

# Review

A photograph of a medical professional wearing a white coat and a surgical mask, using a stethoscope to listen to a young girl's chest. The girl has dark skin and is wearing a plaid dress. The background is a clinical setting.

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## UNDERSTANDING SA'S HEALTH CHALLENGES -

HARNESSING LOCAL KNOWLEDGE

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# EDITOR'S NOTE



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Over the last two centuries, scientific advances, including the development of antibiotics, vaccines and antiretroviral medication, have significantly improved life expectancy. And the expansion of agriculture and food production has enabled us to produce enough food for all.

Yet, millions of people still go hungry and die from preventable and treatable diseases. This is because scientific knowledge is never enough to reduce preventable illness and death. The multiple factors that influence people's health and their access to modern medicine and health services have been studied by social scientists for many years, including those at the HSRC.

In this edition of the *HSRC Review*, we feature articles on various health-related challenges and the need for new and unique approaches to tackle them in the South African context. We also include a selection of articles that focus on 'intellectual liberation', emphasising the need for a more inclusive way of producing and consuming knowledge at academic institutions.

## Understanding Rwanda's recovery

Also touching on health outcomes, Prof Ivan Turok writes about Rwanda's remarkable economic recovery since nearly a million people were killed in the 1994 genocide. Life expectancy there has risen, child mortality has dropped and the number of underweight children has been halved. On a recent study visit to the country, Turok learned more about local drivers of development in the country, including community participation in regular civic campaigns and a managed approach to urbanisation.

## Malnutrition: it is about quality food

According to the [World Food Programme](http://www.worldfoodprogramme.org), the world is producing enough food for everyone, but one out of nine people still goes to bed on an empty stomach and many suffer from some degree of malnutrition. Also in South Africa, many go hungry, yet obesity levels are soaring, fuelling lifestyle diseases such as diabetes.

Among the articles in this edition of the *HSRC Review*, Dr Peter Jacobs emphasises the need to measure healthy eating in South Africa and people's awareness of the nutritional content of

foods. Catherine Ndinda and Dr Sikhulumile Sinyolo write about the importance of agro-food policies for the prevention of non-communicable diseases, which influence the type of foods produced and their availability in the local market.

## Knowledge: what are we missing?

A few years ago, at the height of earlier debates around the decolonisation of education, a student [called](#) for the "scrapping of science" during discussions hosted at the University of Cape Town. She was mocked relentlessly on social media. It is debatable whether the public discourse on decolonisation has matured since then, but academics have been questioning the way in which we produce and consume knowledge for many years. At the 2018 Science Forum South Africa, HSRC researchers and other academics spoke about the requirements for 'intellectual liberation'.

They warned against a blind embrace of technology, which creates a world of instant gratification with little space for reflection, different opinions, humour or compassion. The presenters emphasised the role of the public intellectuals who engage with society about its problems in addition to their academic pursuits, and of artists and African thinkers who have not been afraid to speak truth to those in power.

One presenter spoke about the need for inclusive public spaces that support knowledge production. Another warned that being inclusive should not give a platform to anti-science religious zealots, such as some right-wing religious nationalists in India.

## Ethics

An inclusive approach to research, where respecting the dignity of the most vulnerable people in society, is crucial. We include in this edition an article on the importance of research ethics. This is particularly important in South Africa with its history of human rights abuses and disregard for local truths. The definition of what ethical research entails is not static and will probably always have to be questioned and refined.

Please feel free to share your thoughts with us, using the contact email addresses provided below each article.

Antoinette

**Cover:** A school nurse checks a student's health. Friendly health-care workers can help adolescents to exercise their right to make decisions about their bodies, especially around sexual and reproductive health. Photo: Nduati.githae, Wikimedia Commons

# Rwanda's CLEANLINESS SIGNALS A BROADER DEVELOPMENTAL AGENDA

Rwanda has become a poster child for all-round progress in Africa, against all odds. This small, agrarian country of 12 million people is landlocked, hilly and lacks mineral deposits. Nearly a million people were killed in a notorious genocide in 1994. There has been a stunning recovery since then, with GDP growing at 6.8% a year since 2003, one of the highest rates in the world. The proportion of the population below the poverty line has fallen sharply from 57% in 2006 to 39% in 2017.

Rapid economic growth has been accompanied by impressive progress in health and other aspects of human development. Child mortality has been cut from 181 per 1000 births in 2000 to only 38 in 2017. Life expectancy has risen steeply from 48 in 2000 to 67 in 2017. The prevalence of underweight children has been halved from 20% in 2000 to 9% in 2017. These striking health outcomes have been matched by similar improvements in education. For example, the proportion of children completing primary school has risen from 23% in 2000 to 76% in 2017.

## Leadership

The received wisdom is that Rwanda's remarkable all-round development is attributable to a determined national government under visionary leadership. President

Rwanda has made remarkable progress in health and other domains over the last 25 years. This is usually attributed to a determined national government under single-minded leadership. On a recent study visit to the country, it became clear that there are two important local drivers of development as well: community participation in regular civic campaigns and a managed approach to urbanisation. This has fostered social solidarity and helped to create more efficient and liveable cities, writes Prof Ivan Turok.



An informal settlement in Kigali, Rwanda  
Photo: Prof Ivan Turok

Paul Kagame has provided central direction and built strong state institutions implementing rigorous performance disciplines. The focus of his modernising agenda has been on the long-term, collective interest, with zero-tolerance of corruption and mismanagement. The government has also pursued an expansionary fiscal stance by borrowing heavily to invest in health, education and public infrastructure.

Yet, Rwanda's resurgence has not been a one-sided story of centralised planning and top-down control. Sustained and inclusive development in any country cannot be driven exclusively from the centre. Progress is rooted in the capacity of individuals and institutions to adapt to their context, overcome obstacles and unlock opportunities.

The existence of bottom-up processes that respond to popular concerns and harness the energy of the people has been neglected in most accounts of Rwanda's success. These processes are being studied by the HSRC in a major research project with the University of Rwanda and other partners.

### Community participation

For visitors to Rwanda, one of the most striking features of its urban areas is the clean streets and tidy

pavements. The neat, well-maintained city centres, suburbs and informal settlements are unusual in many other parts of Africa, where it is common to see litter lying around and piles of uncollected waste. Many African leaders have applauded the spotless public spaces and wondered how to replicate this achievement. It is often asserted that stringent laws and harsh fines for littering are the key.

But there is a more important reason for Rwanda's clean cities. Making places hygienic isn't just a fetish for cleanliness. It has been an essential mechanism for mass participation as part of the drive for socio-economic reconstruction. Widespread involvement in regular clean-up campaigns has become a social custom.

Once a month, every adult is expected to contribute to communal projects, from repairing roads to clearing choked ditches and enhancing the environment. Such activity also includes building and maintaining public facilities and infrastructure, such as clinics and schools. Everyone from top politicians and senior officials to ordinary citizens dons their overalls and pitches in.

Projects are organised and monitored by local neighbourhood committees.

Funding for any materials and equipment required often comes from residents who can afford to make a contribution.

This kind of home-grown self-reliance is particularly valuable in a context where state resources are stretched.

### Repurposing *umuganda*

Kagame has built on a long tradition of *umuganda* to forge a sense of national cohesion through community service. *Umuganda* literally means people coming together for a common purpose. The idea is to foster a spirit of collective responsibility and civic pride by working hand-in-hand on practical local schemes.

The initiative stems from the 1994 genocide, when nearly 1-million Rwandans were wiped out over a three-month period. During that disastrous episode, leaders exhorted ethnic Hutus to do *umuganda* and kill minority Tutsis and Hutu sympathisers.



Repurposing the concept of *umuganda* is helping to undo the legacy of social division and motivate citizens to get involved in collective actions that promote trust and belonging. Additional measures help to increase safety and hygiene in public spaces, such as a ban on single-use plastics. Street traders are encouraged to operate from serviced premises and there are restrictions on disruptive kerbside activities.

### **Urbanisation support**

Interestingly, there is another even more significant feature of the drive to make Rwandan cities more liveable and integrated. The effort signals a strong vision of the country's future path to development. Kagame's government has embraced urbanisation as a vehicle to speed up Rwanda's transformation from an impoverished rural society to a prosperous modern economy. Encouraging people to move from the countryside to the cities makes it easier to provide decent jobs, hospitals, training colleges and other public services.

The emphasis on civic order symbolises a concerted agenda of urban reconstruction. Major investment in quality roads and other infrastructure is laying the foundations for well-functioning cities. Leaders know from experience elsewhere that carefully managed urbanisation can spur productive activity and generate income,

whereas haphazard urban growth is a recipe for congestion, contagion and serious environmental problems.

The central business district of Rwanda's capital city, Kigali, is being reconfigured to support office development, business services and technology-based enterprises. Hotels and shopping centres are expanding to accommodate tourism, leisure and commercial activities. Large industrial estates are being built on the outskirts to attract inward investment and enable firms that currently occupy overcrowded inner city sites to grow.

Upgrading informal settlements is also part of this agenda. Installing water and sanitation networks, stormwater drains and local access roads will enhance the quality of life for low-income communities. Better schools and clinics are other neighbourhood priorities. One cannot help being impressed by the scale of investment and upkeep of public amenities.

To plan and manage rapid urban development, capacitated city governments are being established, led by highly competent officials and energetic young mayors. Meanwhile, the banks have been encouraged to expand the provision of mortgages to accelerate house building. The state social security fund has also made substantial investments in housing and other property development.

### **Aligning top-down and bottom-up processes**

One's enthusiasm for Rwanda's approach is tempered by certain

reservations. A tendency for top-down decision making can undermine human rights. Several informal settlements have been relocated to the urban periphery without consulting or compensating the residents. Street vendors, beggars and homeless people are also periodically rounded up for 'rehabilitation'.

Sometimes the zeal for modernising is also overdone. At one point, thatched roofs were declared obsolete and people were obliged to replace them with corrugated iron, despite its inferior insulation properties. The housing boom has also focused on the upper end of the income spectrum, raising concerns about a potential property bubble.

Nevertheless, Rwanda's view of the city as a platform for progress is inspiring. Determined leadership at local and national levels is championing an urban agenda that builds commitment to a more prosperous future and fosters civic involvement in the process. Efforts are being made to link urbanisation and participation to the national strategy for economic growth and poverty reduction. Other African countries have much to learn from Rwanda's remarkable recovery.

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*A manicured main roundabout in Kigali, Rwanda*

**Photo:** Prof Ivan Turok

# Food for all:

## *The need to measure healthy eating in SA*

Ensuring that everyone consumes a nutritious diet for a healthy life is a fundamental socioeconomic and human right entrenched in the South African constitution. However, realising this right is difficult without appropriate information. We need reliable facts about the extent to which people consume balanced diets, writes *Dr Peter Jacobs*, who investigated recent data on nutritional intake in South Africa.



**S**outh Africa's 1996 constitution protects and promotes the right to food for all, but is silent on the right to adequate nutrition. Yet, the common understanding is that Section 27 incorporates the right to a nutritious diet for a healthy life, and this understanding has been entrenched in the government's recent National Policy on Food and Nutrition Security.

Communities, civil-society actors and academics have questioned the extent to which South African authorities are succeeding in realising this fundamental human right. At the conceptual level, does a food production or balanced dietary-intake approach guide policy? At the level of fiscal expenditure, to what extent is government spending improving the food and nutrition status of people? In terms of metrics and methodologies, how useful are the information-collection instruments and indicators for identifying malnourished populations, especially children in poor households? We need to think through and link how the concept of food- and nutrition-security informs the design and implementation of policy, state funding and corresponding measurement tools.

### A global priority

Realising the right to adequate food and nutrition has evolved into a global priority. It is entrenched in the United Nation's Sustainable Development Goals (SDGs), with its emphasis on restructuring how agro-food systems work to achieve food- and nutrition-security for all. The SDGs also call for drastic cuts in food waste and global greenhouse gas emissions generated by dominant systems of food production, distribution and consumption.

For several years before the SDGs came into effect in 2016, India and Brazil had already taken exemplary steps towards adequate food and nutrition. Their governments have pioneered overarching food- and nutrition-security legislation, coupled with fit-for-purpose action plans. In the adopted laws, comprehensive and holistic approaches to food- and nutrition-policy have displaced the old focus on agricultural output. This integrated approach shows in how these countries govern their food- and nutrition-policy interventions. It is evident in a shift from reliance on agricultural ministries to broad-based stakeholder involvement in grassroots execution and coordination of action plans, ranging from health-care facilities to civil-society actors.

*The catch of the day provides a healthy source of protein. Researchers need to measure nutritional status and people's awareness of the nutritional content of foods.*

**Photo:** Rodger Bosch, Brand South Africa

The National Policy that South Africa adopted in 2014, seems to follow these global trends, at least partially, in its strategic intent. In addition to prioritising the availability of, and access to, enough food for zero hunger – a condition when a person consumes the quantity of food consistent with dietary energy requirements – the policy also promotes healthy diets, which is synonymous with balanced nutrition and ending hidden hunger.

### Measuring healthy eating

What evidence is there to show that this policy is beginning to help improve the food- and nutrition-security status of the population? It is hard to answer this question without suitable indicators and measurement tools. However, regular measurement of access to diverse foods for healthy diets is costly and poses technical difficulties widely examined in the literature. Table 1 summarises the strengths and limitations of prominent sources relied upon in policy and research circles. No single survey collects information on every dimension of food- and nutrition-security for each member of the population. Moreover, the surveys vary so much in their respective designs and frequency of use. These methodological problems do not allow for exploiting their complementary strengths.

In terms of popular use, the General Household Survey overshadows the rest, mainly because it covers almost every dimension of food- and nutrition-security. But, despite its popularity, its shortcomings include not collecting any data on food prices, nutritional awareness and nutrient intake.

**Table 1: Main sources to measure food- and nutrition-security in South Africa**

Information source	Frequency (collect/disseminate)	Food and nutrition security dimensions and scope	Analysis unit
General Household Survey <sup>1</sup>	Annual	Hunger experienced; food affordability (access); coping strategies; food variety (24h recall); aggregate household farming	Household
Community Services Survey <sup>1</sup>	Irregular	Hunger experienced; food affordability; coping strategies	Household
Living Conditions Survey <sup>1</sup>	Irregular	Access (food affordability) PLUS aggregate household farming	Household
Income and Expenditure Survey <sup>1</sup>	Five-yearly	Food affordability (access)	Household
Food Price Monitor <sup>2</sup>	Quarterly/annually	Food affordability (access)	Sector/commodity/agro-food products
South African National Health and Nutrition Examination Survey <sup>3</sup>	Once-off	Nutritional health (BMI); food access (affordability)	Individual; household
National Income Dynamics Study <sup>4</sup>	Panel data		
(Waves 1-5)	Food access (affordability); aggregate household farming; BMI	Individual; household	

**Note:** '1-4' indicate the agency responsible for the design and administration of the survey. 1= Statistics South Africa; 2= National Agricultural Marketing Council; 3= HSRC; 4= University of Cape Town (SALDRU).

