



Obstacles to the rights of access to health care for farm worker women in the Western Cape

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The current health conditions of women, especially those living and working on farms, are a result of historical oppression and marginalization. This has led to gender-based inequalities in women's roles and responsibilities at work and home.

Women farm workers remain vulnerable to inter-personal and domestic violence, emotional abuse, alcohol abuse, alcohol-related health disorders, illiteracy, malnutrition, occupational safety hazards, and pesticide exposures, all of which worsen their quality of life. In order to address the health of marginalized farm worker women, the multidimensional dynamic in which it occurs, must be assessed.

We used a human rights framework to evaluate health disparities among farm worker women.

What is a human rights framework?

In 2000, The United Nations Committee on Economic, Social and Cultural Rights adopted a General Comment on the Right to Health. The Right to Health is an inclusive right extending to timely and appropriate health care, and the underlying determinants of health. A further important aspect is the participation of the population in all health-related decision-making at the community, national and international levels.

The Right to Health contains the following interrelated and essential elements:

(a) *Availability*. Functioning public health and health-care facilities, goods and

services, as well as programs, have to be available in sufficient quantity.

(b) *Accessibility*. Health facilities, goods and services must address non-discrimination, economic affordability as well as physical access and information accessibility.

Ten in-depth interviews and one focus group were conducted to explore the experiences of farm worker women in the Western Cape who participate in the Women on Farm's Women's Health and Empowerment Programme (WHEP). The study set out to identify the different aspects of the Right to Health that emerged from the data.

Accessibility: The women cited various obstacles that they face in accessing health care.

"At the day hospital you will wait very long before they will help you. You must go there early morning. At the day hospital they only see 50 people per day. Doctor is only there from 9 till 12 o' clock and they will see sick children."

"If it rains then the mobile vans and the clinic van are standing in the road. The mothers and children are wet."

"Generally it is difficult to go the hospital because the taxis are the problem. There are ambulances but they are no use."

Availability: Women reported experiences that services may frequently run out of some kinds of medicine or may not provide all medicines at the primary level.

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“Lucky the mobile vans are coming to the area once a month. The clinic vans have no tablets or cough medicine. They will give you old remedies.”

“It happens at the clinic on a regular basis. If they don’t have cough medicine they just give you the old remedy. Sometimes I have a cold and ask cough medicine or in winter if my hips pain I ask some pain tables then they don’t have. Their supply is not like in the past.”

“We get that (antibiotic) at the clinic... You get it from the day hospital or doctor. If you need it they will give you a letter for the day hospital.”

Acceptability: The women had both negative and positive experiences with respect to how they were treated in the clinics. For example, some reported being treated disrespectfully:

“One day a niece and nephew visited the clinic. Their tummies were upset and the sister laughed at them. The niece was upset and the sister just went on laughing.”

“The sister called me and I felt very uncomfortable because they discussed the problem amongst themselves...There is no privacy... I feel uncomfortable and in the end I don’t feel like going to the clinic.”

On the other hand, some women acknowledged positive experiences:

“The sister communicates very well with us she will talk for an half an hour then you must remind her you must still go to work. You can go anytime to her.”

This shows that it is possible for services to meet the principles of Batho Pele (people first) in providing respectful, good quality services even if there are shortages of staff.

Quality: The women recognised the strains on the health care provider and the effect this has on the quality of care. Alternative remedies, misdiagnoses, and refusal of service are issues that concern the quality of the right to health.

Women described how the nurses at the clinics tried to help by suggesting remedies

that they could make themselves. While this is a way to help patients take responsibility for treating their illness, it also helps to shift responsibility onto the patient for what the state should be doing.

“They told me to cut onions and to put sugar on top of the onions and it is supposed to stand for a few days because it will turn into syrup for the cough. But the syrup was little. It never worked and I never made it again. I buy my cough medicine at the chemist because I don’t want to smell like onions.”

“If the children’s tummies are upset and you go to the clinic then they give you the remedy of 8 tablespoons of sugar and 1 tablespoon salt. It is like a glucose and it does help. They will give you the remedy but sometimes they don’t explain properly.”

It is even more of a problem that, while shifting some responsibilities to the parents, they are not given adequate information to apply these remedies.

“I was at the clinic they gave me two pots [to cough into] one for the evening and one for the morning and when the results came there were no signs of TB. I went back to the clinic and told them I am not feeling well and they must send me for x-rays but they told me the results were negative. I had to go to a private doctor and the same day he sent me to the hospital. They sent me for x-rays and a lot of tests like TB and HIV. I was diagnosed with TB. The ... clinic is not a very good clinic.”

