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Education and internalized racism in socio-political context: Zimbabwe and Swaziland

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1. Introduction

The practice used by majority groups of negatively stereotyping minority groups whom they wish to malign and devalue, has a long history which is documented in social science literature (Allport, 1954). From early history, this type of negative stereotyping has been consistently aimed at blacks: “As early as A.D. 160, the Roman physician Galen (129 – 199?) described African men as possessing oversized sexual organs and inferior intelligence” (Washington, 2006, p. 33), throughout their existence in the United States (Billingsley, 1992), and in other parts of the world (see Van den Berghe, 1965). These stereotypes can be synthesized into the notions that blacks are mentally defective (intellectually, morally, emotionally), and physically gifted (athletically, sexually, artistically) (Taylor & Grundy, 1996).

Such stereotypes at times can become so pervasive and so widely accepted by societies in which blacks and other minority groups are embedded, that these minority groups actually believe or internalize the racist stereotypes leveled at them (Taylor et al., 1991; Dressler, 1987). Internalized racism (hereinafter referred to as INR), is shown to be associated with many negative outcomes among blacks in areas such as mental health (Franklin, 1986; Taylor & Jackson, 1991; Harrell, 2000), social well being (Taylor & Zhang, 1990), self esteem (Hughes & Demo, 1989), social networks and job performance (Link, 1987; Link et al., 1989), and physical health (Browman, 1996; Tull et al., 1999; Butler et al., 2002). Moreover, the victims of racism face a stressor which “shapes not only individuals' way of living but also their life perspective” (Feagin & Sikes, 1994, pp. 14-15), and with which they must find ways of coping (Pearlin & Schooler, 1978). This paper will however confine itself

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to an examination of the effect of education on INR in two socio-political contexts in southern Africa – Zimbabwe and Swaziland. Firstly we identify the social and political contexts in which perspectives about racism are embedded in both societies, and we secondly examine (1) the differences between levels of INR, and (2) the association of education with INR in samples gathered in these societies.

2. Literature review

INR as it is conceptualized in this paper has received little attention in a general sense, and much less as a phenomenon on the African continent. In some studies it has been referred to as racial identity, and discussed with reference to minority groups and African Americans in the U.S. One notable exception is the work of Ojo-Ade (2001) who discussed racism in Brazil. He identifies widespread INR in this society which some may describe as an “antiracist” state, and argues that it is “basically a convoluted construct of escapism, driven by the face to face facts and the hypocrisy of a racist society (2001, p. 187). We focus on Zimbabwe and Swaziland however within the constraints of Taylor & Grundy's (1996) conceptualization of INR.

2.1 Zimbabwe – apartheid and revolution

The occupation of Rhodesia, known as Zimbabwe since its independence in 1980, began in the mid 19th century. Through a mixture of deception, collusion, and violence, European settlers were able to change their status from guests to overlords (Austin, 1975). Thus began a history of injustices against the poorly-armed Ndebele people of Matabeleland, and the Shona people of Mashonaland, by European settlers. The economic and cultural subjugation which accompanied military conquests was perhaps motivated by the nineteenth-century European feeling of racial superiority (Austin, 1975).

Throughout most of the 20th century a systematic parade of repressive laws and customs combined to subjugate the African population in a social experiment known as apartheid, mirroring the system practiced in neighboring South Africa, and patterned after the Jim Crow system of segregation practiced in the United States (Brutus, 2006). By 1961 Rhodesia was a country characterized by racial discrimination and the most authoritarian laws directed primarily against African aspirations (Austin, 1975). The major institutions of the land, including education, labor, health, housing, land tenure, and even marriage, were controlled to reflect an inequality that indicated to Africans that they were an inferior type of human being as compared to fellow white Rhodesians. African inferiority was deliberately fostered through the perpetuation of white superiority and supremacy, enforced by the white government. White oppression of the African produced a depressed condition among Africans which in turn was used to justify continued white oppression (Austin, 1975).

This picture however, began to change in the 1970s through a combination of African military resistance and international pressure. By 1973 successful guerrilla attacks had begun to shake the foundations of settler rule. Rhodesia experienced in the 1970s a total onslaught including international political and economic sanctions, and full-scale domestic insurgency (Weitzer, 1990). By the end of the decade, the war's growing costs led the government to search for a political solution that culminated in the transfer of power to a popularly elected black regime in 1980. The ensuing exodus of white residents illustrates the thoroughness with which black rule replaced white domination. So complete was the exodus that by 2002, between 25,000 and 30,000 whites remained in Zimbabwe, down from just over 250,000 in 1970, most of them originally from Britain, remained in the country (Sparrow, 2002).

