research carried out described an exotic form of psychosis that was not considered related to western concepts of schizophrenia and completely failed to identify depression.

Recent further research has proved that severe mental illness is a universal problem. In the developed world schizophrenia occupies more hospital beds than any other disease or health issue and yet, until recently, there has been very little money spent in research. With the increasing interest in recent times of western professionals in severe mental illness in the developing countries the old myths have finally been put to rest but some facts have emerged which may prove valuable to the care of those who experience mental illness both in developed countries and developing countries.

This paper aims to give a brief comparative overview on severe mental illness, the similarities and differences between Western countries and African countries treatment regimes and outcomes, and to highlight where research stands at present.

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"Unity Talks" in Apartheid Sport: Consultation or Contrivance?

The National Party and the African National Congress have begun pre-negotiations - the process of removing the obstacles to negotiating a new constitution for a post-apartheid South Africa. A similar dual process has also commenced between non-racial and multi-racial sports organisations, notably in cricket, rugby, soccer and tennis, to prepare for South Africa's readmittance to international sport. The prerequisites for negotiations in sport have been determined by the National and Olympic Sports Congress (NOSC), a recently formed member of the non-racial sports movement aligned to the Mass Democratic Movement, and include adherence to the sports moratorium and an agreement to form a single controlling body for each sport. This paper analyses the latter, a process popularly labelled "unity talks."

The multi-racial sports movement has adopted the rhetoric of non-racialism but it does not share the philosophy or the objectives of the non-racial sports movement. The multi-racial movement idealises sport as a panacea for all social diseases, including apartheid, and identifies it as a social practice autonomous of apartheid's realities. Within this philosophy unity talks are simply a contrivance to gain readmittance to international sport, the arena from which South Africa has been so effectively isolated by the non-racial sports movement.

The non-racial sports movement conceptualises sport as a social practice subject to the structuring effects of the particular social formation and rejects outright any notion of the autonomy of sport. Although the non-racial sports movement is bound by a common philosophy it is divided over strategy. The South African Council on Sport (SACOS) contends that apartheid and non-racialism are irreconcilable and unity talks can only begin after apartheid has been abolished. NOSC, which has quickly established itself as the dominant tendency within the movement, argues that the normalisation of sport and the breaking down of apartheid can occur simultaneously. NOSC's objective is to use sport in consultation with the masses to help transform apartheid and to develop post-apartheid society. The Zimbabwean experience suggests that unity talks, under the rubric of building of non-racial and democratic social structures, should proceed and should be independent of broad constitutional and political initiatives: a decade after independence sport in Zimbabwe remains racially fragmented and with few exceptions elitist and under white domination.

DR ANNE COLES

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Handling Drought: the Sub-Saharan Experience

This paper discusses traditional and modern mechanisms for handling drought, the development of early warning systems for detecting unusual food shortages and measures required for famine prevention. Examples are taken both from the Sahel and from the SADCC countries.

DUDUZILE V. DLAMINI

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Marriage Patterns and Reproductive Behaviour in Swaziland

Certain developments which have a bearing on reproductive behaviour have been noted in some countries of Southern Africa. Earlier studies had revealed a marriage pattern characterised by late and not so universal marriage in one of these countries, namely Botswana. This marriage pattern is atypical of the countries of Sub-Saharan Africa. Empirical evidence points to the fact that marriage is early and universal in Sub-Saharan Africa characterised by proportions still unmarried of three percent or less after age group 25-29 years. It has emerged from the present study that the same marriage pattern revealed in Botswana, prevails in Swaziland. The forces that have led to this development in the countries of Southern Africa are yet to be fully explained. Although this marriage pattern has led to a high prevalence of childbearing outside marriage in Swaziland, the fertility of single is lower than that of married women.

PROFESSOR NORMAN ETHERINGTON
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Penetrating Africa

Philip Curtin's celebrated study *The Image of Africa* (1964) demonstrated that images of darkness, jungle, and "tropical exuberance" came to pervade European writing about Africa by the first decades of the 19th century. This paper argues that the development of new technologies permitting white men to travel safely through the continent spawned a parallel and contrasting European discourse about Africa in the late Victorian period. The language used by explorers, speculators and imaginative writers feminized the African landscape, presenting it as a "ripe" continent waiting to be "opened up."

