Honours Research Essay

“The People of St Lucia area: - Point of view on health and development”

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Abstract:

Our project explores the St Lucia regional community (comprising of Dukuduku and Khula Village, including the St Lucia town community) and their point of view on health and economic development since the area was established as a tourism development node, in preference to the mining option almost 12 years ago.
The present paper summarizes the formative research, drawing on entertainment education principles, for the production of a short documentary and an accompanying public service broadcast television advertisement. It makes use of Development Support Communication and Participatory (Another) Development theories (Melkote & Steeves 2001; Tomaselli & Shepperson, 2003), and aims to mobilize the well-off sector of civil society to organize and agitate for the delivery of the promised benefits of the declaration of St Lucia as a World Heritage Site tourism destination.

How can criticism of current dominant models of development be turned into positive, constructive, and forward-looking action? What role can different actors, in particular civil society and social movements, play in the coming decades in bringing about sustainable development? (Dag Hammarskjold Foundation, 1975)

Money happens. That’s known as development. It comes from tourists, visitors and charities. It does not come from NGOs or government. Life happens. But development does not happen. We are told that development is not happening. (Tomaselli & Shepperson 2003)

**Introduction**

The present project will develop, up to the level of the storyboard, an EE-based video inset designed to reach the well-to-do armchair activists in the LSM 7 to LSM 10 group, to be aired on channels like SABC 2 (50/50) and M-Net (*National Geographic*). The chosen target audience was highly influential in motivating opposition to the proposed mining of the Eastern shores of St Lucia in the 1980s. The production will draw on EE principles to mobilize this well-off sector of civil society to organise and agitate for the delivery of the promised benefits of the declaration of St Lucia as a World Heritage Site tourism destination.
At present, St Lucia is an extensive system of Indian Ocean coastal wetlands associated with Lake St Lucia. Principal habitat types within the site include a diversity of coastal grassland communities, dense thicket, swamp forest, dune systems, tidal mudflats, salt marshes, mangrove forest, freshwater marshes, lakes (seasonal and permanent), estuarine waters, and rivers and streams (seasonal and permanent). Undoubtedly this area is a tourist destination of note, and the economy of the town is completely dependent on the success of tourism.

There are, however, various contextual differences that exist between the people of St Lucia town and those of Khula and Dukuduku (a township and rural area, respectively some 10 and 20 kilometres outside of the town). Economically, the people living in the town of St Lucia are much better off than those living in the outskirts. While the former own restaurants, lodges and shops, etc., the latter are either owners of small time craftwork (hawking) or employed by the well-off sector of this region. These differences manifest themselves in the problems that these people encounter as well as in their perceptions differ on the possible solutions to these problems.

Tourism has done a lot for development in St Lucia town, to some extent in Khula Village, and very little in the rural area of Dukuduku. However, without health facilities that are available at all times, proper health care, sanitation and transportation in the areas of Dukuduku and Khula Village, the sustainability of this development is functioning on two levels, as one interviewed subject said about living conditions in Khula Village: “… most people in this area are poor, some of them die because they can’t afford to pay to travel more than 40km to hospitals.” This paper will methodically illustrate the problems that the have-nots (people without access to health care, lack infrastructure, proper sanitation and water and transport services) experience because of their position within South Africa’s democratic society.

While it is believed that theoretical analysis is based on written records, our research is also based on the former Natal Provincial Administration’s (NPA) recommendation that more research is needed into the oral traditions of the area (NPA, 1992) before embarking
on development projects. We want, therefore, to explore this issue and implement the campaign from an entertainment education perspective using cognitive methods (Reasoned Action and Social Learning Theories) that might persuade certain key decision makers, through the correct channels, of course, to develop further the needs of the population and consequently their health. This is fully in line with the recommendation, made by delegates from thirteen Sub-Saharan countries to the 1981 UNESCO ATD Fourth World seminar, that “if progress is to mean really human progress and justice, must development not mean development for all, with a constant concern for the very poorest? Should it not mean mobilizing all human resources and focusing attention on the very poorest?” (Redegeld and Brand, 1991: 196)

Our production arises from a concern about the extent to which the makers of the conservation policy have followed up on other aspects of development in the St Lucia area. The expansion of tourism has not been accompanied by the provision of health facilities that will benefit the people who work in the St Lucia tourism sector. Our video is designed to highlight the disparity of provision between the predominantly white lodge owners resident in St Lucia Town, and the black employees working for these business owners. We pay special attention to pensioners living in the outlying area of Dukuduku, who are pretty much self-sufficient in terms of agriculture and shelter.