2.2 Swaziland – no history of large-scale racial domination

The Kingdom of Swaziland is one of Africa's smallest nations (approximately 6,704 sq. miles), and has 1.1 million people. It is completely landlocked, sandwiched between the much larger states of Mozambique and South Africa. Swaziland is the only pre-colonial monarchy in sub-Saharan Africa to have survived into the modern era (Ramsey, 1997). This form of government was maintained despite the encroachment of Zulus and South African whites on Swazi territory early in its history. Swaziland requested and was granted the status of a British protectorate since 1903, until it gained full political independence in 1968. Because of this political status the Swazi people were able to resist Afrikaner demands for incorporation into South Africa, although, according to oral historical accounts, there were pockets of de facto segregation in terms of Afrikaner and British attempts to establish race-based residential sanctuaries. These attempts did not however give way to large-scale de jure segregation in the fashion of Swaziland's apartheid neighbors, because there was no government system that supported them. Swaziland's relations with South Africa were shaped by the kingdom's complete dependence on its powerful neighbor for its economic and political well-being. Presently Swaziland receives about nine-tenths of its imports and sends nearly three-quarters of its exports to South Africa (CIA Factbook, 2006).

In keeping with Kinloch's argument that countries without a history of colonialism or conquest have a lower level of racial conflict than those with such a history (1979), Swaziland is extremely racially stable. There are no racial or tribal tensions in the Kingdom today because there are very small numbers of other peoples who do not claim their origins as Swazi. The small number of white residents of Swaziland consists mostly of economically self-sufficient business types who do not compete for jobs with the local population, but occupy leadership positions in the local capital-intensive industries (Ramsey, 1997).

2.3 The influence of macro-social structures

The work of Emile Durkheim (1964/1897) illustrates that macro-social structures influence individual behavior. His research revealed that religious structures of countries influenced the suicide rates of those countries. Thus, macro factors, including political structures can influence the psychological states of individuals. This idea is also echoed by Bronfenbrenner (1989) who argues that the macro structures of the larger society actually influence human development not only psychologically but physically. It is reasonable therefore to conclude that the type of socio-political structures in Zimbabwe and Swaziland would strongly determine the extent to which blacks in these societies accept, believe, and internalize the stereotypes aimed at them by the wider white society. We feel that a history of apartheid, as is the case with Zimbabwe, would strongly promote INR, and that to the contrary, a socio-political context of self-government and the absence of white political domination would be protective against high levels of this psychological state.

Apartheid as it existed in Zimbabwe before its independence, was in fact a paternalistic caste system which characterized members of the subordinate group as childlike and helpless (Van den Berghe, 1958; 1978; Hamilton, 1998). In this system the roles and statuses that belong to each race are known and understood by all in both the majority and the minority groups (Farley, 2005). This is an apt description of INR. Moreover, in both countries there is a high level of poverty. In Zimbabwe, overall poverty afflicts sixty-one percent of the population, and extreme poverty forty-five percent (UNDP, 2000). Swaziland is not much different; with sixty-nine percent of the population living below the poverty line (UNDP, 2006).

We argue that these phenomena, either singly or in combination have the ability to promote learned helplessness. Seligman identifies learned helplessness as occurring when a person believes or has learned that he cannot control those elements of his life that relieve suffering, bring gratification, or provide nurture – in short, he believes that he is helpless (1975, p. 93). It is reasonable to suspect that in the presence of learned helplessness, blacks in these countries are more likely to believe the stereotypes surrounding their supposed inferiority, when they observe that whites in the same society are not subject to the unfortunate conditions which they suffer. For this reason we think it would be instructive to investigate the extent to which a sense of helplessness accompanies INR.

Education can be viewed as either a macro or a micro factor. It operates in a micro fashion when it is the personal characteristic or an individual or small group of individuals. Our concern however is the way education operates at the national level and impacts the perspectives and psychological state of people on a large scale. The association of education with prejudice has been established for some time: people with higher levels of education score lower on most measures of prejudice (Allport, 1954). This finding has also been supported in recent research (D'Alessio & Stolzenberg, 1991; Johnson, 1992; Gibson & Dutch, 1992).

What has been less researched is the way education impacts victims of prejudice in their acceptance of stereotypes. Williams & Chung in their investigation of internalized racism have found education to strongly influence racial attitudes, more specifically the endorsement of negative stereotypes about themselves by blacks (2002). Thus education can be considered a buffering force against INR.

3. Method

3.1 Hypotheses

In light of the historic socio-political conditions in these two countries, and the likely influence of education on internalization of racist stereotypes, hypotheses for this research were as follows.

