

EDITOR'S VIEW

Let's work with the SAPS to make SA a safer place

AS WE commemorate Women's Month, let us remember the schoolgirls who were kidnapped more than five years ago in the Nigerian town of Chibok.

Their plight made international news with even then US first lady Michelle Obama supporting the hashtag Bring Back Our Girls.

Some of them did make it back home. But more than 100 remain missing.

At the time of the kidnapping, I remember thinking that such an incident could never happen in South Africa. I felt confident that the SAPS had what it took to deal with any eventuality.

These days, I am no longer sure.

The end of Women's Month will mark three months since Sandra Moonsamy was kidnapped, and there is little to suggest that police have any idea what happened to her.

The same holds true for the killing of Senzo Meyiwa. The Bafana Bafana captain was shot dead in October 2014 during a robbery at the home of his girlfriend, Kelly Khumalo, a well-known actress and singer.

Meyiwa's father, Sam, waged a campaign for his son's killers to be found.

However, he died a few weeks ago, having never found justice.

A family member spoke of how the pain and trauma Sam Meyiwa endured contributed to the stroke that eventually killed him.

His story is one all South Africans can associate with. All of us have either been victims of crime or know someone who has.

Yet, we spend billions trying to fight crime. This financial year, the SAPS has a budget of just under R100 billion. Let's put this into perspective. It will take a person on the minimum wage 2.3 million years to earn this amount.

But the police can't cope with rising crime, so local government has been growing its metro police force. It does so with money from ratepayers and at the expense of basic services.

Above this, those who can afford it, pay their share of about R50bn a year on private security.

And ever increasingly, men and women are giving up their family time to serve on neighbourhood watches.

On Monday, I met our new Provincial Police Commissioner Lieutenant-General Khombinkosi Julia to hear how he plans to fight crime. It was the first time in years that the top cop in the province has spoken to the media.

It doesn't mean he has all the answers. But it did show a willingness to engage. And that's a good start.

Julia has undertaken to improve what is under his control. But there are some things no amount of police officers can overcome. This includes abuse that happens in the home and gang violence that has its roots generations ago.

Julia wants to work with communities to overcome crime and we should support him. If he fails, our lives are in greater danger.

The Quote

What is the difference between an obstacle and an opportunity? Our attitude toward it. Every opportunity has a difficulty, and every difficulty has an opportunity.

J SIDLOW BAXTER
www.keepinginspiring.me

POST

FOUNDED 1955

Editor Aakash Bramdeo
Newsdesk 031 308 2421
Advertising 031 308 2004
Subscriptions 0800 204 711
Deliveries 031 308 2022

Mail: PO Box 47549, Greyville, Durban, 4023
E-mail: post@inl.co.za
Web: www.thepost.co.za
Facebook: facebook.com/postnewspaper/
Twitter: @PostNewspaperSA
Instagram: @/post_newspaper/

INDEPENDENT

PRESS OMBUDSMAN

Jovial Rantao is Independent Media's Press Ombudsman. Rantao is the chairperson of The African Editors Forum and the Southern African Editors Forum. Complaints relating to editorial content can be sent to him via complaints@inl.co.za

POST is printed by Insights Publishing, Independent Media, 18 Osborne Street, Durban. The copyright in the literary and artistic works contained in this newspaper and its supplements, as well as in the published editions and any other content.

Or material (including in any online version), belongs exclusively to Independent Newspapers (Pty) Limited unless otherwise stated. The copyright, including the reproduction and adaptation of any content or material contained in this newspaper and its supplements, is expressly reserved to the publisher, Independent Newspapers (Pty) Limited, under Section 12(7) of the Copyright Act of 1978. The circulation of the Pretoria News Weekend is certified by the Audit Bureau of Circulations, which can be contacted at 2nd Floor, 7 St David's Park, St David's Place, Parktown, 2193 or PO Box 47221, Parklands 2121.

Cover price: R9 (includes VAT at 15%)

Proposed NHI an unmitigated disaster waiting to happen

It allows the government, which failed to meet basic targets of improving health, to create a monopoly



JUGGERNAUT

KANTHAN PILLAY

I WAS in a serious accident in 1999 which left me with a broken femur, shattered humerus, three cracked ribs on the left and two on the right, both lungs punctured... In 2012, I contracted viral encephalitis.

