Sexual and reproductive health challenges among Botswana's San women

By Edward Pettitt

The San, also known as 'Basarwa' or 'Bushmen', are the first peoples of southern Africa and are well known for their traditionally semi-nomadic hunter-gatherer lifestyle as depicted in the popular 1980 comedy film *The Gods Must Be Crazy.* Though many people still imagine the San as untouched 'stone-age' hunters roaming freely in the bush, this image is far from the present-day reality. Over time, the San have been displaced and have lost the rights to their ancestral lands and natural resources to farming, livestock production, mining and the development of game reserves.

A group of San women performing a traditional dance. (Photo by Edward Pettitt).

The oppression and discrimination the San have suffered have resulted in a spectrum of poor health. While all southern African San are exceedingly marginalised due to their ethnic minority status, San women also face gender-related stigmatisation and abuse, which has particularly harmful effects on their sexual and reproductive health.

The Case of New Xade

In recent years, researchers and development workers have voiced concern that San women are losing the relative equality they once experienced with their male counterparts[1]. Though San women, proficient in specialised gathering techniques, were once the main providers of food and enjoyed high status in their communities, recent socio-economic and political changes have resulted in the loss of a large amount of their autonomy and influence.

These societal changes and disruptions in gender equity are especially evident in New Xade, a village of primarily San residents,

Continued on page 15

Continued from page 13

Conclusion

Opportunities: Conveying health information through daggu — a traditional way of communicating among Afar people after greetings — which includes health, social, political, environmental and other issues. This can be exploited by programme implementers and development actors.

Ensuring physical access to static health facilities and ensuring that they are staffed with trained human resources is vital, but not the main solution for improved use of maternal health services. Physical distance is not the only barrier.

Socio-cultural issues are barriers too. These barriers can be adequately addressed when communities work together with the health authorities to jointly design suitable health systems that respond to the maternal health needs of pastoralists. ■

Lessons learned

- Traditional delivery beds should be provided in health facilities because Afar women believe the sitting position during delivery speeds up the labour.
- Static health facilities are not helpful for pastoralist lifestyles because they are inaccessible and culture-insensitive.
- Female midwives are required in the health facilities to attract Afar women who abhor being attended to by males.

Jemal Yousuf
Pastoralist Project Manager

Mazengia Ayalew
Project Officer

Fentaw Seid
Project Assistant

Correspondance
Jemal Yousuf
E-mail: jemyous@yahoo.com
Mazengia Ayalew
E-mail: mazengia2007@yahoo.com

AMREF Ethiopia
House Number 629
Kebele, 12, Wereda 16
Djibouti Rd, Opposite St. Gabriel Hospital
P. O. Box 20855, Code 1000
Addis Ababa - Ethiopia

Reference:

1. Ethiopia Demographic Health Survey of 2005.
2. National Reproductive Health Strategy 2006-2015.
3. Family Health Department, Federal Democratic Republic of Ethiopia Ministry of health. 2006. Report on Safe Motherhood Community-based Survey, Ethiopia.

Other references for this article are available at http://www.exchange-magazine.info/.

A San mother and her child in the Central Kalahari Game Reserve. (Photo by Edward Pettitt).

who were relocated from the Central Kalahari Game Reserve in the late 1990s and early 2000s by the Botswana government as part of the largest resettlement programme ever undertaken in the country.

The village is located some 100km from Ghanzi, the district capital, and 70km from Xade, the former settlement in the game reserve. The results of this massive upheaval include increased sedentarisation, a socio-economic shift to pastoralism and wage labour and increased contact with strongly patriarchal majority groups such as the cattle-herding Tswana, Botswana's majority ethnic group.

Deprived of their traditional livelihoods and thrust into a foreign way of living, one in which the foraging contributions of women are viewed as inferior to the cattle-rearing and wage labour of men, the relative gender equality of San women in New Xade has diminished considerably.

Examining the problem

Though relocating the San from the Central Kalahari Game Reserve to New Xade may have improved their access to modern health facilities and social welfare programmes, the abrupt removal from their ancestral homeland and traditional semi-nomadic hunting and gathering lifestyle also had major, perhaps unintended, negative results. The effects of sedentarisation on women's reproductive health in New Xade and other San settlements are of great concern, as the following examples show.