**Background information on the subject communities**

Until recently, St Lucia Town was what is known as a ‘gated area’, from which non-residents were barred after certain hours. Historically, its economy has depended heavily on the activity brought in by both local and international tourism. Recently, local tourism has been affected by the banning of off-road recreational vehicles (universally known as “4x4’s” in South Africa) on the nearby beaches. Local business and restaurant owners complain that this move has impacted negatively on their businesses, with sales dropping by up to 80% with decrease in support from local tourists from Durban, Johannesburg and other South African towns. These restaurant and business owners depend on tourism
for most of the income that they receive. This income, in turn, invariably determines the remuneration that their workers will receive. Apart from two general practitioners’ surgeries open for consultation on some weekdays in St Lucia Town itself, the area boasts no hospitals, clinics or even pharmacies. According to respondents in St Lucia, the closest health care service that they have at their disposal is a government hospital situated Empangeni. Residents of Khula and Dukuduka did indicate that they had other options available.

Khula Village is a ‘township’ some ten kilometers away from St Lucia town. Previously disadvantaged, the area had no water and electricity prior to 1994, but is now provided with both. Most workers employed by the restaurants and lodges in St Lucia town travel daily to-and-from Khula by means of a regular taxi service but complain of low levels of income as they spend, on average, more than 10% of it just on transport. Apart from working for the businesses in town, some dwellers are in the business of selling craftwork on the side of the road going to St Lucia, as well as at the market area in town which is occasionally enjoyed by international tourists. This community is therefore also dependent on tourism activity for their household incomes.

Inside the Khula Township, there is a clinic, however dysfunctional. It is opened once a week when government nurses in a mobile clinic arrive to offer family planning services and immunisation (Ref. Tape I, Shot 12; Interview 1: Roadside seller). A poor standard of treatment is provided by this service. The fact that it arrives once a week is proof of this, as injuries and illnesses can take place on any day of the week; a fact noted by the members of the community itself. To get to medical care facilities, the residents without transportation have to ask those who do to take them to hospitals in Mtubatuba, KwaHlabisa and eMonzi, etc., the price of which is never below R100-00 for a return trip. Dukuduku is an outlying rural area that begins some twenty kilometers away from St Lucia town. It is a beautiful subtropical area well-endowed with fruit trees (mango, paw-paw, avocado, granadilla and banana). It is also rich in sugar cane. During the formative research for the production, we found that of the three designated subject communities there was a greater prevalence of disease and ill-health in this, the most
marginalised and poorest community. This area has no properly-constructed roads, no clinics or nearby health facilities, and has inhabitants that are mostly unemployed, hence they depend on subsistence and small scale commercial farming.

The people in the area suffered immense injustice as a result of the previous dispensation. They were forcibly moved by the Natal Parks Board in 1952 to a rocky place called Nkolokotho where, during the exodus, they lost their wealth in cattle and livestock, as well as their homes (which were bulldozed to make way for the NPB agenda at the time). Today, they have to walk long distances just to get to the main road, and still have to make their way to hospitals in Mtubatuba and KwaHlabisa some 20 to 25 kilometres away from their homes. The only stable means of transport that these people do have at their disposal is a ‘banana van’

1. As one respondent put it: ‘If you miss the banana van in the morning, you are basically doomed because otherwise you will have to walk the whole way, or, if you are old and weak, sit and wait for better luck’ (Ref. Tape V, Shot 19; Interview 7: Girl Outside).

Typical of many poverty-stricken communities, Dukuduku has been plagued with epidemics such as malaria and tuberculosis. Apart from common illnesses such as TB, Malaria and HIV/Aids in the areas, especially Dukuduku and Khula, and there is a significant frequency of accidents, pregnancies and criminal injuries that require immediate medical or paramedical assistance but for which none is readily available.

It is important to note that development in these communities has not taken place simultaneously, nor has delivery been equally distributed between them. Historically, the policy of Separate Development led to this uneven distribution of resources and services. The subject community is therefore by no means homogenous, with St Lucia Town retaining much of the local wealth and income, with Dukuduku still largely neglected by the new government.

1 A van that comes to collect bananas from the village as part of the small scale commercial farming that takes place in the area.
Target Audience and Market.