More recently, in 2016, my youngest daughter was born 10 weeks premature and spent the next six weeks in neonatal ICU.

Today, I'm in extremely good shape for someone two years shy of 60, and my daughter is as happy and healthy as one would like a 3-year-old to be.

We were both able to access world-class treatment from the private sector, and medical aid picked up the bulk of those costs.

Last week, Health Minister Zweli Mkhize tabled the National Health Insurance Bill in Parliament.

If the bill had been law during any of the incidents I described, I or my daughter would be dead.

Yes, dead.

In the very first chapter, the NHI bill declares that The Competition Act is not applicable to any transactions concluded in terms of the NHI.

This allows our government to create a monopoly controlled by the state. All South Africans will automatically become members of the NHI. All private medical schemes will be shut down.

If you are employed and pay for medical aid, you get a tax credit to offset some of the costs.

This will fall away. The government will take that money out of your income tax and put it into a pool, and make you pay additional taxes as well – about R256 billion extra a year will be needed.

If you have a GP who has been treating you for years, forget that. GPs will be allocated a set number of patients they will be expected to treat, and there will be limits on how often you see a GP.

Are you pregnant and planning to have a Caesarean delivery? The NHI will not cover

treatments that are not considered to be "medical necessities", such as an elective C-section.

Are you used to buying your medicines from a pharmacy based on what your doctor prescribed?

The state will buy your medicines for you, but again, based on what it believes is correct. You will not have the choice to pay extra for original medication and will be forced to accept generic brands.

Are you concerned about doctor/patient confidentiality? Do you want the state to know you are on antidepressants or being treated for addiction?

All your medical records will be held by the NHI.

Are you used to your GP giving you a referral to a specialist who sees you promptly? The NHI will manage referrals to specialists – and you must be prepared to join the queue.

On holiday from Durban in Cape Town and want to see a GP? Forget it. You need to get officially transferred first by filling out forms.

You don't mind paying extra for a specialist who charges more than medical aid rates because she is world-class? Forget that too. Under the NHI, the minister will set limits on how much any doctor can charge.

Is there an expensive drug keeping you alive that medical aid pays for? Under the NHI, it has to be "cost-effective".

The two doses of the Palivizumab antibody given to my premature daughter at R10 000 a dose would not be covered by the NHI.

If you're getting the impression that the entire NHI scheme is an unmitigated disaster waiting to happen, you are correct.

The 11 pilot programmes run by the Health Department over five years at a cost of R4bn failed to meet the basic target of improving people's health.

But meanwhile, we should be serious about working towards

universal health care for all South Africans.

Here's how we should do it. Take the entire Health budget of R226bn and give the money in vouchers to the 50 million South Africans without medical aid.

They can then use these vouchers, R376 a month, to buy entry-level medical aid from the existing providers.

There are many providers offering low-cost plans. Example, Discovery Health's entry-level "Keycare Start" package costs R839 a month for adults and R505 a month for children.

This provides cover for hospital, chronic illness, cancer and day-to-day.

It would be a no-brainer from a business point of view for all providers to roll out tailored products at R376 a month.

For example, students might only need

“

If the NHI Bill had been law during of the incidents I describe, I or my daughter would be dead. Yes, dead.

hospital cover while the elderly might need chronic medication.

As with schooling, individuals might choose to pay out of their own pocket for additional coverage.

State health care facilities could be handed over to existing hospital chains such as Netcare or MediClinic. In exchange, they would be required to maintain a proportionate number of primary health-care facilities across the country.

The government's role needs to be ensuring minimum standards are maintained.

