Kwazup: nutritional rehabilitation in Transkei

MARY HAMER-HODGES

In the far-away homeland of Transkei there is poverty, malnutrition, and only the beginnings of economic development. But there is also a spar of hope and realism: its name is Kwazup—from *kwa zondle uphile*, which literally translated means "to feed yourself to be healthy." On a landscape of rondavels, mealie fields, and grazing cattle, where families struggle in the wet season to grow enough for the winter months, Kwazup talks to the people in their own tongue.

No-amen, a typical mother (though the name is fictitious), is worried about her eldest child, Fikile. He is twenty-three months old. He's irritable and lethargic. He doesn't want to walk any more. His skin is peeling and his legs have become swollen. After consulting with her mother-in-law No-amen is granted permission to take Fikile to the local clinic, which is a day's journey by foot over dirt roads. For No-amen, who has never been to school, never been further from home than a day's bus ride, a long process of learning must soon begin if Fikile and any of her subsequent children are to survive infancy. Fikile has kwashiorkor.

New ideas and old beliefs

To No-amen ("No" signifies her feminine sex) the concept that food has anything to do with health is bizarre. *Iinyoka zemimoya emdaka*, the snake from an evil spirit, has crept into her hut at night to blow up Fikile, causing his swelling. To sit down with her for twenty minutes and explain the importance of proteins, vitamins, and carbohydrates would be useless. To talk of fish and meat to a person who has never seen the sea and can't afford meat is almost unethical. But No-amen is fortunate: she lives in an area served by Kwazup. She is advised to go there with Fikile and to take her baby, No-caesar, whom she is breast-feeding. That she'll have to stay there three weeks doesn't surprise her, for the witch doctor often takes a month or more to perform a cure. Nevertheless, she is frightened. Kwazup is an eighty cents bus ride away, and with all those people, all those buses, all that activity, it will be a new world to her. But she will go. She has heard of Kwazup. It means something to her.

Nutritional rehabilitation unit

Across the dirt road from the hospital is Kwazup. A collection of mud huts around a communal fireplace, it's almost like home: no water, no electricity. Fikile will sleep on the cow-dung floor beside No-amen and No-caesar. There is only a resident nursing auxiliary to supervise after 5 pm, when Staff Nurse Pumla goes off duty.

No-amen is asked a lot of questions. How old is she? Any schooling? Does her husband send her money? (He might, for example, be a migrant worker in South Africa.) Does she own a cow? A sheep? Any chickens? Have any of her children died? Fikile is put on the scales. He weighs only eight kilograms.

Kwazup is a simple idea but has profound consequences. While there, No-amen will be taught about nutrition from a practical viewpoint. Step by step she will be shown how to

Weighing a child with kwashiorkor. Such children are weighed on admission and then weekly to monitor progress.

An experienced health educator incorporating new ideas into old beliefs.

grow the correct foods for her children's needs and how to prepare and cook them without destroying their value. The foods may not be entirely new to her, but the thought of giving eggs to a child when there are men in the household to be fed is revolutionary. She will be taught about three types of food and that they are essentials for a healthy child. It will be a long lesson. Old beliefs need not be blown to the wind, but new ideas must be introduced. Staff Nurse Pumla is in charge. Highly motivated, experienced, and understanding, she can give personal attention to all the mothers.

No routine drugs such as vitamins or iron are dispensed at Kwazup, which emphasises that cure can be achieved by diet alone. Since children with kwashiorkor are particularly susceptible to disease, a doctor reviews them all once a week. If Fikile deteriorates—for example, owing to pneumonia; tuberculosis, which is rampant; or otitis media—he will be admitted to hospital. On discharge, however, the family would be advised to go back to Kwazup so that No-amen could complete her education about nutrition.

Pounding the samp, the most popular energy giver.

Chopping wood for the stove.

Staff Nurse Pumla finds that the best method of instruction is to use a simple story as an analogy. It is relatively easy for the mothers to remember. If No-amen is bright, she'll soon learn the story and will stand up proudly to tell it to the new mothers arriving there:

A cooking pot has three legs.
If one leg breaks the pot is useless.
It is fit only to be thrown away.

My child is like that pot.
He needs three types of food.
If he doesn't receive them he
becomes ill and may die.

