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Verslag oor die bywoning van die International Primary Health Care Conference -Towards tomorrow's world - community care November 1983

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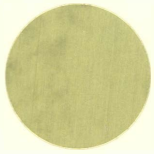

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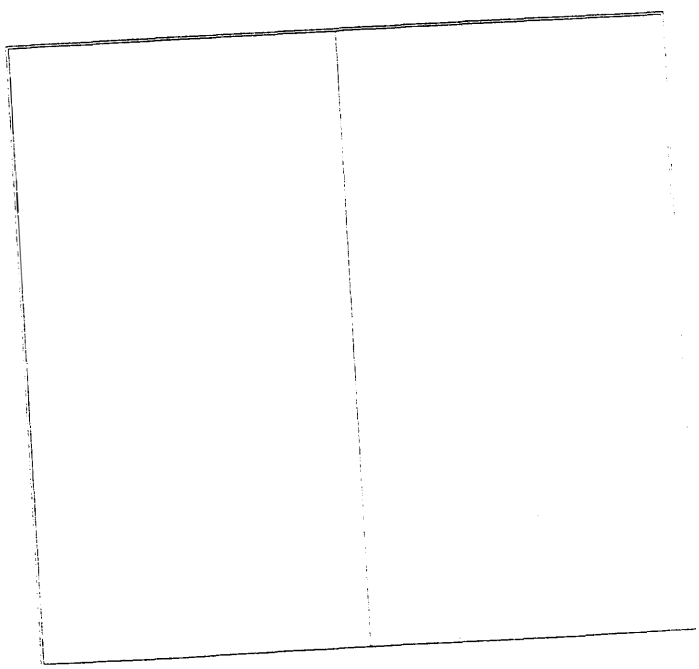

Instituut vir Komm
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Pretoria
Raad vir Geesteswetenskaplike Navorsing
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INHOUDSOPGAWE

1. INLEIDING

Die besoek aan Londen, Engeland, om 'n internasionale konferensie by te woon, is moontlik gemaak deur 'n toekenning uit die G-begroting aangevul deur 'n bedrag wat deur die Instituut vir Kommunikasienavorsing (IKOMM) toegestaan is.

Die doel met die besoek was om die Eerste Internasionale Konferensie vir Primêre Gesondheidsorg by te woon en 'n referaat te lewer. Die konferensie was deur die *Nursing Times*, 'n toonaangewende tydskrif vir verpleegkundiges in Engeland en die Royal College of Nursing (RCN), die registrasieliggaam vir verpleegkundiges in Engeland gesamentlik gereël en van 21 tot 25 November 1983 in Londen gehou.

Meer as 500 konferensiegangers uit meer as 30 lande het byeengekom en met uitsondering van lande agter die ystergordyn was die meeste dele van die wêreld verteenwoordig. Ongeveer 10 konferensiegangers was uit Suid-Afrika en die Nasionale State afkomstig, waarvan drie as sprekers opgetree het.

Die program was so georganiseer dat die voormiddae uit volle sessies bestaan het en die namiddae in verskeie belangesessies (sien bylae A) verdeel was. Afdrukke van referate was nie beskikbaar nie, maar referate wat tydens volle sessies gelewer is, sal mettertyd in die *Nursing Times* verskyn.

Sessies was in groot mate op primêre verpleegkundige sorg gerig en het onder andere die volgende terreine gedek: belangrike aangeleenthede ten opsigte van pasiëntsorg; spesialiteitsrigtings soos distriksverpleging; die werk van gesondheidsbesoekers (health visitors) en industriële verpleegkundiges, en primêre gesondheidsorg in Europa, Amerika en die ontwikkelende lande.

'n Groot en omvattende uitstalling is deur meer as 90 firmas in die uitstallingarea van die Kensington Exhibition Centre waar die konferensie plaasgevind het, aangebied. Sodoende het verskaffers van produkte en groepe mense wat op verskillende wyses met gemeenskaps-

gesondheid gemoeid is ook die geleentheid gekry om inligting uit te ruil.

Vervolgens 'n kort bespreking van die uitgangspunt van die konferensie, naamlik die Alma Ata-deklarasie. Daar sal ook na enkele referate verwys word wat aansluiting vind by die navorsingsprogram oor gesondheidsvoorligting van die Afdeling Ontwikkelingsnavorsing van IKOMM.

2. MIKPUNTE VAN DIE ALMA ATA-DEKLARASIE

Die spil waarom die konferensie gedraai het, was die ambisieuse Alma Ata-deklarasie wat gesondheid vir almal teen die jaar 2000 beoog. Die deklarasie is in 1978 deur lidlande van die Wêreldgesondheidsorganisasie (WGO) onderteken. Die deklarasie dui op die noodsaaklikheid daarvan dat alle regerings, asook gesondheids- en ontwikkelingswerkers, en alle gemeenskappe hulle daarvoor moet beywer om alle mense se gesondheid te beskerm en te bevorder. Vyf jaar het reeds verloop sedert hierdie deklarasie onderteken is sonder dat veel vooruitgang gemaak is om die mikpunt te bereik. In die woorde van Sheila Quinn, president van die RCN en eerste visepresident van die International Council of Nurses (ICN): "... the countdown starts from now."

Doelwitte van die Alma Ata-deklarasie is deur verskeie sprekers aangehaal en bespreek.

1. Gesondheid, wat volgens die WGO-definisie algehele fisieke, geestelike en sosiale welstand behels en nie net die afwesigheid van siekte nie, is 'n fundamentele menslike reg. Die hoogste vlak van gesondheid is die belangrikste wêrelwye sosiale doelwit.

   Dit is herhaaldelik beklemtoon dat die uitvoering van hierdie beginsel nie slegs die verantwoordelikheid van die gesondheidsektor is nie, maar van alle sektore van die samelewing, insluitende die sosiale, ekonomiese en opvoedkundige sektore.

2. Die bestaande ongelykwaardigheid van gesondheidstatus veral tussen ontwikkelde en ontwikkelende lande is polities, ekonomies en sosiaal onaanvaarbaar.

   Dit was opvallend dat deelnemers uit ontwikkelde lande bevrees was dat die mate van wetenskaplik-tegnologiese vooruitgang die gesondheidsdienste se betrokkenheid by die gemeenskap benadeel. Die vraag het ontstaan of doelwitte nie geherdefinieer moet word in meer praktiese terme nie en of daar nie van die ontwikkelende lande geleer kan word nie om in groter mate gebruik te maak van nie-professionele vrywillige gesondheidswerkers. Deelnemers uit die ontwikkelende lande daarenteen, het hul eie vermoëns om die gemeenskap tot diens te wees betwyfel as gevolg van 'n gebrek aan noodsaaklike kennis, vaardighede en toerusting.

   Oplossings vir hierdie probleme is nie onmiddellik voor die handliggend nie en die algemene konsensus was dat almal moet saamstaan en van mekaar moet leer.

3. Deelnemers uit sowel ontwikkelde as ontwikkelende lande was dit eens dat ekonomiese en sosiale ontwikkeling van kardinale belang is ten einde die beste gesondheid vir elke individu te verseker en die gaping tussen Eerste- en Derde-wêreldlande te verminder. Dit is egter 'n kringloop waarin beter gesondheidstoestande ook 'n groot rol speel in die volgehoue sosiale ontwikkeling wat tot beter lewenskwaliteit lei.

   'n Afgevaardigde uit Ethiopië het genoem dat dit dikwels in onderontwikkelde gebiede gebeur dat die gemeenskap nuwe en soms onvanpaste vaardighede deur buitestaanders geleer word, terwyl hulle reeds oor genoegsame vaardighede beskik, byvoorbeeld wat betref landboutegnieke, maar 'n tekort het aan 'n voldoende ekonomiese en sosiale infrastruktuur.

4. Die fundamentele reg en verpligting van elke individu om deel te neem aan die gesamentlike beplanning en implementering van

gesondheidsorg is deurgaans benadruk. 'n Beroep is gedoen dat die gemeenskap se potensiaal vir besluitneming en ondersteuning erken en gerespekteer moet word: "We must no longer see ourselves as dispensers of wisdom. The community must be seen as able to make decisions and take responsibility."

5. Regerings het 'n verantwoordelikheid teenoor hul mense wat slegs vervul kan word deur die daarstelling van voldoende sosiale en gesondheidsmaatstawwe.