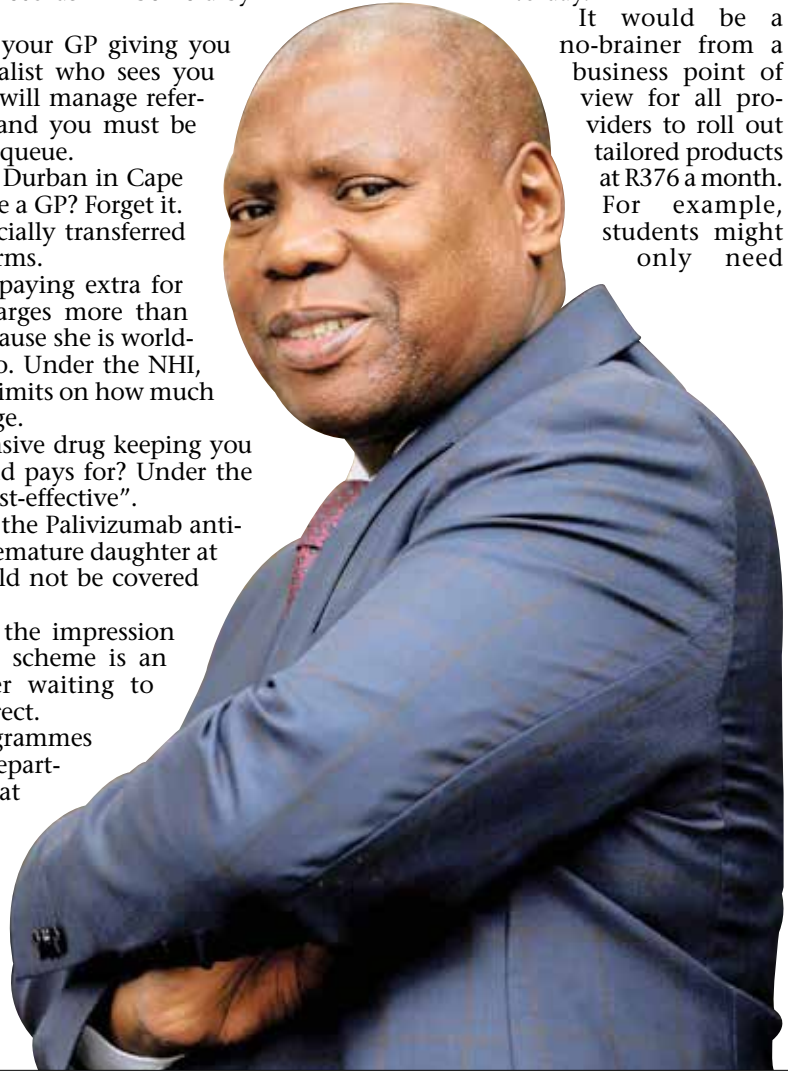
Such a system has worked very successfully in Israel since its universal health-care act was passed in 1995. Israel today consistently features in the top 10 healthiest countries in the world.

I see many constitutional flaws in the NHI bill as drafted.

I expect the resultant legal challenges to take a long time to be finalised. Let's use that time to shift the conversation toward other, workable solutions.

Srikanthan is one of the names of Vishnu. Another name for Vishnu is Jagannath, "the unstoppable force", which gives us the modern word "juggernaut". Pillay writes about understanding the unstoppable forces which shape our lives in technology, commerce, science and society.

LAST week, Health Minister Zweli Mkhize tabled the National Health Insurance Bill in Parliament. There are other, far better, ways of working towards universal health care for all South Africans, says the writer. | Siphiwe Sibeko Reuters



DR SHEETAL BHOOLA

HINDU goddesses as well as their superpowers and strengths have been idealised by society for decades.

The cultural influence has become significant in influencing society into believing that a woman is supposed to be continually doing it all to sustain their familial and household responsibilities, their careers and cultural expectations.

Many women of the South African Indian diaspora (a group of people who reside away from their place of origin, India), whether employed in formal and informal economies, have maintained some of their traditional Indian identity.

While in employment, their day includes household chores, such as preparing two or more family meals for the day, food shopping, as well as engaging in cultural tasks that strengthen their Indian identity and belonging.

In Hindu homes, cultural practices range from preparing meals offered for spiritual and religious reasons to cleaning prayer utensils and gathering family members to partake in traditional and customary practices.

In most Hindu households, women willingly and unwillingly continue to actively engage in various customs and traditions.

For the women of Islamic faith, for instance, the Friday midday meal, which is traditionally served after the prayer ritual at the mosque, is a social milieu of family unity, love and festivity at the end of the week. In most Muslim homes in South Africa, this meal is prepared by the women on Friday mornings when the men are at work.

