

SEARCWL

**AN ANALYSIS OF OVERCROWDING AND  
INADEQUATE URBAN HOUSING AND ITS EFFECT ON  
ENVIRONMENTAL HEALTH: A CASE OF WOMEN IN  
KADOMA**

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## **LIST OF ABBREVIATIONS**

ACHPR	-African Charter on Human and People's Rights (African Charter)
ECHR	- European Court of Human Rights
GBs	- General Barracks
ICESCR	-International Covenant on Economic Social and Cultural Rights.
MDGs	-Millennium Development Goals
NGO	-Non Governmental Organisation
PSIP	- Public Sector Investment Program
SQs	-Singles Quarters
UDHR	- Universal Declaration of Human Rights.
UN	-United Nations

## **LIST OF INTERNATIONAL HUMAN RIGHTS POLICIES**

African Charter on Human and Peoples Rights (African Charter), 27 June 1981, CAB/LEG/67/3. Rev. 5, 21 I.L.M 58 (1982), Adopted in Banjul, The Gambia

Beijing Platform (1995).

Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), December 18, 1979, 1249 U.N.T.S 13

International Convention on Civil and Political Rights ICCPR March 23, 1976, 999 U.N.T.S 171

International Convention on Economic Social and Cultural Rights 1976 993 U.N.T.S 3

Protocol to the African Charter on the Rights of Women in Africa, 11<sup>th</sup> July 2003 available at <http://www.unhcr.org/refworld/docid/3f4bi394.html> 2003

SADC protocol on Gender and Development

Solemn Declaration on Gender and Equality in Africa

Universal Declaration of Human Rights, G.A. Res. 217A (III), U.N. Doc. A/811(1948)

## **LIST OF STATUTES**

The Constitution of Zimbabwe

New Constitution of Zimbabwe(2013)

Environmental Management Act, (EMA) Chapter [20:27]

Councils Act, Chapter [29:15]

Public Health Act, Chapter [15:09]

Housing Standards Control Act, Chapter [29:08]

## **BY LAWS AND POLICIES**

Kadoma (Public Health) By-Laws

City of Kadoma Housing Policy(2012)

National Gender Policy (2013-2017)

## **EXECUTIVE SUMMARY**

This study was conducted in Kadoma Urban City in three high density suburbs of Rimuka, Ingezi and Eiffel Flats. The Study sought to investigate the environmental health effect caused by poor housing. The study showed that poverty and lack of funds are behind the poor implementation of the laws to address the issues of overcrowding as it thrived even where new houses were constructed. Majority of the residents more so women were not involved in decision making issues fostering laws and policies that are gender neutral thus treating all women and men the same. The laws thus failed to take into account the difference between different people in different situation and are therefore discriminatory. The lack of awareness on environmental health concerns caused by overcrowding also fuelled the attitude towards overcrowding. The lack of prioritisation by the government in provision of housing has made the private sector thrive in provision of housing which access tends to be out of reach for many women. The government need to invest in regular research to address the different issues faced by women and to ensure that it meets its obligations set under International laws. The laws also need to be overhauled to ensure that women issues are addressed fully in conformity with all the international human rights instruments that the State is party to. The poverty and dependency of women on their husbands fuels the failure of women in accessing independent housing. It therefore becomes imperative that women organise themselves into self help groups in order to empower themselves through knowledge sharing and *sweat equity* to rid the population of overcrowded situations.

# **CHAPTER 1: INTRODUCTION**

## **1.1. Why the research?**

The research was inspired by socio economic challenges that usually plague most African countries. The topic investigates the extent of the government's obligations in ensuring the provision of adequate standards of living for the poor people. The research investigates the health effects of inadequate housing in Kadoma and is meant to provide insight into implementation gaps of the laws as intertwined with lived realities and make some recommendation.

## **1.2. Background to the research**

To borrow the words of John Smith a first Health Officer (Geiger H.J: 1997)

I would beg any educated person to consider what are the conditions in which life alone can thrive; to learn by personal inspection, how far those conditions are realized for the masses of our population; and to form for himself a conscientious judgment as to the need for great, even revolutionary reforms. Let any such person devote an hour to visiting some very poor neighbourhood...let him breathe its air, taste its water, eat its bread. Let him think of human life struggling there for years...let him gravely reflect whether such sickening evils...ought to be the habit of our labouring population; whether the legislature, which his voice helps to constitute, is doing all that might be done to palliate these wrongs; whether it be not a jarring discord in the civilization we boast, that such things continue, in the midst of us, scandalously neglected.

Many African cities were developed during colonial times as administrative or trading centres and the infrastructures were not envisaged to support large populations. Urban local authorities have been unable to develop with overcrowding and population explosion. These most populous areas live in unhealthy and unsanitary environment exposing themselves to health risks. There are therefore frequent diseases outbreaks such as cholera and dysentery as well as respiratory tracts infections that usually plague the populations (Madava T: 2000). Kadoma is one area plagued with such history.

## **1.3. Statement of the problem**

Studies have indicated that 50 percent of the urban population lives in conditions of extreme poverty and severely deprivation. As a result the urban populations suffer from all disease clusters and infectious diseases. Overcrowded houses, poor ventilation and use of inefficient

energy increase the problems (Stein J: 1997). The laws in themselves have not been effective in trying to curb the effects as they fail to address the root cause of the problem.

#### **1.4. Aims and objectives of the study**

##### General Objective

To investigate rapid urbanization and its effect on environmental health.

##### Specific Objectives

- i. To investigate health problems caused by poor standards of housing and overcrowding in Kadoma, specifically on women.
- ii. To investigate the efficacy of the law in curbing the health problems caused by overcrowded housing.

#### **1.5. Assumptions**

- a) Poor implementation of housing and overcrowding related laws and policies cause environmental health problems.
- b) Poor urban housing leads to environmental health problems
- c) There is lack of awareness on environmental health issues leading to unhealthy surroundings.
- d) Government's Lack of prioritization in housing leads to ineffective implementation of environmental health issues.
- e) Financial inability to facilitate access to housing and basic resources leads to unhealthy domestic environment.
- f) Exclusion of women from decision making process leads to gender insensitive policies, laws and programmes.

#### **1.6. Research questions**

- i) Does poor implementation of housing and overcrowding related laws and policies cause environmental health problems?
- ii) Does Poor urban housing leads to environmental health problems?
- iii) Is there a lack of awareness on environmental health issues leading to unhealthy surroundings?



- iv) Does the Government's Lack of prioritization in housing leads to ineffective implementation of environmental health issues?
- v) Does financial inability to facilitate access to housing and basic resources leads to unhealthy domestic environment?
- vi) Does exclusion of women from decision making processes lead to gender insensitive policies, laws and programmes?

### **1.7. Demarcation of the study**

The study was carried out in Kadoma City within three main townships of Rimuka, Ingezi and Eiffel Flats (Chemukute). Kadoma is approximately 160 Km from Harare. The main economic activity of the area comprises of gold mining and some farming. Prior to the economic meltdown there were industries that were operational but currently very few remain such as, the Riozim Oil Industry in Chemukute. The area is surrounded by farms although most of them remain fallow.