This situation shows how the quality of the services may affect the patient’s health condition. The first experience produced a negative result which was coupled with a lack of communication about the patient’s condition and a thorough interpretation of results. When she returned after feeling worse, she was denied treatment because the previous results were negative. Further testing was not offered by this facility and would have jeopardized the patient’s health if she had not sought another opinion.

Determinants of health: Women reported different ways in which their health was affected by social, economic and

environmental conditions, both at home and at work.

In the household, alcohol and violence were often cited as problems.

“Weekends when people drink then they enter your property. They work on my nerves in the end they fight and hurt themselves.”

“If the husband gets drunk he scolds his wife and hits her.”

“Sometimes there is violence in their homes and children were told that they are stupid then the children quit school because they think what is a stupid child doing at school.”

There were also factors at work and in the environment that adversely affected their health. Pesticides were a major problem:

“The poison is so strong that the safety clothes and masks do not work and women get sick.”

“We spray the weeds in the orchard and there are no toilets. We must urinate in the orchard. That is why we get infections.”

“Now we know only after 24 hours we are supposed to go back in the orchard....On ...farm, if you spray then you must go back into the orchard. Aunty ... told management about this but they said the poison is not dangerous.”

What should be done?

Accessibility: The data revealed a need to increase the capacity and improve the quality of health systems by improving ambulance services, mobile units and information on health and rights.

In addition, there must be reciprocal actions at the workplace and in the household to maximize the efficiency of health rights, especially since improving these conditions improves preventative health.

Thus a system of rights and responsibilities of the farm owner, farm worker, husband, wife and child must be acknowledged and respected in order for health accessibility (i.e. non-discrimination, physical, economic,

informational), including the socioeconomic determinants of health, to be achieved.

Availability: Resources and staff should reflect the needs of the population. Proactive efforts to establish protocols are necessary to avoid the practice of shifting undue responsibility to the patient to treat themselves with alternative remedies that are not fully explained. For example, when there is a lack of cold medicines or pain killers, the health provider should have formal documentation on how alternative remedies are distributed or explained (i.e. a brochure or physical demonstration on how to make an onion mixture and how it should be taken). Also, local organizations or health providers could form partnerships in which a referral process is in place in cases when there is a shortage of medicine.

Acceptability: There is a need for mutual respect within the health system, as both the patient and the health worker face hardships. The capacity of health services is stretched, health care providers are overworked and patients are often alienated from them.

After overcoming obstacles to get to the facility, the patient arrives to find long lines, lack of doctors, lack of medical supplies, and perceived disrespect. The treatment experience is often not ideal, and in some cases the patient chooses not to return. Interventions should include education on patient and staff respect, education on preventative health to reduce the usage of services and education on medical ethics. Collective action by the women may help to secure more resources for the facilities if the authorities see an organized and mobilized community who know their rights.

Quality: There is a pressing need for patient education about the etiology of disease and subsequent treatment. In cases where tests are not available because of capacity-restraints, there should be a referral process to access tests and services at another facility. Avoid situations which shift responsibility from the health care provider to the patient to treat his or her condition without addressing the root issue of poor quality services.

The participants of this study endure hazardous environmental conditions on the farm and at home that impact their mental and physical health. Gender-based discrimination inhibits women's ability to communicate these issues as the affected woman's livelihood is typically dependent upon a male partner or male farm owner. Where the health care system is strained, it cannot provide accessible, available, acceptable and good quality services. Dissatisfaction with services often results in the internalization of the problems by the patients, and mismanagement of the health condition because women lack the resources to solve it themselves, further perpetuating their marginalized status.

These kinds of problems can only be addressed effectively through collective action by the women, such as banding together to stop alcohol-related violence against women, or to demand safer working conditions. The health rights approach offers women a way to address their problems because it provides women with a collective claim to the right to health. A Human Rights Framework allows for an analysis that assists in identifying opportunities to improve health rights and responsibilities for all marginalized populations. The WFP will use the women's concerns and rights analysis to customize its future initiatives, demonstrating that community-based outreach and involvement is needed to achieve health equity.

Some web sites relating to the Right To Health,

There are a number of useful resources on the right to health at the University of Essex Human Rights Centre at:

http://www2.essex.ac.uk/human_rights_centre/rth

The Right to Health a resource manual for NGO's
http://shr.aaas.org/pubs/rt_health/rt_health_manual.pdf

UN Committee for the ICESCR
[http://www.unhcr.ch/Huridocda/Huridoca.nsf/\(Symbol\)/E.CN.4.2003.58.En?Opendocument](http://www.unhcr.ch/Huridocda/Huridoca.nsf/(Symbol)/E.CN.4.2003.58.En?Opendocument)

A report by Paul Hunt the UN Rapporteur on Health systems and the right to health
http://www2.essex.ac.uk/human_rights_centre/rth/docs/lancet.pdf

The World Health Organisation on health and human rights
<http://www.who.int/hhr/en>