The men proceed to the mosque from their workplace, and then to their houses where they are treated to a sumptuous meal. The tradition does not easily blend into the lifestyle of a career woman in the modern era and might be perceived as a continuation of patriarchy imported through the Indian diaspora.

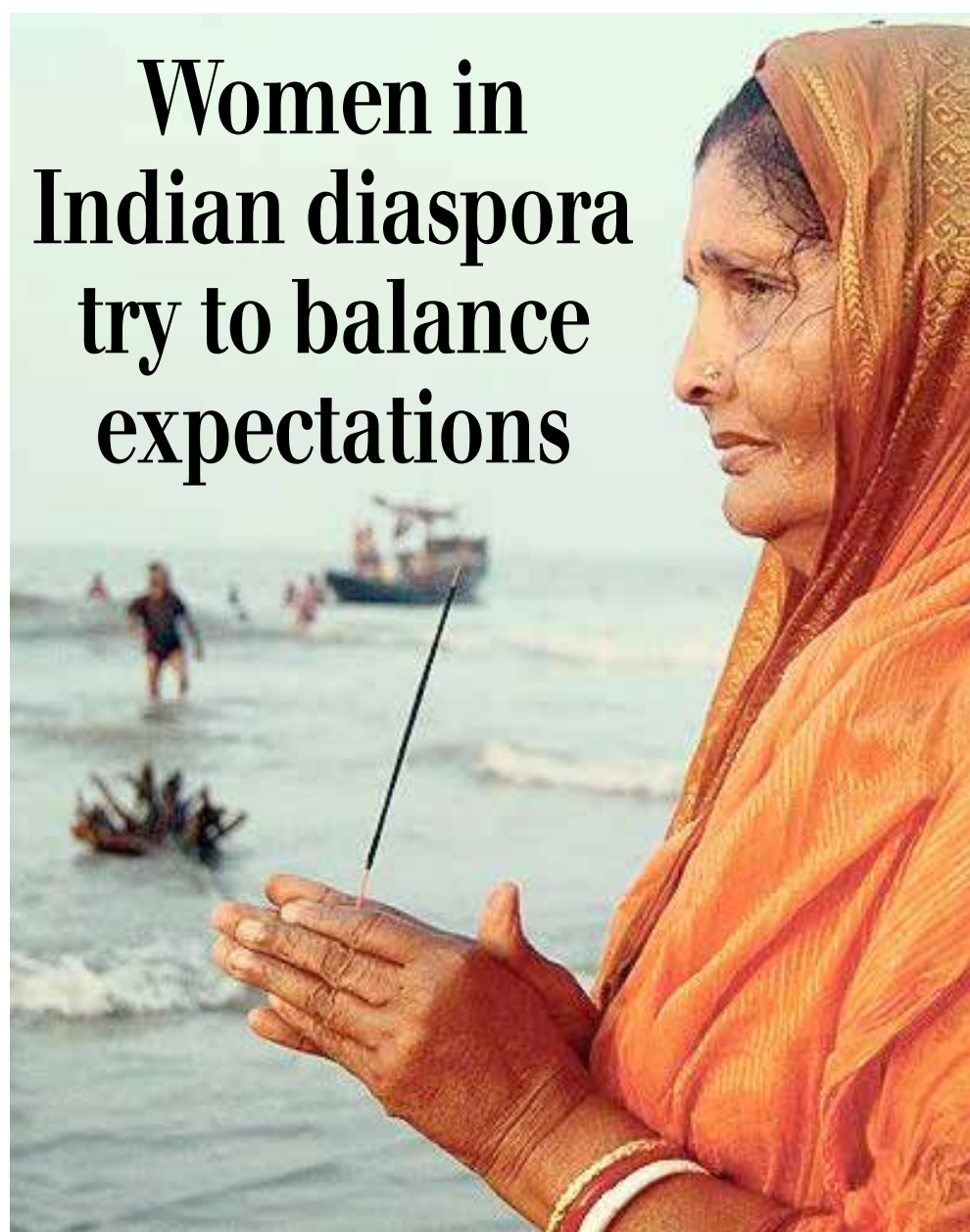
Similarly, the simple practice of men being served their meal before women, men and women eating at separate tables and being segregated by gender at large cultural events is indicative of the perpetuation of patriarchy or gender discrimination.