   Dit is interessant om te let dat ernstige meningsverskille tussen die gesondheidswerkers en die regering aan die lig gekom het tydens die bespreking van die Britse Minister van Gesondheid se toespraak oor die voorsiening van gesondheidsdienste. Dit het weer eens die noodsaaklikheid van samewerking en wedersydse begrip uitgelig.

6. Primêre gesondheidsorg is essensieel gebaseer op praktiese, wetenskaplikgegronde en sosiaal-aanvaarde metodes en tegnologie wat beskikbaar is aan individue binne die gemeenskap en wat deur hul deelname moontlik gemaak is. Dit is 'n integrale deel van 'n land se gesondheidstelsel sowel as van die oorkoepelende sosiale en ekonomiese ontwikkeling van die gemeenskap.

   Dr. D. Flahault van die WGO het op die groot vooruitgang gewys wat China die afgelope paar jaar in hierdie verband gemaak het. Vanweë 'n gebrek aan professionele gesondheidspersoneel is die sogenaamde kaalvoetdokters, of te wel persone met 'n lae onderwyspeil, opgelei om basiese gesondheidsorg binne die gemeenskap te behartig en sodoende 'n algemene gesondheidstandaard, ofskoon laag, daar te stel. Hierdie verwikkeling is egter deur sommige gesondheidswerkers gekritiseer juis omdat dit nooit die hoogste standaard kan bereik nie.

7. Primêre gesondheidsorg word deur die Alma Ata-deklarasie soos volg beskryf:

- Dit reflekteer die ekonomiese, sosiale en kulturele kenmerke van 'n gemeenskap;

- is gerig op die oplossing van gemeenskapsprobleme;

- is gerig op die belangrikste gesondheidsprobleme van 'n gemeenskap;

- impliseer gemeenskapsbetrokkenheid in die beplannings-, operasionalisering- en beheerfases;

- verskaf wedersydse ondersteunende verwysingsisteme;

- betrek alle aspekte en sektore van nasionale en gemeenskapsontwikkeling, en

- betrek selfhulp met volle benutting van beskikbare bronne, sowel as spanwerk en delegering van verantwoordelikheid.

8. Alle regerings behoort nasionale beleid, strategieë en aksieplanne daar te stel ten einde primêre gesondheidsorg as deel van 'n omvattende nasionale gesondheidsisteem te verseker, in stand te hou en met ander sektore te koördineer.

9. Alle lande behoort as vennote saam te werk om primêre sorg te verbeter aangesien die gesondheidstatus van mense in een land noodwendig mense in ander lande raak en beïnvloed.

10. Die effektiewer aanwending van die wêreld se hulpbronne is essensieel vir die bereiking van gesondheid vir almal in die jaar 2000.

Die doel met hierdie konferensie was, soos Charlotte Kratz, voorsitster van die Royal College of Nursing dit gestel het, om ons toe te rus "... to be instrumental in making the vision of the Alma Ata conference a reality."

3. REFERATE WAT BETREKKING HET OP ONTWIKKELINGSKOMMUNIKASIE

3.1 THE CARING COMMUNITY - Dr. Beverley Flynn, Indiana, VSA

Volgens dr. Flynn behels 'n "caring community" die volgende: 'n helpende verhouding en die oplossing van gemeenskapsprobleme wat lei tot ontwikkeling en selfaktualisering sowel as 'n siening van gesondheid as 'n breë sosiale aangeleentheid. Hiervan moet primêre gesondheidsorg die kern uitmaak.

Die VSA is in 'n gesondheidskrisis gewikkel, onder meer as gevolg van stygende koste, verskuiwing van die las van koste na die verbruiker en 'n gebrek aan primêre gesondheidsorg.

Dr. Flynn het benadruk dat in die Amerikaanse staat, Indiana, primêre gesondheidsorg besig is om weg van die hospitale na die gemeenskap te beweeg. Die gemeenskap word deur gesondheids- en ontwikkelingswerkers gehelp om hul eie gesondheidsprobleme te identifiseer, byvoorbeeld die behoeftes van kinders, siek en gesonde bejaardes, ens., en om probleme op te los. Uitdagings vir primêre gesondheidsorg sluit onder andere in die kwessies van werkloosheid, 'n tekort aan behuising, misbruik van alkohol en verdowingsmiddels en die bedreiging wat 'n atoomoorlog inhou.

'n Nuwe lewenstyl is besig om in die VSA pos te vat, veral onder die middelklas waar daar 'n definitiewe neiging is vir mense om meer selfversorgend te wees, soos onder andere blyk uit die toename in bewegings teen misdaad, die ontstaan van self-geïnisieerde oefening en verslankingsgroepe, ens. Gesondheidspersoneel behoort hulle steun, kennis en vaardigheid aan die gemeenskap beskikbaar te stel en sodanige projekte aan te moedig.

3.2 ASPECTS OF COMMUNITY CARE IN NORWAY - Hanna Bild

Ook in Skandinawië kom die beweging van primêre sorg vanaf die hospitaal na die gemeenskap voor. Bild, asook afgevaardigdes uit Denemarke en Swede, het laat blyk dat in hulle lande tans klem ge-

lê word op die konsep van primêre gesondheid eerder as op die siek pasiënt in die bed, sodat die konsep reeds vroeg deel uitmaak van die filosofie van gesondheidspersoneel. Die verhouding tussen gesondheid, lewenstyl en omgewing word beklemtoon. Gesondheidsbevordering word beskou as die taak van 'n span waarin verskeie beroepsgroepe deel het. Verpleegkundiges word metodes van versameling van gegewens ten opsigte van gesondheidsprobleme geleer. Die doel hiermee is om saam met die gemeenskap spesifieke probleemareas bloot te lê en die gemeenskap te lei om self oplossings voor te stel en besluite te neem.

3.3 BAGONG SILANGAN NURSING CLINIC: AN APPROACH TO PRIMARY HEALTH CARE IN AN URBAN-RURAL PHILLIPINE COUNTRY - Dr. Dolores Recio

Dr. Recio het 'n projek beskryf waarmee sy reeds vyf jaar lank besig is. In die onderontwikkelde area waar sy werk, is geen medici beskikbaar nie en die jaarlikse per capita inkomste is sowat R700. Die algemene onderwyspeil is baie laag en die verwagte lewensduur slegs 63 jaar.

Teen hierdie agtergrond word verpleegkundiges opgelei om gemeenskapsdiagnoses te maak, dit wil sê ten opsigte van sowel gesondheids- as sosio-ekonomiese probleme. Op hulle beurt verskaf hulle dan leierskapsonderrig aan lede van die gemeenskap. Vrywilliges met ongeveer ses jaar skoolopleiding kom hiervoor in aanmerking. Vroue word hoofsaaklik betrek by gesondheidsaangeleenthede en mans by gemeenskapsake.

'n Interessante aspek van primêre sorg in hierdie area is dat verpleegkundiges en vrywilliges opgelei word in die gebruik van plaaslike kruie by die behandeling van siektes. "Acupressure" word ook deur hierdie werkers toegepas.

3.4 HEALTH WORKERS IN ZAMBIA - Cathy Osborne

Osborne het die toestand beskryf wat ontstaan het na die daling in die koperprys in Zambië toe mense gesterf het aan voorkombare

siektes soos masels, pneumonie, gastro-enteritis en wanvoeding. Ook hier was die beskikbare personeel onvoldoende en is vrywillige werkers opgelei om voorligting en behandeling te onderneem onder die toesig van die gesondheidspersoneel. Die status verbonde aan die gemeenskapswerk was blykbaar genoeg vergoeding sodat geen besoldiging verwag is nie.

'n Gesondheidsblaadjie is in die lewe geroep om alle vlakke van die samelewing te bereik. Berigte ten opsigte van die oorsake, voorkoming en behandeling van siekte word byvoorbeeld soms deur ingeligte leke geskryf sodat dit in 'n bekende terminologie en verwysingsraamwerk aangebied word.

3.5 OUR MOST VALUABLE INVESTMENT - Daphne Learmont, Toronto, Kanada

Learmont het gekonsentreer op die gesondheid en versorging van die kind. Sy het daarop gewys dat selfhelpgroepe, gewoonlik bestaande uit ouers van kinders met gebreke of chroniese siektes, dikwels organisasies stig wat daarop gemik is om mekaar te help en die lewenskwaliteit van die kinders te verbeter.