The three foods are body builders,
body protectors, and energy givers.

For body builders I can give
my child eggs, soup, and beans.
For body protectors I can give
my child pumpkin, spinach,
and wild vegetables.
For energy givers I can give my
child maize, bread, and potatoes.

Learning to grow nutritious crops.

Learning the importance of quantity in preparing soup.

Together with the 15 other resident mothers, No-amen will care for the garden attached to the little village. She must weed it, water it, plant it. They'll all cook together in the open. They'll sing and dance together in the evenings. She will sing about love; she will sing about her home; and then she will sing about nutrition.

Preparing a balanced midday meal of samp, beans, and vegetable soup.

Hope for the future

No-amen is 23 years old. Of her five pregnancies, two ended in miscarriage and one in stillbirth. No-caesar was a transverse

lie born by caesarean section. If No-amen doesn't learn about nutrition soon Fikile may die. Infant mortality is about 30% here. Tuberculosis waits around every corner to invade those ill equipped to deal swiftly with it. Measles is a killer in the malnourished child. No-caesar may follow suit if No-amen doesn't learn the prevention and treatment of kwashiorkor.

No-amen may make a good pupil. When she returns to her own village she may be able to diagnose kwashiorkor in her neighbours' children and pass on the dietary advice and agricultural experience she gained at Kwazup. Without such a nutritional rehabilitation unit as Kwazup, Fikile would have been admitted to hospital. In some centres, because of overcrowding No-amen would have been sent home. She would be recalled a month or so later to collect a healthier looking Fikile but would be none the wiser about the cause of his problem. And what would happen to her other children?

In other centres she would have been admitted to help with Fikile's nursing care. Health education would have been given for an hour or so daily by an unfamiliar nurse in unfamiliar surroundings, personal attention being impossible.

Without the help of units such as Kwazup kwashiorkor will continue. Hence for me, Kwazup symbolises a realistic approach to primary health care in a developing country.

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Bold statues on the BMA building

J R HERON

"We are concerned most of all with the effect the figures will produce on the minds of the young people."¹

"I do not know the sculptor, but I hear he is a young man. From the works I have seen I believe the British Medical Association will be proud of having given him this work to do in the future when he has made the name for himself which his work promises.

"PS. May I add that I think the work is too severe and reverent to be in any way improper?"²

Jacob Epstein was born 100 years ago, in 1880 in East Side, New York. He completed his public schooling at the age of 13, and then worked for a time as an instructor in a boys' gymnasium and as a farm labourer; his abiding ambition was to be an artist. His first poor studio in Hester Street, New York, was burnt to the ground. This chance event in a curious way foreshadows the indiscriminate relationship that was to exist between Jacob Epstein and the realisation of his artistic destiny.

He came to study sculpture in Paris in 1902 at the École des Beaux Arts and later at the Julian Academy. He was a rebellious and impatient student and after an unsettled period in France came to London in 1905. In the light of an undeserved reputation for temperamental wildness, it was perhaps surprising that he should be approached by Mr Charles Holden, the architect, to

decorate the buildings of the new British Medical Association in the Strand in 1908. This simple and welcome commission was to prove costly to the artist and led to a controversy which Epstein has referred to as the 30 years' war.

Battle engaged

Epstein began his task, which was to represent symbolically in 18 larger than life-size figures the life of man and woman from birth to old age. In 14 months of furious activity he depicted in symbolic stone archetypal subjects including primal energy, matter, hygeia, chemical research, academic research, mentality, youth, man, puberty, and, in the Strand mother and child, the first unsentimental portrayal of motherhood in sculpture since the Renaissance. He characteristically rejected an earlier suggestion from the BMA that the figures should be of historically famous medical men.

The controversy that surrounded these statues stemmed from their nudity or near-nudity and the fact that they would be visible to the man in the street at the corner of Agar Street and the Strand, even allowing that they were perched high on a parapet and for accurate detail to be appreciated would require the use of an "optical telescope."

The *Evening Standard* and *St James Gazette* opened a vendetta on 19 June 1908 when hoardings were removed from around the building, which allowed four of the statues to be clearly viewed from the street. The newspaper launched a bitter and outraged objection to the statues, philistine in its morality and concerned above all with the effect that the figures might

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