### Household statistics

Statistics for 2012 to 2017 show that just over one-fifth of South African households did not have enough money to satisfy their food needs. The trend was consistent with evidence of bygone years: food insecurity was more pervasive in rural areas, as a substantially higher share of rural households were unable to buy enough food, as reported in Table 2. Using the same food access and affordability yardstick, the number of food-insecure urban households increased from 1,71 million (17,72%) to 2,15 million (19,02%) households during this period. A deepening level of money-metric poverty is not the only explanation for nutritious food becoming unaffordable to more households. Structural causes of food-cost inflation are compelling drivers of this food-affordability crisis. Export-oriented farmers, food-processing corporations and supermarket monopolies control the agro-food value chain. Weak institutional governance of the food system allows them to collude and manipulate food prices to maximize corporate profits as repeated bread and dairy price scandals reveal.

**Table 2: Share of households that ran out of money to buy enough food (food access/affordability)**

Year	Urban (%)	Rural (%)	Total (%)
2012	17,72	27,54	20,84
2013	18,47	29,60	21,95
2014	18,77	29,80	22,20
2015	19,25	29,46	22,39
2016	19,25	28,19	21,97
2017	19,02	26,94	21,41

**Source:** Statistics South Africa (2012-2017) General Household Survey

### Strategies to avoid hunger

When people are unable to secure enough nutritious food, their instinctive reaction is to limit their vulnerability to extreme hunger or starvation. Typical responses include skipping meals, eating smaller meals, cutting the varieties of foods consumed or a combination of these coping responses. The logic behind these strategies makes sense: to stretch the available food until the next uncertain meal. Reduced food variety, as reported in Table 3, mirrors trends highlighted above and points to hidden hunger (undernutrition plus obesity) becoming more acute. Compromising dietary diversity in a context marked by excessive consumption of ultra-processed starches, meat, fats and sugars works against efforts at combatting child malnutrition (stunting, wasting and obesity) and other diseases of lifestyle associated with empty calories. Malnourished consumers in South Africa do not benefit from an entrenched food regime that exports the best quality agro-foods and imports ultra-processed foods.

**Table 3: Share of households that cut food variety to cope with food insecurity**

Year	Urban (%)	Rural (%)	Total (%)
2012	17,51	23,78	19,5
2013	17,99	27,41	20,94
2014	17,60	26,19	20,27
2015	18,05	26,33	20,60
2016	18,21	25,46	20,41
2017	17,24	23,36	19,09

**Source:** Statistics South Africa (2012-2017) General Household Survey

### Conclusion

South Africa is far from realising the global aspiration of securing nutritious food for all. The country needs to couple direct state assistance for food and nutritionally insecure households with substantial investments in better-quality information collection, processing and dissemination tools. Once-off yearly surveys cannot properly measure the diversity of foods accessed and consumed. It is crucial that researchers also measure nutritional status and awareness of the nutritional content

of foods. This shift in thinking needs to begin with an integrated and dynamic approach to the political economy of food- and nutrition-security that goes beyond the narrow limits of counting total food output.

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**End Note:** This summary draws on an invited presentation delivered at a seminar of the Legal Resources Centre to explore prospects for litigation on realising the right to adequate food and nutrition.



A food trader serves up food in Johannesburg.

**Photo:** Chris Kirchhoff, Brand South Africa

# PREVENTING NON-COMMUNICABLE DISEASES: The importance of agro-food policies

Non-communicable diseases (NCDs) are the leading cause of deaths globally and in South Africa. Since 2013, the Department of Health has been implementing a number of legislative and regulatory interventions to reduce the prevalence of known NCD risk factors in the general population. But NCDs remain a challenge. *Catherine Ndinda and Dr Sikhulumile Sinyolo* write about the importance of agro-food policies for the prevention of NCDs.

**G**lobal evidence suggests that unhealthy diets increase the risk of people being affected by NCDs. Fruit and vegetables are important components of a healthy diet, and according to the World Health Organization, the intake of a minimum of 400g of fruit and vegetables per day can reduce the occurrence of chronic diseases such as heart disease, cancer, diabetes and obesity. Yet, South African households consume limited quantities of fruit and vegetables.

The reasons why households have less healthy diets include a lack of access to, and knowledge about, healthy eating, the unavailability and unaffordability of healthy foods, and the power of the global fast-foods culture. For example, if healthy foods are expensive, households resort to the consumption of what is affordable and not necessarily nutritious. Often, these cheaper substitutes are processed foods, which are high in salt and fat content.

## The impact of policy

In 2012, Prof Corinna Hawkes, director of the Centre for Food Policy at the City, University of London, and a team of researchers from the UK and Australia, wrote in the journal *Food Policy* about the link between agricultural policies, obesity and non-communicable diseases. They emphasised that food supply chains, which influence food availability, affordability and acceptability,

should be oriented more towards encouraging healthier eating. The fight against NCDs requires policy coherence not only within one sector (the health sector, as is currently the case in South Africa), but also across sectors such as food production, distribution and retailing. But, are the agricultural and food policies geared towards NCD prevention in South Africa? To start with, is there commitment and are there clear policies to tackle NCDs in this country?

## Policies to tackle NCDs

A study, which was funded by the International Development Research Centre from 2014 to 2016 found evidence of government commitment to dealing with NCDs since the 1980s. However, efforts in tackling the NCD crisis only gained momentum in the 1990s, after the transition to democracy and the formation of the NCD directorate in the Department of Health.

Although unhealthy diets are not explicitly tackled, several food-related NCD policies were formulated to control unhealthy diets such as those with high salt, high fat and high sugar content. In 2013, the Minister of Health approved the amendment to the Foodstuffs, Cosmetics, and Disinfectants Act, 1972. In terms of the amendment, the country would reduce the salt content in processed foodstuffs such as bread, noodles, potato crisps, processed meat,

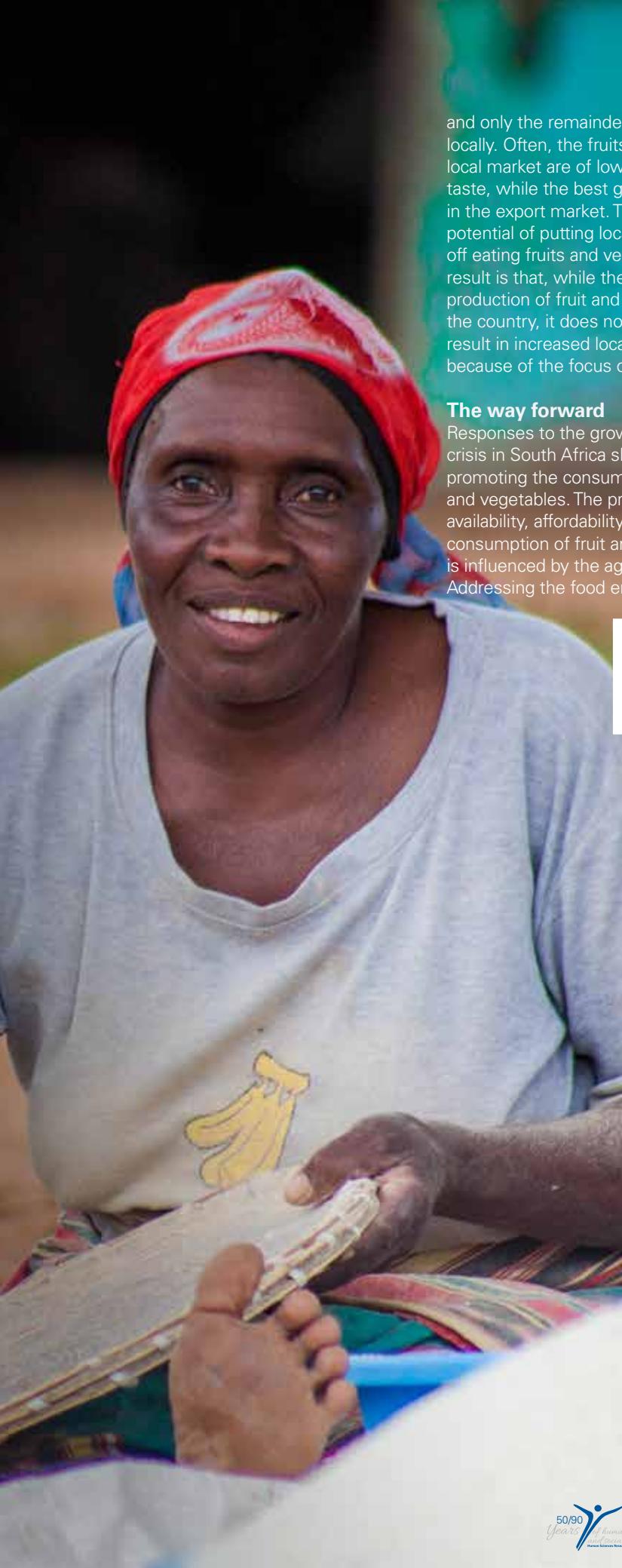
sausages, read-to-eat-snacks, soup powder, gravy powder and stock cubes. This was because illnesses such as high blood pressure, heart attacks, and vascular dementia were attributed to high salt intake. The taxation of sugar-sweetened beverages was also implemented as a strategy for the control and prevention of obesity.

## Agri-food policies

South Africa's policies on agriculture, food and nutrition tend to focus on addressing the challenges of hunger and malnutrition. However, most food policies were designed long before NCD policies targeting unhealthy diets came into existence. Furthermore, the food- and nutrition-policies were formulated in isolation from the NCD prevention and control policies. These scenarios pose a challenge to efforts directed at NCD prevention and control.

## Trade policy

Trade policies in South Africa also play a central role in determining the type of foods produced and their availability in the local market. For example, the focus on export-oriented agriculture, advocated for because of its potential to create jobs to address the persistently high unemployment levels in the country, can discourage the selling of fruits and vegetables in the local market. For example, 72% of total fruits produced in South Africa is sold in the export market,



and only the remainder (28%) is sold locally. Often, the fruits sold in the local market are of lower quality and taste, while the best grades are sold in the export market. This has the potential of putting local consumers off eating fruits and vegetables. The result is that, while there is increased production of fruit and vegetables in the country, it does not necessarily result in increased local consumption, because of the focus on exports.

### The way forward

Responses to the growing NCD crisis in South Africa should include promoting the consumption of fruits and vegetables. The production, availability, affordability, and consumption of fruit and vegetables is influenced by the agri-food policies. Addressing the food environment is a

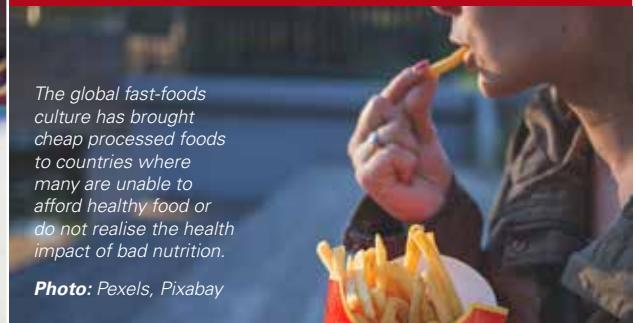
critical step in dealing with unhealthy diets that contribute to NCDs. Through policy analysis and empirical data collection, a current study on the coherence of agri-food policies with NCD prevention, funded by the International Development Research Centre (Canada) seeks to explore and analyse the extent to which food and nutrition policies align with the national goal of reducing NCDs in the general population.

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## NON-COMMUNICABLE DISEASES

Non-communicable diseases refer to medical conditions or diseases that are non-infectious and cannot be passed from person to person. The four main types are cardiovascular diseases (e.g. heart attacks and stroke), cancer, chronic respiratory diseases (e.g. chronic obstructed pulmonary disease and asthma), and diabetes. According to the [World Health Organization](#) (2018), non-communicable diseases kill 41 million people each year, which is 71% of all deaths globally. Over 85% of deaths among people aged between 30 and 69 (premature deaths) occur in low-income countries. In South Africa, non-communicable diseases account for 51% of all deaths.



The global fast-foods culture has brought cheap processed foods to countries where many are unable to afford healthy food or do not realise the health impact of bad nutrition.

**Photo:** Pexels, Pixabay

# Disease of stealth:

## DIABETES IS STILL SLIPPING THROUGH THE CRACKS OF SA'S HEALTH-CARE SYSTEM



A so-called lifestyle disease, diabetes is still concentrated among the rich, although evidence suggests that this is changing. HSRC lead researcher Chipo Mutyambizi and her team set out to discover the factors behind the differences in prevalence across socioeconomic groups, and how this might help the government to combat the rising tide of diabetes in the country. *Andrea Teagle* reports.

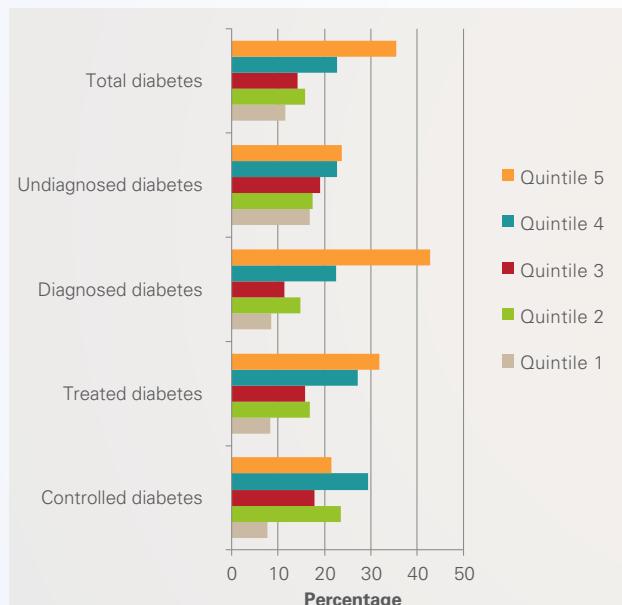
Almost 4 in 10 people in South Africa with diabetes are unaware that they have the disease. And there are no significant differences in rates of undiagnosed diabetes across the socioeconomic spectrum, suggesting that knowledge of diabetes and diabetes screening remains low, even among higher-income groups.

Once primarily affecting developed countries, type 2 diabetes and other so-called lifestyle diseases are increasing across developing countries, particularly in sub-Saharan Africa.

Using data from the HSRC's 2012 national health and nutrition study, SANHANES-1, a team of researchers at the HSRC led by Chipo Mutyambizi undertook to explore the distribution of diabetes across socio-economic groups and the factors behind it. Using self-reported data (a measure of diagnosed diabetes), and clinical data (results from diabetes blood tests), the team found a prevalence of 11% across the adult population.

### Concentrated among the rich...

The study, titled *Lifestyle and socio-economic inequalities in diabetes prevalence in South Africa: A decomposition analysis*, found that total diabetes figures, including self-reported and undiagnosed cases, were concentrated among the rich. This suggested that higher recorded rates of the disease among higher-income individuals were not just reflecting differences in access to health care and diagnostic tests.



