

# Urbanisation and Women's Health in South Africa

William Pick<sup>1</sup> and Diane Cooper<sup>2</sup>

## ABSTRACT

For many decades the migrant labor system and the influx control legislation in South Africa exacerbated male-dominant patterns of migration typical of Africa. In recent years, however, and especially following the easing of influx control legislation in 1986, migration in South Africa has increasingly involved women.

This paper reports on a study conducted in Khayelitsha, Cape Town, which explored the relationship between urbanisation and the health of women. The objectives were to relate age, migration, length of stay in urban areas, employment status, and occupation to the health, including reproductive health, of women living in Khayelitsha. Interviews with 659 women (61 households had no senior woman) revealed that women enjoyed considerable social support through their neighbours, church organisations, and women's organisations. Women who lived in the most deprived section of Khayelitsha enjoyed more support from their neighbours but reported less satisfaction with the area in which they lived. Child-care support was poor and a considerable proportion of the women were disempowered by their male partners. More than 90 percent of the women had access to antenatal care. Recent immigrants had more pregnancies, were less aware of screening for cervical cancer, less likely to have had a Pap smear, less knowledgeable about where to have a Pap smear done, and less likely to have heard of AIDS. More women were aware of AIDS (86%) than Pap smears (45%). More than half of those of childbearing age used contraception, mainly intramuscular hormones (76%). A significant proportion (53%) of the women reported that they had had their first pregnancy as teenagers and younger, less educated women were more likely to have had adolescent pregnancies.

Policy makers are confronted by a compelling need to redress well-known urban-rural inequalities in health care in South Africa. Policy attention must also be given to the increasing urbanisation of women and the growing health care needs in urban areas. (*Afr J Reprod Health* 1997;1(1):45-55)

## RÉSUMÉ

### Urbanisation et santé des femmes en Afrique du Sud

Pendant plusieurs décennies, l'exode rurale et sa législation en Afrique du Sud n'ont fait qu'accentuer la migration masculine si commune en Afrique. Cependant, ces dernières années, des suites de l'allègement de la législation en 1986, l'exode rurale en Afrique du Sud a touché de plus en plus la population féminine.

Cette publication porte sur une étude réalisée à Khayelitsha, Cape Town, qui a analysé l'association entre l'urbanisation et la santé de la femme. Les objectifs consistaient à étudier les relations entre l'âge, la migration, la durée du séjour en zone urbaine, le type d'emploi, la profession et l'état de santé y compris de la reproduction des femmes habitant Khayelitsha. L'enquête de 659 femmes (61 maisons sans la présence de vieilles femmes) a révélé que ces dernières bénéficiaient d'un soutien considérable de la part de leurs voisins, religieuse et des organisations féminines. Les femmes habitant dans la zone la plus démunie de Khayelitsha bénéficiaient de beaucoup plus de soutien de leurs voisins mais elles étaient moins satisfaites de leur zone de résidence. La couverture sanitaire

---

<sup>1</sup>Department of Community Health, University of the Witwatersrand; <sup>2</sup>Department of Community Health, University of Cape Town, South Africa

Correspondence: Professor William M. Pick, Department of Community Health, University of the Witwatersrand Medical School, 7 York Road, Parktown 2193 South Africa. E-mail: 081pick@cion.wits.ac.za

often send their children to ageing grandparents in rural areas. Where women have a male partner, the male domination in decision-making that is characteristic of more traditional households persists in urban areas, but there is evidence that women are rebelling against this situation, often by choosing to remain single.<sup>16</sup> Therefore, it can be expected that the pattern and extent of male domination will change over time in urban areas.

While part of the attraction of the urban areas lies in the appeal of greater access to physical comforts, many women find the physical environment in which they live less than desirable. However, apart from women living in the poorest area (Green Point), a large majority of women expressed satisfaction with their neighbourhoods. Perhaps it is better to live in a poor neighbourhood in the city than to live in a poor neighbourhood in the countryside.