H₁: Levels of INR would be higher in Zimbabwe than in Swaziland.

H₂: Educational level would be significantly related to INR in Zimbabwe and in Swaziland.

To investigate hypothesis 1, we utilized a t test of the difference between means. For hypothesis 2 we use ANOVA and t test procedures thus assuming that variables exist independent of each other.

3.2 Data and procedure

Data for the current study were collected during the months of May through August in the countries of Zimbabwe in 2003 and Swaziland in 2006. The research instrument focused on correlates of type 2 diabetes in people of the black Diaspora. The present study utilized available demographic and psycho-social variables from this larger study paying specific attention to INR. The Zimbabwe sample consisted of 319 individuals age 18 and older who resided in suburbs of the city of Bulawayo in the province of Matabeleland, Zimbabwe. To obtain the study sample, four of 13 suburbs including Mzilikazi, Nkulumane, Nketa, and Ntumbane were randomly chosen for inclusion in the study. Within each suburb, several subdivisions were randomly selected and each household within a subdivision was approached for participation. In Swaziland a total of 308 persons age 18 and older were recruited from consecutive visits to two rural health centers located in rural areas (Dvulowako and Sitobela) and two health centers (Good Shephard Hospital and Health

Center, and Piggs Peak Health Center) that serve urban areas. At these healthcare sites both patients and visitors were invited to participate in the study. The participation rates were 90% for the Zimbabwe sample. Participants in Zimbabwe signed consent forms approved by the biomedical institutional review board (IRB) of the Medical Research Council of Zimbabwe, while those in Swaziland signified their intent to take part in the study by moving to a section of the waiting areas where study participants were being interviewed. This method of consent was approved by the IRB of the University of Swaziland. Both IRBs are approved by the United States National Institutes of Health.

3.3 Variables

Internalized racism (dependent variable)—Internalized racism (dependent variable): measured using the Nadanolitization Scale (NAD) (Taylor & Grundy, 1996; Tull, 2006). The NAD is a 24 item scale measuring the extent to which blacks have internalized racist concepts that blacks are “physically gifted” and “mentally defective”. Higher scores indicate a greater internalization of these stereotypes. Cronbach's alpha for the current sample was .80.

Sense of helplessness—Sense of helplessness: a Likert scale measuring the extent to which respondents agreed to the statement: “I have no control over my life.” Responses were 1=not in the least agree to 5= entirely agree. Thus higher scores indicate higher levels of helplessness.

Educational level—Educational level: measured in a culture-specific manner according to the stages recognized by these societies; 1=university, 2=A level, 3=O level, 4=Form 2, 5=Grade 7, 6=Less than grade 7, and 7=No school. This variable was recoded for analysis into two categories: secondary and less, and above secondary.

Two other demographic variables used as predictors were *age* and *gender*.

4. Results

Table 1 shows important characteristics of the study sample divided according to the countries involved in this report.

The sub-samples are distributed similarly in terms of gender between these two societies. The proportion of females captured in the study reflects the fact that males were often out of the home during the daytime, when student researchers were engaged in the study. However, the educational distribution shows that the Zimbabwe sample is more highly educated than the Swaziland sample, with a considerably higher proportion (58.0% vs. only 22.1%) possessing a secondary school education. The Swaziland sample had a larger proportion of persons in the middle age and mature adult categories (53.1%), as compared to Zimbabwe, where 32.5% of the sample was in these categories. The Swaziland sample was also more likely to agree that they had no control over their lives; our measure of helplessness.

In investigating hypothesis 1 we compare the mean levels of INR in these two societies. Table 2 shows this analysis.

Comparison of the means of INR in these two societies shows that Swaziland respondents have as high a level of INR as their Zimbabwean counterparts. We therefore reject the hypothesis that Zimbabwe would have a higher level of INR than Swaziland.

Table 3 shows the analysis involving the association of education and other variables with INR.

There are no gender differences in INR in these two societies. Education, our variable of main interest, is strongly, significantly related to INR in both countries. Persons with lower levels of education (below high school) show a significantly higher level of INR than their counterparts who possess a high school education or higher.

Age is also related to INR in Zimbabwe ($p < .01$), and in Swaziland ($p < .05$). An examination of the distribution of the means among the age groups shows that in Zimbabwe there is a larger disparity of the levels of INR between younger and older persons ($p < .01$). Adolescents show a mean INR score of 50.6, but mature adults show a mean of 61.5. In Swaziland the significance is not as strong, but nevertheless statistically significant ($p < .05$). The mean INR score among adolescents is 50.5, and among mature adults it is 55.1. A sense of helplessness, measured by the level of agreement to the statement: "I have no control over my life", is significantly related to INR in Zimbabwe ($p < .05$), but only marginally significant in Swaziland ($p = .07$). In Swaziland the marginally significant relationship is consistently monotonic.

