Public Health Issues in Post-Apartheid South Africa

Through the support of the Kloeck-Jenson Endowment for Peace and Justice, I had the privilege of volunteering in South Africa during Interim 2011. Originally, I had organized my independent academic internship with African Impact, a for-profit organization that supports various volunteer programs within Southern and East Africa. The Medical and Home Based Care program I planned on participating in provides volunteers with opportunities to visit and provide basic first aid to patients suffering from long-term illnesses such as HIV/AIDS. However, due to unexpected changes, I was unable to work with this for-profit organization. Thus, I decided to design another service learning program similar to my original plan. I established connections with Khulumani Support Group, a non-governmental organization (NGO) that helps post-apartheid victims based in Johannesburg, South Africa.

After several weeks of communicating with the branch of Khulumani in Cape Town, I developed a public health project to interview and identify the most pressing urgent medical care needs of post-apartheid victims living in the townships of the Cape Flats, with the help of an interpreter and under the guidance of a physician. I also planned to volunteer at the local clinics and hospice healthcare facilities in Masiphumelele. Unluckily, my passport, wallet, medical certifications, and valuables were stolen during my first hour in South Africa. Without my essential documents, I was unable to gain clearance to work in the township clinics, but I quickly adapted to the situation by finding other opportunities to volunteer.

I shadowed and volunteered at several community healthcare centers in various townships near Cape Town. At Mitchells Plain Community Healthcare Center, I spent time in the HIV/AIDS long-term care center and learned about the implementation of new public health policies regarding HIV testing. In Philippi, I spoke with representatives of the Treatment Action Campaign as well as with the directors of the local station for Doctors Without Borders. For two and a half weeks, I volunteered at False Bay Hospital in Fish Hoek, Western Cape. I spent a majority of my time in the maternity ward and assisted in the prenatal clinics. I witnessed births in the delivery room and I also had the opportunity to volunteer in the emergency room. My work at False Bay Hospital was another edifying international healthcare experience that I hope to continue exploring in the future.

For one week, I had the rare opportunity to participate in a homestay in Guguletu, one of the townships established in the 1960s after Langa became too overcrowded. I was connected with the JL Zwane Center, which is a community center that includes services aimed at preventing and treating HIV/AIDS. Through this organization, I had the opportunity to volunteer with St. Luke’s Hospice in the Southern Suburbs, where I visited patients’ homes with nurses and helped change dressings on paraplegic AIDS patients. The interactions with patients and healthcare workers certainly gave a realistic perspective of the disease I learned about from textbooks in my previous courses. Through my experiences within the township of Guguletu, I was immersed in the culture and learned about the power of community in overcoming struggles like HIV/AIDS.

Although it seems like many things went awry throughout the process of developing and executing my last interim course, I am thankful for both the good and bad situations in South Africa that gave rise to the opportunities to learn and experience more than I could have ever expected. I have seen how cultural stigma and societal expectations are some of the biggest barriers in implementing new policies, and public health specialists must take these factors into account when designing preventive plans. Although the distribution of condoms seems to be helping, there are still many problems with men having the last say when women request their partners to use protection. Also, there are many tragic incidences of women being convinced by their partners to do anything for the one they love, even risking their own health by having unprotected sex. In post-apartheid townships, the stagnant economic situation contributes to the rampant spread of HIV/AIDS.
For example, some women have no way of earning income and must resort to prostitution in order to feed their families, increasing chances of HIV transmission. After much discussion with experts, volunteers, and patients, I have learned the importance of empowering the victims of political wars with education to improve their financial status, as well as to inform people on how to prevent the spread of sexually transmitted diseases. After spending this past month in the Western Cape, I am even more excited to start a career in medicine and public health. I realize how much work needs to be done not only in countries such as South Africa, but within our own country as well, and I am inspired to make a difference through my academic and professional life domestically and internationally.