*Diabetes prevalence is highest among the top wealth groups in South Africa, although the difference across the groups is smaller for undiagnosed cases.*

While type 1 diabetes is largely hereditary, the far more common type 2 diabetes develops over time as a result of biological and other factors. The short explanation is often "insulin resistance", but type 2 diabetes only occurs if the pancreas is unable to produce sufficient insulin to compensate for its lower absorption rate. Insulin acts as a key to "unlock" muscle cells for glucose to enter and be stored or used as energy. If this system malfunctions, blood-sugar levels increase, which can cause blood-vessel damage, heart failure and other complications.

Mutyambizi and her team investigated the factors driving the different rates of diabetes across richer and poorer households in South Africa, which is important for devising targeted interventions.

### Spreading from rich to poor

If lifestyle is a significant driver, then, as lifestyles change across the socioeconomic spectrum, the distribution of diabetes is likely to change too, which research suggests is already happening. Diabetes is rising rapidly in lower and middle-income countries, as populations become more urbanised and sedentary and subsist increasingly on diets high in sugar and unsaturated fats.

Meanwhile, in developed countries, diabetes and other lifestyle diseases are now more common among the poor, for whom healthy lifestyle choices are constrained. In the absence of government interventions, the spread of diabetes from rich to poor is likely to occur in South Africa too.

Among other factors, changes in diabetes distribution could be a result of diabetes awareness or education programmes influencing the adoption of healthier lifestyles, says Mutyambizi.

She and her team explored various lifestyle factors associated with diabetes that might differ across the socio-economic spectrum, such as physical exercise, body mass index (BMI), level of fruit and vegetable consumption, smoking and drinking, and whether participants lived in towns or rural areas. To measure the true contribution of these factors, the study accounted for the possible impact of age, race and family history. The latter was important because the survey did not differentiate between type 1 and type 2 diabetes, which the authors noted as a limitation of the study. In addition, the self-reported data could be distorted by social desirability biases due to individuals giving inaccurate answers for fear of judgement.

### Lifestyle factors



Obesity is a lifestyle factor associated with type 2 diabetes.

Photo: photosforyou, Pixabay

Collectively, lifestyle factors explained 35% of the inequalities in the total number of diabetes cases. In other words, if everyone in the sample ate the same amount of fresh produce, exercised the same amount, etc., the differences in diabetes across the wealth spectrum would be reduced by just over a third. Of course, other lifestyle factors that were not included in the study could be contributing to the skewed distribution.

Obesity is the most significant lifestyle factor associated with type 2 diabetes. (Very simply, fatty acids compete with insulin for absorption into cells, leading to insulin

resistance.) Although obesity is on the rise nationally, it is still more common among the rich.

It is useful to think of obesity and diabetes as a result of living in an environment that makes it difficult to lead a healthy lifestyle. In cities particularly, starchy, processed foods are often cheaper than fresh alternatives and an easier way for households to meet their energy needs. So, while education is important to empower individuals, interventions also need to focus on making healthier options more affordable, accessible and appealing.

### Diabetes missed in rural areas

Place of residence – whether an individual lived in a rural or urban area – explained about a third of the difference in reported diabetes across wealth groups, suggesting a discrepancy in diagnosis in rural versus urban areas. A 2017 study on the prevalence of diabetes, also drawing from data from SANHANES-1, and involving researchers from the HSRC and the University of Boston, showed that the proportion of unscreened South Africans is far greater in rural and informal urban areas (68% and 65% respectively) than formal urban areas (44%).

Most of the respondents whose diet did not include much fresh produce were in the lowest wealth quintile. The authors also found, surprisingly, that individuals eating more than four portions of fruit and vegetables a day were more, not less, likely to have the disease.

Mutyambizi explains that not all fruit and vegetables are beneficial: individuals should favour those with higher roughage and less sugar content. It is also possible that participants reporting more portions of fruit and vegetables might be eating more in general, or more of other types of food like refined foods and sugary beverages, as well.

### Creating a healthier environment

Diet and exercise are among the most effective known preventative measures for type 2 diabetes. Exercise was not found to be a major driver of the differences in diabetes across wealth quintiles in South Africa. However, the higher risk faced by inactive individuals, and the high levels of sedentariness nationally – 57%, according to a recent HSRC study using 2012 data – underscore the importance of creating safe, accessible recreational spaces and encouraging exercise.

Last year, results from the same survey helped to propel the introduction of the national tax on sugary beverages. The tax, which came into effect in April 2018, was widely endorsed by health practitioners as an important step – if coupled with other interventions – in creating an environment conducive to healthier choices.

Mutyambizi emphasises the importance of screening across the population, and designing policies that enable healthy lifestyles.

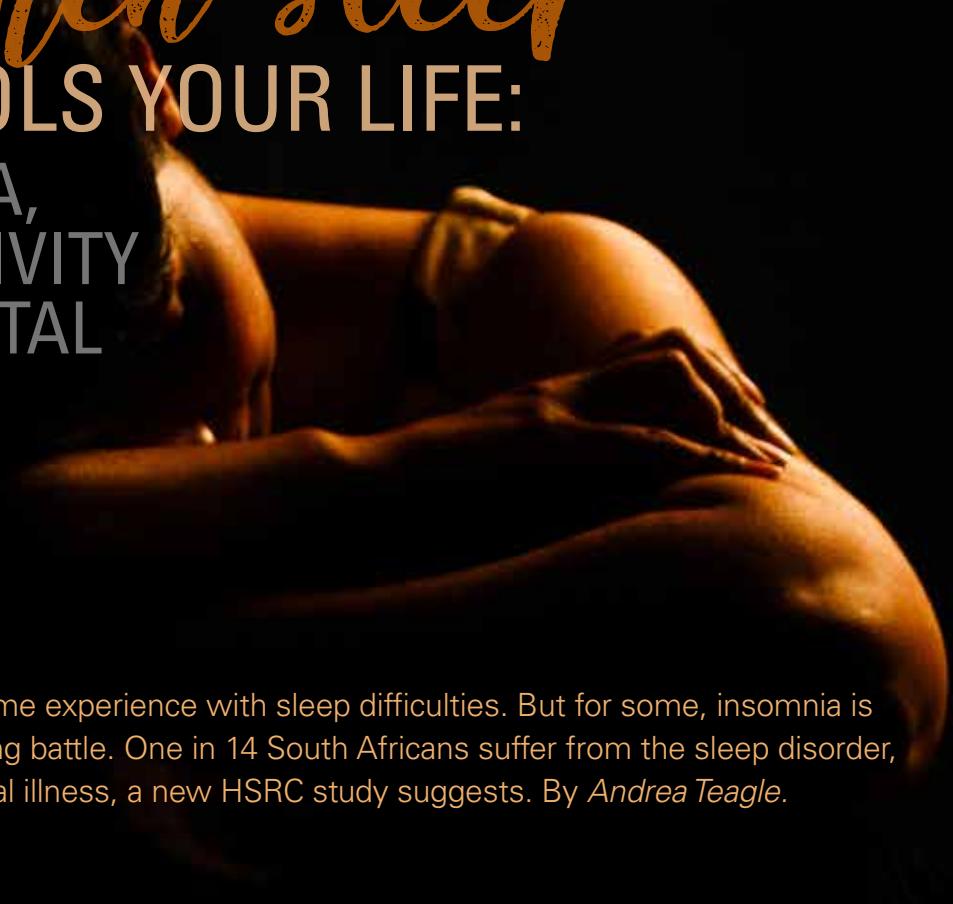
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# *When sleep* CONTROLS YOUR LIFE: INSOMNIA, PRODUCTIVITY AND MENTAL HEALTH



Most people have some experience with sleep difficulties. But for some, insomnia is a constant, life-defining battle. One in 14 South Africans suffer from the sleep disorder, which is tied to mental illness, a new HSRC study suggests. By *Andrea Teagle*.

**A**s an adult, Emily has never known what it is like not to have insomnia. She struggles to sleep most nights – usually dropping off at around 1 or 2 am – wakes up several times and rises early, even if she is exhausted. After many days of negligible sleep, Emily describes attempting to wake up as “physically painful”. Insomnia has tentacles in every domain of her life: routine, work, exercise and social. It impairs her concentration, her playfulness, her emotional resilience and her ability to recover from illness. When it is at its worst, she says, “it’s like your insomnia controls your life.”

Last year, HSRC researcher Prof Karl Peltzer and Prof Supa Pengpid from Mahidol University, in Bangkok, estimated that about 1 in 14 (7.1%) of people in South Africa over the age of 15 experience insomnia. The [study](#) used data from the national, cross-sectional South African National Health and Nutrition Examination Survey (SANHANES-1) 2012, which asked 15,133 individuals questions relating to non-communicable diseases such as insomnia. The probability of experiencing insomnia increases steadily with age: among participants over 65, 1 in 5 (20.5%) had suffered from it in the last month.

## The cost

At a societal level, insomnia can lead to economic losses, mainly due to lost productivity, but also because of the negative health effects associated with insomnia.

A 2009 study in Quebec, Canada, which is just over 6 times smaller than South Africa in terms of population, estimated that the [economic costs of insomnia](#) to the country in 2002 was \$6.6 billion – about 1% of its GDP for that year.

Three quarters of these costs were due to lost productivity and absenteeism. While these costs are not generalisable across countries, they give an idea of the scale of the problem.

Chronic insomnia might also affect an individual’s day-to-day performance, career choices and career progression. Two years ago, Emily, who is a doctor, made the decision to pursue medical research instead, as it affords greater flexibility to work around her insomnia.

“It was the hardest decision of my life,” she recalls.

## Impact on health

Peltzer and Pengpid found significant positive correlations between insomnia and a range of physical and mental health indicators. The mental health indicators included psychological distress, having experienced three or more traumatic events, and partial post-traumatic stress disorder (PTSD).

Seventeen percent of participants reported psychological distress, 20% had experienced one or more traumatic events, and 4% had PTSD symptoms. It is hardly surprising that these individuals might experience trouble sleeping. But to what extent does the relationship work in the other direction? How does insomnia affect an individual's risk for or exacerbate, mental illness?

That question is a little trickier to answer.

## The challenge

Firstly, differences in defining and diagnosing insomnia cause estimates of prevalence to vary widely. A quick Google search might turn up prevalence rates anywhere between 10% and 60% for adult populations. Peltzer and Pengpid used daytime consequences as diagnostic criteria, and participants responded to questions pertaining to the past month. However, other definitions might not include daytime malfunctioning, and estimates of insomnia might refer to the proportion of a population that has experienced insomnia at any point over the last year or at any given time, etc.

The criteria used by Peltzer and Pengpid were similar to that of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM 5) criteria, which included significant impairments in social, occupational, educational, academic, behavioural or other important areas of functioning.

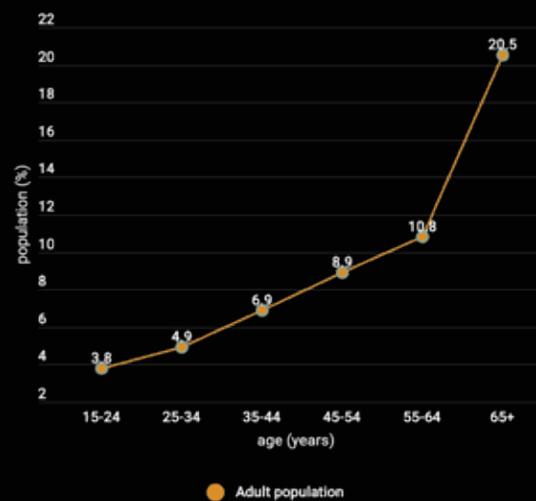
Even when we are clear on the criteria, cross-sectional, "snapshot" studies like Peltzer's cannot determine the direction of causality. Are individuals at risk for insomnia because they have depression? Or are they at risk for developing depression because they suffer from insomnia? Or could it be that the same stresses – the chronic stress of poverty, for example – that triggered depression in an individual also caused insomnia? Imagine a snapshot of two friends looking at each other angrily. You suspect a causal relation, but you can't tell who started the fight or whether both are responding to something else not in the photo. This is why researchers include other likely factors in their analysis.

## Depression

Longitudinal research, which can better identify the order of events, has found that sleep problems do appear to increase a person's risk for mental health disorders. For example, a USA study of about 1,000 adults aged 21 to 30 found that those who reported a history of insomnia in an interview in 1989 were four times more likely than non-insomniacs to have developed major depression by the time of the next interview three years later. The persistence of insomnia may also increase a person's risk for relapsing into depression.

## Insomnia in South Africa

Risk for insomnia increases with age. The average prevalence of insomnia is 7.1% in South Africa.



In accordance with other research, Peltzer's study found that women tend to have higher rates of insomnia than men, and that this difference increases with age. However, this was not statistically significant after adjusting for other factors, like health, diet and exercise. Similarly, after adjusting for health variables, age is no longer a predicted risk.

## Therapy

Peltzer and Pengpid recommend that primary care facilities adopt strategies for facilitating the diagnosis and treatment of insomnia among target groups. Cognitive-behavioural therapy has been shown to help alleviate insomnia, by assisting people to better process negative thoughts and stop cycles of anxiety that exacerbate the problem.

Emily says that tips like staying away from screens – which disrupt the body's circadian rhythm by mimicking daylight, a cue for wakefulness – and exercising regularly do help. She has also recently enrolled on an online, evidence-based treatment programme called Sleepio that aims to improve an individual's relationship with sleep.

"You get into a state where you feel like you haven't slept, and it perpetuates," Emily says. "Keeping a sleep diary is supposed to help you recognise that, even if you're only getting a few hours of sleep, those few hours are very beneficial...It made me feel like I was a bit more in control."

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*Insomnia has been associated with negative physical and mental health effects and also contributes to lost productivity.*

**Photo:** Faisal Akram from Dhaka, Bangladesh

# EMBRACING INNOVATION FOR BETTER SERVICE DELIVERY: An assessment tool helps municipalities

Dissatisfaction with service delivery has manifested in nationwide protests over the last decade, in what some scholars have termed “the rebellion of the poor”. A new assessment tool shows that municipalities are willing to adopt innovative approaches to improving service delivery, but remain largely reliant on old systems that are failing to meet the needs of rural South Africans. By *Karabo Nyezi* and *Dr Irma Booyens*.

Municipalities face a multitude of challenges in delivering services, including low budgets, long housing backlogs, and little to no existing infrastructure in many rural areas. No single solution to these persistent problems will be enough. Rather, change needs to come at a systems level: municipalities need to embed openness to innovation into their organisational structures.

In partnership with the Department of Science and Technology (DST), the HSRC has created the Municipal Innovation Maturity Index (MIMI), a self-assessment and learning tool that municipalities can use to assess their capacity to identify and implement innovations.