Mense moet aangemoedig word om self die verantwoordelikheid vir hul gesondheid te aanvaar, maar daar moet nie uit die oog verloor word nie dat selfhelpgroepe gretig is vir kontak met gesondheidswerkers en 'n behoefte het aan hul samewerking en ondersteuning.

3.6 PRIMARY PREVENTION - THE IMPOSSIBLE DREAM - Dorothy Craig, Toronto

Lewenstyl is die kardinale faktor wat morbiditeit en mortaliteit bepaal. Daar bestaan 'n behoefte aan strategieë om die publiek te help om sinvolle keuses ten opsigte van lewenstyl te maak.

In die beplanning van gesondheidsbevordering is dit nodig om die hele spektrum te analiseer en individuele komponente waar intervensie nodig is, te identifiseer. Craig stel voor dat die geïdentifiseerde komponente 'n harmonieuse geheel moet vorm wat as uit-

eindelike doelwit moet dien. Sy identifiseer die volgende 12 aspekte:

1. 'n gebalanseerde dieet
2. gewigsbeheer
3. matige gebruik van voedsel wat ryk is aan suiker, sout en vet
4. gereelde oefening (drie keer per week)
5. beoefening van 'n stokperdjie en ander ontspanning
6. 'n begrip van liggaamsfunksionering
7. die ontwikkeling van "coping"- en aanpassingsvaardighede
8. die behoud van 'n balans tussen werk, rus en ontspanning
9. aktiewe soeke na nuwe ervarings
10. die ontwikkeling van 'n lewensfilosofie
11. gebruikmaking van gesonde voorkomende maatreëls
12. vestiging van sinvolle verhoudings met ander.

Craig meen voorts dat enigeen wat gemoeid is met gesondheidsbevordering 'n plig het om beleidmaking te beïnvloed ten einde sosio-ekonomiese situasies te verbeter en die individu te help om self besluite te neem ter bereiking van hierdie harmonie.

3.7 A PHILOSOPHICAL APPROACH TO HEALTH CONCEPTS - Jennifer Morrison, Sheffield

Morrison wys daarop dat gesondheid gewoonlik gedefinieer word met verwysing na siekte. Sy stel voor dat daar hoofsaaklik twee filosofiese uitgangspunte is, naamlik:

1. Essensialistiese definisies waarvan die WGO se definisie (par. 2) die bekendste is. Hierdie positivistiese definisie impliseer dat fisieke, geestelike en sosiale gesondheid onafskeidbaar is. Dit maak van gesondheid 'n ideale toestand wat onmoontlik is om te bereik.

2. 'n Relativistiese siening waarin gesondheid eerder gesien moet word teen die sosio-kulturele agtergrond van 'n betrokke gemeenskap. Morrison vind hierdie siening meer aanvaarbaar. Dit sou dus nodig en moontlik wees om bereikbare standaarde vir

verskillende gemeenskappe daar te stel.

3.8 CLIENT PARTICIPATION IN PRIMARY HEALTH CARE, BREASTFEEDING COUNSELLING - Alison Spiro, Middlesex

Bevordering van borsvoeding is een van die belangrikste aspekte van primêre gesondheidsorg. Hoewel die teoretiese voordele van borsvoeding goed bekend is aan gesondheidswerkers, het die praktiese vaardighede gekwyn met die opgang van bottelvoeding. Die Breastfeeding Promotion Group van die National Childbirth Trust (N.C.T.), bestaande uit moeders wat ander moeders help, het teen hierdie agtergrond ontstaan.

Die groep lei voorligters op met die enigste vereiste dat 'n aspirant-voorligter onlangs self 'n baba borsgevoed het. Voorligters moet onder andere 'n omvattende literatuurlys bestudeer en seminare bywoon. Hulle word geëvalueer ten opsigte van hul vermoë om te luister en empatie te toon. Voor kwalifisering word 'n finale evaluering gedoen en studiedae, seminare en groepbesprekings word daarna voortgesit. Die groep bestaan tans uit 500 lede.

Die groep se ondersteuning is daarop gebaseer dat:

- borsvoedingsvaardighede die beste geleer kan word uit die voorbeeld van ander;
- die invloed van moeders op mekaar baie sterk is;
- voorligters beskikbaar is om alle moeders te help;
- voorligters moeders voor en na die bevalling ontmoet;
- streng vertroulikheid gehandhaaf word;
- 'n nie-rigtinggewende benadering gevolg word en die moeder tot haar eie gevolgtrekkings kan kom, en

. die voorligter praktiese advies kan gee wat sover moontlik ooreenkom met die betrokke gesondheidswerker se raad.

Die trust verskaf ook nageboortelike byeenkomste waar groepies moeders mekaar tuis ondersteuning kan bied.

Volgens Spiro is die Breastfeeding Promotion Group 'n goeie voorbeeld van ware primêre gesondheidsorg deur die gemeenskap soos in die Alma Ata-deklarasie beskryf word.

3.9 CORONARY RISK-FACTOR STUDY IN THREE SOUTH AFRICAN RURAL AREAS - M. Steyn, RGN (bylae B)

'n Omvattende navorsingsprojek met betrekking tot die bekamping van koronêre hartsiekte wat deur IKOMM in samewerking met die MNR en die Departement van Gesondheid in drie Suidwes-Kaaplandse gemeenskappe onderneem word, was die onderwerp van hierdie referaat. Daar is veral aandag gegee aan die doel met die projek, die ontwikkeling van 'n voorligtingsprogram, intervensie deur middel van massamedia- en interpersoonlike kommunikasie, gemeenskapsbetrokkenheid asook die eksperimentele toepassing en evaluering van die program.

Groot belangstelling is getoon en die massamediamateriaal (brosjures en pamflette) wat vir die program ontwerp is, die beïnvloedingstrategieë wat gebruik is en die mate waarin die gemeenskappe aan die program deelgeneem het, het veral byval gevind.

4. DIE UITSTALLING

Wat die uitstalling betref, het veral een tentoonstelling opgeval. Die Flora Project for Heart Disease Prevention wat deur die Floramaatskappy geloods is, stel onder andere 'n resepteboek wat gemik is op die verlaging van bloedcholesterol, asook brosjures en pamflette, en ses plakkate (bylae C) wat op die voorkoming van hartsiekte gemik is, aan individue en instansies beskikbaar.

5. KONTAK MET "HEALTH EDUCATION COUNCIL"

Tydens die konferensie is kontak gemaak met 'n groot aantal konferensiegangers waaronder Jane Randell, Assistent Direkteur van opleiding van die Britse "Health Education Council" wat onder andere die *Health Education Journal* publiseer. Hierdie tydskrif plaas artikels wat gemik is op die bevordering van gesondheidsorg en verbetering van gesondheidsvoorligting. Mej. Randell het versoek dat die referaat oor die koronêre risikofaktorstudie asook moontlike verdere bevindings van die studie in hierdie tydskrif bekend gestel word. Die referaat is sedertdien aanvaar vir publikasie.

6. AANBEVELINGS

Aspekte van besondere relevansie vir gesondheidskommunikasie, veral ten opsigte van navorsing en ontwikkeling van gesondheidsprogramme, sluit die volgende in:

1. In die lig van gesondheid as breë sosiale aangeleentheid behoort aandag geskenk te word aan die effek wat verskillende samelewingsektore soos die landbou of ekonomie op gemeenskapsgesondheidsorg het, asook die bydrae wat sodanige sektore tot die bevordering van gesondheidsorg kan maak. Omdat lewenstyl en omgewingsfaktore nou saamhang met gesondheid is dit nie net nodig om die spesifieke gesondheidsprobleme van 'n gemeenskap te ondersoek nie, maar ook breër sosio-ekonomiese probleemareas wat gesondheid benadeel, byvoorbeeld woningsnood en werkloosheid, onder die loep te neem.

   Op grond van die multidimensionele aard van ontwikkelingsprogramme moet die identifisering en beskrywing van vraagstukke in samehangende verband geskied.

2. Die rol wat beroepsektore wat nie regstreeks met gesondheidsorg gemoeid is nie byvoorbeeld onderwys, die nywerheid of mynwese in gemeenskapsgesondheidsorg speel en bydraes wat hulle moont-

lik kan maak, moet ondersoek word.