## **CHAPTER 2: METHODOLOGIES AND METHODS**

### **2.1. Introduction**

This chapter seeks to highlight the approaches as well as the data collection methods used in the study.

### **2.2. Methodological approaches.**

#### **2.2.1. Women's Law Approach**

This is a woman centred legal discipline which takes women's actual lived experiences as a starting point for analysis of women in law and society to address the gaps between the lived realities of women and the law(Bentzon:1988). The approach was applied for instance many women we interviewed were unemployed and have large families of between 6 to 10 people some of which are extended, living in one same room. There is thus a total lack of privacy aside from the health problems that arise from the overcrowding. The majority of the women could not afford alternative accommodation. They viewed the rent charged by landlords (especially if lodging) as prohibitive in view of the harsh economy. Whereas overcrowding is prohibited under the Public Health Act, the Local Authority itself has been unable to carry out its mandate to ensure adequate access to housing. The Kadoma Public Health By-laws 1984 and the public health Act is therefore not in tandem with the lived realities of women.

#### **2.2.2. Grounded theory**

This iterative process in which data and theory, lived realities and perceptions about norms are engaged constantly with each other to assist the researcher determine the data to be collected and how to interpret it (Mbogoh: 2008). The approach involves investigating issues created by the emerging categories to their logical conclusions.

The process began with the research topic and formulation of an assumption on financial incapacity. The sub-assumption indicated that women were more likely affected by the unhealthy domestic environment and therefore will suffer diseases more than men as shown in some Literature. An interviewee in Ingezi indicated that they all suffer from diseases, such as respiratory problems but they use herbs (guava tree) to cure the same. This was because the cost of accessing medical treatment was prohibitive for women. The follow up interviewee concurred and stated that although both male and female suffer diseases, they usually send only one person to hospital and the rest use the same prescription to obtain medication from the chemist. This is

because of the requirement of consultation fee, which many women could not afford and which cash they had to ask from their husbands. This led me to the Public health officials, who revealed that according to their statistics, it was in indeed men who visited the hospital more than the women presumably because they are employed and they can afford consultation fees.

### **2.2.3. Human Rights based Approach**

This approach involves determining the state's obligations under international law and the gap with lived realities.

The approach was used during the research to determine the accessibility to adequate standards of living and clean and healthy environment under international law. Health and human rights play a complementary role in ensuring the advancement of the human well being (Otto D., 1995)

However I unearthed that the lack of financial capacity (unemployment) and closure of the industries has hindered most of the inhabitants from accessing better housing because of poverty. It appeared that the local policies failed to address the underlying causes of overcrowding but focused more on the effects.

Government through the Local Authority has failed in its obligation to provide the residents with affordable housing which would result in tremendous reduction in overcrowding. Accessibility to health care is prohibitive for residents hence the Government has also failed in its obligation to provide right to highest attainable standard of physical and mental health including prevention of diseases and improvement of aspects of environmental hygiene. The approach was valuable in determining the indivisibility of human rights and attending to my assumption 5 showing the gaps between international laws, national laws and the lived realities.

### **2.2.4. Sex and gender Analysis**

Sex is the physical or biological distinction between male and females while a gender analysis entails ingrained socialization process which seeks to distinguish what is a feminine or masculine role. These two notions play a huge role on participation in patriarchal societies. While the male are perceived to be aggressive the females are expected to be submissive and obedient (Mbogoh A: 2008 )

It emerged that many women were submissive and would not participate in decision making (save for a few educated ones) out of the domestic sphere as were required by their husbands.

Many women were undereducated and were prepared for the maternal role as housewives. Most women were unemployed and were quite content to be in the domestic sphere and economically dependent on their husbands. The women thus played the care giving role in their houses.

The man as in most patriarchal societies played an 'active' role of the breadwinner and provider. Men were expected to pay the rent and medical treatment for the household.

### **2.3. Methods**

The methods employed in data collection ensured that the research gathered in depth details and diverse views of the life experiences of the residents especially of women.

#### **2.3.1. Observation**

As we neared Kadoma we observed the large number of believers in apostolic sect adorned in their white gowns and scarves congregated under trees to worship. While conducting the study, we observed the demeanour of the interviewees especially when dealing with us, as foreigners and the neighbours who wanted to be active participants in the interview processes. Some interviewees were quite receptive as they felt they had an opportunity to air their views, but others felt they could not divulge their weaknesses. The SQs lacked adequate privacy and storage and had cracked walls. Leaking roofs forced were covered with plastic bags. The hygiene conditions of the area were wanting and the air quality was pungent with sewage fumes from the public toilets. Some residents cooked outside using firewood. The method was helpful in triangulating data as given by the interviewees as well as highlighting the gaps between the law and lived realities.

#### **2.3.2. Individual Interviews**

In view of the issues that needed exploration and without previous insight of customs in Zimbabwe, this method proved to be the most beneficial. General questions revolving around the theme of study were posed leaving the respondents to answer as they felt fit. It emerged that the society was quite close knit that it was practically impossible to hold a private interview with most of the respondents. The interviews lasted between 30 to 45 minutes and some interviewees divulged intricate details especially on culture after the formal interview. Approximately 34 interviews were conducted including those conducted by my group members. The chart below shows details by location and sex.

Table of interviewees.

Location	Male	Female
Rimuka SQs	3	8
Rimuka New Stands	2	3
Ingezi SQs	1	10
Ingezi New stands	0	5
Eiffel Flats	2	0

### 2.3.3. Key informants interviews

These were the experts particularly from the Central government and Local authorities departments. The interviews for the local authority personnel were conducted in one day at the Kadoma Hotel. The interviews lasted between for 45 minutes to 1 ½ hours depending on the topic under discussion. Follow up interviews back at the Council's Public Health office were also done. Thirteen officials were interviewed as shown in the table providing pertinent information on the topic.

Key Informant	Male	Female
EMA office	1	0
Public health department	1	1
Housing Department		1
Finance department		1
Central Administration	1	
Sanyati Rural CEO	1	
Councillors( inclusive of 3 from Sanyati Rural)	2	2
District Administrator	1	
Gender office		1

### 2.3.4. Pictorial data

Some pictures of the conditions of the Singles Quarters (SQs) in Rimuka and Ingezi were captured to give life to the study.

### **2.3.5. Secondary sources of data**

Reference was made to books, internet articles and dissertations. The said sources proved quite informative and reviewing the necessary books and internet sources became helpful in understanding the focus of study.

Legal and Policy documents were analysed to determine the gaps between what ought to be and what is the situation on the ground regarding access to health and housing more specifically for women. The research was also informed by health data that was obtained from the Department of Public Health as well as from the housing department inclusive of other sources. The said data was helpful in determining population and the number of persons who access health services in Kadoma Clinics.

### **2.3.6. Data Collection Technique**

The main data collection technique was random sampling in view of the discovery that time was not adequate. I chose interviewees that seem readily available in view of time constraints. For instance during the interviews in Kadoma and Ingezi, I chose the houses that had respondents who indicated they were willing and had time to answer the questions.

The other technique was purposive technique which was mainly applied on the key informants who had the relevant information on the area of the research. For instance the Public Health Department which had relevant knowledge and data on Public health issues.

Both techniques enriched the study.