*A small child peers into a cubicle containing a non-functioning toilet,  
Khayelitsha, Cape Town, 2015.*

*Photo:* Shaun Swingley

## Innovation readiness

While promising, innovations such as pour-flush toilets, solar electricity, algae water-treatment plants, bucket water filters, and hydro-power plants, cannot solve South Africa's basic services woes if municipalities lack the capacity to implement them.

The first step towards innovation maturity is a willingness to consider new approaches to doing things. The pilot phase of MIMI suggested that most of the six municipalities involved in the DST's Innovation Partnership for Rural Development Programme achieved this and were able to move beyond this stage by implementing some improvements.

The innovation partnership programme kickstarted technologies to address gaps in the provision of basic services, particularly water, sanitation and energy services, in under-resourced rural areas.

MIMI assesses whether municipalities engage with local communities to identify a need, look for and assess innovative solutions, draw in the right people, and implement suitable innovations efficiently. An innovation orientation is also about knowledge sharing: using forums to compare experiences about the rollout of new technologies.

The pilot phase indicated that MIMI is a powerful tool for understanding learning capabilities of individual employees and municipalities to support basic service-delivery innovation.

The purpose of MIMI is not to compare municipalities with one another; rather it is intended to empower them to become champions of innovation. There is an opportunity to reward municipalities that display this kind of forward-thinking outlook.

## Pilot phases

The MIMI tool comprises 33 questions, divided into four modules, two of which assess innovation maturity at an individual

level, and the other two focus on organisational structure and leadership.

On an individual level, it asks whether officials try to understand the needs of their immediate communities and collaborate to find new solutions. On the organisational level, the index determines whether the municipality supports that kind of innovative thinking, whether public-sector employees are encouraged and incentivised to problem solve, and whether there is funding to pursue innovative solutions.

Part of developing innovation maturity is being able to critically assess technologies, rather than act as passive recipients. The danger is that under-resourced municipalities will sometimes just take anything that is on offer, if it comes through a funded stream. However, through engaging with the DST's innovation partnership and the pilot phases of MIMI, municipalities are beginning to display higher levels of innovation maturity.

For example, two municipalities in the Eastern Cape have implemented low-pour-flush toilets, which improve the safety and hygiene of pit latrine systems, while using less water than full-flush toilets. These municipalities have reportedly incorporated the rollout of the toilets into their own integrated development plans for the next five years.

## Going national

The MIMI digitisation process is a two-year project, which kicked off in March 2019, and its implementation should spread to all the municipalities and other government departments in the long term.

The first phase involved only the units that have been responsible for the implementation of the DST's partnership technologies. The second phase, however, will see the tool used across tiers of municipal governance, including top management.

Before the MIMI can be expanded, it needs to undergo refinement, through engagement with partners, including the University of KwaZulu-Natal, the Centre for Public Service Innovation, the Department of Cooperative Governance and Traditional Affairs, and the South African Local Government Association.

Municipalities will be encouraged to share their experiences on learning forums, to develop a culture of continuous improvement. Together with statistical analysis of data from the pilot phase, feedback will be used to ensure that the index captures relevant factors of innovation maturity.

The MIMI team plans to include a component that assesses the impact of wider governance - including political instability, unrest and corruption - in the refined, digitised version of the tool.

## Conclusions

The aim of MIMI is to unlock progressive approaches towards providing secure, robust, accessible service delivery to local communities. It is critical that MIMI is taken up by municipalities as a credible decision-making and management tool to further public-sector innovation.

While it was originally developed for use by South African municipalities, MIMI could be adopted by other African countries to solve their respective local service-delivery problems, and it could inspire the development of similar tools elsewhere in the world.

MIMI combines tools in a novel way for innovation measurement, which can be seen as an innovation in itself.

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# ANTIBIOTIC USE AND RESISTANCE IN SOUTH AFRICA: THE NEED FOR BETTER DATA



*Failing to complete a course of antibiotics may lead to bacteria becoming resistant to treatment.*

*Photo:* Brett Hondow, Pixabay

## Antibiotic resistance

- Resistance emerges when the use of antibiotics increases selection pressure on bacteria populations. This causes the most vulnerable bacteria to die first and an increased percentage of resistant bacteria to continue growing into a drug-resistant population.
- Not finishing a recommended course of antibiotics treatment makes it more likely that the 'strongest' bacteria will survive and develop into a drug-resistant population.
- The overuse and unnecessary use of antibiotics - when people self-medicate, share antibiotics or as a result of poor prescribing and dispensing practices - also drive resistance.
- The high volume of antibiotics in agricultural animals also contributes to the development of drug-resistant bacteria that can be transmitted from animals to humans via direct contact or through the food chain, and the environment.

Over the past decade, the overuse of antibiotics has increased drastically worldwide. This has happened despite advanced diagnostics tools, policies and guidelines for the treatment of most bacterial infections. Human behaviour is at the heart of the problem. New research shows that South Africa needs better data to combat the rise of antibiotic resistance, write *Neusa Torres* and *Buyisile Chibi*.

By 2050, 10 million people could die per year from drug-resistant infections, according to the World Health Organization (WHO) – a mortality rate that outstrips that of cancer today. Drug-resistant bacteria are eroding attainments in health care such as those pertaining to pneumonia, surgeries, organ transplantation, treatment of preterm babies, treatment of tuberculosis, and other bacterial infections. A "post-antibiotic era," in which antibiotics become useless, can be avoided. However, this will require comprehensive data on antibiotic use across the world, as well as surveillance systems to track the emergence and spread of drug-resistant diseases.

The HSRC's recent systematic scoping review study of non-prescribed antibiotic use revealed critical gaps in such data in low- and middle-income

countries. The study reported on the accessibility, affordability and the conditions of health facilities, and on the actions of individuals that influence the unappropriate use of antibiotics.

## People living with HIV

In South Africa, keeping tabs on drug-resistant diseases is particularly important because of the vulnerability of people living with HIV. It has been reported that about 50% of new TB cases, for example, are of HIV co-infected people. In an ongoing study, one of us (Buyisile Chibi) is exploring factors that contribute to prescription drug diversion, misuse and abuse among people living with HIV in the eThekweni District, KwaZulu-Natal.

Preliminary results show that antibiotics are among the prescription drugs diverted and misused by people living with HIV. Using qualitative and

quantitative methods, the study reports widespread self-medicating, sharing antibiotics and not finishing the recommended course of antibiotic intake – practices that are paving the way for the development of antibiotic resistance in South Africa.

In some sub-Saharan African countries, such as Mozambique, Malawi and Tanzania, antibiotics are commercially available over the counter. While this is not the case in South Africa, the misuse of antibiotics, such as self-medication, sharing, and not following the recommended course, is still common. A nationwide 2005 HSRC study by Professor Karl Peltzer and colleagues, showed that only 30% of patients who participated in the study adhered to their medication. A further 29% had taken medication not prescribed by a health-care provider.

### Wrongly or overprescribed

Another problem is that patients are often prescribed antibiotics for viral infections, against which they are ineffectual. A 2017 study by a team of researchers from the University of the Western Cape, found that 53% of 166 821 patients with bronchitis were given antibiotics. Bronchitis is mostly caused by viral infections, with less than 5% caused by bacteria. In instances like this, antibiotics can lead to drug resistance developing in the gut bacteria of the patient. This resistance can also be passed on to other bacteria, in a process called horizontal gene transfer.

In a 2015 study that determined the general prescribing trends of pharmacy-dispensed drugs, Prof Ilse Truter from the Nelson Mandela University found that a total of 660 500 patients in South Africa received 1 576 593 antibiotics during 2010, translating to over two courses of antibiotics per person. In 2018, Truter and her colleagues found that 80% of pharmacists in Nelson Mandela Bay believed that antibiotics are overprescribed.

### Rise of resistance

A 2013 publication, led by Ramanan Laxminarayan, the director of the Center for Disease Dynamics,

Economics and Policy, an international public-health research organisation, painted a picture of antibiotic resistance globally. The study found that in high-income countries, high rates of antibiotic use in hospitals, in the community, and in agriculture have contributed to selection pressure that has sustained resistant strains, forcing a shift to more expensive and more broad-spectrum antibiotics. Resistance is also on the rise in low- and middle-income countries, with rising incomes, high rates of hospitalisation, and a high prevalence of hospital infections. Overcrowded conditions and poor sanitation also contribute to the spread of drug-resistant diseases.

Obstacles to improving the appropriate use of antibiotics include poor surveillance systems to monitor their availability, no geographic boundaries to impede the spread of resistance, and limited studies to inform interventions. In addition, infectious diseases that can be transmitted between animals and humans are under-studied.

Within the health-care sector, there is a critical lack of implementation of antimicrobial stewardship programmes to educate and guide health-care workers.

### Changing behaviour

Efforts to promote the appropriate use of antibiotics and contain the resistance to them have been targeted at the formal health-care service platform. These efforts started in the 1970s when the WHO introduced an essential drug list, today adopted by over 100 countries, including South Africa. Experts hoped that a limited number of drugs would lead to better supply, better prescriptions, lower cost of health care and better control of resistance. However, the consumption of medicines in general, and antibiotics in particular, is still increasing worldwide.

In 2013, with input from the HSRC and other organisations, the South African government implemented the National Drug Master Plan 2013 – 2017, and the National Drug Policy, with the aim of addressing the challenges of drug diversion, misuse and abuse.

However, recent HSRC research suggests that strategies to raise awareness and promote the appropriate use of antibiotics within the country should be more intensive.

### Conclusion

Physicians, pharmacists and patients play a central role in antibiotic usage. Therefore, further studies to better understand prescription, dispensing and patient behaviour, are critical to designing effective interventions. This is particularly important in relation to HIV/Aids and TB.

Education has been widely recognised as a successful strategy for appropriate antibiotic prescription, despite some studies reporting no improvements after educational interventions. Additionally, health systems should establish coordinated national and international actions, especially at the political level.

**Authors:** Neusa Torres, a researcher at the Higher Institute for Health Sciences in Maputo, Mozambique, and the School of Nursing and Public Health of University of KwaZulu-Natal; and Buyisile Chibi, a PhD research intern at the HSRC's Social Aspects of Public Health research programme

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A mother comforts her daughter at the HIV clinic at the Helen Joseph Hospital in Johannesburg. People living with HIV are particularly vulnerable to drug-resistant infections such as TB.

**Source:** Brand South Africa

# REDUCING HIV STIGMA: NOT ENOUGH TO KEEP RURAL PREGNANT WOMEN ON TREATMENT

Stigma is one of a host of challenges experienced by young HIV-positive pregnant women from poor communities in rural Mpumalanga. Research suggests that the damaging effects of stigma are one of the major barriers to pregnant women remaining on antiretroviral treatment (ART), which is critical to ensure that babies are born and remain HIV negative. But a new intervention seeking to equip women to better deal with stigma shows that the goal of adherence in these areas remains elusive. By *Andrea Teagle*.

One of South Africa's biggest HIV success stories is the reduction in the number of mother-to-child transmissions. Between 2001 and 2012, there was a 52% decline in new HIV infections among children. The number of sick and dying infants in homes for HIV orphans dropped so quickly that carers faced a new and welcome challenge of schooling and raising the children to adulthood.

But, in some rural areas in Mpumalanga, mothers and children are still slipping through the cracks. HIV prevalence among pregnant women in the province is the second highest in the country, at almost 30%. These women face a plethora of challenges that negatively affect adherence to ART. These include: limited education and job opportunities; unemployment; depression; race and gender inequalities; financial dependence on partners; challenges accessing health care; and stigma associated with pregnancy and HIV/Aids.

HSRC researcher Shandir Ramlagen and his team, led by Prof Karl Peltzer

from the HSRC and the University of Limpopo, and Dr Deborah Jones from the University of Zambia School of Medicine, set about investigating how to help young women to face these challenges and stay on treatment, to ensure their babies are born and remain HIV negative.

The team recruited 683 participants between 8 and 24 weeks pregnant at 12 community hospitals in rural areas of Mpumalanga where mother-to-child transmission was

*Stigma is one of the major barriers to keeping young mothers in ART care.*

**Photo:** Ashraf Hendricks, GroundUp (CC BY-ND 4.0)

13% or higher. The participants completed five surveys, prior to and up to one year after birth, about a number of factors relating to treatment adherence, including sociodemographic variables like age and education, HIV knowledge, HIV-related stigma, disclosure, intimate-partner violence and mental health.

In addition, half received an intervention to reduce perceived stigma. This was part of a larger prevention of mother-to-child transfer (PMTCT) pilot programme called Protect your Family, and included two workshops to build resistance to stigma and reduce negative feelings about living with HIV.

### The lost women

The researchers found that a third of the women (238 in total) left the programme before completing the second survey.

"The clinics lost a lot of people between 32 weeks pregnant and six weeks after birth," Ramlagan says. In many instances, tradition required a pregnant woman to return to her mother's house during this period and then travel to the home of her partner's mother. Reflecting the legacy of spatial apartheid and the migrant labour system, "home" for many was miles away, often in another province, and some did not take their medical records with them.

It is possible that at least some of the mothers were transferring to other clinics, but in the absence of nationwide computerised health-information systems, there is no way of checking this.

Because of the risk that pregnant women will stop their treatment regimen during this time, health workers routinely advise either exclusive breast-feeding or exclusively formula-feeding. Even for those who exit the ART programme, the risk of the baby contracting HIV from breast milk is negligible as long as he or she is not fed anything else. While human breastmilk is gentle on the baby's gut, other substances contain larger nutrient molecules that can cause micro-tears in the stomach lining, potentially allowing HIV to pass

into the infant's bloodstream the next time the mother breastfeeds.

Of the women who returned for the follow-up interview 12 months after giving birth, about 28% reported missing their ART dose in the last week, across the 12 clinics.

### Importance of disclosure

The researchers found that 42% did not disclose their HIV status to their partners, and 28% did not tell anybody. In line with other research, the team found that women who disclosed their HIV status were more likely to stay on treatment.

Stigma can discourage clinic visits. In an interview, one woman said other patients stopped coming to the clinic for treatment because they were being laughed at and people gossiped when they saw them entering the room where ART was dispensed.

Women who disclosed their HIV status and whose partners were involved in the pregnancy were more resistant to stigma, underscoring the importance of interventions to encourage this.

Of course, for some, disclosure to partners might instead mean violence, abandonment or the loss of critical financial support. However, the study showed that disclosure to anyone, not just partners, is linked to better adherence.

Where the person feels they cannot tell anyone close to them, support groups can help to fill this gap. For example, the additional stigma-related workshops of the intervention group helped to foster supportive relationships between participants. Four components of stigma were measured: personalised stigma, disclosure concerns, negative self-image, and concern about public attitudes.

### Remaining obstacles

A year later, the team found that women in the intervention group scored lower on all measures of stigma – the first time that an intervention of this nature has shown to be effective. But, importantly, the intervention did not have the desired

effect on adherence: in fact, women in the intervention group were more likely to report missing treatment 12 months after giving birth.