3. Die ideaal van gesondheid vir almal in die jaar 2000 kan slegs verwesenlik word indien effektiewe gesondheids- en voorligtingsdienste beskikbaar is en deur almal bereik kan word. Hier kan veral aandag gegee word aan faktore wat die benutting en uitbreiding van bestaande dienste beïnvloed, byvoorbeeld geografiese ligging van die dienste, vervoer, demografiese omstandighede, statusveranderlikes en sosiaal-psigologiese veranderlikes byvoorbeeld bewustheid en kennis van die dienste, vertroue in die gesondheidswerkers, en besluitnemingsprosesse.

4. Die wyses waardeur die publiek gehelp kan word om sinvolle keuses ten opsigte van lewenstyl te maak, kan meer aandag geniet. In hierdie opsig is die daarstelling van 'n effektiewe kommunikasiestruktuur van deurslaggewende belang. Aandag moet gegee word aan die beskikbaarheid en toeganklikheid van die media; blootstelling van teikengroepe aan die media; die benutting van die media deur teikengroepe; die effektiwiteit van die media vir die oordra van 'n boodskap; interkulturele kommunikasiepatrone met besondere verwysing na die rol van tradisionele media in Swart gemeenskappe asook die interpretering van die boodskap deur die verskillende kultuurgroepe.

5. Gemeenskapsbetrokkenheid word deurgaans gesien as 'n essensiële aspek van gesondheidsorg. Die ontwikkeling van metodes om individuele potensiaal te bepaal en informele leiers te identifiseer, is vir elke gesondheidsvoorligtingsprogram van wesenlike belang. Strategieë om die individu te betrek by sowel die bepaling van gemeenskapsprobleme en -behoeftes as die beplanning en implementering van gesondheidsorgprogramme lê nog oop vir ontwikkeling. Benutting van vrywilliges in primêre gesondheidsorgprogramme, veral ten opsigte van voorligting deur interpersoonlike kontak en bydraes in die massamedia, verdien ook aandag.

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6. Aansluitend hierby kan aandag geskenk word aan die sogenaamde selfhelpgroepe: meganismes van totstandkoming, instandhouding, sosiale struktuur, kommunikasiepatrone en inskakeling by ander gesondheidsorgstrukture.

7. SLOT

Dit het tydens die konferensie duidelik geblyk dat die oënskynlik onmoontlike ideaal van gesondheid vir almal in die jaar 2000 soos deur die Alma Ata-deklarasie voorgestel is, gesondheidswerkers tot groot hoogtes aanspoor. Probleme, welslae en vooruitsigte is openbaar gemaak en kennis en ervaring is gedeel.

Die deurlopende tema van die konferensie was die mobilisering van die menslike potensiaal van die hele gemeenskap ter bevordering van gemeenskapsgesondheid. In baie instansies blyk dit nog ver van die werklikheid te wees. Verskeie deelnemers het gevoel dat daar steeds te veel nadruk op "sorg vir die gemeenskap" in plaas van "sorg deur die gemeenskap" geplaas word.

Voorts het geblyk dat sowel ontwikkelde as ontwikkelende lande probleme ondervind om primêre gesondheidsorg binne almal se bereik te bring. Die "gesondheid vir almal"-beweging is op 'n kritieke stadium. Implementering, sukses of mislukking sal in elke samelewing verskil afhangende van ekonomiese, sosiale en ander faktore. Die mikpunt is waarskynlik nie heeltemal onbereikbaar nie mits alle sektore van die samelewing asook verskillende lande saamwerk.

PROGRAMME

MONDAY 21ST NOVEMBER

Afternoon:	Registration at Kensington Exhibition Centre, Kensington, London
Evening:	
7.00	Reception to welcome delegates organised by the hosts, Nursing Times and the Royal College of Nursing.

TUESDAY 22ND NOVEMBER

THEME: HEALTH PROMOTION AND ILLNESS PREVENTION

9.15	Official Opening by *Sheila Quinn*, President of the Rcn and first Vice-President of the ICN.
9.30–9.45	**Chairman** *Anne Poole*, Chief Nursing Officer, Department of Health and Social Security.
9.45–10.30	**The Caring Community** *Dr Beverley Flynn*, RN PhD, Professor and Chairperson, Community Health Nursing, Indiana, USA
10.30–11.15	COFFEE & OFFICIAL OPENING OF THE EXHIBITION
11.15–11.45	**Caring for the Carers** *Margaret Damant*, Senior Tutor, Leicester
12.00–12.30	**The role of the nurse in the prevention and management of stress** *Rosette Poletti,* Director, Le Bon Secours School of Nursing, Geneva
	LUNCH
1.45–2.30	**SURGERIES**: These are informal get togethers which have been organised to allow participants to continue discussion with morning speakers in an easy atmosphere.
2.30–5.00	**INTEREST SESSIONS**

WEDNESDAY 23RD NOVEMBER

THEME: CARING IN CRISIS AND REHABILITATION

9.15–9.30	**Chairman** *Trevor Clay*, General Secretary, Rcn
9.30–10.15	**Families in pre-crisis** *Rachael Barzilay*, RN, BA, Tel Aviv, Israel
10.15–11.00	**COFFEE**
11.00–11.30	**The Violent Society: violence in the family** *Jean Orr*, Lecturer in nursing, University of Manchester
11.30–12.30	**Rehabilitation or Tertiary Prevention** Putting the view for prevention, *June Clark,* Reading Putting the view for rehabilitation: *Gerry Reid,* Glasgow
	LUNCH
1.45–2.30	**SURGERIES**
2.30–5.00	**INTEREST SESSIONS**

PROGRAMME

THURSDAY 24TH NOVEMBER

THEME: MAINTENANCE CARE

9.15–9.30	Chairman *Sheila Jack*, Principal Lecturer in Community Health Studies, Polytechnic of the South Bank, London
9.30–10.15	**The Nurse Practitioner: an assessment** *Phyllis Jones*, BScN, MSc, University of Toronto, Canada
10.15–11.00	COFFEE
11.00–11.45	**Our most Valuable Investment** *Daphne Learmont*, NO, Department of Health and Social Security
11.45–12.30	**Sexual Aspects of Maintenance Care** *Christine Webb*, BA, MSc, SRN, RNT, University of Manchester
	LUNCH
1.45–2.00	SURGERIES
2.30–5.00	INTEREST SESSIONS

FRIDAY 25TH NOVEMBER

THEME: TERMINAL AND DISENGAGEMENT CARE

9.15–9.30	*Dr Charlotte Kratz*, Chairman, Rcn Society of Primary Health Care Nursing
9.30–10.15	**Terminal Care of Children at Home** *Norma E Bryan*, Royal District Nursing Service, Australia
10.15–11.00	COFFEE
11.00–11.45	**The Concept of Loss** *Geraldine Swain*, BD, SRN, HV Tutor, RNT, DNS, West Roding Health Authority
11.45–12.30	*Kenneth Clarke,* QC, MP, Minister of Health
	LUNCH
1.45–2.00	Chairman *Sheila Quinn*, President of the Rcn and first Vice-President of the ICN
2.00–2.45	**Community Care – the ICN view** *Rebecca Bergman*, RN, EdD, University of Tel Aviv, Israel
2.45–3.30	**Community Care – the WHO View** *Dr Daniel Flahault,* Chief Medical Officer for Health Team Development, Geneva
4.00	Close of Conference.

INTEREST SESSIONS

TUESDAY 22ND NOVEMBER 2.30 pm – 5.00 pm

AREA 1

DISTRICT NURSING –
Chairman: *Barbara Robottom,* Professional Officer, District Nurse Education and Training, ENB

Programme for the Elderly at Risk: a screening, referral and monitoring programme for the elderly is described and evaluated.
Gayle Biette MScN, Associate Professor, University of Toronto.

The Nursing Audit in Community Health: through the use of nursing audit it is possible to provide a measure of the quality of the nursing care provided by an agency and to demonstrate accountability to the consumer, the funding body and allied health professionals.
Dorothy Craig MScN, Associate Professor, University of Toronto.

Identification of Nursing Care Problems of Hospice Patients: a descriptive study designed to collect data from hospice nurses about high priority nursing needs of terminally ill people to improve their quality of life.
Barbara Petrosino EdD, RN, College of Nursing and Allied Health, University of Texas at El Paso.

Do general practitioners and district nurses know what drugs their patients are taking?: the paper analyses how far there is agreement between general practitioners, district nurses and patients over prescribed medications for a group of elderly patients receiving domiciliary nursing care and examines the effects of distributing a medication guide.
Fiona Ross BSc, SRN, NDN Cert, Lecturer in Community Nursing, Chelsea College, London University.