## **2.4. Challenges or limitations in conducting the research**

The use of interpreters distorted the message and left out some pertinent details. The research was conducted within a very short period of 1 week thus some issues could not be pursued to their logical conclusions.

## **2.5. Ethical considerations**

The necessary permissions were obtained from the government officials such as the District Administrator. Permission was sought to take photos or access the households and the reasons for the study, that is, for the practical paper were disclosed to the interviewees.

Questions were respectfully asked and privacy of the interviewees protected through the non disclosure of names or disclosure of one name.

## **CHAPTER 3: LITERATURE, LAW AND POLICY REVIEW**

### **3.1. Introduction**

Environmental health or public health involves “ensuring the condition in which people live can be healthy”. Thus the need to protect health is dependent on promotion and protection of Human rights and dignity (Mann et al: 1999:8). This chapter seeks to contextualize the study within the existing literature as well as the national and international laws dealing with the right to adequate standards of living, health and overcrowding. The chapter will also highlight the gaps between the laws and international policies.

### **3.2 Historical background to housing and Environmental health in Zimbabwe**

Some laws created prior to independence such as the Urban Areas Accommodation Act (1946) and Land Apportionment Act (1930) sought to inhibit the development of African Housing in urban areas. It was assumed that the African residents were temporarily in urban areas as they had their ‘native reserves’ in the rural areas. Consequently most of the houses that were built in urban areas were “low cost” Singles Quarters (SQs) as families were believed to be in the rural areas (Auret D. 1995). Aside from Construction of married quarters in towns in the 1950’s to 60’s on realizing the influx of families from the rural areas, there were still more SQs constructed after independence. Kadoma City boasts of at least 1154 units comprising of 580 SQs, 377 GBs (General Barracks), 38 GB Annex in Rimuka with the remainder being in Ingezi and other townships. Since independence these SQs are no longer the base of single men but rather house large families living in one room due to increasing demand in housing units against a huge shortage compared to the growing population. In Kadoma the number in the waiting list doubled as compared to the supply in 1994. (Auret D.: 1995).

Historically overcrowding and poverty exacerbates some illnesses. For instance, in 1990 TB though prevalent amongst the HIV positive, was shown to be prevalent amongst children high density areas in Zimbabwe. This was due to overcrowding, poor ventilation while cooking with paraffin in the same room. Diarrhoea which is caused by poor sanitation was also prevalent in all age groups in most high density suburbs in 1993.(Auret D.: 1995).

### **3.3. Zimbabwean legal and policy Frameworks on housing and environmental health**

The former Constitution of Zimbabwe did not contain a single provision that guaranteed the right to clean and healthy environment or right to housing. This in itself made it difficult to push the agenda for public health concerns with respect to housing at the national level. The new constitution however provides for rights to; adequate shelter, basic health care, environmental health and equality of women.

There are specific statutes and regulations that provide for such rights.

The Public Health Act details issues concerning environmental health. Section 3 of the Act accords the Minister duties *inter alia* promotion of public health, prevention, limitation, investigations or suppression of infectious and contagious diseases. He advises local authorities on matters affecting public health. Article 14 mandates the local authority to prevent and manage infectious diseases, through maintaining cleanliness and removal of nuisance<sup>1</sup> that may be injurious or dangerous to health. Section 84 mandates the Council to prevent any danger that may arise out of unsuitable buildings or occupation of unhealthy or overcrowded dwellings. Rooms without ventilation are prohibited and sleeping or living rooms are required to have sufficient lighting through windows of a total area of not less than one-twelfth of the floor area which should ensure cross ventilation in the room.

Currently there exists the Kadoma (Public Health By-laws) part III of which deals with control over dwellings. The By-Law provisions on housing standards are the total opposite of the events on the ground, for instance a room must measure ( 9m<sup>2</sup> X 2.2mX 2.7m) in floor/width/height and should contain a sanitary convenience, kitchen and bathroom. The house must also have 50% opening of windows for ventilation, water supply. Two unmarried people of different sexes over twelve years living in the same room is deemed overcrowding and therefore the room must be separated by a brick wall or partition. Sleeping in areas not designated for sleeping or cooking is prohibited.

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<sup>1</sup>Section 85 describes nuisance *inter alia* as a verminous or dirty building, any sanitary convenience that may be injurious to health, any dwelling that may be overcrowded as to be injurious to health of the inmates and does not conform to regulations or by laws regarding airspace and floor space, lighting and ventilation, cooking facilities, ablution facilities and sanitary convenience. It also includes dwellings without available water within a reasonable distance and offensive areas of land that are kept that may easily cause a danger to health



Part III of the by-laws provide for the worker's quarters minimum building standards to include need for plastering, water tight roofing, window space sanitary conditions and so on.

The Environmental Management Act <sup>2</sup> specifically provides for protection of natural resources and environment. Environment is defined as *inter alia* ecosystems and other surroundings constructed by people as well as urbanized areas.<sup>3</sup>

Section 4 of the Act recognises the inter-connection between all elements in the environment and calls for their protection. Environmental Management Agency (EMA) officers in discharging the above requirements, in instances such as pollution and environmental degradation are to ensure that they focus on health and vulnerable ecosystems to avert negative effects. EMA can notify the polluter to remove the nuisance for instance in littering, in default of which they can fine the polluters.

The Councils Act<sup>4</sup> which establishes the Municipalities, Town Councils, Local Government areas and Local Boards and have been charged with the responsibility of constructing necessary sewage management systems and services.<sup>5</sup> The council must provide water services and infrastructure such as housing<sup>6</sup>. The Act envisages a multi-sectoral approach and allows for partnerships in dealing with the environmental management.

The Act allows the Council to make by-laws and policies. For instance the Kadoma Housing Policy whose preamble aims at:

...[P]rovide decent and affordable shelter as a basic human right and offered without discrimination based on **sex**, gender, religion, political affiliation and socio-economic status... Equitable access and secure tenure are indicators of a just society.

The main objectives of the policy include *inter alia* ensuring equitable access to land and housing by all citizens, to use housing as a development strategy for eliminating disparities, gender and social inequalities and to ensure active and meaningful participation in housing delivery. It is therefore noteworthy that in allocation of residential stands, a mere 5% residential stands have been set aside for women while a further 15% has been reserved for applicants with disability or parents of such children, widows and child headed families. The

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<sup>2</sup> Chapter[20:27]

<sup>3</sup> Section 2(b) and (c)

<sup>4</sup> Chapter [29:15]

<sup>5</sup> Section 168,172 to 180.

<sup>6</sup> Section 183 to 187

vulnerable groups have been given a period of 12 months to ensure that they pay for the stands. The policy acknowledges that women have a weaker purchasing power but the policy has discriminated against women by failing to provide for equal opportunities. The policy also fails to acknowledge the poverty which weakens women power to access self owned stands instead of rental houses.

The Housing Standards Control Act<sup>7</sup> Section 23 provides for *inter alia* instances when the building is deemed to be of unsatisfactory standards. These include; buildings that have inadequate ventilation, lack water supply, are damp, as well as those that lack washing facilities and cooking areas. Section 43 of the Act explicitly prohibits overcrowding of houses in much the same standards as stated in the Public Health Act and allows the inspector to inspect the standards of the house which he suspects to be of unsatisfactory standard or overcrowded<sup>8</sup>.