Early childbearing and shorter birth intervals

A 2001 report by the Legal Assistance Centre based in Namibia suggested that the San's transition to a sedentary lifestyle has resulted in early sexual relationships and shorter birth intervals among women[2] Although some of the study's San informants disagreed on whether early sexual activity was prevalent in the past, many San parents today disapprove of such behaviour since it often results in their girls dropping out of school at young ages. The report also notes that the demands of the San's former semi-nomadic foraging lifestyle encouraged a relatively long average child spacing of four years, whereas the length of time between births has become much shorter with the adoption of a sedentary lifestyle.

Furthermore, the boarding hostel environment, in which hundreds of students are sent to towns far away from their families and live together in cramped quarters for several months at a time under the supervision of only one or two adults, has been identified as a key factor contributing to sexual harassment and pregnancy amongst female San students.[3]

Alcohol abuse and gender-related violence

According to a 2006 *Lancet* article, the increase in alcoholism among the San can be attributed to their loss of land, traditional livelihoods and community cohesion. It has also been linked to increased gender-related violence, especially among young people[4]. In New Xade, a community of fewer than 1,500 residents, there are more than a dozen shebeens, or home breweries. Although shebeens are illegal, alcohol licensing is rarely enforced and they have become a breeding ground for raucous behaviour and gender-based violence.

Rampant alcohol abuse is not unique to the San and has also been seen in other dispossessed indigenous communities that have lost traditional lands and livelihoods without viable alternatives, resulting in boredom and frustration, especially among the youth.

Advocating for change

Clearly, there is a need for governments, development agencies and community organisations to develop tailored and culturally-sensitive strategies to address the sexual and reproductive health challenges of the San in general and their women in particular. There is also a need for locally-initiated and culturally-sensitive HIV and AIDS and STI prevention campaigns in San communities.

Appropriate policy frameworks and national gender policies should be enacted to address existing inequalities and comprehensive life skills education, including components on sexual and reproductive health, teen pregnancy, alcohol abuse and gender issues, should be offered for youth in both school and community settings.

The Kuru Family of Organisations (KFO)

Organisations that aim to empower the San should spearhead efforts to address concerns related to gender inequalities and reproductive health.

One such organisation is the Kuru Family of Organisations. Kuru began as a community empowerment initiative of the Dutch Reformed Church located on freehold farm in Botswana's Ghanzi District. It is now a multi-dimensional non-governmental organisation operating in numerous settlements and districts.

In the past, Kuru's mission and vision statement explicitly mentioned "equality between men and women" as a "traditional value… of our culture [which] the day-to-day activities of Kuru should reflect" (as quoted in Felton & Becker 2001). Though the current mission and vision statements have omitted specific references to gender equality, gender equity remains central to the Kuru ethos. The KFO Community Health Programme, for example, works with the San in remote areas, including New Xade, to enhance social mobilisation for positive health promotion and increased access to gender-affirmative health and welfare services.

Continuous engagement through community conversations, such as a World AIDS Day event in which local San women were encouraged to voice their views on access to HIV counselling and testing services, is an activity that can be enhanced and replicated locally and regionally.

Conclusion

San are affected by numerous health issues that stem from their marginalised status in Botswana and other southern Africa countries. San women are particularly vulnerable as they suffer double stigmatisation due to their ethnicity and their gender; they are particularly affected with regard to their sexual and reproductive health. Furthermore, the effects of social disenfranchisement, poverty and gender inequalities are compounded by alcohol abuse.

The case of New Xade further illustrates the severity of these issues and the need for culturally-sensitive approaches towards sexual and reproductive health promotion in San communities. ■

References

1. Felton, S. et. al. 2001. A gender perspective on the status of the San in Southern Africa. Legal Assistance Centre: Windhoek.
2. Le Roux, W. 1999. Torn Apart: San Children as Change Agents in a Process of Acculturation. A Report on the Educational Situation of Children in Southern Africa. Ghanzi, Botswana: Kuru Development Trust and Windhoek, Namibia: Working Group of Indigenous Minorities in Southern Africa.
3. Ohenjo, N. et. al. 2006. Health of Indigenous People in Africa. The Lancet, 367: 1937.

Other references for this article are available at http://www.exchange-magazine.info/.