5. Discussion

The finding that INR is no lower among Swaziland respondents than it is among those from Zimbabwe is indeed contrary to expectations. It seemed logical to expect that in a country like Swaziland, where white racial domination was never a formalized feature of the socio-political landscape; the residents would be less likely to believe racial stereotypes that undergirded the customs and laws in their apartheid neighbor, Zimbabwe. But this was not the case. Thus the question presents itself: Why is the level of INR among Swaziland respondents no lower than their Zimbabwe counterparts? A closer examination of the social situation in Swaziland shows that there are forces that promote internalization of stereotypes which portray blacks as inferior.

Firstly, the socioeconomic status of the small number of whites in that society presents a glaring contrast to the lived experience of the ordinary Swazi citizen. The whites that Swazi citizens see, all enjoy the best schools (there are private schools which are out of the economic reach of the ordinary Swazi), better homes, better transportation, and better healthcare. Weekend tourism traffic from South Africa, consisting of mostly South African whites, is one of the main sources of national revenue. Facilities provided for these tourists are also far beyond the financial reach of the local inhabitants. Although white privilege is not maintained through an established institutional mechanism of racial superiority, whites in that society certainly constitute an upper class. The fact that white privilege is not held in place by de jure structures does not determine the way it is perceived by the local population. The reality is, whites are never poor; blacks are seldom economically well off.

Secondly, cross-border occupation is a prominent feature of the Swazi cultural and economic landscape. Many Swazi residents have worked across the border in South African mines and small industries during the period of apartheid and many do at present. These cross border workers were part of the disadvantaged and disrespected sector of the South African society during apartheid, and are still exposed to the low economic and social status of blacks in that country today, as is the case in their own.

Thirdly, the entertainment media has begun to inundate Swaziland with TV programming of South African and American origin. These media are not careful to portray blacks in very economically, educationally, or professionally positive roles. These features of the socio-political landscape send strong messages. It is likely that the message sent to the Swazi people is that most things good and positive are associated with white people. While there is

no accepted benchmark to determine if the levels of INR in these societies are low or high, it is of consequence that there is no difference in these levels across these two societies.

Another way to analyze this issue is to examine the other side of the coin, and ask: Why is the level of INR in Zimbabwe not higher than Swaziland's? They were the ones exposed to apartheid rather than residents of Swaziland. One possible explanation is that Zimbabwe experienced a sudden and radical social change in its recent history, a violent revolution that changed their social landscape from apartheid to a black-owned, black-ruled society. We argue that this social and political revolution may have served to burst the bubble of racial supremacy which the apartheid regime fought so hard to maintain. This large-scale social change may have helped to change blacks' perception of themselves vis-à-vis the whites who remain in the society but are no longer in control of the economic resources of the country, nor occupy the top of the social or professional ladder. This sudden social change may have had a reducing effect on their levels of INR.

It is not surprising that in Zimbabwe there is a strong relationship between a sense of helplessness and INR. Given their history of apartheid, which could combine with their present level of poverty, their rapidly devalued currency, and the fact that the post-apartheid re-distribution of land did not translate itself into standards of living remotely close to that of whites who formerly owned the land, it is not far-fetched that a sense of helplessness would be associated with a sense of inferiority, which we term INR. Those persons who experience feelings of helplessness also experience high INR. Merely living in a country with an AIDS rate of 25.06% and 45% of the population living in extreme poverty (UNDP, 2000; Ndikumana and Boyce (2003), would tend to promote a sense of helplessness as a prominent feature of the psychological state of the population. We observe that a sense of helplessness is likewise associated with INR in Swaziland, albeit not as strong as in Zimbabwe. One explanation might be the fact that their level of poverty is a constant reminder of their inability to raise their standard of living within remote proximity to the whites in their society. Moreover, the entertainment media helps to convey the notion of Social Darwinism by portraying whites as deserving of their good fortunes by virtue of supposed superior endowments. In the absence of other contrary explanations, it is reasonable for the Swazi people to associate their feelings of helplessness with perceptions of racial inferiority.

The association of age to INR in both societies is easily explained by the fact that in Zimbabwe, the former Rhodesia, it was the older generation who lived through apartheid. We see their higher levels of INR as the cultural legacy of apartheid. The relationship in Swaziland is less clear however. One plausible explanation is that younger persons are more highly educated than older persons (analysis not shown) in this society, and that education serves to help these younger persons to resist the belief of negative stereotypes about themselves.