Section 88 obligates the Council to prevent overcrowding and remedy such unsatisfactory standards and ensure provision of suitable accommodation for persons who have vacated the buildings. The first schedule to the Act provides for minimum requirements of unsatisfactory buildings, these *inter alia* include; water closet for every twelve occupants and where sewerage system connection lacks, a latrine should be available for every eight occupants. There should also be one water point for every twelve occupants, adequate ventilation and so on. The second schedule provides for overcrowding to include, occupation by more than one person of over 12 years of less than 6 square meters. This Act does not perceive situations where divorced women and children whose levels of income may be inadequate to access adequate housings for herself and her family. Further the same does not envisage areas where the couple may be married but with inadequate funds to access more than one room. The Act therefore presupposes that children over 12 years should be self reliant or the parent's income should have increased as children grew.

The National Gender Policy (2013-2017) provides a framework for gender issues. There are 17 pieces of National Policies and legislation which acknowledge gender equality most of which are family laws. It is clear that the said gender policy focuses on the biological sex of women in addressing women's health as it mainly focuses on HIV and AIDS issues. The chapter on Constitutional equality in the policy recognizes that 68% of female headed households live under the poverty line and women are poorer than men but fails to have an all

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<sup>7</sup> Chapter 29:08

<sup>8</sup> Section 87

inclusive gendered approach in addressing discrimination against women especially in the aspect of housing and environmental health. Thus it appears that no attention will be accorded towards equal opportunities for women in accessing adequate housing and curbing public health issues affecting them.

### **3.4. International Human Rights frameworks on housing and environmental health**

Zimbabwe has ratified International Legal Policy frameworks such as CEDAW (1991) ICCPR and ICESCR together with Beijing Platform (1995). She has also ratified the African Charter on Human and People's Rights (2003); Solemn Declaration on Gender and Equality in Africa (2004); SADC protocol (2008) (Gender Policy:2013-2017) and Women's Protocol(2008)(African Union: 2010). Zimbabwe should thus be guided by the said policies.

When it comes to public health most people find it difficult to apply human rights. The reasons being, the effect approach rather than causation and confusion over the specific human rights articles to be applied. (Alastair I.:1997)

In dealing with causation, besides food and clothing, shelter has long been regarded as a basic need for human life. Shelter should at least provide minimum protection against stress as well as physical protection from unhealthy conditions for the family. The locality, structure, facilities, environment and utilisation of human shelter have a great impact on the state of physical, mental and social well-being of a person. Poor housing conditions may provide weak defences against disease, injury or even death or may greatly increase susceptibility to them. On the other hand, adequate and suitable housing conditions help to promote robust physical health, economic productivity, psychological well-being and social vigour. (WHO: 1989)

In declaring the importance of adequate housing, the ICESCR article 11(1) provides the recognition of state parties to:

“... [T]he right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing and to the continuous improvement of living conditions. The state party will take appropriate steps to ensure the international co-operation based on free consent.”

Similarly the same is contained in the UDHR Article 25, Article 16 of the Women's Protocol and 14(h) CEDAW<sup>9</sup>. This right is to be guaranteed to individuals and families without discrimination on age, economic status, sex, political or other opinion, or other status.<sup>10</sup> What then constitutes the right to adequate housing? According to Habitat Agenda (Chapter IV: B.1996) interpretation of the right to housing goes further than just having a roof over one's head and encompasses the right to live in dignity and peace. The Habitat agenda further states:

It also means adequate privacy; adequate space; physical accessibility; adequate security; security of tenure; structural stability and durability; adequate lighting, heating and ventilation; adequate basic infrastructure, such as water supply, sanitation and waste management facilities; suitable environmental quality and health-related factors; and adequate and accessible location with regard to work and basic facilities, all of which should be available at an affordable cost.”

The government is therefore required to provide different avenues to access adequate housing such as rental accommodation especially for those who cannot afford, private ownership and others. The state is required to ensure that the rent payable is commensurate to the income levels and tenants be cushioned against arbitrary increments. The habitability of the house should include adequate space for the inhabitants, freedom from damp, heat, rain, wind, structural hazards and disease vectors.

A resolution adopted by UN Habitat sought to address the right to adequate housing of women under the resolution 1997/19 and specifically stated that

State parties are encouraged to comply fully with all their international and regional obligations and commitments concerning the legally recognized rights of women to land, property...adequate housing including security of tenure, an adequate standard of living and housing conditions and to create opportunities for women to acquire training, education and information in all matters related to those rights.

The fact that human rights are interdependent, article 11(1) must be read together with other articles such as 12 of the ICESCR which recognizes the right to enjoyment of the highest attainable standards of health. The right to health encompasses improvement of all aspects of

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<sup>9</sup> “...[A]dequate condition so of living, particularly in housing, sanitation, electricity water supply...”. Which though applicable to Rural Women, the same should be extended to Urban areas where there is extreme underdevelopment or poverty as an interim measure.

<sup>10</sup> The non discrimination articles 2(2) of the ICESCR and article 2 UDHR

environmental hygiene and the prevention, treatment and control of epidemic, endemic and occupational diseases. Article 18(1) of the women protocol is more encompassing in its definition which states that “Women shall have the right to live in healthy and sustainable environment”.

The right to health is further recognized under article 25 of UDHR and article 12 of CEDAW. The said provisions bring to the fore a number of other underlying preconditions for health such as adequate sanitation, potable water and environmental health. This right is traced back to the industrial revolution, which was characterized by unhealthy working and living conditions which created health problems necessitating public health measures.(Eide, Et al(19)

WHO (Shinn C:1999) in putting the health determinants in perspective has described health as:

[T]he state of complete physical, mental and social well being and not merely the absence of disease or infirmity.

The issues are further dealt with in the preceding chapters.

### **3.5. International standards *vis a vis* the national standards: the gap**

The national framework, the Constitution is mute and does not provide for equality of the sexes in accessing the highest attainable standard of living and health. The Constitution does not mention any aspect dealing with environmental health hence not much force can be made in the implementation of the articles of the ICESCR or other international instruments.

There is a lack of multi sectoral approach in laws especially the Public Health Act, which does not envisage the participation of the people who will be most affected by the said laws.

The Public Health Act and Building Standards Control Act prohibit overcrowding whereas the state through its local authorities does not provide affordable housing especially due to the increasing population. The punitive measures are rendered ineffective as a result as they fail to address the underlying causes of the overcrowding.

The Government through the Local authority has now left the obligation to provide adequate housing to the Private sector, who in turn set extremely prohibitive costs to allow access to adequate housing by the ordinary citizen more so women.

The Gender Policy does not mention any housing or environmental health issues, whereas the Housing Policy only provides for 5% provision for women. Specific focus is needed to address

discriminatory practices against women through specific provisions that address them in terms of equal opportunities in tandem with the new constitution.