"Because this was a cluster-randomised trial, it is likely that clinics randomised to the experimental condition were more likely to have geographic or area-specific factors that may have negatively impacted adherence," Ramlagan notes. The intervention group also had significantly more non-adherent participants at the start of the study, which might also have impacted the findings.

However, the fact that reduction in perceived stigma did not translate into sustained improved adherence suggests that there are other important obstacles to remaining on treatment. The findings reflect those of other studies that show a drop in ART adherence post birth.

"People look at the necessity of taking the medication versus the concerns of taking it," Ramlagan says, noting the unpleasant side effects of ART. "If your necessity outweighs your concerns, you take your medication. Now the baby's born, the baby's HIV negative... So the necessity to protect the baby is no longer there."

Presenting their findings to Mpumalanga's department of health – and incorporating suggestions from patients and health-care workers – the researchers recommended community-outreach education sessions to reduce misperceptions and stigma around HIV/Aids, allowing for the presence of men in prenatal clinic visits, expanding clinic hours and making use of appointments to reduce waiting times.

The mobility of the population underscores the importance of a national digitised health-data system. This would reduce duplication of tests and ensure better linkage to care, better health outcomes, and more accurate statistics of the number of people living with HIV who fail to stay on treatment.

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# Adolescent sexual and reproductive health:

## Harmful gender norms as invisible barriers to service access

Adolescents have the right to access sexual and reproductive health services that protect them against pregnancy and infections, and provide a safe space to report abuse or obtain counselling and information about their sexual development. But harmful gender norms may hinder this access.

**S**exual and reproductive health (SRH) is increasingly considered a policy priority area in ensuring the overall health and wellbeing of adolescents across Southern Africa. Yet, many adolescents (persons aged between 10 and 19 years) do not have access to age-appropriate services in this region. Such services include counselling; dysmenorrhoea (painful menstruation) screening and treatment; contraceptives; medical male circumcision; pregnancy testing; safe termination of pregnancy; treatment for sexual violence; and counselling, testing and treatment for HIV and other sexually transmitted infections.

The objectives of international agreements and national policies to ensure that all adolescents have full access to SRH services are vastly under-achieved. This is partly due to health-system failures such as those caused by a shortage of skilled health professionals and the unavailability of medicines and supplies. Deeply rooted gender norms also obstruct adolescents from accessing SRH services.

### Clash between rights and harmful gender norms

The African Union's *African Charter on the Rights and Welfare of the Child* provides an overarching framework for the protection of children and their rights and wellbeing. In addition, the *African Youth Charter* stipulates that governments should ensure

the involvement of young people in identifying their reproductive and health needs and provide them with access to youth-friendly services, including contraceptives and antenatal and postnatal care. This encourages adolescents to exercise their rights and practise healthy choices. However, a focus on rights sometimes exists in tension with local beliefs and gender norms that shape youth sexualities. Researchers recognise this in the Guttmacher-Lancet Commission's 2018 report, *Accelerate progress—sexual and reproductive health and rights for all*, emphasising that unequal and harmful gender norms may hinder access to SRH services.

### Fearing moral scrutiny

Adolescents' evolving capacities to decide about their sexual health are under-recognised by health-service providers and other significant adults in their lives. In this regard, gender norms intersect with age to prescribe to adolescents how they are supposed to conduct themselves at home, in their communities, at school or in health-care settings. It also limits the types of questions they can ask about sex and sexuality, and the types of services they can and cannot request. Health-care professionals are often considered custodians of cultural and moral guidelines on sex and relationships and may act according to these prevailing norms. Therefore, when adolescents seek SRH services, they are perceived as breaking

the "rules" of what is acceptable behaviour, which are often different for boys and girls.

### Social expectations

For example, unmarried adolescent girls wanting to access contraceptives or other SRH services often encounter blaming and shaming responses from service providers – due to the belief that they should not be sexually active. Thus, in some cultures only married women are encouraged to access such services. Adolescent boys, on the other hand, may also suffer poor SRH outcomes due to norms about socially valued forms of masculinity, which encourage sexual risk taking such as not using condoms or having multiple and concurrent partners. There are also social expectations of boys not to show vulnerability. This could result in them not reporting sexual exploitation or abuse or avoiding seeking health care. Also, heteronormative beliefs – the assumption that everyone is or should be heterosexual – lead to stigma and exclusion of adolescents who identify as lesbian, gay, bisexual, transgender and intersex (LGBTI), and subject them to discrimination and even ridicule in health-care settings.

### Harmful gender norms

According to Ana Maria Buller and Marie-Celine Schulte from the London School of Hygiene and Tropical Medicine in the UK, there is a need for more research that



Adolescents who identify as lesbian, gay, bisexual, transgender and intersex are sometimes subjected to discrimination and ridicule in health-care settings.

Photo: Baylee Gramling, Unsplash

makes harmful gender norms about adolescent sexuality in Southern Africa visible. Gender norms and associated inequalities can either hinder the uptake or act as a catalyst for programme and policy outcomes that protect adolescent sexual and reproductive health rights (SRHR), they wrote in an article titled, "Aligning human rights and social norms for adolescent sexual and reproductive health and rights," published in the journal *Reproductive Health Matters* in 2018. Research that delves into how harmful gender norms are transmitted and challenged can help remove barriers to SRH services. Harmful gender norms are tenacious, precisely because they are seen as "normal" and "natural" and therefore difficult to name.

### A participatory approach

Research that allows adolescents and the adults in their lives to articulate and challenge these norms, for example through a participatory action research approach, can assist efforts to develop new norms that do not limit adolescent SRH. These would include norms that see young people's sexualities in a positive manner instead of only focusing on messages about sexual risk, danger and disease. For girls, this would mean not attaching blame and shame to their sexuality. For boys, it would mean creating spaces in which they can recognise their own vulnerability and take responsibility for their sexuality in ways that show self-care and care for others.

### Welcoming diversity

Overall, such healthy and gender-equitable norms would also welcome diversity, so that LGBTI youth are not stigmatised. A team at the HSRC, led by Prof Finn Reygan, is currently conducting research across Eastern and Southern Africa exploring ways to improve young people's sexual and reproductive health and rights. This project, funded by Amplify Change\*, is particularly interested in how different resources in communities - from sexuality education in schools to the role of civil-society organisations - can help create more equitable gender norms for girls and LGBTI youth.

### Talking about sex

Research should focus on health-care providers, families and the broader community, including religious and cultural organisations that influence gender norms within society. For adults to talk to young people about sex remains taboo in many African societies. Research should provide guidance on how health-care providers and other adults can talk to adolescents about their sexual health in empowering ways. A recent HSRC study - funded by the Aids Foundation South Africa and led by Dr Ingrid Lynch, Dr Benita Moolman and Dr Tracy Morison - is in the process of developing materials that provide adults with accessible language with which to have such conversations.

### Aligning human-rights frameworks

Finally, research that offers ways to better align regional human-rights frameworks with local gender norms that shape the lived realities of adolescents can assist in improving the implementation of such frameworks. Addressing invisible access barriers essentially means chipping away at gendered perceptions that limit adolescents' rights to make decisions about their bodies and their sexual health. Shifting harmful gender norms will require time and complex interventions that address various domains of adolescent SRH, including physiological, sexual, emotional and relational aspects, as well as factors related to the widespread violence in society.

**Authors:** Dr Lorenza Fluks (postdoctoral fellow), Dr Ingrid Lynch (senior research specialist), Nazeema Isaacs (master research trainee), Dr Benita Moolman (senior research specialist), Roshin Essop (researcher), Tsidiso Tolla (PhD researcher), Dr Mokhantšo Makoa (chief research specialist) and Prof Finn Reygan (chief research specialist) from the HSRC's Human and Social Development (HSD) research programme

\*This article is based on peer-reviewed literature studied by the HSD researchers as part of the project that was funded by Amplify Change.

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# MAKING DREAMS INTO REALITY:

How the imagined clinics of **HIV-positive teens** informed national youth health policy



One warm spring afternoon in 2013, in the Eastern Cape of South Africa, a group of adolescents from HIV/Aids-affected communities sat down with coloured pens and poster paper and drew their own "dream clinics." The exercise was repeated with a bigger group later that summer. It was more than wishful thinking, because a few years later, key findings from their designs would be incorporated into South Africa's Adolescent and Youth Health Policy for 2017. *Andrea Teagle reports.*

*What should an ideal hospital or clinic be like? Researchers were surprised by how in-touch South African adolescents were with issues of improving health care.*

**Main photo:** David Mark, Pixabay



Notable features include that there should be as many beds as there are doctors, "no queuing," a strong referral system, a separate clinic for old people and children, and good provision of water, food and ablutions.

**Source:** Mzantsi Wakho, dream clinic images

**N**early 1 in 3 of South Africa's new HIV infections (33%) occurred in young people between the ages of 15 and 24, according to UNAIDS estimates for 2017. And, although Aids mortality has begun to decline in recent years, it remains high among adolescents. Partly, this reflects a generation of children infected at birth shifting into adolescence, and partly it is due to the challenges of retaining teens in particular on life-saving antiretroviral treatment (ART) programmes.

The importance of including youth in the design and implementation of youth policy and programmes is emphasised in the United Nations' Sustainable Development Goals (SDGs) and World Health Organization guidelines.

As Dr Rebecca Hodes, director of the Aids and Society Research Unit at the University of Cape Town, and her team noted in their study, published in the Journal of the International Aids Society in March 2018, "Understanding what the intended recipients of development initiatives want and need, and partnering with them in their design, adaptation and implementation is imperative to realise the ambitious objectives of the SDGs."

### Drawing dream clinics

Hodes's team set out to explore young people's aspirations for health and development, as part of Mzantsi Wakho ("Your South Africa") a larger, collaborative study on adolescent adherence and access to health care in South Africa. Over the course of two workshops, a total of 25 HIV-positive adolescents, aged 10 -19 were invited to draw, either in small groups or alone, their ideas of a dream clinic. The participants designed 14 clinics in total. Afterwards, they presented them to the rest of the group, and elaborated on their ideas in discussions with researchers.

"The use of drawings in particular is a brilliant way of elevating non-verbal ways of expressing ideas by adolescents living with HIV," says Dr Nompumelelo Zungu, an HIV/Aids

researcher at the HSRC, who served as a technical advisor during the study.

Clear themes emerged from the study, which was carried out in the relatively under-resourced province of the Eastern Cape, including peri-urban and urban areas. The teens drew vegetable gardens, soup kitchens and tuck shops, water tanks and taps, well-stocked pharmacies, and polite exchanges between patients and hospital staff captured in speech bubbles.

### Surprising insight

The teens' desire for facilities that could provide patients with meals concurred with previous research, which showed that access to food and water has a direct influence on ART adherence. For example, swallowing numerous large pills is difficult without access to running water. Within the broader Mzantsi Wakho study – an ongoing, longitudinal study on adherence involving 1060 HIV-positive adolescents and 467 controls – adolescents who reported food insecurity were nearly twice as likely to report past-week non-adherence.

Some of the teens' ideas were unexpected. For example, many drew "folder rooms", where patient files were well-organised, presumably to reduce waiting times at the clinic.

"I was surprised by how in-touch adolescents are with issues of improving health care," Zungu said. The results of this study show that adolescents understand how failure to address challenges of infrastructure delivery can impact the quality of care provided in the clinics, she added.

The teens' drawings also included facilities that other patients might need, including wheelchair rooms, ambulances and mobile services. "Rather than the stereotype of self-centered teenagers, they aspired for a health service that would meet the needs of diverse patients and age-groups," said Hodes.

### Conclusions

Limitations to the study included the fact that, although the groups were intensive, they were small, and were

perhaps not representative of other youth or did not give a full picture of youth health aspirations. But, while quantitative analyses of large datasets are important for identifying factors associated with adherence, participatory exercises like the "dream clinic" workshop enable researchers to unearth information that can be difficult to capture through simple surveys. For example, self-reported ART adherence is often inaccurate, as teens are sometimes hesitant to admit even unintentional lapses, due to fear of reprisal or judgment.

Importantly, the results of this survey were triangulated with those of other participatory exercises, as well as the quantitative results of other components of the Mzantsi Wakho study.

Another limitation of the study was that, initially, the participants tended to draw existing health clinics, making it difficult for the researchers to untangle aspiration from depictions of reality in their designs. To address this, the study team invited them to describe what they had drawn to the rest of the group, discussing the facilities in detail.

Today, Hodes and her colleagues continue to work with the teens in a variety of formats. Other creative participatory exercises include comparing eating sweets to taking medication (to elicit the ways in which taking pills are difficult), filling out clinic "report cards" to rate the quality of health-care services, and role-playing cabinet members in a youth health parliament instructing the president on how to meet youth health needs.

"What we found through drawing out teens' experiences using participatory methods was that they are the principal experts on their own health-care needs and challenges," Hodes said. "Teens were overwhelmingly aspirational and civic-minded. It is our job now to ensure that their aspirations are not thwarted."

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**A**s the world changes rapidly, we are faced with new ways of knowing and being. At the 2018 Science Forum South Africa, five academics posed difficult questions and provided fresh insights on knowledge and power and the possibilities presented by “pluriversality”, the idea that various forms of knowledge and ways of knowing are equally valuable. Many critics have raised questions about knowledge, power, production and consumption, often focusing on specifics rather than the fundamentals. The focus of this discussion was on “intellectual liberation” as a reflexive, deliberate, and necessary intellectual project that would require a fundamental questioning of knowledge production and consumption practices.

*A sculpture of The Thinker at the Rodin Museum in Paris, France*

*Photo: innoxius, Wikimedia Commons*

# PERSPECTIVES ON INTELLECTUAL LIBERATION:

Views from a panel discussion

# INTELLECTUAL CHALLENGES

## for South Africa

A gulf has developed between intellectuals and the political economic elite in South Africa. Many intellectuals either conform to the dictates of the new sociopolitical environment, out of the sheer pressure to maintain middle-and upper-class lifestyles, or they concern themselves with mundane issues that do not advance society in any qualitative way. Others end up as shrill voices in the wilderness or threatening voices allowing for no contest.

*Dr Hester du Plessis reports.*

**S**outh Africa comes from a past embedded in intellectual ideas from "elsewhere." Some are based on debates around ideologies such as Marxism, liberalism (in its close relation to capitalism) and Afrikaner nationalism. The Indian Gandhian spiritual approach embedded in Satyagraha was part of non-violent civil resistance in the country. Religions, such as Christianity, Islam, Hinduism and animism, also played a role.