Our target audiences are segmented, and we have selected them on the experience of the strong (ultimately decisive) pressure they applied, as policy makers with the help of the mass media – television and newspapers – in influencing the decision to declare St Lucia a tourism development site. Further segmentation has been done to include the general public of South Africa, a subsidiary target audience, which is in a position to directly and personally engage or participate in making a public campaign against our primary target audience. By avoiding or bypassing St. Lucia as a holiday or tourist destination, the public would indirectly compel desired initiatives that would uplift and improve upon the lives of the poorer, more dependent, population.

Formative research helps program managers find out what audience members want and need, so that they can create, package, or frame the public health product accordingly (Siegel & Donner 1998: 261). As such, our research took the form of an inquiry aimed at obtaining a deeper understanding of the subject community’s profile, i.e. their needs, wants, perceptions, lifestyles and living environment, so as to represent this accurately to our intended audiences.

The primary audience to which we direct our production are the high-income supporters of environmental activism familiar with St Lucia as a result of the protests and other forms of activism their peers conducted against the dune mining project in the 1980s and 1990s. We will thus pitch our production’s message at mainly urban viewers in the LSM 7-10 bracket, who regularly follow environmental programmes like 50/50 and the National Geographic series; this would include St Lucia Town’s employers, i.e. restaurant and lodge owners. The general message will be designed to urge this audience to lobby those with the power to enact public health programmes. Like their predecessors who opposed the St Lucia mining proposal, we seek to motivate our audience to approach elected officials, especially those in the health sector. Other potential sites for such action
include, amongst others, the town council and leading representatives of St Lucia; company sponsors and NGOs, and the Global Fund for HIV/Aids.

**Our market, on the other hand, are** broadcast stations, e.g. ETV, MNET, SABC, Discovery Channel and International Broadcasters. The spill-over from viewers reactions is expected to feature as a secondary forum as they comment in newspapers, e.g. the *Zululand Observer*, and *Sunday Times*.

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**Objectives.**

One of the central objectives of this intervention is to test the validity of using EE principles to promote the main objectives of a participatory development intervention. The need for such interventions arises from:

– alternative visions to the mainstream model of development, which has been found to fail in enhancing equity and justice, ecological sustainability, and culturally rich and diverse lifestyles, especially when humanity’s long-term survival is threatened.

– the importance of identifying uncertainties and future challenges, i.e. what issues need to be better understood in order to suggest viable solutions? And, what are the new challenges and threats – immediate as well as long-term?

– critical self-reflection by development practitioners about the lessons that can be learned from the work of recent decades. What major barriers can be identified that need to be overcome?

Our objective is, within this broad framework, to alert civil society and government, through the proven advocacy achievements of the high-income sector in environmental issues, to the need for concrete action and broad-based strategies when agitating for sustainable development options.
Methodology

Media use, traditional folk and modern mass media have been standard strategic inputs in planned national efforts to promote agriculture, health and education in developing countries since the 1960s (Yun, Govender & Mody 2001: 3). However, the content of the small media often encodes the assumptions of practitioners without expertise in the local needs and conditions of proposed beneficiaries. The conventional documentary forms, hit and run production practices, and voice-of-authority narration used in many of these products do not mesh with the forms of learning experience in local contexts. They often fail to involve local communities in making their own messages in communicating their perspectives back to the development planners (Tomaselli 2002: 5).

Qualitative observational research, including a collection of video footage in the relevant communities using the local knowledge approach (Dag Hammarskjold), which states that necessary information for development arises from knowledge produced by conversation between community and development agents, was conducted. This information is in the form of filmed in-depth interviews and conversations with the subject community: the people living in Dukuduku and Khula Village. Together with questionnaires handed out to workers (black employees) and some of their employers in St Lucia town, the information is derived to form the narrative for the video material.

Further desktop research was obtained from the offices of the Empangeni-based newspaper, the Zululand Observer, and from the Sunday Times as the national title with the largest market in the area being studied. Additional media-derived data have been obtained from the Wetlands Wire, the official newsletter of the Greater St Lucia Wetland Park Authority. Much of relevance to the background of St Lucia’s development history was obtained from the Environmental Impact Assessment Reports prepared in advance of the dune mining proposal (Coastal and Environmental Services, 1992).
Theoretical Framework

Critics of modernization theory assert that development communication is a process of consensus building and resistance. It is not a linear process, but must be historically grounded, culturally sensitive, and multi-faceted (Melkote & Steeves 2001: 38). The concept known as Another Development has been elaborated to account for this, offering an alternative model for people-centred development. This approach is geared to the satisfaction of basic human needs – both material and, in its broadest sense, political; it encourages self-reliance, and endogenous, and ecologically sound programmes, based on democratic, political, social and economic transformations which alone will make possible the attainment of the other goals. Proponents of the Another Development model hold that it is also applicable in societies seeking to overcome discrimination of any kind – social, ethnic or economic. It is a participatory and pluralistic process (Hammarskjold Foundation, 1975). Both the objectives and the means of this kind of development are supposedly defined and driven by the beneficiary communities themselves (Tomaselli & Shepperson 2003:7), and communicated by them to policy makers via media.