### **3.6. Feminist Theories and perspectives on housing and environmental health.**

#### **3.6.1. Relational theory:**

This theory indicates that women operate in the interests of others and are willing to sacrifice all for the sake of others. The women in Kadoma had very close relationships with their families. Indeed many of the times they would justify the need for better quality housing or the need for privacy in relation to the need for privacy with their husbands. As one interviewee said:

It is hard to live in these rooms with children, there is no privacy especially with my husband

The women did not think in terms of individual needs or suffering but rather the need to protect the entire household. They often said that they all suffer when there is an outbreak of diseases not necessarily as women. For most of them they would rather take their children to hospital when ill than themselves. Many of the women were housewives, were not engaged in any paid work and depended on their husbands for their daily upkeep. They felt they were the main decision makers at household level but they had to consult with their husbands to make decisions for the household.

#### **3.6.2 African Feminism.**

This strand of feminism seeks to define an African woman's experience as tainted by the enduring force of her colonized past. The people in Kadoma both men but more so the women, have been pushed into dependent economies which has made them paupers. There is a clear indication of the effect of colonisation and feelings of inferiority which affects the economic behaviour denuding them of creativity, self reliance and productivity. Participation of women is affected by negative discrimination enhanced by domination of women by men, which are perpetrated by culture. This was exhibited by the number of children a woman bears despite the tough economic conditions. The overcrowded conditions caused by kinship structures add to the power of the patriarchal structures while the women themselves collaborated. Most interviewees indicated that the woman was in charge of the home while he terrorised the public sphere (James and Busia: 1993).

### **3.6.3 Marxist feminism**

Marxist theory attempts to explain the structure of modern industrial society with special emphasis on labour and class. Society is broken up into two classes; those who own the means of production and the labourers (making the majority of the people in Kadoma), exploited to produce the items demanded by the ruling class. This exploitation is extended to women with the addition of sexism and gender inequality. The sexist division of labour keeps women in the domestic sphere and men in the workplace (Tong, 89). In addition to this, when women enter the workforce, they are relegated to menial jobs and are usually underpaid for their work. Lack of participation in health issues and if so basic jobs such as the women environmental health assistants who clean the public toilets and are paid a mere USD 3 per day.

### **3.7. Conclusion**

Zimbabwe as a state party is yet to comply with the international obligations to provide an adequate standard of living and housing conditions and to create opportunities for women to enjoy these rights.

## **CHAPTER 4: FINDINGS AND ANALYSIS**

### **4.1. Introduction**

This chapter seeks to highlight the major findings or the lived realities in view of the legal and policy frameworks. The same are analysed within the assumptions as we also analyse the sub-assumptions. The chapter will also highlight the emerging issues.

### **4.2. Poor implementation of overcrowding and housing related laws and policies**

This assumption seeks to test the efficacy of the laws and policies and their implementation on the ground.

Environmental health issues are characterized by disjointed policy development, disintegration in service delivery, lack of accountability and weakened public health effort, (Alastair: 1997) the situation in Kadoma is not any different.

The Health Principles of Housing (WHO, 1989)<sup>11</sup>, emphasises the need to improve the living environment of citizens to ensure a healthy population. Principle 1.7 puts specific emphasis on overcrowding, in advocating for structural safeguards on discovery that overcrowding provides a breeding ground for communicable diseases such as tuberculosis, common colds and gastro intestinal diseases. An individual with active TB is very infectious as transmission occurs indoors through airborne spread of droplets from the lungs of a person who is infected through coughing. Reportedly, developing countries record highest deaths through TB which could have been avoided. (Levy M., et al (1999).

There are laws in place that were meant to curb overcrowding in Zimbabwe. The Housing Standards Control Act<sup>12</sup> second schedule and Kadoma (Public Health) By Laws, indicate that occupation of 2 or more people over the age of 12 years in one room who are not of the same

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<sup>11</sup> The preamble , “the dwellings in which most of the world's people live do not enable them to enjoy these benefits to the full. Indeed, for great and increasing numbers, the available housing not only fails to protect them against health risks, but increases their exposure to environmental hazards, many of them preventable. Particularly at risk are those who are caught up in rapid urban change, accompanied by limited resources and inappropriate public policies”

<sup>12</sup> Chapter 20:27



sex constitutes overcrowding. The Council indicated that they are very proactive in preventing illegal structures through demolition and fines. Back in 2004 the government demolished all unapproved structures (through its operation *Murambatsvina* which means Operation restore order) which led to a public outcry. They however acknowledged that despite the council's awareness of the inhuman situation in which the people in the SQs live, there is poor enforcement of the by-laws on overcrowding. The enforcement is challenged by human rights lawyers who object over evictions as a violation of human right to shelter.

The Council officers emphasised that enforcement of overcrowding laws is impossible because they lack alternative accommodation for the occupants and there is constant change of occupation complicating enforcement of orders. As one occupant in Rimuka SQs indicated that he lives alone after his grandmother left the room for him when she moved. The majority of occupants out rightly confided that they had lodged in the rooms and therefore pay the landlord who in turn pays the rent to the council. Further the tenants have changed the locks to the houses to subvert any effort for inspection or evictions confirming the Housing Director views:

Decongestion is a challenge. Even the well built stands are still congested. For others they use the stands as a source of income.

The state is obligated to provide access to adequate housing to the impoverished citizens through its laws and policies, especially to women and vulnerable groups. The location of the houses in terms of proximity to pollutions sites and schools, health care facilities and work places is important. The Kadoma Public Health by-law under section 27 mandates the occupier of the premises to maintain the premises free of debris rubbish or other nuisance or in a manner that is not likely to harbour potential breeding places for vermin and rodents. An occupier is

further required to cut grass and abstain from throwing rubbish in public places.



**Figure 0-1: The Block of SQs surrounded by grass.**

The Public Health Department has never tried to determine the magnitude of overcrowding in fuelling TB and flu's in the SQs. They believe that the infectious diseases suffered by the population do not result from overcrowding and poor standards of housing. The state therefore fails to acknowledge health problems that plague the marginalised group violating their right to non-discrimination envisaged under article 2 of CEDAW. This leads to neglect of necessary services resulting in adverse effects on progressive realisation of other rights (Mann et al: 1999) such as housing.

EMA offices in discharging their duties to avert health effects under the Act, focus on the Council or large scale industries. Their efforts with respect to residential areas are directed on effects rather than causation, such as requiring the Council to curb littering through issuance of notices to remove nuisance. EMA has not paid much attention to the vulnerable and stressed ecosystems in the residential areas. The Act therefore fails to assist in having a multi-sectoral approach in dealing with the causes of overcrowding.

A majority of the policies and Laws are gender neutral and discriminatory against women. The housing Policy for instance, in setting aside only 5% of the stands to be accessed by women fails the equality test. The laws on overcrowding themselves are not in reality with people lives more so women who are incapacitated due to inadequate finances.

Currently, the Kadoma City Council does not have a public health policy. Which we were informed was in the making and expected to make details on implementation of health issues.

#### **4.3. Poor urban housing causes environmental health problems.**

The Director of Housing confirmed that the colonial housing infrastructure in Rimuka and Ingezi was meant to cater for single men without families. Rural urban migration as well as growing families has now meant that large families live in single rooms without toilets or kitchens which in turn means that people have to utilise the outside for such activities as cooking. According to the census report 2012, the population in Kadoma has soared to over 90,000 against a backdrop of about 23,000 houses.