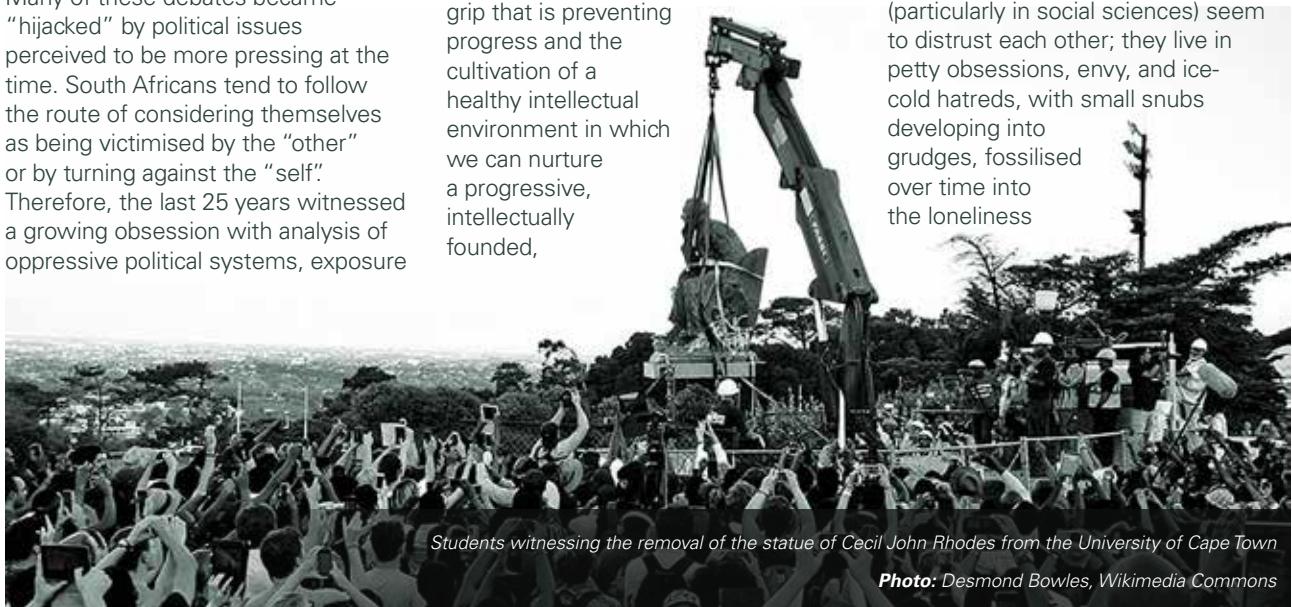
Many of these debates became "hijacked" by political issues perceived to be more pressing at the time. South Africans tend to follow the route of considering themselves as being victimised by the "other" or by turning against the "self". Therefore, the last 25 years witnessed a growing obsession with analysis of oppressive political systems, exposure

of political corruption and articulation of post-independence, post-colonial ideals. However, despite all efforts, the question of inequality remains, and, from a global perspective, it is deepening. Has the neglect, poverty of depth and marginalisation of the humanities and social sciences undermined the contribution intellectuals can make to social transformation?

### Reality check

South Africa remains in a political grip that is preventing progress and the cultivation of a healthy intellectual environment in which we can nurture a progressive, intellectually founded,

political mindset. A "system of rule," established by the British colonial period in South Africa from 1795 to 1910, remains firmly in place and is driving the agenda for the colonisation of land and feeding a trend towards fascist politics. A second factor is the massive bureaucratisation in our research institutions and our public lives. Research seems to be in service of capitalism, bringing increased distrust, as Nassim Taleb wrote in *Anti-fragile: things that gain from disorder* (2012), "... academics (particularly in social sciences) seem to distrust each other; they live in petty obsessions, envy, and ice-cold hatreds, with small snubs developing into grudges, fossilised over time into the loneliness



of the transaction with a computer screen and the immutability of their environment".

Against this unstable, manipulative background, intellectuals in South Africa are somewhat 'nowhere to be seen'.

### Global intellectual challenges

The world is so much larger than South Africa. What happens "out there" is influencing, or rather, should influence, the way we think and develop. There is evidence of massive planetary disruption, called the Anthropocene or human-made epoch, as the main cause of climate change, and global economic, capitalist, imbalances surround us. A biogenetic revolution is also blurring perceptions between humans and machines or humans and nature, whereby the disruptive development of technology has escalated humanity into a 4th Industrial Revolution.

New social formations and social divisions are shifting beyond historical notions of race and class. With the growth of technology, we are facing new labour challenges. Work is being generated outside of institutions, academic privileges are diminishing and the way we generate knowledge has shifted to the precariat, a new social class that lives unpredictable lives with little job security. As economist Guy Standing describes in his book *The precariat*:



*Wits university students shut down the university and clash with police during protests over free education.*

*Photo:* Ihsaan Haffejee, GroundUp

*the new dangerous class* (2011), this is a workforce that exists outside of conventional labour and social support, where we encounter "crowd-work" platforms such as labour brokers that manage "clickworkers".

### Social challenges

On a more social level, we are facing challenges to the nation state by means of the current massive migrations from rural to the metropolitan centres, the flow of legal and illegal migrant workers upon which transnational corporations depend, and the millions of dispossessed who flee famine, war and ever-expanding climate disasters. In these uncertain times, we encounter the growth of antisystemic movements that are dominated by "social movements" (oppression by employers) and "national movements" (oppression of ethno-national groups).

In our technologically dominated new world, it is the poor that are still likely to suffer disproportionately. We face a growing lack of skills, lack of housing, lack of access to electricity and for the poorest and most vulnerable, no access to technological devices and systems. There are still many computer illiterates who will become less informed, less educated and occupationally least qualified. Contrarily to that, we witness the growing strength of the "misfits": the creative artists,

writers, poets, musicians and the so-called subalterns. These represent the sections of society that reject the regulated standards of behaviour required by political conformity; they are those seeking alternative lifestyles and those with a preference for autonomy and freedom of choice above economic security.

### Conclusion

Is our intellectual legacy facing ruin? Yes, but not due to a lack of ideas or a shortfall of intellectuals, but primarily because we have turned into a state where bureaucracy is stifling original intellectual endeavours. We have embraced technology without understanding its relation to capitalism and we have lost the support of political leaders in recognising scientific contributions that are for the public good, as funding is withdrawn on a large scale from science councils.

The digitised world has no respect for contemplation or reflection; it delivers instant stimulation and gratification, forcing the brain to give most attention to short-term decisions and reactions with no space for humour, difference of opinion, care for others or disagreement. We need thinkers more than we need machines.

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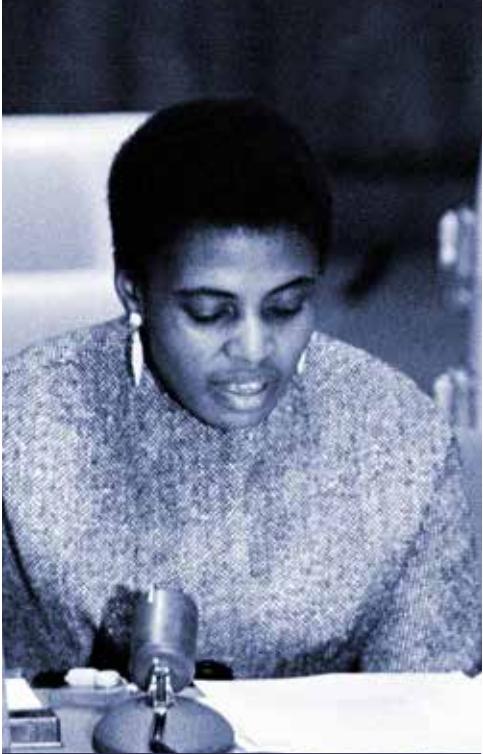


*Minister of Finance Tito Mboweni collects a memorandum outside Parliament ahead of the annual budget speech in February 2019. Members of the South African Federation of Trade Unions protested against joblessness and the unbundling of Eskom.*

*Photo:* Ashraf Hendricks, GroundUp

# The DECOLONISATION OF UNIVERSITIES and the pluriversality of knowledge

The contribution of African intellectuals to the liberation of the continent is not afforded enough attention at universities that have not yet been decolonised and therefore do not advance a pluriversality of knowledge, writes *Frank Lekaba*.



*The famous South African singer Miriam Makeba petitions the UN Special Committee on the Policies of Apartheid of the Government of the Republic of South Africa in New York in 1963.*

**Photo:** UN Photo/Teddy Chen

Records of colonialism go back thousands of years, but the global dominance of European empires had immense impact, giving them control over most of the world by 1914. Setting out to develop their own economies, the empires oppressed the civilisations of the Global South in particular. This included the suppression of indigenous populations' lived experiences and knowledge. This impact is pervasive.

## Advancing pluriversality

In a 2016 article, Prof Amaya Querejazu wrote that pluriversality "implies not simply tolerating difference, but actually understanding that reality is constituted not only by many worlds, but by many kinds of worlds, many ontologies, many ways of being in the world, many ways of knowing reality, and experimenting those many worlds."

On a broader level, it means the valuing of various ways of knowing equally. To this end, intellectualism in the Global South should be an exercise in challenging power relations in our societies and ultimately contributing to the building of new societies based on pluriversal knowledge. As universities are theatres of knowledge production, dissemination and consumption, they are the best places to begin building new societies through the work of intellectuals.

In *African Intellectuals: Rethinking politics, language, gender and development* (2005), economist

Thandika Mkandawire defines intellectual work as "the labour of the mind and the soul". An intellectual is a person who rejects purely linear thinking and who stands for a particular cause in a society. In pursuance of that cause, the intellectual does not shy away from speaking against the injustices perpetrated by like-minded thinkers.

W.E.B. Du Bois, Silas Moleme, Ruth First, Pixley ka Isaka Seme, Archie Mafeje, Amilcar Cabral, Steve Biko and many other intellectuals theorised about the concepts that shaped passions and visions of Africans for their liberation.

Musicians such as Fela Kuti, Brenda Fassie, Miriam Makeba, Letta Mbulu and Hugh Masekela, shaped the passions for liberation through their works, including artists (poetry and graphite) such as Enoch Sontonga. All of these persons belong to the community of intellectuals who are seen as reactionary and progressive. For fear of the reactionary, publications by Bessie Head, Prof Keorapetse Kgositsile, Bernard Magubane, and the music of Stimela, were banned by the apartheid government.

## The liberation struggle

The struggle for decolonisation and the fall of apartheid in South Africa must recognise the role and contribution of these intellectuals. We can imagine intellectualism without Pan-Africanism; we cannot envisage Pan-Africanism without intellectualism.

It was the intellectuals who, after the formation of the Union of South Africa in 1910, campaigned strongly for the unity of Africans and subsequent formation of the African National Congress in 1912. The United Nations could not imagine how inhuman and brutish apartheid was without the contribution and effort of intellectuals such as Miriam Makeba who awoke the UN General Assembly to the brutalities of apartheid in 1963.

The biggest contribution of intellectuals to the liberation of Africa lies in the imaginations and aspirations of Africans who contributed to the formation of social and political movements for Africa's independence.

### **The intellectual in post-colonial Africa**

African thinkers have contributed tremendously to the deconstruction of Eurocentric myths about the continent. In 1906, at Columbia University, Pixley ka Isaka Seme challenged the claims of George Hegel that Africa has no civilisation to exhibit. He asserted that an African civilisation would be more spiritual and humanistic. Steve Biko claimed Africa has a civilisation with a human face.

In post-colonial Africa, few countries have afforded intellectuals an autonomous space to theorise and articulate the visions and aspirations of Africans for Africa's development. Two of those that have are Tanzania and Senegal. In the 1970s, Tanzania was a space for progressive intellectuals deconstructing imperialism, including Issa Shivji, Cheikh Anta Diop, Archie Mafeje, Ibbo Mandaza, and Walter Rodney. Senegal hosts the Council for the Development of Social Science Research in Africa (CODESRIA), which was a vehicle of knowledge production for these titans.

The role African intellectuals played in the liberation struggle and deconstruction of Eurocentrism underscores the point that the work of alternative knowledge production has begun and will continue. What is lacking is knowledge consumption. To this end, it can be argued that this lack of engagement with African intellectuals led to the emergence of #RhodesMustFall and #FeesMustFall.

Much knowledge production about decolonisation/liberation and alternative knowledge has taken place outside universities, mainly in think tanks and organisations such as the CODESRIA, the HSRC, and the Mapungubwe Institute for Strategic Reflection. Universities that proclaim to be Pan-African universities, such as the Universities of South Africa, Cape Town, Pretoria and Johannesburg, did not escape the Fallist Movement because they have not embraced pluriversality.

### **Conclusion**

Pluriversality, as defined above, may be realised by taking seriously the words of Vladimir Lenin (1920) to the

young communist league: "You can become a communist only when you enrich your mind with a knowledge of all the treasures created by mankind".

In our context, we can only fully attain liberation if we appreciate all knowledge created by humankind, and accept that no civilisation has reached completeness. As such, the decolonisation of knowledge production and dissemination at universities could take us one step closer to realising a pluriversality of knowledge, a way of liberating the intellectual.

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*The late Ray Phiri performs with Stimela in Johannesburg in 2007. Many of the band's songs were banned in the 1980s by the apartheid government.*

**Photo:** Bobby Shabangu, Wikimedia Commons

# SCIENCE UNDER THE SHADOW OF RELIGIOUS POLITICS

India remains a deeply religious country, yet the public at large has debated notions of secularism, scientific rationality and modernity there for more than a century. For more than 50 years, the state has supported that debate. However, recent developments have shown a resurgence of religion, and that has included religious violence, writes Prof Gauhar Raza.

The debate in India on the use of scientific approaches to life's challenges is rooted in the nation's struggle against the dominance of British imperialism. When India became independent from the British in 1947, the emerging ruling classes and political elite recognised the need for a wider acceptance of scientific ideas in the society if they wanted to build a modern industrialised nation.

In 2016, Dr Subodh Mahanti wrote in the *Journal of Scientific Temper* about the use of the term 'scientific temper' by Pandit Jawaharlal Nehru, the first



General Dwight David Eisenhower bestowing an honorary degree on Pandit Jawaharlal Nehru, the first prime minister of independent India, at Columbia University in 1949. Nehru was one of the first leaders to use the term "scientific temper," recognising the need of a wider acceptance of scientific ideas in the society.

**Source:** Photo Division, Ministry of Information & Broadcasting, Government of India

prime minister of independent India. Nehru had lauded the term as "the temper of a free man" and praised a "scientific attitude beyond [the] four walls of [the] laboratory" a year before India achieved independence. A widespread consensus was built around this notion, and, in 1976, the Indian constitution was changed to include the "spreading scientific temper, humanism and spirit of inquiry and reform" as one of the fundamental duties of every citizen. By the late 1980s, anti-science Hindu right-wing forces had enlarged their politico-religious bases and turned violent. Large numbers of Hindu "god-men" had established ashrams (places for worship, sermons or other religious activities) and amassed enormous wealth, and their mass following had increased exponentially. By 1999, when the first Indian government to be led by the right wing was formed, the nexus between the right-wing political leaders and the god-men had been cemented. In 2014, a second right-wing government came to power when Narendra Modi led the Bharatiya Janta Party into office.