DR G.W. HOWARD
 Formerly of the University of Zambia

Water Usage in the Zambezi Basin - Sharing Resources for Development of the Frontline States

The watersheds of the frontline states and South Africa are mostly contained within the Zambezi, Limpopo and Orange River Basins. The Zambezi Basin is by far the largest and contains more than 20 million people in Angola, Botswana, Malawi, Mozambique, Tanzania, Zambia and Zimbabwe. The rainfall is much higher in the northern part of the Zambezi Basin while water usage is not similarly distributed - either for drinking, irrigation, etc. or for hydropower.

The concept of transferred water (and hydroelectricity) will be discussed together with the needs of states both within and outside the Zambezi watershed. Ownership of the water resources will be considered and the necessity for cooperation in its usage by all involved countries. Plans for a Zambezi River Authority will be reviewed as well as the prospects for cooperative resource management and the role of SADCC - now and in the future.

ANTHONY REID
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Zimbabwe: Repatriation of Refugees Before and After Independence

One important aspect of the increasingly bloody nationalist struggle in Zimbabwe during the 1970s was the mass exodus of refugees to neighbouring states. This paper examines the internationally-sponsored return home of such refugees in the context of profound political change which led to Zimbabwe's independence in 1980. On the one hand, the paper is a fairly self-contained study of the repatriation of refugees to one country, Zimbabwe. On the other hand, the paper seeks to relate the Zimbabwe experience to general notions of voluntary repatriation as a durable solution, which has been strongly promoted in a general sense by the international community since the early 1980s.

MOCHEKOE STEPHEN RAMETSE
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Changing South Africa: Towards Resolution of the Nationalism Question

Eurocentric definitions of a nation are inapplicable in Africa, especially South Africa. There is no absolute ethic about nation-building. Historical perspective reveals denationalisation of the black majority in South Africa. Different approaches to the national question in South Africa reflected by different political groups. National question interconnected with development of capitalism. Present negotiations focus on national construction of one-nation state. Interest of the De Klerk's government is protection of minority rights. Non-racial capitalism seems a likely possibility as opposed to what others have referred to as an impossibility of a deracialized capitalist system. Independent South Africa will require a strong interventionist state to redress centuries of socio-economic imbalances.

DR PAUL RICH
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Black Liberalism in South African Politics: the Case of Natal, 1930-1960

This paper examines the role of black liberal political leaders in Natal from 1930 up to the banning of the ANC in 1960. It focusses upon those members of the detribalised kholwa who sought to modify some of the evolutionary and progressive assumptions of Cape liberalism to fit a situation in Natal where the entrenchment of racial segregation increasingly drove black leadership to seek a power base on populist and ethnic lines. The paper looks in particular at A.W.G. Champion, Albert Lithuli, Selby Msimany and Jordan Ngubane as differing examples of this political ferment among the kholwa, who did not pursue a single set of class interests as some scholars such as Shula Marks have contended.

DR CHRISTOPHER C. SAUNDERS
University of Capetown

South African Strategy and Namibian Decolonisation

After briefly situating Namibian decolonisation in the context of the history of decolonisation in southern Africa since the 1960s, this paper will raise issues relating to why South African policy to Namibia changed over time. It will present arguments as to why Pretoria in the early 1970s moved away from incorporating the territory as a fifth province of the Republic and instead accepted the idea of independence for Namibia as one country; why the South African government agreed to the Western Plan in April 1978; why United Nations Security Council Resolution 435 was not implemented for a decade; and why in 1988 South Africa agreed to implementation.

**MEHRETAB TEKIE
AUSTCARE**

The Eritrean Refugee Problems in the Sudan: Issues and Challenges

The war between Eritrea and Ethiopia has been going on for more than a quarter of a century, leading to hundreds of thousands of Eritreans to flee to the Sudan and other countries. At present there are about 600,000 Eritrean refugees throughout the world, among which 75% are in the Sudan and the remaining are in OECD and the Middle East countries. The international response is concentrated on seeking solutions to the refugee problems within the context of exile. Addressing the root causes of the problem is relegated to the background.