Proximity of the blocks of houses in the SQs and closeness of rooms makes it impossible to maintain a clean and healthy environment. The interviewees indicated that the occupants of rooms in the SQs can go as high as 8 to 10 people per room. The central toilets cater for huge number of users contrary to the Public Health By laws which provide that a toilet should not be shared by more than 8 people. The toilets often get blocked and become an eyesore to the users further nurturing of pests and diseases.



The houses are poorly ventilated, as most of them apart from the human congestion they are forced to store all their household goods in one room as one interviewee stated;



*Zvakaoma weduwe mudzimba idzi. Council yakange yavimbisa kuvedzera dzimba idzi kubva pa one room kuenda ku two rooms asi vakakundikana kuzviita. Iko zvino tirikurara semakonzoz takamanikidzana.*

“It is hard to live in these houses. The Council promised to extend the rooms to two per household but they have not done so as a result, we are forced to sleep like rats!”

As a result of the overcrowding, if one person in the house suffers from diseases then the same automatically spreads to the entire household as an interviewee in Ingezi said:

“We are seventeen people, we share 5 rooms and there is poor ventilation in the house. If one person suffers from flu the entire house will suffer the same condition”

The challenges in improving the housing infrastructure according to the Director of Housing, is lack of adequate funds and land shortage in Kadoma as the town is surrounded by farms.

#### **4.4. Government’s lack of prioritization in resource allocation on housing hence poor implementation of environmental health issues**

This assumption seeks to determine the prioritisation of public health and overcrowding issues by the government or local authority.

The state on health issues has three obligations; duty to respect (refrain from acts that infringe on environmental health) and the obligation to protect (against infringements especially by third parties). Lastly, obligation to fulfil entailing budgetary allocations and creation of conditions which facilitate access to health services, including water and sanitation and pressurizing governments to commit resources that they would rather avoid (Eide et al:2001)

Slums are interpreted as an outcome of poverty and urbanisation. The MDGs (Millennium Development Goals) insist on improvement of lives of slum dwellers through focus on the underlying causes of their existence. The Habitat Agenda calls for pro-poor policies in formulating, implementing and provision of housing (Ley A.:2009). To engage this issue successfully, other rights such as inherent right to dignity of the human person, demanding that dignified housing irrespective of economic resources, non discrimination, freedom of expression, freedom of association (tenancy), right to privacy as well as the right to participate in decision making specifically for those affected must also be included.

Under the ICESCR the degree of under development of a state is not an excuse not to provide adequate and habitable housing for its poor citizens. The government may through state

cooperation ensure prioritisation for those in unfavourable or disadvantaged living conditions to adequately meet their housing needs, not for the privileged. The ICESCR committee noted that despite externally caused problems, the obligation under the covenant should nonetheless be met especially during economic hardships. States are required to ensure coordination between their ministries and local authorities for policies reconciliation purposes to ensure proper execution of the state obligations (Minority Rights Group International)

The Kadoma Council is currently unable to improve the housing infrastructure due to financial challenges. The Housing director confirmed that;

“The plan is to upgrade the SQs but due to financial difficulties it has become impossible. The budgetary allocation has included around 3.5 million US dollars to allow upgrade. PSIP funds are given by government to upgrade housing and schools but they are inadequate.”

Since the Council is self financing, it had sought to have the population in the SQs, GBs (General Barracks) and the new stands pay their rent regularly to facilitate better service delivery. However a majority of them do not pay and the Council is therefore forced to let the people maintain the buildings.

The director of Finance disclosed that budgets are equal across the board. However, the Public health Deputy Director indicated that allocation will depend on the director’s ‘muscle’ in pushing for a better share of the available funds. Usually the water (Engineering) department is prioritised. The housing department has therefore pursued the private sector to assist in construction of houses to cover the gap.

Not much research on health or housing has been done and previous attempt to determine the exact number of occupants of the SQs and GBs flopped. There was massive non disclosure and deception for fear of evictions by occupants. Currently lack of funding renders the possibility of conducting research low.

#### **4.5. Conclusion**

The government is currently unable to implement laws to ensure progressive realisation of the right to adequate standards of living. This is fuelled by the lack of funds and inability to address the causes while failing to adhere to international standards.

## **5. FURTHER FINDINGS AND ANALYSIS**

### **5.1. Introduction**

This chapter comprises of a continuation of the previous one.

### **5.2. Lack of awareness on environmental health issues caused by poor housing.**

There are a number of predisposing factors to environmental health risks, as the Deputy Director of Public Health pointed out that they range from poor ventilation, overcrowding in terms of numbers, dust, indoor pollution (source of fuel for cooking and heating) bad state of toilets and poor domestic waste management systems. This assumption therefore, seeks to determine whether the residents have been afforded opportunities to learn about these factors and if not, the reasons behind it.

The Housing Department confirmed employing only one Community level worker due to lack of funds. The Worker interacts with women in church congregations to discuss various issues such as, home craft and environmental sanitation. The Councillors are environmental management heads for the council and are also supposed to create awareness.

One of the Councillors confirmed that they create awareness through the Ward Development Committees however the negative perception of the public towards them tends to be counter-productive in enhancing awareness.

Section 4 of the EMA Act provides for environmental rights for instance, basic right to clean and healthy environment and advocates the promotion of awareness, access to information, education and equitable and effective participation of the people affected. The Act seeks to reduce the negative effects of unhealthy environment through minimization, prevention or remedial action.

Despite the above requirements, majority of residents indicated that they had never seen the Council conduct awareness on environmental health, except after a cholera outbreak. Further community organisations are difficult to organise as they are perceived as political. In fact women are not effectively involved, despite the well known fact that households remain the biggest producers of waste. One vocal male respondent said:

Write a big NO in Capital. In fact we have never witnessed the Municipal (except when there is an outbreak) or EMA raise awareness on health issues. EMA focuses on gold panners. I have never heard or seen a single NGO or group discussing with us on environmental health issues because the groups are viewed as political and politics is a very touchy issue in Zimbabwe. People therefore fear forming any kinds of groups.

Many residents boycott awareness meetings organized by the Councillor as the meetings tend to focus on rent increment whereas they considered themselves unable to afford such due to poverty. Furthermore they believed the council failed in service delivery and rent increments are therefore unjustified. As a result the majority of the interviewees indicated that they gathered their knowledge on domestic hygiene from their parents or general knowledge.

Some interviewees confirmed that the community has not faced the environmental health challenges posed by overcrowding. The community is used to having the council provide all the services for them.

The failure to involve women in awareness or education programs renders the population vulnerable to diseases.

### **5.3. Financial inability to access basic housing and resources leads to unhealthy domestic environment.**

Poverty remains the most important driver of ill-health. Women health has long been affected by environmental factors such as cooking using wood and charcoal fires in closed or poorly ventilated spaces (Stein J., (1997). Some of the social and economic paths that affect health are lack of access to water, poor housing and lack of access to health services. Discrimination against women magnifies this problem aside from government devotion of funds to secondary health care instead of preventive health. The right to health encompasses some principles such as availability (quantity of health services), accessibility (financially, geographically and culturally), quality (adequate standards) and equally accessible especially for the vulnerable groups (Logie and Rowson:1998)

As proved, many women indicated that they were unemployed and depended on their husbands most of whom toiled in the mines as gold panners. According to a key informant, the average income for most households is USD 100 to 150 with an estimated 25% of the population employed. The incomes are therefore inadequate to facilitate access to better housing.