Our research has shown that the subject communities’ modes of information-gathering lead to a high level of health awareness, and on the basis of how they have articulated this we have chosen to show common aspects found in these communities’ responses to health issues. We have therefore drawn on Fishbein and Ajzen’s (1980) model of Reasoned Action theory as the basis to create the storyboard for our documentary insert and public service advertisement, linking behaviour-change models to the values enshrined in the Another Development model. Our research into the local communities’ understanding of health and development issues also drew on the health belief model (Airhihenbuwa & Obregon, 2000; see also Kelly, Parker & Lewis, 2001). We explored peoples responses to and utilization of disease prevention programmes, which in terms of this theory tend to be predicated on an individual’s perceived seriousness of disease, severity of the disease, perceived benefit of services, and barriers to treatment.
From the viewpoint of audience response, we developed our storyboard in terms of the theory of reasoned action (Fishbein and Ajzen, 1980). People’s attitudes result from individuals’ beliefs (expectations) that a behavior will lead to a particular outcome, with individuals evaluating that outcome in terms of its reasonableness in their context (Fishbein and Ajzen 1980: 7). They base these judgements on their subjective norms, a combination of the person's beliefs of how significant others feel about the appropriateness of the behavior and the value the individual gives to such norms (Fishbein and Ajzen 80: 6). In order to influence behaviour, it is therefore necessary to expose the target audience to information that will produce changes in their beliefs (Fishbein and Ajzen, 80: 81) and henceforth, encourage them to return to the activist behaviour they successfully employed in their earlier advocacy of tourism as St Lucia’s preferred development path.

Because this project is still in its early stages, we have still to conduct pre-testing of the product. This phase will draw on social learning theory (Bandura 1986), which explains the ways people choose between alternative actions on the basis of how a choice will maximize community utility (which provides the motivation to act). Together with Reasoned Action Theory (as an expectancy-value theory), social learning theory will inform our guidelines for conducting focus groups to test anticipated target audiences’ response to early drafts of the final insert and adverts (Rogers, 1995).

**Research Findings**

The research we have conducted so far indicates that a significant portion of the St Lucia region (including the Khula and Dukuduku population) is well aware of the dangers and illnesses to which they are exposed. It has been noted that although many adults seem to approach the Aids issue in particular, from a logical perspective, but at the same time seem capable of discounting risks and optimistically perceiving themselves as invulnerable to harm (Freimuth 1992:101). On the contrary, however, members of St Lucia town, Dukuduku and Khula village perceive and articulate the severity of illnesses (HIV/Aids, malaria and tuberculosis, among others such as criminal injuries) and view
themselves as susceptible to these diseases and injuries. Their level of health belief is high, perceiving health care and immediate medical and paramedical assistance as beneficial to their well-being. However, the non-existence of health care facilities, paved roads, transport, clean water and proper sanitation act as not merely a ‘perceived’ barrier, but as a real barrier that needs to be overcome for the people living in Dukuduku and Khula Village.

The existence of a whole section of the population so excluded from the view of foreign attraction and dependent on aid and intervention, without proper sanitation and health facilities, raises questions about the development that tourism has benefited the communities of St Lucia. In the twelve years since the area of St Lucia was designated a world heritage site, and since the mining proposal was bypassed for the development of tourism, the area still has not been awarded the development that this decision promised. To begin with, it was the mobilisation of civil society through popular concern and action that set the tourism development path off in the first place, and therefore the very same civil society is to be prodded into action with the help of the public service advertisement. They cannot leave what they started unfinished, because the “lack of economic and social rights not only paralyses social life, but also makes a nonsense of civil and political rights” (Redegeld and Brand, 1991: 194). This is and especially notable piece of unfinished business, given the influence of social movements on the activism that led to the changes under which St Lucia’s population have yet to benefit.