The examples are only a few of the thousands of habitual practices, which are sustained in the diaspora.

In most Indian diasporic homes, the sustainability of these cultural practices and traditions primarily depend on the women's capacity to meet the expectations.

Woeefully, there is a popular trend for women to solely manage Indian cultural practices despite their contributions to the financial functioning of their homes.

Some practices are primarily traditional and not religious or spiritual, whereas others are ancient familial traditions that no longer



SOME traditions have merely become habitual for families, and for others it represents ethnicity, familial lineage and ethnic heritage, says the writer. | commons.wikimedia.org

serve the modern nuclear family.

Historically, the practices were appropriate for the lifestyles that women of Indian households led in previous decades.

In most cases, women were primarily homemakers, parents and child-bearers. They were often engaged in unstructured and informal economic activities, which allowed them the flexibility of time.

However, many families of the Indian diaspora have made the choice to integrate historical traditions in a contemporary modern era with women being taxed the most to accommodate these traditions.

Research has indicated that despite their viable potentials, skills and intellectual capacities, some women of the diaspora have opted not to be employed full-time, in order to accommodate the various cultural practices.

Male spouses choose not to take full responsibility for some traditional practices,

even though they are fully aware of the time-consuming cultural practices and rituals that require tedious preparation.

In order to accommodate the traditions in the modern nuclear home, the responsibilities need to be shared by men and women.

The tasks can become stressful and tedious for the woman of the home when almost every traditional cultural practice is followed despite its lack of relevance to religion and spirituality.

Some ethnic and caste-based practices do not contribute towards spiritual growth but are practised due to the insistence of patriarchal traditions in Durban.

Some traditions have merely become habitual for families and, for others, it represents ethnicity, familial lineage and ethnic heritage.

The value of such practices is questioned when women are continually expected to

support them despite their inability to incorporate the traditions into their lifestyles, especially if they are employed in the formal economy. Then, as women, we are challenged even further if we choose to keep up almost all practices throughout the year, which can be laborious.

Are the practices holding us back as women? Are we engaging in the traditions that are obligatory, merely ritualistic and redundant? Does the modern woman have the right to consciously decide which practice and tradition to keep up?

Of course she does, but the only approach would be to aim to achieve a formidable balance that can support and contribute towards one's ethnicity and religious identity.

More importantly, a woman's independent ideology should be accommodated, which influences how she prioritises her time and energy amid multi-tasking as a career woman, mother, daughter, daughter-in-law and wife.

The balance can include the modification of some traditions so that the lifestyle of the contemporary woman is taken into consideration.

Some traditions that hold no personal or familial connectivity for individuals can possibly be discontinued.

One needs to realise that each diaspora globally has had its own cultural amalgamations, influences, and changes.

Our diaspora is no different and therefore we can possibly explain that some traditional practices were modified by the earliest immigrants of India.

As a result, traditional elements of practices have been lost and localised.

However, at this stage, there needs to be a different type of localisation where women in particular are not prioritising cultural practices at the expense of the growth and development of their careers, capacities and educational initiatives, amid housekeeping and parenting.

The concept of time and prioritisation of tasks is one of the most discussed topics between women today. Time and its management are of more concern to women in the Indian diaspora who attempt to master it all for the sake of familial traditions, social pressures and superstitious beliefs.

We tend to forget that culture itself is a broad term to describe lifeways and that there are no rigidities within the term.

This becomes more important when we realise that culture is evolving and modifying itself through the fight for gender equality and the impacts of globalisation.

In addition, as a diaspora, we are bound to be influenced by the immigration of all nationalities, socialisation of all peoples and their cultures, as well as dominant South African ideologies.

Culture is fluid and we, as women, have the right to shape our own cultures that can complement our modern lifestyles.

Bhoola is an academic in the School of Social Sciences at the University of KwaZulu-Natal, as well as a professional MC for all events. www.madamcc.co.za