Table showing rent payable.

Location	Rent and services paid to council per month per room	Rent and services paid by logders
Rimuka SQs	USD 17-21	USD 30 to 40
Rimuka New stands	USD 30-50	
Ingezi GBs	USD 17 -21	USD 30 to 40
Ingezi new stands	USD 40 to 50	

The population in Kadoma depended on the industries for income with the closure of a majority of them, unemployment is rampant. The government's effort to promote growth points in rural areas has proved unattractive as the attitude towards overcrowding, stimulated by the search for employment and settling close to sources of livelihood is yet to be effectively addressed.

The Council in a bid to improve housing has sought the cooperation of private developers, as reported by the Sunday Mail of 7/1/2012:

One of the country's top property developers, Pinnacle Property Holdings, has launched housing schemes in Kariba and Kadoma ..., in a move that will benefit thousands of people as the schemes are targeting even the low earners who, will part with as little as US\$500 to buy a stand...[And] will build houses for the beneficiaries who will then pay monthly instalments ...as little as US\$150 over a 15-year period..., said his company was working closely with the municipalities in the respective towns and cities... the municipalities are urging us to use their housing waiting lists. But then the schemes are proving to be too popular and as a result we are not restricting ourselves to the waiting lists...He said ...there were... 1 160 [stands] in Kadoma ... The Povo Housing Scheme where one pays a deposit of US\$1 500 and a monthly instalment of US\$200 over 15 years is proving to be very popular... municipalities that are not hostile to capital. They don't politicise capital because ... there is a serious shortage of houses in the country and so private players should come in to assist them. In the past, we were just selling stands and some people would have difficulties in building houses, but now we are going a step



further to build comfortable and affordable houses...Beneficiaries will get title deeds to these houses.

The solution to use the private developers is however not effective for the residents more so women cannot afford to access the stands due to lack of independent financial capacity. This forces women to stay with violent partner further increasing public health concerns emanating from domestic violence.

On the creation of opportunities and borrowing from the ECHR in *James and others* case, the court opined that “modern societies consider housing to be a prime social need, the regulation of which cannot entirely be left to the play of market forces.” the government is thus obligated not to let people live in intolerable conditions, because of privatization and hence rent control measures become a ‘legitimate social aim’. By allowing private control and developments, the government must establish that no discrimination exists in law and that the population did not suffer a disadvantage despite the *dejure* equality enjoyed (Eide et al: 2001).

The standards of the SQs have deteriorated hence the occupants are reluctant to pay rent. According to the Kadoma Council Director of Finance (2013), the failure to pay rent to the Council is just rebellion:

Non-payment of rent is not really a poverty issue but politicisation. People have expensive phones, TVs and cars in the area and it is only 17 Dollars a month.

As a result of non payment, there is lack of maintenance of the houses or improvement of the status quo making the residents feel further oppressed and disabling the council in service provision. This normalisation of poverty in the systems of power should however be viewed as structural violence. As Mann J., (1997) stated:

Any group faced with oppression and discrimination develops, in response a group solidarity which is most often-unfortunately-a solidarity of exclusion. This inward thinking, while providing some psychological and practical benefits to the members of the group, yields only short term relief and is ultimately self defeating.

Although some interviewees indicated they use electricity, the majority of the households in Kadoma use firewood to cook and heating the rooms when the weather conditions dictate. For those with no electricity the connection price is too prohibitive to allow access. An interviewee disclosed:

To keep warm during cold weather, we squash many people one bed. We sleep diagonally with the tallest person in the middle. You can see the room for yourself.



Some interviewees disclosed that they use paraffin to cook but still felt that it was neither affordable nor accessible as a source of energy. One interviewee indicated that the fuel attendants tend to hide the paraffin forcing them to purchase from them at a higher price. They are therefore forced to use wood fuel.



Figure 0-1: the

Outside of the SQ in Rimuka where the 'kitchen' is placed



**Figure 0-2: the outside and inside part of a block of rooms in Ingezi turned sooty because of wood fuel.**

According to one of the Interviewees whose house is filled with soot:

The smoke gets into my room even I cook outside. When it is raining I cook on the veranda next to my door which makes me cough a lot and I even suspected I had contracted TB. This forced me to go for a TB test which turned out negative...the house leaks and gets damp. The lice comes from the neighbours house and cause me skin diseases... nowadays I just persevere.

Many interviewees concurred that they experience a lot of coughing in their households especially when cold. Another indicated the house is dusty with poor ventilation she has to sprinkle water before she sweeps. She suffered from chest problems which she attributes to domestic work. Another interviewee indicated that she does not visit the hospital but uses traditional herbs (guava tree leaves) to cure the coughs. While others indicated that they do not visit the hospital because the cost of USD 5 is unaffordable, they would rather let one person visit and the rest use the same prescription to obtain drugs at the local pharmacy. The conditions of the houses are a clear indication of the failure of the Government to adhere to international Principles that require the realisation of highest attainable health standards, leading to unhealthy conditions.

The Deputy Director of Health declared however, that, cultural and religious attitudes detour the quest for treatment. He said:

”It is not because we do not offer affordable health services, the people would rather go and pray under a tree for a whole week rather than seek medical treatment!”

He further indicated that, both men and women suffer equally from diseases. Since the majority of the men have sought employment in the mines, which exposes them to TB. As a result the overcrowded conditions expose the women and children in the homes to the diseases.

However on analysis of the data, it emerged that more women (54.8%) as compared to men (45.2%) suffer diseases.

#### GEOGRAPHICAL DATA SHOWING THE LEVEL OF OVERCROWDEDNESS

LOCATION	NUMBER OF ROOMS			NUMBER OF OCCUPANTS				Undisclosed
	1-2	3-4	5-6	1-2	3-4	5-6	7 or more	
Rimuka SQs	# #### #### # #			ö	öö	öööö	ööö	Ö
New Stands	#	#####	#		ööö		öööö	ö
Ingezi SQs	## ### ##	#	#		ööö	öööö	Ö	öö
Ingezi New Stands	#	#				ö	Ö	
Eiffel flats		#				ö		

UNDISCLOSED\*: Where an interviewee was not questioned on the same.

#### DISEASES SUFFERED BY THE HOUSEHOLDS

LOCATIO N	DIARHOE A AND WATER BORN DISEASES	RESPIRATORY PROBLEMS/ASTH MA FLU	T B	SKIN INFECTION S	MALARI A	UNDISCLOSE D*
Rimuka SQs	§§§§§ §§§	§§§	§	§§	§§§	§§
New stands	§§	§§	§		§§§	
Ingezi SQs	§§§§§ §§	§§§§§		§§	§§§§§	
Ingezi New stands	§	§		§	§	
Eiffel flats		§	§			

Table 3: selected diseases reported in Ingezi and Rimuka wards for the month of October 2012

NO	DISEASE	MALE		FEMALE	
		INGEZI	RIMUKA	INGEZI	RIMUKA
1.	DIARHOEA	6	15	10	17
2.	MALARIA	8	35	5	30
3.	ACUTE RESPIRATORY MILD	17	24	18	34
4.	SKIN INFECTIONS	47	110	50	138
5.	ALL OTHER DISESASES	107	137	117	165
6.	TUBECULOSIS	0	69	0	50
	TOTALS	185 (32.2%)	390 (67.8%)	200 (36.9%)	434 (63.1%)

The table no 3 indicates that Ingezi suffers diseases less as compared to Rimuka which is more populous and where public toilets are more congested as compared to Ingezi where one toilet is used per household.