A Decade of Progress: a comparison of community nurses' perceptions of general practice attachment in 1969 with those in 1981.
Lynn McClure, Winnipeg, Manitoba, Canada.

AREA 2

HEALTH VISITING –
Chairman: *Heather Williams,* Prof. Officer Health Visiting, UKCC

Babies' Sleeping Patterns: Parental Opinions and low sleeping infants: answers of 35 mothers interviewed when their babies were four weeks, three months and six months old, suggest that a group of babies had consistently less sleep than others.
Catherine Booth SRN, OND, HV Cert, Dip. in Nursing (Lond.) Research Associate at the University of Manchester.

Coping Strategies Used by Mothers of Pre School Children: coping strategies which mothers find effective in reducing the emotional stress of caring for pre-school children are identified.
Joan Brailey, Assistant Professor at the University of Toronto.

The Paediatric Primary Care Nurse in Southern Africa as Trained at Red Cross War Memorial Children's Hospital, Cape Town: medical maldistribution and a range of health problems in the Republic of South Africa provide a challenge to paediatric nurses. The paper describes the training of an advanced paediatric clinical nurse in primary care.
Daphne Hoogenhout, Senior Matron, Clinical, Red Cross War Memorial Children's Hospital.

The Specialist Health Visitor – An Audiometric Health Visitor and her work: description of a service in an area well known for middle ear catarrhal deafness exclusively concerned with the screening and diagnosis of the deaf child.
Jean Smallwood, SRN, HV Cert, Audiometric Health Visitor, Service for Hearing Impaired Children.

Infant Feeding Patterns and Dental Health: although dental decay is largely preventable, it still presents a considerable health problem for preschool children.
Sonia Williams, MDSc, DDPH, BDS, Lecturer in Child Dental Health, School of Dentistry, Leeds.

AREA 3

COMMUNITY PSYCHIATRIC NURSING –
Chairman: *Alexander King,* Chairman, Rcn Community Psychiatric Nurses Forum

The hospital based CPN working in psychogeriatric service, the development of the role, patterns of liaison and cooperation with Primary Health Care Workers and the educative role the CPN plays in the care of residents in aged persons homes: the elderly mentally ill in South Manchester are cared for by two teams of nurses, social workers and doctors with much help from neighbours, relatives and home helps. Co-operation is enhanced through teaching care assistants.
Dudley Ainsworth, SRN, RMN, Charge Nurse, Department of Psychiatry, Withington Hospital, Manchester.

Manhattanville: Psychiatric Nursing Services in New York City: an inner city area with inadequate and deteriorating facilities is trying, through the use of master's degree students, to give adequate mental health services at health centres.
Patricia M Hurley, PhD, RN, Director, Home-Community Based Psychiatric Nursing Programme, New York City.

Mental Health Component of Primary Health Care Nursing: this paper will present and discuss characteristics of primary health care nursing and the related competencies that are needed to implement its mental health component.
Dixie Koldjeski, PhD, RN, FAAN, Professor, Graduate Studies, Community Mental Health Nursing, East Carolina University.

An Experience in Crisis Intervention: this paper describes a student nurse's clinical experience in crisis intervention.
Ruth Davidhizar, School of Nursing, Memorial Hospital, Indiana, USA.

Deliberate Self-Harm – A Life Style:
Doreen Huddart, Lecturer in Nursing Studies, Sheffield City Polytechnic.

INTEREST SESSIONS

AREA 4

COMMUNITY MIDWIFERY

Chairman: *Mrs B B Maclennan,* DNO, Glasgow Royal Maternity Hospital

Who Stops Smoking in Pregnancy?: a study which investigated who told pregnant women about the effects of smoking and suggests alternative strategies for giving health education advice.
Patricia Black, SRN, SCM, RCNT, MSc, Research Associate at the University of Manchester.

For Future Generations: Maintenance of Reproductive Health Among Sexually Active Adolescent Females: contraceptives may cause undesired infertility. Alternatives which may promote in the young feelings of self-responsibility and active participation in control of sexual behaviour will be discussed.
Audrey L Brown, RN, EdD, Cert Nurse Midwife, Florida.

Traditional Birth Attendants: Clients Analytic Study: a study to examine the socio-biological features of persons using traditional birth attendants and why they choose these rather than hospitals.
Dr Fawsia Moh'd A Halim & Professor Hamid Rushwan, Faculty of Medicine, Khartoum, Sudan.

The Midwives' Role in Watching Foetal Growth: a method is described which uses clinical means to alert attendants to the possibility of preterm labour.
Dr Johanna Goldbach, Medical Officer and Paediatrician, Bamalete Hospital, Ramotswa, Botswana.

WEDNESDAY 23RD NOVEMBER

AREA 1

DEVELOPING COUNTRIES –

Chairman: *Winifred Logan,* Head of Department of Health and Nursing Studies, Glasgow College of Technology

A Perspective View on Primary Health Care: success of health care depends to a large extent upon the socio-economic and cultural progress of the people. Expenditure and health has to be seen not as consumption but as a long-term investment.
Dr A Chandy, PNS, MEd, EdD, Principal at the College of Nursing, Medical College Campus, Kanpu, India.*

Primary Health Care: Focus on the Child and Mother through Integrated Child Development Services in India: a truly integrated child development programme should start from the people themselves rather than impose a predetermined package of services.*
Santa Raye, MA, RN, RM, Post Basic BSc (Nursing), M Phil, Social Medicine and Community Health, Lady Health Visitor Training School, Orissa, India.

Bagong Silangan Nursing Clinic: An Approach to Primary Health Care in an Urban-Rural Philippine Country: a project for a doctorless area which provided a community with knowledg and skills on running clinic activities, insights into income generating projects and the ability to identify their own needs.
Dolores M Recio, RN, PhD, Professor and Dean at the College of Nursing, University of the Philippines, Manila.

Primary Health Care?: the need for primary health care programmes for refugee communities is discussed.
Stephanie Simmonds, SRN, Research Fellow and Honorary Lecturer Co-ordinator, Refugee Health Group.

AREA 2

SCHOOL NURSING –

Chairman: *Helen Hamilton,* NO, Department of Health, Belfast

Epilepsy: a new educational package from the National Society for Epilepsy seeks to support the school nurse in recognising and managing children with epilepsy.
Andrew G Craig, Adviser in Health Education, Chalfont Centre for Epilepsy, Bucks.

Prevention is better, and cheaper, than cure: an account of children with high blood pressure, who never had their blood pressure taken.
June McElnea, MBE, RSCN, SRN, Ward Sister at Great Ormond Street Hospital for Children.

Visual Screening of Handicapped Children in Special Schools in Leeds: this paper describes patterns of co-operation between an orthoptist, a school nurse and a medical consultant.
Jean Voller, Head Orthoptist at St James's University Hospital, Leeds.

Diagnosis of Boredom, Confusion, and Adaptation in Sixth and Seventh Grades: an instrument to measure boredom, confusion and adaptation in students developed from Friedman's rational behaviour theory shows that confused students tend to perform less well.
Sandi Frick, Assistant Professor, University of South Carolina.

The School Nurse Working with Disabled Children: Description of an education programme for school nurses.
Ann Smith, RNMS, Director, School Nurse Achievement Programme, University of Colorado Health Sciences Centre.

* Referate nie gelewer nie.

INTEREST SESSIONS

AREA 3

EUROPE –
Chairman: *Jennifer Morrison,* Department of Health Studies, Sheffield City Polytechnic

The Community Nurse's Role in the Aftercare of Mastectomy Patients: nurses' willingness to take part in monitoring mastectomy patients, their ability to interview and assess patients, and attitudes of nurse managers and general practitioners will be described.
Ann Faulkner, MA, M Litt, SRN, RCNT, Dip Ed, Lecturer in Nursing, University of Manchester.

A Philosophical Approach to Health Concepts
Jennifer Morrison, Department of Health Studies, Sheffield City Polytechnic.

Client Participation in Primary Health Care Breastfeeding Counselling: in 1967 the National Childbirth Trust set up breastfeeding promotion groups, which trained mothers as counsellors.
Alison Spiro, SRN, HV Cert. Breastfeeding Counsellor for the National Childbirth Trust.

