Structural adjustment: source of structural adversity. Socio-economic stress, health and child nutritional status in Zimbabwe
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Citation for published version (APA):
Propositions/Stellingen

from the thesis entitled / behorende bij het proefschrift

Structural Adjustment: Source of Structural Adversity – Socio-economic Stress, Health and Child Nutritional Status in Zimbabwe

Leon Bijlmakers, July 2\textsuperscript{nd}, 2003

1. Zimbabwe’s economic decline during the 1990s is a joint responsibility of both domestic and international policy makers (this thesis).

2. The World Bank slogan “Growth is good for the poor” should be qualified as supercilious in the case of Zimbabwe: not only was structural adjustment anti-poor, the country never achieved any growth in the first place (this thesis).

3. Although ‘Equity in Health’ was a commendable national health policy guideline in Zimbabwe, it has been interpreted and implemented inappropriately, without paying sufficient attention to quality of services (this thesis).

4. While a large part of the rural population in Zimbabwe used to fall back on their relatives residing in urban centres during difficult times, the situation has reversed: large groups of urban residents now rely on rural connections and many of those without a rural base are at risk of falling into destitution (this thesis).

5. Households in Zimbabwe, as in many other developing countries, are a fluid entity: they are complex social structures, characterised by a continuous flux of members and at times shifting residence; yet, they form the cornerstone of social capital within a greater network of solidarity among relatives and friends (this thesis).

6. Simply making a distinction between male-headed and female-headed households in poverty analyses bears testimony to gender insensitivity, as there may be significant differences in, for instance, income or child nutritional status between \textit{de jure} and \textit{de facto} female-headed households (this thesis).
7. Since school-age children in Zimbabwe seem to be especially vulnerable to nutritional wasting, specific interventions are required to protect this age category against undernutrition and possible impaired learning. 

8. When interpreting and comparing the results of cross-sectional anthropometric surveys it is necessary to take into account possible differences in the age composition of the samples.

9. There is an urgent need to redesign health systems in Africa, and especially staff training programmes, in view of the fact that AIDS is fast killing health workers.

10. Reconciliation of the individual’s right to freedom of movement and protection of domestic labour forces is one of the great challenges in international development cooperation.

11. Whereas discrimination on racial or ethnic grounds is widely considered a criminal offence, discrimination and lack of respect on economic grounds appears to be an internationally accepted phenomenon. Let us remember that “… not until the creation and maintenance of decent conditions of life for all people are recognised and accepted as a common obligation of all people and all countries, not until then shall we, with a certain degree of justification, be able to speak of mankind as civilised” (Albert Einstein, 1945).

12. Mind the gap: notwithstanding all its merits, globalization tends to marginalize large groups in society, exacerbate poverty and even fuel sympathy for terrorist action against the more powerful; the gap may thus become a trap.

13. De huidige tendens onder gezondheidsbeleidsmakers en -voorlichters om burgers aan te spreken op hun eigen verantwoordelijkheid is te ver doorgeslagen en gaat voorbij aan de noodzaak onze collectieve weержaarheid te versterken en waar nodig krachtig op te treden tegen de verstrekking van eenzijdige productinformatie door de voedings- en genotmiddelenindustrie.

14. Zoals gele kaarten en schorsingen in de voetballederij worden ingezet als instrumenten om spelverruwing in te dammen, zo zou een speciale tuchtcommissie moeten worden ingesteld om soortgelijke maatregelen te nemen tegen grofheden die worden vertoond op de televisie.

15. Onzin laat zich het best verdedigen met het argument “dat is goed voor de economie”.