In the Sudan assistance policy is based on placing refugees in organised settlements. However despite the governments decision only 35% of the Eritrean refugees are accommodated in such settlements. Most settlements are not very viable because of:

1. inadequate international assistance;
2. fragility of the country's social and economic infrastructures;
3. wrong site selection;
4. lack of institutional capacity to cope with the magnitude of the problem.

Some Eritrean refugees have begun to return home particularly in view of the EPLF's recent military victories and its secure control of large rural areas. However, necessary assistance for rehabilitation is not provided.

**DR KLAAS WOLDRING
University of New England**

Southern Africa: Federalism as Prophecy and as Practical Reality

1. An assessment of the present situation following the election of President Willem de Klerk and the release of ANC leader Nelson Mandela. A tenuous climate of negotiation is emerging (talks about talks) in which decisions have to be made about escalating civil war, compromises, total surrender of long-held positions by whites or integrated problem solving strategies in which all stand to gain.
2. An examination of a number of theories on federal government, especially the one advanced by William Riker about the making of the federal bargain. A further examination of the position taken by the National Party supposedly based on the group consensus decision-making theory as advanced by Arend Lijphardt (implying a minority veto).
3. Development of the proposition that some form of federal government for Southern Africa is both feasible and desirable for most groups and factions - and perhaps likely - as it could provide a framework for majority rule, the further staged dismantling of Apartheid and economic progress. Federalisation will be advanced as an integrative conflict resolution device as well as a contractual arrangement for a new state.

DR KEN BAILEY
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Health Issues in Africa South of the Sahara

Health problems in African constitute a serious social and economic burden. The obvious dominant problems are the communicable diseases including the ubiquitous diarrhoeal, respiratory and skin diseases and malaria; and a wide range of tropical parasitic diseases of which the commonest are intestinal worms, schistosomiasis, onchocerciasis (river blindness), trypanosomiasis (sleeping sickness), guinea worm, amoebiasis and the AIDS virus. Underlying these are general or protein-energy malnutrition and some specific nutritional disorders especially anaemias and deficiencies of vitamin A and iodine. There are very high rates of infant, young-child and maternal mortality, hundreds of times higher than in industrialised countries. Conditions surrounding childbirth are often bad, and maternity services are often not available.

Historically, health services for the common people were negligible before the advent of independence. In the first decade of independence most countries made rapid strides establishing a network of health centres which covered the whole country with some sort of service, through mobile clinics as well as local health centres and district hospitals. But in the last decade economic adversity forced most of the mobile services to stop; health centres are often without any significant supply of medicines, and many health posts no longer have health personnel. On the other hand since the Alma Ata Conference on primary health care, held 12 years ago, efforts were made to develop primary health services at village level through village health committees and primary health workers, concentrating on self-reliant approaches at community level. These have been partially successful, at least in some countries, in meeting the health needs and aspirations of the people.

While mortality and morbidity rates declined by 10-50% during the 60's and 70's, this decline generally stopped or even was reversed during the 1980's. This is due to a combination of factors such as general economic crisis in the countries; widespread drought, seriously affecting more than half the countries; and equally widespread warfare or civil strife. Besides these there are economic structural adjustment measures in most countries, resulting in reduced funds available for the health sector; declining food production per head; and rapidly growing population. (around 3% p.a.).

In the last 5 years the WHO Regional Director for Africa, Dr. G. L. Monekosso, through the WHO Regional Committee annual meetings, led the countries to develop first a three-year scenario of health development at district, intermediate and central levels; and now, a five-year plan of health development through improved management, training and health research (1990-1994). In recent years there have been several examples of successful action such as the elimination of smallpox, increased immunization coverage (from about 20% to about 50%), community-based growth monitoring of children and nutritional surveillance, and modest increases of coverage by water and sanitation programmes. Training of health manpower has increased tremendously. There are more than 50 medical schools, each with a curriculum more or less well adapted to local conditions.

There are still tremendous needs, especially for mobilisation of communities to address their own health problems, to protect and improve the environment and to ensure adequate nutrition. The greatest challenge of all is AIDS. For all of these activities there is a great need for more finance at all levels - local, national and international. The African Health Development Fund was established this year to promote direct support to communities for self-reliant health development activities.

This, in brief, is the strategy now adopted by WHO and all Member States in the African Region, for attaining health-for-all by the year 2000.