Aspects of Community Care in Norway: this paper examines the results of increasing the community content of the general nursing curriculum in Norway.
Hanna Bild, Teacher and Project Leader in General Nursing School, Norway.

AREA 4

THE AMERICAS –
Chairman: *Elizabeth Donegan,* NO, Welsh Office

Family Health Nursing: An Approach for Maximizing Family Health: family health nursing focuses on maximising the health of the family unit and its members by identifying and utilising the family's potential for health. It is practised in the home and in institutional settings.
Madelyn Oglesby, PhD, RN, Associate Professor and Director, Graduate Programme at the College of Nursing, Clemon University.

Promoting Healthful Ageing in Underground Coalminers: this paper proposes a model for promoting healthful ageing in the workplace which goes beyond the traditional medical model.
Carol M Patton, MSN, RN, doctoral student, University of Pittsburg, Pennsylvania.

Asthmatic Children: the results of an investigation of asthmatic children's perceptions of the behaviour of their families.
Nancy Lovejoy, Assistant Professor, School of Nursing, University of California.

Breast Cancer: an investigation of the effectiveness of a 5-year teaching programme on breast self-examination.
Ruth Craddock, Assistant Professor of Nursing, University of Louisville, Kentucky, USA.

THURSDAY 24TH NOVEMBER

AREA 1

HEALTH EDUCATION –
Chairman: *Jane Randell,* Assistant Director (Training), Health Education Council

Primary Prevention – The Impossible Dream?: in health promotion there is a need to analyse the whole spectrum and identify individual components with which nursing can successfully intervene.
Dorothy Craig, MScN, Associate Professor at the School of Nursing, University of Toronto.

The Effect of a Structured Teaching Programme on Knowledge and Compliance of Hypertensive Patients: a study based in a teaching hospital population in Khartoum.
Dr Fawzia Moh'd A Halim & Professor Siddig Ahmed Ismail of the Faculty of Medicine, Khartoum, Sudan.*

Bridging A Long Gap: this paper aims to identify the role of occupational health services in the provision of community care, particularly in the preparation of the ageing worker for retirement and old age.
Elizabeth Hughes, SRN, OHNC, Dip N (Lond.), Senior Clinical Nursing Officer, Occupational Health Staff Health Centre at Addenbrookes Hospital, Cambridge.

Coronary Risk Factor in Three South African Rural Areas: a multiphase guidance programme based on a pilot study carried out in 1979. Each phase is being evaluated on completion.
Mariana Steyn, RGN, RM, Dip Paediatric Nursing Science, Dip Clinical Care, BA (Hons), Senior Researcher at the Institute for Communications Research, Human Sciences Research Council, Pretoria, South Africa.

Why the International Year of Disabled People? a study of three voluntary groups formed in the International Year of Disabled People.
Judy Linney, Addlestone Health Centre, Surrey.

* Referaat nie gelewer nie.

INTEREST SESSIONS

AREA 2

MANAGEMENT –
Chairman: *Mary Fisher,* ADNO, Central Middx Hospital

Community Health Nursing Evaluative Research – A Canadian Perspective: the focus of this paper will be the manner in which community health nursing in Canada has developed nursing standards and various methods used to measure them.
Mona Callin RN, MEd, Associate Professor at the McMaster University School of Nursing, Hamilton, Ontario.
Kathleen Scherer RN, MHSC Nursing Consultant, Manitoba Association of Registered Nurses

Management of Health Care Services in the Community: a case for a separate identifiable nurse management structure which differs from the institutional care structure, concentrating particularly on the co-ordination of services to the patient/client.
Anthony Carr, Chief Nursing Officer, Newcastle Health Authority.

The Role of Community Health Nurses in Health Promotion and Disease Prevention: the results of a project to develop a method for determining health personnel, particularly nurses needed for preventive work.
Eugene Levine, PhD, former head of a research and statistics programme of the Division of Nursing at the United States Public Health Service.

Community Participation: What does it mean for Primary Health Care Nursing? an examination of what is meant by participation and of its political consequences for nurses.
Jean Orr, MSc, BA, SRN, HV, Cert Ed, Lecturer in Nursing at the University of Manchester.

AREA 3

RESEARCH –
Chairman: *Jennifer Hunt,* Director of Nursing, Royal Marsden Hospital, Chairman-Rcn Research Society

Maternal and Child Health Care for an Asian Population: this paper investigates the involvement of a number of health visitors with Asian families in their caseloads. It looks at the incidence of breast feeding and other nutritional aspects.
Joan Davies, BA, SRN, RSCN, HV Tutor Cert, SCM, RNT, Health Visitor, Nottingham.

The Reported Coping Strategies of Mothers of Toddlers to Stress Related Incidents Involving Toddlers: a report of a study which identified different ways in which mothers say they cope with injury or illness in their young children.
Myra Ellen Rourke, RN, BN, MEd, MN, Consultant, Public Health Nursing, Department of Health, Winnipeg, Canada.

A Research Method for Health Visiting Practice: the research objective was to explore how health visitors modify health visiting practice to individual clients. Audio-recording proved an acceptable method of data collection.
Una Warner, SRN, HV, MSc, Nursing Officer, Research at the Community Medicine and Nursing Research Unit, Paddington and North Kensington Health Authority.

The First Two Years of Life – A Healthy Experience?: a research project which compares health experiences of inner city, affluent suburban and suburban mothers and babies and tries to explain them.
Alison While, BSc, MSc, SRN, HV Cert, Lecturer at the Department of Nursing Studies, London University.

Mothers describing Post-Natal Depression: information on post-natal emotional disturbance collected from mothers, midwives, GPs and health visitors over an 18 month period.
Deborah Hennessy, HV, Gosport, Hants.

AREA 4

EDUCATION –
Chairman: *Val Chapman,* Department of Nursing Studies, Polytechnic of the South Bank, London

The Environmental Health Education Officer and Community Care: This paper looks at a new initiative by the Health Education Council – in-service pilot courses in communication skill training for environmental health officers.
Marlene M Laubi, BA (Hons), Evaluation Associate, & *Will Bridge,* BSc (Hons), PhD, Project Director at the Health Education Council, Evaluation Project, Brighton Polytechnic.

The Primary Health Care Approach. Implications for theoretical formulations and practical consideration for nursing education. A Case for the Republic of Botswana: the role of the nurse in the provision of health care in Botswana will be examined against the concept of primary health care. Theoretical formulations will serve as building blocks for a curriculum.
Vuyelwa N Ngcongco, Ms Nursing, RN, Principal Nurse Tutor at the National Health Institute, Gaborone, Botswana.

The Expansion of the Nurse's Role in the Primary Health Care field in dealing with psycho-sexual problems by means of the Balint method of seminar training: a description of a course run in one school of midwifery and some problems encountered.
Jane Selby, SRN, FETC, Clinical Teacher in Family Planning at the School of Midwifery, Lewisham Hospital.

Education for Community Nursing: a new approach to community nurse education in the light of current social and demographic trends, with emphasis on a common core curriculum for nurses in non-institutional settings.
Patricia Turton, MMedSc, BSc, SRN, NDN Cert, Lecturer in Nursing at the University of Manchester.

Recruitment for the Future: the time spent by student nurses in community experience can help them to function better on their return to hospital.
Pauline Hill, Islip Manor Clinic, Northolt, Middx.

BYLAE B

Coronary Risk Factor study in three South African Rural Areas

M. Steyn, R.N, R.M., R. Paed. N., B.A. (Hons), Chief Researcher,
Institute for Communication Research, Human Sciences Research Council
J.P. Kotzé, D.Sc., D.R. rer. nat., Deputy Director: Section Nutrition —
Department of Health and Welfare.
J.E. Rossouw, F.C.P. (S.A.), M.D., Director: National Research Institute for
Nutritional Diseases — South African Medical Research Council

Paper read at the International
Primary Health Care Conference:
Towards Tomorrow's World -
Community Care
London
November 1983

Institute for Communication Research
Director: Dr. P.C.J. Jordaan

1. AIM AND BACKGROUND

Coronary heart disease (CHD) is the major cause of death among Whites in South Africa. The Human Sciences Research Council, the Medical Research Council and the Department of Health and Welfare are presently conducting an extensive research programme among Whites in the south-western Cape with a view to developing a guidance programme aimed at the prevention of CHD. Part of the research programme is aimed at determining those techniques that are the most effective in the transfer of information. The following coronary risk factors were singled out for the investigation: hypertension, hypercholesterolaemia, overweight, smoking, lack of exercise and coronary-prone behaviour.