The findings indicate that the Government has failed in its duty to ensure that it provides residents with affordable housing which in turn would tremendously reduce the overcrowding. The Government has also failed in its obligation to provide right to attainable standard of health

#### **5.4. Exclusion of women in decision making leads to insensitive policies, laws and programs**

This assumption seeks to determine the gender sensitivity of the policies and programs. Article 13 of the SADC Protocol provides for equal participation of women and men in decision making through strategies such as capacity building, support structures and gender mainstreaming.

There are a total of 5 departments within the Kadoma Municipality. Two of the five departments of Finance and Housing are headed by women. The Director of Housing is also the gender focal person. The Urban Council has 5 women out of the 17 elected Councillors.

According to the residents, women are not included in decision making save for those who do menial jobs such as cleaning toilets. Further even where they voice their concerns, the Council does not take them into account. According to them, it is Donors who listen to their problems and bring solutions based on issues that they themselves raised.

It also emerged that the Councillors act as intermediaries between the Council and the residents. Women are underrepresented in decision making bodies due to diverse factors. For instance according to an environmental health assistant:

Decision making issues only takes men views into account. I hardly see women taking part but mostly men. I believe it is because the management is male dominated. May be women are discriminated.

Furthermore, women are not exposed to decision making structures. The laws in themselves do not advocate for gender equality nor do they encourage women to participate in decision making bodies. The District Administrator said:

Most women do not participate in decision making as a result of culture (norms and traditions) because they feel weak as compared to men, but there is some improvement.  
[he was quick to add]

In seeking a comparative view of the women Councillors, two women Councillors from Sanyati Rural interviewed stated that their voices as women are heard. More women attend ward meetings than men and women were the main decision makers at household level especially on health issues. The women in the rural areas are the breadwinners while the men take to drinking of alcohol. A contrary view was however expressed by the male counterpart who was frankly stated:

Women head some departments but on participation in other issues it is not easy, as men are better than women...or privileged. Culture prevents women from participating in decision making... Women also do not choose other women into big positions. For example where I come from, I had women competitors vying but they never elected them yet women made the bulk of the voters. Lately though there is a caucus for women to ensure and encourage more women take part in decision making.

On further probing the lack of women's participation one Urban Councillor indicated:

Women do not take part in decision making, for instance in the development committee there are two women who cannot read or write. They just don't make any

decisions or contribution due to the inadequate education. Majority of women between 35 to 60 years are uneducated. The trends are now changing as the younger generation is more educated. The younger generation however are more concerned with self actualisation and pursuit of personal happiness. Further in Zimbabwe there is a general fear of politics. Culture also impedes women from participation. Parents expect the woman to get married and the husbands refuse to have their women take part in decision making.

Interestingly he further stated that contributions that come from women in projects are issues of baking and flea markets ideas. If women's voices are not heard or are only heard in the lowest cadres, the laws and policies made for those high above will never cater for the poor and vulnerable members of the society even though they will affect women even more adversely.

### **5.5. Emerging themes: an analysis.**

The Local authorities are totally autonomous and self financing making it hard for them to provide housing to the soaring population. This has forced them to involve the private sector in provision of housing. The new stands set aside by the Kadoma County Council are therefore being sold through private companies or developers at USD 500 per stand or more exclusive of developments, which is prohibitive for the ordinary citizen, especially the women. The council is currently not making efforts towards provision of rental houses.

Women were concerned about the effect of overcrowding and the lack of privacy on their marital relations. They were also concerned about the effect of sexual relations on their young children especially the teenagers forcing many of them to sleep away at night. There are therefore negative effects in terms of breakdown of moral fibre, but due to time constraints this was not delved into.

It also emerged that as a result of overcrowding there have been abortions and baby dumping which are prevalent in the SQs. These usually arise as a result of unwanted pregnancies especially for the young girls who cannot face the wrath of parents and the lack of support from their unborn child's father, forcing them to resort to backstreet abortions. Some interviewees disclosed that "babies are aborted or killed and dumped into the toilets. This causes the toilets to block". This was quite shocking reality but due to time the issue could not be pursued.

Poverty is major setback in accessing adequate healthcare. I thus observed that the overcrowding is fuelled by the failure to family plan. Judging by the number of children that could be housed in one room, it was clear that women are failing to utilise modern contraceptives. This issue however was not delved into.

## **5.6. Conclusion**

Lack of participation of women in decision making continues in Kadoma despite international laws requiring otherwise. There are no proper strategies in place to enhance women participation for their empowerment. Community organisations should provide a starting point to ensure the improvement of women lives.



## **CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS.**

### **6.1. CONCLUSION**

Overcrowding and poverty are not conditions that people chose to live with, but only point out to the desire to have a better standard of living close to their source of income. The situation forces people to innovate, by cutting down on costs in the hard economic hardships which exist despite effort to alleviate the situation. To this end people overcrowd causing exposure to public health issues.

The lack of a multi-sectoral approach in dealing with the housing and overcrowded conditions makes the laws ineffective as the laws mostly focus on response to the effects rather than the causation. There is therefore need for international as well as domestic private sector cooperation to address the problem fully.

### **6.2. RECOMMENDATIONS**

1. The state should focus on reviving the industries or seek to impart knowledge on how to run informal industries such as brick building, which will support women and empower them economically and socially.
2. There is need to promote a supportive environment for women, children and vulnerable groups through collaboration with the community to address the underlying prejudices and inequalities through community dialogue.
3. Assisted self-help in housing remains a great way for enabling the poor to build houses for themselves. Therefore even the poorest of the poor will be able to contribute to their own housing through mobilization of talent and energy to facilitate satisfaction through utility and *sweat equity* (Nabutola W. (2004). To this end organised self-help community groups become the starting point towards ensuring collective human and economic resources.
4. The state and local authority should aim at changing the attitudes through awareness, trainings and media programs towards enhancing knowledge on environmental health issues.

5. The Council should regularly educate the public about the health and housing concerns which will motivate them to participate in decisions that affect their environment. The decisions that come from the people are likely to be effective in the long term interest of the community. The general public can easily exert pressure on each other and the responsible bodies in ensuring the improvement of the housing environment.
6. The Municipal should in seeking to provide effective mechanisms to curb overcrowding, continue in its effort to provide affordable housing to the poor population. To this end the municipal should enter into long term agreements with the private sector to develop the housing sector. Reasonable rent should then be collected through a private debt collector and in turn paid to the developer or bank.
7. There is need for review of legal and regulatory frameworks, adjusting the principles and commitments to ensure that the equal rights of women and men are clearly specified and enforced;

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