## Mixing science and religion

Soon after Modi became prime minister, he addressed a gathering of medical experts in Mumbai. The meeting set the government's ideological agenda, deciding how science and scientific knowledge



Soon after India's Narendra Modi became prime minister, he said that Lord Ganesha, a god with an elephant's head mounted on a human body, was proof that plastic surgery had been mastered in ancient India.

**Photo:** Sarah Welch, Wikimedia Commons

were going to be treated in the years to come. According to a 2014 report in *The Guardian Weekly*, Modi said that Lord Ganesha was proof that plastic surgery had been mastered in ancient India. Ganesha, with an elephant's head mounted on a human body, is one of the most popular gods in India. Modi also said that the birth of Karna (a character in the epic Mahabharata) was evidence that India practised reproductive genetics thousands of years ago. There were two messages in his statement. Firstly, from now on, Hindu religion would be mixed with scientific facts; and secondly, the boundary lines between science and myths and superstitious beliefs would blur. The speech was a frontal attack on the scientific temper.

### Ridicule and policy

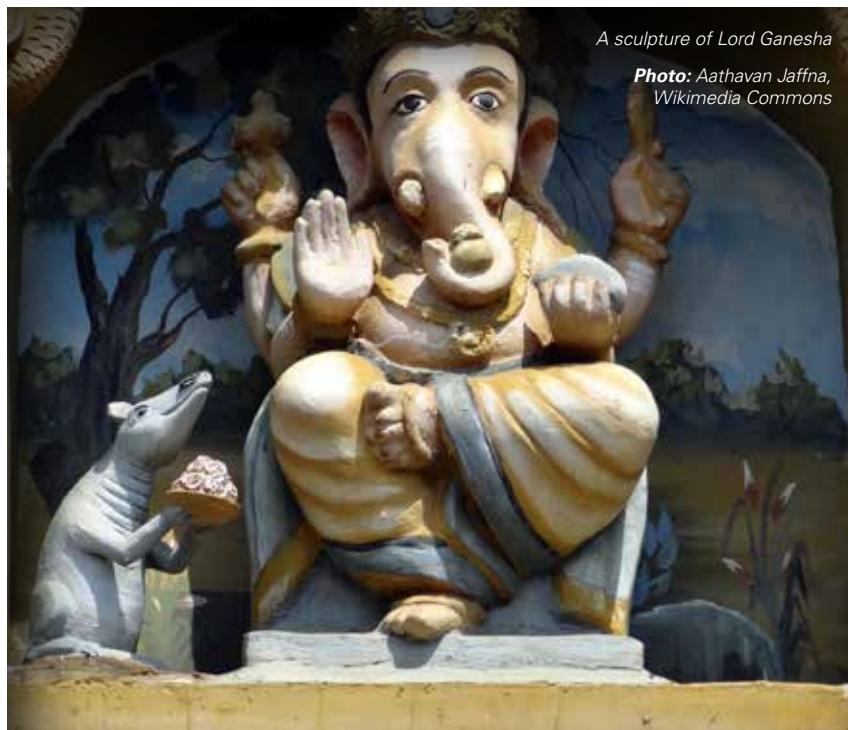
The reaction was equally sharp. Scientists and even common citizens, not only in India but all over the world, ridiculed the statement. Jokes making fun of the speech were circulated on social media, cartoonists worked overtime and made fun of it, and many serious articles have since referred to it. On the one hand, this was a clear signal to the policymakers that in times to come they would have to work to change the nature of science and technology syllabuses and

science communication, spread myths and superstitions with impunity, and withdraw from projects that aim to spread the scientific temper. In 2016, Vijetha S.N. reported in *The Hindu* about the protest of historians when Delhi University purged an essay, *Three Hundred Ramayanas: Five examples and three thoughts on translations*, from its history syllabus. The *Ramayana* is one of two major Sanskrit epics of ancient India. The institution was accused of succumbing to pressure from the right wing rather than making an academic decision.

Modi's statement was an instruction to funding agencies to support projects that ratify myths and superstitions and establish causal relationships between scientific facts and mythical stories. On the other hand, it was also a ratification, instigation, encouragement and approval of past and future outrageous anti-science statements by ministers, members of parliament, party leaders, bureaucrats, media channels and even judges. In 2017, for example, Rahul Bedi reported in *The Telegraph* about an Indian judge being mocked on social media for claiming that peacocks do not mate, but sire their offspring through tears.

A sculpture of Lord Ganesha

**Photo:** Aathavan Jaffna, Wikimedia Commons



### A political agenda

When a prime minister, completely disregarding historical and scientific scholarship, precision and correctness, makes such statements repeatedly, it may translate into a policy, which in turn encourages the spreading of myths and superstitions to suit the political agenda. Such statements made in public by the political leadership are well thought-out appeals to right-wing religious nationalists' anti-rationalist and anti-science consciousness. A scientist may laugh at such assertions, rejecting them as idiotic attacks on the scientific temper and rationality, but they are not naive statements made by mistake.

The evidence suggests that these seemingly outrageous yet harmless statements shaped the future of science policies. Science funding was slashed and scientific activities were hampered. As a result, during the past five years, the number of publications in serious science journals reduced, and meagre funds were diverted to initiate pseudo-scientific research, such as a massive project launched to look into the "anti-cancer properties of cow urine."



Research has been funded based on the belief that cow urine has healing properties.

**Photo:** Sudhakar Nayak Rathod Megavath, Wikimedia Commons

**Author:** Prof Gauhar Raza is a retired chief scientist of India's Council of Scientific and Industrial Research, a member of the National Institute of Science Communication and Information Resources in New Delhi, India; and an honorary research fellow at the HSRC.

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# INTELLECTUAL *liberation:* LINKING KNOWLEDGE, HUMAN INTEREST AND LIBERATION

"Intellectual liberation" is a contested concept in the knowledge field. At a basic level, it is a type of freedom that allows people to think about or study what they want, based on curiosity and questions of their choice. It is about clarifying, analysing and interpreting a social world and its problems. But, that is not all it is.

There is a multidimensional link between knowledge, human interest and human liberation that underlies intellectual liberation. It is not only about questioning what exists, but also about how we come to have knowledge about things. We may go even further and ask why we should know something, which might be a question of ethics.

## Defining "public interest"

In a paper, *The contribution of public intellectuals in defining public interest in South Africa*, delivered at a Harold Wolpe Seminar in February 2005, former Higher Education Minister Dr Blade Nzimande asked us to clarify the meaning of the terms "intellectuals," "public" and "public interest." He wanted us to consider the conditions under which these terms were used, interpreted and understood. We must acknowledge that these terms may mean different things to different people. For example, almost a century ago, the Italian Marxist philosopher Antonio Gramsci distinguished between an "organic" and "traditional" intellectual. The former is linked to particular classes, movements and institutions (for example, workers) whose job it is to counter hegemonic ideas and ambitions. Traditional intellectuals focus on reason and truth that are bound to a particular order, such as the clergy, priests and professors. But the real question is

Universities and science councils are increasingly constructed as spaces for intellectual life that promise independent thinking and for the task of translating knowledge for the public good. Public intellectuals, who participate in public-affairs discourse and engage with society about its problems, in addition to their academic pursuits, play an important role in influencing public agendas. But, what constitutes the public good and is the public intellectual always a force for good? Universities and research councils are not the only entities that produce intellectuals. We need to adopt a wider conception of the "public intellectual" to include those who work on behalf of the public. This is at the heart of political freedom and social justice, writes

Prof Vasu Reddy.

about the issue of their location and public role. In other words, the idea of "public interest" depends on which members of the public are at stake, for example, the interest of workers, the unemployed, business owners or the media.

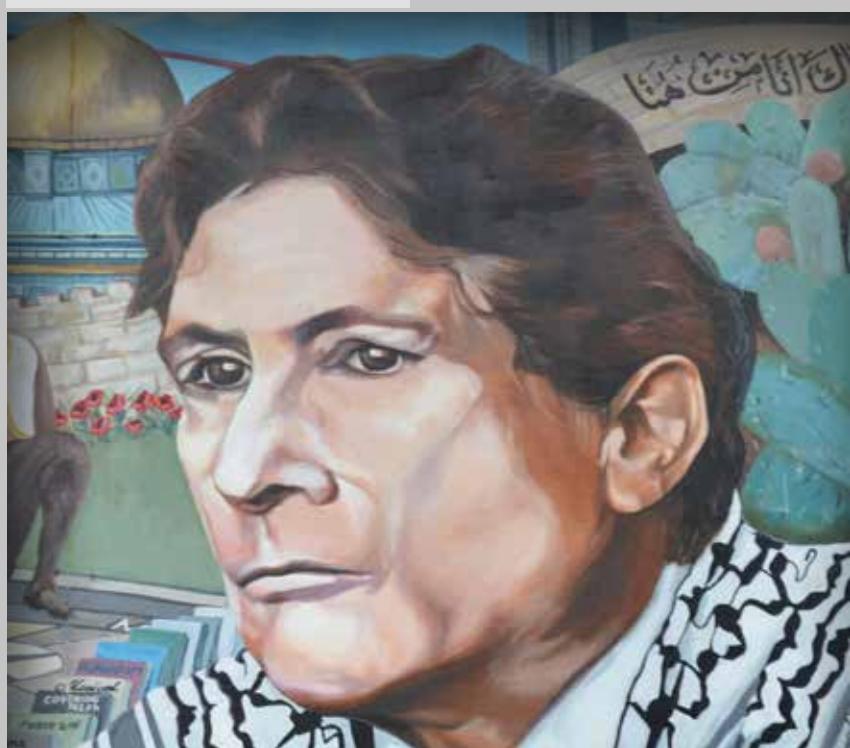
The "public interest" is contested along the lines of class, race, gender, language and other identities. These identity markers shape people in various ways because of the broader struggles in society. Therefore, there is no single, neutral, objective position here.

### **Speaking truth to power**

Also, the performance of intellectual labour in public engagement is directly contingent on our entanglement with the local and global "wicked problems" of our time that are difficult to resolve and show increasing resistance to resolution.

The term "wicked problems" was introduced by the American philosopher West Churchman in 1967, when he discussed the moral responsibility of operations research to "inform the manager in what respect our 'solutions' have failed to tame his wicked problems." These problems are understood to be largely economic, environmental and political, and can be broken down into more descriptive components. According to millennials who participated in the [Global Shapers Survey 2017](#), the biggest problems in the world today include: political freedom and political instability; economic opportunities; food and water security; education; safety, security and wellbeing; government accountability, transparency and corruption; poverty; religious conflicts; wars; and climate changes and the destruction of natural resources.

The persistent problems and public questions of the contemporary world are mediated by a variety of powerful forces - political, social, economic, cultural, mass-media, and religious, for example - that require an engaged public to foster responses that speak truth to power, as explained by the philosopher Prof Philip Kitcher in *Science, Truth, and Democracy*, in 2001.



Prof Edward Said depicted on a Palestinian cultural mural

**Source:** Wikimedia Commons

Whether the intellectual liberation project indeed speaks truth to power is a valid concern. An understanding of the meaning of intellectual labour in wicked times enables opportunities to think deeply about how better to make sense of the messiness in the world. It demands debate, compromise and change.

### **Implications for science**

Nuanced work on the public intellectual lies at the heart of humanism and critical responsibility, and is central to the meaning of science. There are many who bemoan the lack of public intellectuals in South Africa today, especially in a context where wicked problems persist, and where trust in public officials and politicians to resolve such problems is virtually non-existent or, at best, completely eroded.

The turn to public intellectuals as crucial agents of change who champion, in the words of the literary and cultural critic, Prof Edward Said in 1996, the ideas of "secular humanism" and "intellectual responsibility", provides a foundational

framework to rethink the intellectual condition in today's world and to facilitate different perspectives on the human community. Said's conception has resonance with, and bearing on, the contributions of the liberal arts and humanities in the context of ongoing calls for a decentring of western and northern models of thought, aligned to the decolonial turn, in favour of localised and situated knowledge.

Intellectual labour and knowledge production is intricately interwoven in the thinking about intellectual liberation and the role of the intellectual. It is contingent on a "culture of critique" – to interrogate what is taken for granted, that being the currently accepted truths or social norms and values. Intellectual freedom is therefore about bringing new ways of thinking and learning through multidimensional ways of interpretation.

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# The UNIVERSITY, THE CITY AND A DIFFERENT AESTHETIC

The public spaces in and around universities are typically designed to optimise the efficient movement of people between lecture halls, transport, living and recreational hubs. But are these spaces really public, and how do they support knowledge production? Noting the western and masculine nature of universities, *Prof Karin van Marle* reflects on the theme of knowledge and the liberation of knowledge within the space of the university.

The accessibility and character of universities are often determined by the urban structures within and around them. However, the world of planning and construction has been male-dominated for many centuries. In an [article](#) published in *The Guardian* in 2014, the following question was raised: "If women built cities, what would our urban landscape look like? Architect Fiona Scott lamented the extent to which the built-environment professions remain heavily male-dominated. Le Corbusier (1887–1965), a pioneer of modern architecture and urban planning, emphasised the idea that everyone should work to a human scale. However, he used a stylised human figure, the six-foot [Modulor Man](#), to demonstrate the proportions needed for design. Only later, the attention shifted to advocating for more "family-friendly" spaces, women's safety and female toilets. This was strengthened by initiatives such as the [Women's Design Service](#) set up in London in 1984 as a worker's co-operative.



*The famous architect Le Corbusier in 1964*

**Photo:** Joop van Bilsen, Anefo



*A view of the city from the University of Cape Town*

**Photo:** landagent, Wikimedia Commons

## Non-sexist spaces

In a classic 1980 essay 'What would a non-sexist city be like?' the American urbanist Dolores Hayden called for centres that could "transcend traditional definitions of home, neighbourhood, city and workplace". Others have suggested that a woman-friendly city could be more porous, the divisions between home and work less rigid, so that domestic work is acknowledged as a productive activity, and household carers are less excluded from economic life. Urban planners say that the gender politics of planning has long been underplayed.

Feminists such as Prof Tovi Fenster challenged the French Marxist philosopher Henri Lefebvre's notion of the "right to the city", arguing that the right to the city does not pay sufficient attention to patriarchal power relations. If the right to the city is concerned with everyday life, it goes without saying that everyone's everyday life experiences should be taken into account. The right to the city involves also the right to appropriate urban space in the sense of the right to use, live in, play in, work in, represent, characterise and occupy urban space in a particular city as well as the right to participate in it. According to Fenster, Lefebvre's right to the city refers to a public that is still to a great extent not open to, and accessible to, most women. We could extend this view to the university space.

In *Relating narratives: Storytelling and selfhood* (2000), Italian philosopher Adriana Cavarero insisted on the importance of "who" rather than "what" someone is. Who someone

is, can be revealed only by stories, she believes. Relating this to the university, it is important to look beyond the traditional, the masculine, achievements, aspirations and ambitions. Is any space in the current neoliberal university for a "who", rather than a "what", to develop and come to the fore?