The discussion of the programme will be based on the following subjects: the development of the guidance programme; the research design; problems concerning health guidance; influencing strategies; guidance phases; evaluation.

2. DEVELOPMENT OF THE GUIDANCE PROGRAMME

Since an analysis of the target group and the environment is absolutely essential in every guidance campaign, an exploratory base-line survey involving more than 7 000 people was conducted in three comparable towns in the area during 1979. By means of questionnaires and diagnostic tests, information was obtained on (a) the knowledge, attitudes and communication patterns of respondents with regard to the risk factors mentioned and (b) their risk factor status.

The results indicated amongst other things shortcomings in the knowledge, attitudes and habits of the respondents. It was also found that a large proportion of the community displayed risk factors:

	Males	Females	Total
	%	%	%
Serum cholesterol ≥ 6,5 mmol/l	30,1	34,5	32,3
Hypertension ≥ 160/95 mmHg	22,1	22,3	22,2
Overweight BMI ≥ 25 in males, ≥ 24 in females	56,6	56,8	56,7
Cigarette smoking > 10/day	33,4	12,9	23,2

This information was used to compile a register of persons at risk, and to design a guidance programme for such persons as well as for the public in general.

3. THE RESEARCH DESIGN

The guidance programme was experimentally tested in three towns: the most intensive guidance occurred in Robertson in the form of a combined mass media and interpersonal programme, in Swellendam only a mass media programme was launched, while Riversdale served as the control area. In the mass media programme which was the same for the two towns, the so-called small media such as posters and brochures were mainly used, whereas the interpersonal guidance programme entailed small group communication and public lectures.

4. PROBLEMS CONCERNING HEALTH GUIDANCE

The aim of the guidance programme was firstly to encourage the community not to acquire habits that promote CHD and also to change such existing habits. Furthermore an attempt was made to reinforce healthy habits that had already taken root. There are, however, many problems that handicap such a community programme.

When for instance the mass media are employed, people are inclined to selective exposure, in other words, they only read information that corresponds with their own attitudes and interests. Other trends are selective perception, in other words the meaning of a message is misinterpreted in such a way that it corresponds with current attitudes, and also selective retention or the inclination to remember things according to one's personal predispositions.

People's views are also influenced by what others, who are well-in=formed, have to say on a matter. The problem here is that opinion leaders do not necessarily play a positive role, but can do much harm to a programme if they have a negative attitude towards it.

Socio-economic and cultural differences within a community also im=pede the task of the guidance officer. People from all levels of a community have to be reached, even those who have only attained a low educational level, who hold traditional views and who consider all innovation with suspicion. If the message and therefore the mechanism of change are not adapted to the reference framework of the community, they can be rejected by a high percentage of persons.

Furthermore convictions and attitudes that promote good health may be completely absent or not considered significant. On the other hand, poor health habits are often the result of convictions and attitudes that are deep-set, fraught with emotion and unyielding. Certain ha=bits such as smoking, a diet that is rich in cholesterol, and insuf=ficient physical activity may for example be the result of years of learning and reinforcement.

Apart from this, society often approves production, use and promotion of products that are detrimental to the health, for example cigarettes.

The task of the health counsellor is also made more difficult by the media. In this case we are not only concerned with the harmful model=ling effect of the media, for example the hero who smokes or the re=presentation of coronary-prone behaviour, but also with contradictory statements and reports that are made from time to time.

The main problem seems to be to motivate people to adopt a healthy life-style at a stage when they do not display any of the risk fac=tors or when they think that they are in good health in spite of the presence of risk factors. Many people feel safe when they reveal no symptoms of disease and they consequently show little interest in or ignore health matters. Furthermore they often consider the cost in

terms of the discomfort or additional expense implied by prevention as too high. The reward for behaviour that prevents illness or promotes health is often either doubted, not clearly visible or can only be achieved in the long-term, with the result that people hesitate to make any change in their daily routine.

5. INFLUENCING STRATEGIES

To counter these problems a number of strategies were employed of which the following were the most important:

An attempt was made to obtain the co-operation of the experimental communities before the start of the programme and medical doctors, paramedical staff of hospitals and clinics, pharmacists, school principals and other local leaders pledged their support. Dyadic and small group discussions were conducted with members of the community in order to obtain better interaction, become better acquainted with the target group, make adjustments to the message and to eliminate selective exposure. Arrangements were made with local suppliers to keep specially suggested products in stock. Organizations were also approached for the donation of bill-boards. In both towns special clinics were established where the inhabitants could have their blood pressures taken free of charge and where those suffering from high blood pressure could be referred to a doctor for medical treatment.

The message was scientifically-based throughout. In addition the emphasis was not only on a basic knowledge, but particularly on the implementation of the innovation. During interpersonal communication sessions, the innovation was demonstrated, when necessary.

In order to prevent monotony and retain the interest, the message was not only alternated but attempts were constantly made to add something "new". The dangers that the risk factors held for health were explicitly stated whereas the benefits of the proposed action were also accentuated.

An attempt was made to demand not too high a standard, but to make the

proposed action as feasible as possible. The messages were formulated in such a way that they related to the reference framework of the community. In the case of printed messages colour, typography, illustrations, etc. were used to capture the interest.

Because the credibility of the guidance officer depended on skill and reliability, well-known and trusted people were in all cases used as guidance officers at public lectures.

6. PHASES OF THE PROGRAMME

The guidance programme was presented in three phases - an awareness phase, an information and persuasion phase and the consolidation phase.

6.1 *The awareness phase*

During the six-month long awareness phase it was attempted to make the community aware of the incidence of CHD and the role of risk factors in causing CHD.

6.1.1 Mass media guidance in Robertson and Swellendam

As far as guidance by means of the mass media was concerned, a number of measures were taken:

The emblem that was specially designed for the programme was publicized in the local newspapers and used on all guidance material to draw a distinction between this and all the many other messages continuously aimed at the public.

In order to promote personal involvement, letters addressed by hand containing information on the proposed guidance and signed by leading doctors were mailed to the heads of households. Furthermore each respondent who took part in the baseline survey received the results of his/her risk factor status in the form of a letter and those with risk factors were advised to consult their doctors.

The media were used in different combinations so as to complement one another. However since the whole survey area was covered by the same radio and television services and the same newspapers, these media were not employed. Small media such as pamphlets, bro= chures and posters were chiefly used for controlling purposes. Bro= chures, pamphlets and stickers were sent directly to the heads of households. The advantages of this procedure were that direct com= petition coming from other messages was eliminated, the information was permanent, the receiver was able to read it at his leisure and that size, space and colour could be better exploited than in the public media.

Posters were put up at strategic spots where many pedestrians would notice them and bill-boards conveying the same message were erected at the entrances to each of the towns with a view to attracting the attention of motorists. Particular consideration was given to the fact that a message that was propagated by means of an outside ad= vertisement had to be understood immediately.

The mass media material used in the programme were always evaluated beforehand by members of the community and adapted according to their recommendations.

6.1.2 Interpersonal guidance in Robertson

In Robertson where the most intensive counselling occured, various interpersonal ways were employed to obtain community involvement in the programme.

In the first instance an organizing committee was selected from the community leaders with a view to establishing liaison with the com= munity, encouraging them to take part in the proposed activities, motivating members of organizations, arranging the venues for meet= ings and distributing guidance material. An important role was played throughout by an organizer who coordinated all activities.

Secondly three introductory meetings were held for churches and schools, sports organizations and cultural organizations respec= tively, in order to introduce the programme, programme leaders, organizing committee and base-line findings. Motivating films were also shown at these meetings and the general public was in= vited to take part in the programme.

Activities were also arranged for the schools, for example a fun run where the children were given T-shirts displaying the CORIS emblem and where various prizes were to be won.

6.2 *The information and persuasion phase*

During the information and persuasion phase that lasted two years much more intensive guidance took place in both towns. In the first part of the persuasion phase eight weeks were dedicated to each of the five risk factors, whereas the second part was divided into suc= cessive six-week periods during which attention was given to two of the risk factors simultaneously. During this phase guidance was not only directed at the general community, but particularly at the high risk group. The primary aim was to provide guidance that would cultivate the incentive to change behaviour. The problems that have already been mentioned were particularly prominent during this phase and influencing strategies were intensified accordingly.