Education, our independent variable of main interest, has shown a very strong association with INR in both societies. More educated persons were likely to have lower levels of INR. This finding supports that of Williams and Chung (2002) who found that education strongly influenced racial attitudes, more specifically the endorsement of negative stereotypes about themselves by blacks. In the present study education can therefore be described as strongly protective against INR.

There are obviously other factors which might influence the level of INR in any society. These might include the economic factor, alluded to above as the poverty level of the society, the health status of the society, as measured by infant mortality, life expectancy, and AIDS rate, and the literacy rate, which can also be seen as a measure of the educational level. While it was not within the scope of this paper to study such variables, we feel that

such factors are important enough to be mentioned as potentially prominent as direct covariates of INR.

6. Conclusion

We argue that racism, or the internalization of the negative stereotypes that support it, constitute stressors which demand a high level of coping skills. Living with such stressors has a cumulative negative impact on individuals, their families, and communities (Feagin and Sikes, 1994). Considering the negative consequences of INR on the areas of life mentioned above: mental health, social well-being, self-esteem, social networks and job performance, and physical health, it is a worthwhile challenge for modern societies to try to find methods of intervention and amelioration which can lessen the burden of victims of INR. While the search for direct and sophisticated methods intervention for INR marches on, education, as an indirect method holds out a great deal of hope.

The finding of this research that education has a strong association with INR serves to add to the literature which trumpets the need to upgrade the educational level of communities that have suffered the scourge of racial domination. The countries of Zimbabwe and Swaziland both stand to gain a great deal from an overall improved level of education. Education may significantly help the victims of INR to cope with this negative consequence of exposure to racism in its varied forms.

The present study is not without its limitations. The idea of using data collected on an availability basis presents challenges of bias and lack of representativeness. While we stress the difficulty of collecting data in the study sites used by this research we concede that a more representative sample of the residents of these countries would held greater external validity. We therefore advise caution in applying these findings to the entire populations of these countries. Another limitation is the small number of variables which were available for this study. We acknowledge this as a weakness faced by studies that are derived from larger bodies of data gathered for larger and different investigations. Finally, it would be simplistic to conclude that education may be the magic bullet that would serve to heal the wounds of INR. We therefore advance the suggestion that because the finding of this study is merely an association, there is need for further investigation into the possibility that INR may differ between societies where there is either a history of or present existence of overt as compared to insidious forms of racism. Overt racism would refer to the presence of social structures and institutions that operated on the assumption that minority groups were inherently inferior. Insidious racism would refer to those societies where the overt practice of racism was either outlawed or unpopular, but where the dominant racial groups interacted with subordinate racial groups from a perspective of the presumed inferiority of the subordinate racial groups. Such investigations could prove invaluable in contributing the knowledge needed to help construct intervention activities which might help the affected populations to cope with INR.

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Table 1

Sample Characteristics

Characteristic	Zimbabwe %	Swaziland %
Gender		
Male	30.0	25.8
Female	69.9	74.3
Educational level		
High school and less	42.0	77.9
Above high school	58.0	22.1
Age level		
Adolescent	20.2	6.8
Young adult	47.3	40.1
Middle-age	21.8	25.7
Mature adult	10.7	27.4
Feelings of helplessness		
Low level	77.1	66.2
Moderate level	5.0	4.9
High level	17.9	28.9
Sample size	319	308

Table 2

Comparison of means of internalized racism across countries

Country	N	Mean	SE	t	Sig
Zimbabwe	319	51.7	.81		
Swaziland	308	52.4	.61	0.69	.48

Table 3

Effects of model variables on internalized racism

Variables	Zimbabwe				Swaziland			
	Mean	SD	t	p	Mean	SD	t	p
Gender								
Male	51.3	14.4			52.6	11.7		
Female	51.9	14.5	0.29	.79	52.5	10.4	.03	.97
Education								
Below h/s	55.9	15.5			53.6	10.0		
H/S and above	48.7	12.9	4.40	.000	48.2	12.3	3.30	.001
	Mean	SD	F	p	Mean	SD	F	p
Age								
Adolescent	50.6	12.0			50.5	9.5		
Young adult	49.8	13.4			50.7	10.6		
Middle age	51.6	14.9			52.8	10.4		
Mature adult	61.5	18.0	6.52	.000	55.1	11.5	2.93	.034
Sense of helplessness								
Low	51.1	14.0			51.5	11.1		
Moderate	46.0	13.7			52.3	8.0		
High	55.9	16.1	3.89	.021	54.7	10.0	2.69	.070