## Countering liberal power

I contend that a certain neoliberal aesthetic present within most South African universities continues and deepens epistemic, ontological and spatial violence and injustice. What could a different aesthetic, in particular, the notion of "new aesthetics" or one that pays attention to bodily presence, affect, complexity and slowness disclose? Could it counter or at the very least problematise neoliberal power by exposing its limits, its failure to respect and be fully just to the minds and hearts of all?

It is important to note the western and masculine nature of the university. In 2016, Ugandan academic Prof Mahmood Mamdani wrote, "[most universities] are local instantiations of a dominant academic model based on a Eurocentric epistemic canon." The implication of a western canon is that it values only western/masculine notions of the truth and rejects all other forms of knowledge. An important feature of many western epistemic traditions is their reliance on a certain division between "mind and world," "reason and nature", and on a detachment between the "knower" and the "known". This point does not speak only to epistemology, ways of knowing, but also ontology,

ways of being. In 2016, Cameroonian philosopher Prof Achille Mbembe noted that the main problem of these forms of epistemology and ontology is that they become hegemonic and do not acknowledge other ways of understanding, being in and inhabiting the world.

## Aesthetics can transform

I am concerned about the extent to which a certain neoliberal logic and rationality have become a kind of common sense at the university. Could a different aesthetic, one that acknowledges bodily presence, sensory experiences, complexity and the need to slow down, to step aside from counting, competitiveness and suffocation, challenge this logic? I argue for a kind of aesthetic that could influence the idea of the university as a public space, make it a space of inhabitance, where everyone could feel that they belong and could offer an alternative to some present-day campuses where one is allowed only if biometrics are captured; where interdicts reign.

My sense is that a different aesthetic could transform the curriculum, disclose opportunities for ideas and reflection and produce more than functionaries to further the machine. Crucially, it could enhance the world outside the university if graduates could contribute to a life-world that is not one of mere instrumentality. It could liberate knowledge and liberate those engaged in the production of knowledge.

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A panoramic view of the University of Cape Town

**Photo:** Discott, Wikimedia Commons



The rights of all persons, including those participating in research, are enshrined in the South African constitution.

Photo: Ashraf Hendricks, GroundUp

# RESPECTING THE DIGNITY OF RESEARCH PARTICIPANTS: RESEARCH ETHICS AT THE HSRC TODAY

At the heart of the research conducted by the HSRC, is the humanity and wellbeing of research participants. This is in line with the broader research ethics framework in South Africa and internationally. The focus on protecting the marginalised and vulnerable, in particular, is for good reason. There is a long and varied history of the abuse of science to further the ends of one group of people at the expense of another and South Africa's own research history is no exception. *Andrea Teagle* reports.

In 1939, an influential pamphlet titled *The Educability of the South African Native* was published in South Africa's academic circles. It was one of a spate of controversial publications during the 1930s that sought to measure the relative intelligence of different races using psychometric testing methods that were gaining traction internationally on the back of racist ideologies.

Written by Dr Martin Lawrence Fick, the head of psychology at South Africa's National Bureau of Educational and Social Research (NBESR), it summarised the results of several earlier psychometric test studies comparing black, Indian, coloured and white children, and it argued for the relative ineducability of "the South African Native". The NBESR was one of the HSRC's precursor organisations.

According to the historian Prof Saul Dubow, such research was of keen interest to a government seeking to sculpt a "scientific" backbone for segregation. Fick's work, for example, was published with a foreword from Werner Eiselen, the government's chief inspector of native education, who would go on to help conceptualise Bantu Education. Even at the time, claims made from such studies were widely contested: critics

Members of the HSRC's Research Ethics committee gather in October 2018. From left to right: Research ethics chairperson, Prof Theresa Rossouw, committee member Thobekile Zikhali (back row).



pointed to environmental factors that influence test scores, undermining claims of innate disparities between racial groups. Yet, as Dubow writes in his book, titled *Illicit Union – Scientific Racism in Modern South Africa*, the research remained a powerful tool for oppression.

Of greater significance than the results, was the way in which the mental testing objectified those whom it observed, sustaining the notion of essential differences between "us" and "them", he writes. It also reinforced the view that moral and political issues could be solved on the basis of "impartial" and empirical science. "In general terms, [the research] legitimized the rights of whites to make decisions for and on behalf of Africans."

### Modern research ethics

The rights of all South Africans are enshrined in the constitution, which affirms everybody's right to bodily and psychological integrity, and prohibits research without informed consent. In 2004, the National Health Act of 2003 promulgated legal safeguards for research participants, and brought about the establishment of the National Health Research Ethics Council (NHREC), an overarching entity mandated to oversee ethics in research for registered research

ethics committees in South Africa, among other responsibilities.

Today, the HSRC's Code of Research Ethics includes a principle of respect and protection, which states that research should preferably be undertaken with, and not merely on, the identified community.

In addition to the principle of respect and protection, HSRC researchers commit themselves to scientific and academic professionalism, accountability, and transparency and ensure that participants clearly understand the aims and implications of the research.

Before research can be undertaken, researchers must receive the green light from the HSRC's Research Ethics Committee (REC), who review protocols to ensure they align with the 2015 Department of Health Ethics in Research Guidelines, and appropriate international codes. The HSRC's REC is one of 49 ethics committees nationally registered with the NHREC.

Ongoing training of researchers and committee members is crucial, because, while they might well accept the principles guiding the ethics procedure, the need for ethical oversight is not always immediately apparent.

### Initial scepticism

Prof Peter Cleaton-Jones, the first chairperson of the HSRC REC in 2002 and chairperson of the Wits REC (Medical) from 1985 to 2017, recalls the initial reactions of social scientists in the two institutions to the establishment of RECs.

Some social-science researchers did not like their projects examined by the RECs, in some cases because the examination was deemed to be against academic freedom, while others considered those examining the research project to be unsuitable.

However, Cleaton-Jones recalls that, with education, attitudes of the researchers shifted. Following a talk about the REC, attended by HSRC staff, "surprisingly, members of the audience spoke and said that they now know that the committee provides protection for researchers and for participants in projects," he says.

Some of the early challenges of research ethics reflected teething problems in the national guidelines.

Assoc. Prof Anne Pope, external deputy chairperson of the HSRC REC from 2006 to 2018, says, "The previous 2004 guidelines had a good clinical practice flavour which offended many social scientists."

*Khutso Sithole, the HSRC's research ethics administrator*



In 2015, the Department of Health added a chapter on social-science research outside of bio-ethics to [the guidelines](#), which helped to make them more broadly applicable to different contexts within the social sciences.

"Since we have this guidance from the department, it's easier for us," says Khutso Sithole, the current HSRC REC administrator. "We know what we are doing, as an ethics officer or as an ethics committee."

### New challenges

The REC today faces the challenge of keeping abreast of new technologies and methodologies and their ethical implications. With the proliferation of online data, questions of consent become particularly pertinent and require careful consideration.

An increasing ethics challenge is the use of the internet to collect data, invasion of privacy through collecting data about a person - including photographs - copyright of photographs and recordings and ownership of data and human biological specimens, says Cleaton-Jones.

Pope says, even when researchers endorse the underlying principles, in some instances they do not see the importance of informing the REC about new methodologies they wish to use like photovoice, a participatory research methodology in which participants take photos or film footage of their communities. "They assume that everyone knows about the methodology and get angry and defensive when what they perceive as 'stupid questions' are asked."

One of the contemporary ethics applications in South Africa relates to HIV/Aids vaccine trials. According to the United Nations Joint Programme on HIV and Aids, participants should receive "state-of-the-art" HIV-prevention packages. However, in a recent

study appearing in the *Journal of Empirical Research on Human Research Ethics*, Dr Zaynab Essack and Prof Douglas Wassenaar found that RECs are not always aware of the range of available preventative measures that should be offered in HIV-prevention trials. They recommend the establishment of more detailed guidelines and better oversight for vaccine trials.

The work of the RECs, and the ongoing debates about ethics applications, pays testament to how far South Africa has come from the days in which research participants were not afforded legal or ethical protection. But even comprehensive ethical guidelines cannot guarantee that these individuals are not treated unethically by unscrupulous researchers. As a state-funded institution, the HSRC has added obligations to maintain academic and research integrity and independence. This is done by creating a safe space to debate and question accepted views and broaden the moral imagination, rather than merely following established ethics guidelines.

"It will always be necessary to persuade people of the importance of conducting themselves ethically," says Pope, adding wryly, "South Africa is in the habit of accepting that unethical is okay as long as you are not caught."

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**Additional sources and further reading**  
Articles, *Exploitation of the vulnerable in research: Responses to lessons learnt in history and The evolution of research participant protections in South Africa*, by Prof Ames Dhai in the South African Medical Journal

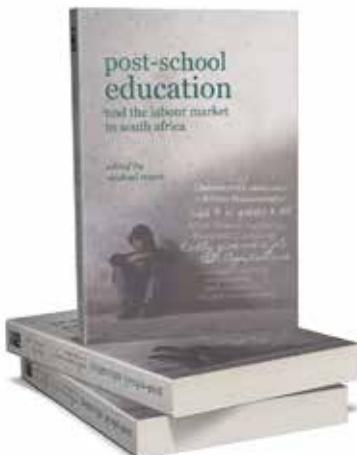
The online article, *History of Psychometric Testing in South Africa*, by The Histories Project

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Price **R250,00**

## Post-school education and the labour market in South Africa

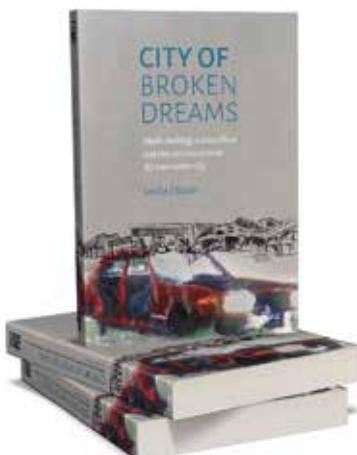
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Extent:	272
Rights:	World Rights

### About the book

South Africa has one of the highest rates of youth unemployment and is renowned for being one of the most unequal societies in the world. In this context, training and education play critical roles in helping young people escape poverty and unemployment.

*Post-school education* offers insights into the way in which young people in South Africa navigate their way through a host of post-school training and education options. The topics include access to, and labour market transitions from, vocational education, adult education, universities, and workplace-based training. The individual chapters offer up-to-date analyses, identify some of the challenges that young people face when accessing training and education and point to gaps between education and the labour market.

The contributors are all experts in their respective components but write with a holistic view of the post-school education system, using an unashamedly empirical lens. *Post-school education* will be of interest to all researchers and policymakers concerned with the transformative role of further education and training in society.



Price **R295,00**

## City of broken dreams

Myth-making, nationalism and the university in an African city

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### About the book

*City of Broken Dreams* brings the global debate about the urban university to bear on the realities of South African rust-belt cities, through a detailed case study of the Eastern Cape motor city of East London, a site of significant industrial job losses over the past two decades.

Since the end of the Second World War, universities have become increasingly urbanised, resulting in widespread concerns about the autonomy of universities as places of critical thinking and learning. Simultaneously, there is increased debate about the role universities can play in building urban economies, creating jobs and reshaping the politics and identities of cities.

The cultural power of the car and its associations with the endless possibilities of modernity lie at the heart of the refusal of many rust-belt motor cities to seek alternative development paths that could move them away from racially inscribed, automotive capitalism and cultures. This is no less true in East London than it is in the motor cities of Flint and Detroit in the US.

In *City of Broken Dreams*, author Leslie Bank embeds the reader's understanding of the university within a history of industrialisation, place-making and city building.



**Price R250,00**

## Black Academic Voices

The South African Experience

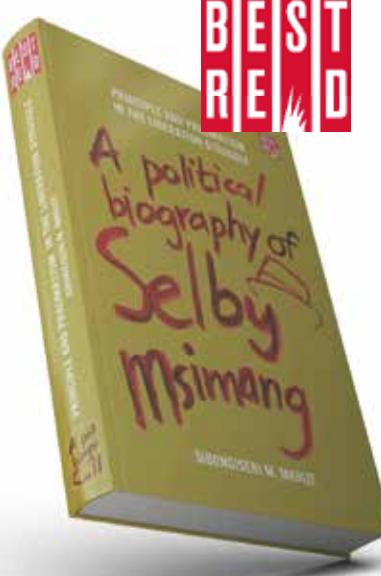
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### About the book

As students and as members of faculties in historically white universities, black academics have faced both subtle and overt forms of exclusion that perpetuate the negative experiences and precarious state of black people in many South African institutions, including the academy. Some black academics leave the academic world for other pursuits. While many scholars have had the opportunity to explore the challenges of higher education transformation since 1994, very few black academics have had the chance to tell their stories in biographical form. This book seeks to fill this gap with the aim of defining what it means to be black in the South African academy post-1994, exploring personal, real-life experiences against a plethora of structural and relational challenges within academic institutions.

*Black Academic Voices* captures the personal accounts of the lived experiences of black academics at South African universities in the context of the ongoing debate for transformation and decolonisation of higher education. Taken together, the accounts explore the heterogeneous black experience in the academy, various strategies for negotiating and upholding difference, and the affirmation of self through empowerment and inspiration of the other.

Despite everyday experiences of exclusion, the emerging consensus among all contributors is that engaging with and transforming the South African academy is a worthwhile endeavour. The insights presented through these personal accounts raise possibilities for deconstructing hierarchies of racist, sexist, patriarchal and colonial authoritarianism and embracing difference, diversity and humanity as a whole.



**Price R250.00**

## Principle and Pragmatism in the Liberation Struggle

A political biography of Selby Msimang

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### About the book

Henry Selby Msimang was one of the great South Africans of the twentieth century. Born in 1886 in Edendale, Pietermaritzburg, he was: a founding member, interpreter and assistant to the secretary general of the African National Congress in 1912; a president of the pioneering Industrial and Commercial Workers Union in the 1920s and 1930s; general secretary of the All African Convention in the 1930s; a member of the Natives Representative Council; provincial secretary of the Natal ANC in the 1940s and early 1950s; a prominent member of the Liberal Party in the 1950s and 1960s; and thereafter a founder and executive member of the Inkatha Yenkululeko Yesizwe in the 1970s. Msimang was also an intellectual figure of remarkable talent – a prolific author and writer, journalist and public debater – and a man, who despite great trials and tribulations, did not compromise his principles and fundamental values, his commitment to the struggle for freedom, justice and human rights.

This book examines his political choices and movements, including his class consciousness, non-racialism and changing allegiances during his 70-year-long journey in politics. It helps us to understand Msimang as the embodiment of a longstanding but often ignored tendency towards political pragmatism in the South African struggle for liberation. As South Africans engage in the process of forging a new identity and a reinterpretation of the freedom struggle, Msimang's life offers inspiration, guidance and hope.