6.2.1 Mass media guidance in Robertson and Swellendam

During both subphases of the persuasion phase the small mass media were used to a far greater extent. Various brochures containing extensive information were mailed to each family during every risk factor subphase. In these brochures various techniques were alter= nated to catch the attention: colour, style, portrayal and size were continuously applied in different ways.

As far as posters were concerned these techniques were also used to effect as much variation as possible and to attract attention anew.

Handbills containing information on which suppliers had the proposed products such as soy products, wholewheat bread, lean meat, etc. in stock, were also distributed.

In addition to this, a special newspaper supplement aimed directly at the programme was distributed once in a regional newspaper to these two towns.

6.2.2 Interpersonal guidance in Robertson

During this phase interpersonal guidance was also intensified in Robertson. Lectures were given to pupils and the general public while high risk persons were invited in writing and in person to join small group sessions in respect of every risk factor. These sessions included stress therapy sessions, overweight therapy sessions and five-day plans to stop smoking. The chief aim was to encourage people by means of professional aid and group support to acquire new health habits. Prior to the introduction of each subphase, the local organizations were informed of it accordingly at their meetings and they were also encouraged to support the programme. Talks were also held at local organizations on request, and purposeful attempts were made to relate to the special interest of these groups. Community involvement was at all times a matter of utmost importance and was increased by planning and presenting the above meetings in consultation with the organizing committee.

6.3 *Consolidation phase*

During this phase that took five months, the main aim was to confirm any changes that had occurred in the attitude and behaviour of the towns' inhabitants. In both towns only the mass media were now employed. With the help of people from the community a poster was designed for every risk factor and put up at strategic places. Special newspaper supplements containing the various results of interim evaluations also appeared once in each of the two towns.

7. Evaluation of the programme

An evaluation of the programme was made after every phase in order to determine its range and impact. Questions were asked to determine, amongst other things, the extent to which the guidance material had been noticed by the respondents, whether they had read it and reacted to it and whether they had attended any of the lectures or therapy sessions. The first evaluation of the programme was made shortly after the completion of the awareness phase and rendered the following results: in Swellendam where only the mass media were employed, 46 % of the respondents indicated that they had taken steps to improve their health. In Robertson, the town where combined guidance was given the corresponding percentage was 59. After completion of the first part of the persuasion phase these figures increased to 53 % in Swellendam and 75 % in Robertson. Measures that were taken included *inter alia* the following: changes in the diet, having the blood pressure taken, doing more regular exercise, smoking less or stopping completely and making attempts to control stress.

At the end of the consolidation phase earlier this year, a follow-up survey was conducted in each of the three towns and the questionnaires and diagnostic tests that had been used in the baseline survey were repeated in order to compare the new results with the results that had been obtained earlier. These particulars are presently being statistically processed.

Indications are that regarding the three primary risk factors, namely hypertension, hypercholesterolaemia and smoking, there has been a decrease of between 20 and 33 % in the presence of risk factors in both Robertson and Swellendam whereas no noticeable improvement occurred in the control area, Riversdale. The best results were obtained in respect of hypertension, and the second best in respect of cholesterol, followed by the factor smoking. Very little change occurred regarding overweight. In general the results for women were better than for men. However at this stage exact percentages are not available.

When the total risk profile is considered, it seems that the pro= gramme was the most successful in Robertson, the area where combined interpersonal and mass media guidance was given.

Further planning of the programme will be closely related to the findings of this follow-up survey and will be particularly concerned with wider involvement of the community which eventually has to take over the programme and establish self-help groups. Thus the re= searchers will only be involved in the programme in an advisory capacity.

8. SUMMARY

A thorough preliminary study was a matter of utmost importance in order to obtain a good background knowledge of the survey areas before developing the guidance programme. Furthermore the fact that continuous evaluation of and adjustments to the programme were made wherever necessary, contributed much to its effective functioning. However the eventual success of the programme will depend conclusively on the people of the community, i.e. the extent to which they are involved in the programme and allow the programme to become part of their way of life.

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BYLAE C

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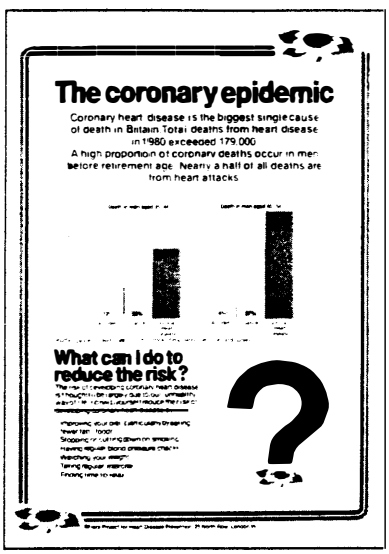

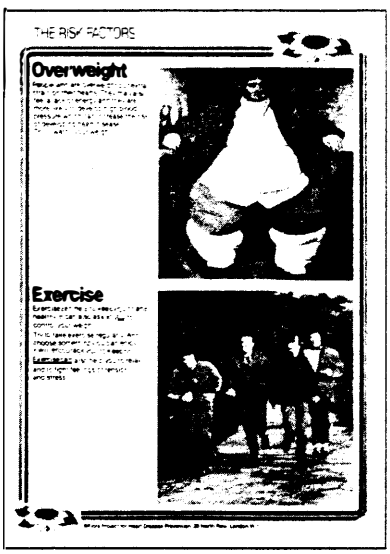

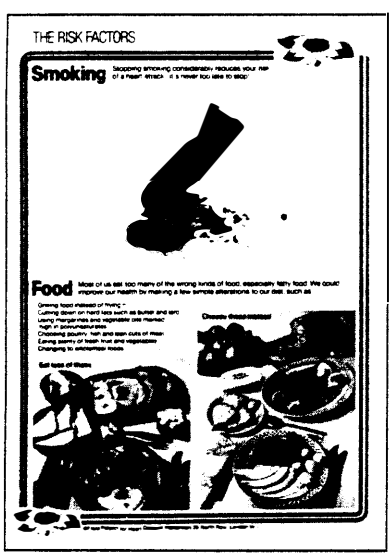

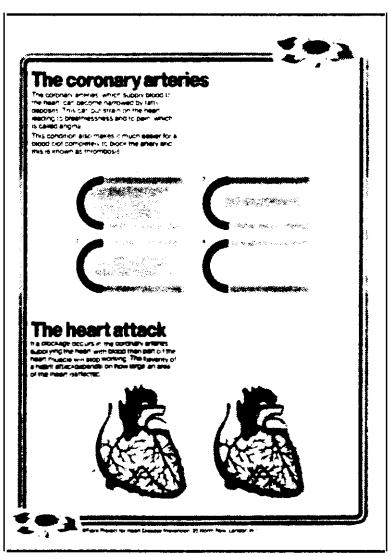

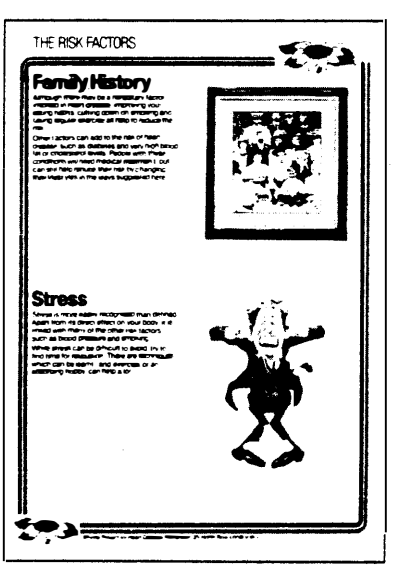

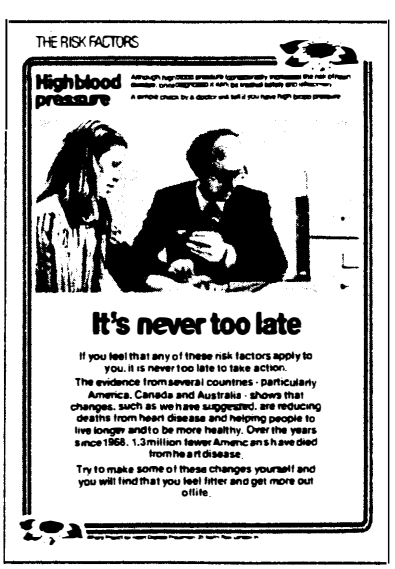

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