The effect of urbanisation on the fertility of women is of major importance. As more rural women migrate to the city, the rate of population growth increases. This phenomenon, which has been found in many parts of the world, is not unusual: infant and child mortality in cities is lower than in rural areas, while the fertility norms of rural women take some time to change to those of their urban counterparts.<sup>17</sup> Urbanisation also brings the benefits of an increased awareness of cervical cancer and AIDS and a greater knowledge of the services available for the diagnosis and treatment of these conditions. One can therefore expect lower morbidity and mortality from reproductive illnesses among migrant women as their utilisation of health services in the city increases.

### Conclusion

The results of this study indicate that many women in Khayelitsha are disadvantaged as women, as poor people, and as new arrivals in urban areas. The results also shed some light on the nature of the complex relationship between urbanisation and the health of women. An improved understanding of the effects of urbanisation on health is

a prerequisite for an informed response to the health needs of women and their families in urban areas of South Africa.

The study provides lessons of great importance and relevance to the rest of the sub-continent. Firstly, the phenomenon of urbanisation is upon us and the pattern of migration is changing. More and more women are migrating to urban areas. The traditional needs of women are thus undergoing change. No longer are they left behind in rural areas to fend for themselves and their children. This means that concern for rural populations and their general neglect must be balanced by the recognition that the problems of rural poverty will manifest themselves in urban areas as well. The lack of urban infrastructure in Khayelitsha must inevitably have parallels in other African towns. The challenge for governments is to address rural poverty and at the same time prepare for the increasing demand for services that will come from a growing, militant, and vocal urban constituency.

### NOTES

- a Bantustans were created by the apartheid government as quasi-autonomous areas, usually in desolate rural areas, onto which large numbers of people were forcibly relocated.

### REFERENCES

1. United Nations Fund for Population Activities. Rome declaration on population and the urban future. Rome: United Nations Fund for Population Activities, September 1-4, 1980.
2. Horton R. The infected metropolis. *Lancet* 1996;347:134-5.
3. Fair TJD. The urbanisation process in South Africa. RSA2000. *Dialogue with the future*, 1985;7(1):1-6.
4. Dewar D, Todes A, Watson V. Working paper no. 21. Cape Town: Urban Problems Research Unit, University of Cape Town, 1982.
5. The Urban Foundation. Policies for a new urban future. *Urban Debate* 2010. *Population Trends* 1990;1.

6. Wilson F. South Africa: the cordoned heart. Cape Town: Gallery Press and New York/London: W.W.Norton and Company, 1986. In association with Southern African Labour and Development Research Unit, University of Cape Town, and Center for Documentary Photography, Duke University, Durham, North Carolina.
7. Miller BD. The endangered sex. Ithaca, NY: Cornell University Press, 1981.
8. Chen LC, et al. Mortality impact of an MCH-FP program in Matlab, Bangladesh. *Stud Fam Plann* 1983;14:199-209.
9. World Health Organization. Health of women. Geneva: WHO, October/November 1985.
10. Department of National Health and Population Development. Health Trends in South Africa 1993. Pretoria: Department of National Health and Population Development, 1994.
11. Morokvasic M. Birds of passage are also women. *Int Migr Rev* 1984;18(4):886-907.
12. Khoo SE, Smith PC, Fawcett JT. Migration of women to cities: the Asian situation in comparative perspective. *Int Migr Rev* 1984;18(4):1247-63.
13. Cooper D, Pick WM, Myers JE, Hoffman MN, Sayed AR, Klopper JML. Urbanisation and women's health in Khayelitsha: demographic and socio-economic profile. *South Afr Med J* 1991;79:423-7.
14. Pick WM, Cooper D, Klopper JML, Myers JE, Hoffman MN, Kuhn LA. Study of the effects of urbanisation on the health of women in Khayelitsha, Cape Town: rationale and methods. Cape Town: Department of Community Health, University of Cape Town, 1990; Working paper no. 1.
15. Pick WM, Makhlof-Obermeyer C. Urbanisation, household composition and the reproductive health of women in a South African city. *Soc Sci Med* 1996;43(10):1431-41.
16. Van der Vliet V. Staying single: a strategy against poverty? Carnegie conference paper no. 116. Second Carnegie inquiry into poverty and development in Southern Africa, April 1984.
17. de Soto H. The other path: the invisible revolution in the Third World. New York: Harper and Row, 1990:8.