**Summaries of Open Ended Questionnaire**

St Lucia is an area that is totally dependent on the tourism business for the success of its economy. At present, the stability of this business is being threatened by the ban that has taken place on 4x4s on the beaches of St Lucia. It is clear that the well-off area of St Lucia Town and the less fortunate Dukuduku and Khula Village are all concerned about the level of development that is taking place in the region, regardless of their contextual differences. In Figure 1, the Khula village people are less concerned about the ban on
4x4s and more about hospitals and clinics than the people from St Lucia. At the same time, however, Figure 2 shows that they are aware of a wider range of health issues affecting them than do the St Lucia inhabitants.

**Figure 1**
Can you mention any illness/diseases your area is affected by?

Figure 2

In Figures 3 and 4, it is apparent that Dukuduku and Khula Village residents prioritise different facets of the same general situation. Their form of reasoning, their health belief, is identical with that of the St Lucia town residents. However, while the St Lucia town residents stipulate HIV/Aids, TB and malaria as health issues that need to be prioritised, and Khula Villagers stipulate clinics, education and medicine as priorities. These differences reflect the unequal distribution income, in that St Lucia residents have the wealth to gain access to health facilities, something that the villagers lack and clearly desire.
St Lucia residents’ economic reserves and historical access to services, clearly influences their emphasis on their economic plight, as opposed to those whose historical condition has placed them in a socially/politically subordinate position. There consequently needs
to be recognition of the juncture where development and health intersect. In order to accomplish sustainable development, it must be taken into cognition that hospitals and clinics independent of an effective infrastructure will be like talking in a vacuum.

**Conclusions that Frame the Storyboard.**

What these underdeveloped areas need, in effect, is an integrated systems approach to sustainable forms of development. This entails, for example, both the provision of roads that are suitable for travel, *and* a reliable transport system in order to overcome the problem of inaccessibility to service points. By the same token, it is definitely no use having a clinic in an area where cholera keeps reoccurring due to improper sanitation and primitive water supplies which are predominantly contaminated (Ref. Tape V, Shot 24; Interview 9: Girl outside). The World Bank has noted this connection between infrastructure and equity, stating that “[w]ater, sanitation, energy, transport and housing are key inputs into the ‘production functions’ for poverty, gender, health and education goals” (Leipziger, 2003). Despite this, many proponents of alternative development theory believe that the World Bank merely propounds a “social development theory while the actual challenge is to examine the nexus not merely between income distribution and poverty alleviation but between equity and growth” (Pieterse, 2001:117).

Health issues like HIV/Aids and tuberculosis are, on their own, not equal opportunity diseases. Both disproportionately favour poor and marginalised groups in many countries:
Poverty influences the rate at which HIV/AIDS spreads in South Africa, as a result of the skewed distribution of food, shelter, employment and public health facilities…fatality caused by limited life choices…the lack of cognitive calculations of risk and reward ratios in sexual behaviour where feelings and behaviour frequently precede knowledge, especially among teenagers…and HIV prevention conceptualisation as a medical and educational issue rather than a sexual and macro-level economic issue (Yun, Govender & Mody, 2001: 5).

We found that “when the first Cabinet of the new democratic South Africa turned down mining of St Lucia’s Eastern Shores in favour of eco-tourism, they made it very clear this had to bring real benefits to the Park’s impoverished rural neighbours” (Wetlands Wire Vol.2 No.1, 2004). However, all that the locals claim to have seen is a number of researchers but no visible interventions where health care is concerned.

Our products will endeavour to illustrate the amount of development that the business of tourism could achieve, but has not. The following storyboard arises therefore from “the input of people in activities that are ostensibly set up for their benefit” (Melkote and Steeves, 2001:199), so that the people who were so instrumental in attaining the conservation policy in the mid-1990s can once again bring their activism to bear.
References.

1. **Primary Sources**

   1.1 Various Government Departments linked to the St Lucia Management Plan Project, including the Natal Parks Board.

   1.2 Dianne Scott, Greater St Lucia Wetland Park Authority, and Senior Lecturer, Life & Environmental Sciences, UKZN

   1.3 Local people, subsistence farmers, workers and business owners in St Lucia

   1.4 St Lucia Tourist lodge owners and tour operators

   1.5 The Zululand Observer archives, Richards Bay.

2. **Secondary Sources**


   2.5


3. Internet Sources

3.1 Dag Hammarskjold Foundation Forum on ‘Another Development: What Now?’
   http://www.dhf.uu.se/whatnext/Whatnow.html accessed 21/06/04

3.2 Danny Leipziger’s 2003 World Bank presentation on poverty called The Infrastructure Contribution.