

HEALTH EDUCATION IN SOUTH AFRICA*

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It is historically true that optimal health conditions cannot be achieved by unilateral governmental action alone. The active intelligent cooperation of all members of a community as individuals must be harnessed with national and local government to produce satisfactory results. Hence the education of the public in health matters is essential.

It has been conclusively shown too that, as in other spheres of education, direction and control must be in the hands of experts, namely experienced medical men assisted by trained educationists and administrators.

Health education has three principal objectives, viz.:

1. To keep citizens informed of the regimen they should follow as individuals, throughout their lives, to maintain themselves in as sound a state of physical and mental health as possible.

2. To make everyone aware of the nature of the community services that are necessary in order to ensure in practice the possibility of reaching that objective.

3. From time to time to publish reliable information, in condensed form and in general terms in regard to results of new methods of treatment and the effects of drugs, operative procedures and so forth.

During the last century the efforts of the medical profession in the sphere of education have rightly been principally directed towards the development of medical schools and the training of doctors, nurses, pharmacists, dentists, radiographers and other health personnel. Remarkable progress has been made the world over. The medical faculties of our South African universities have in a comparatively short time reached a very high standard. All modern teaching methods, both theoretical and practical, have been introduced. Moreover, their postgraduate and research work has already achieved considerable international prestige.

The medical profession in South Africa renders an excellent service to the people in the larger centres as well as in the less populous regions. From personal knowledge and information gained in other ways I am satisfied that no country in the world provides a higher standard of medical practice than ourselves.

For these reasons I propose to confine my remarks to the problems connected with the health education of the public. In my view this is a matter of supreme importance. Hitherto noteworthy efforts have been made; and day schools are doing splendid work in teaching elementary hygiene, and Red Cross, St. John's and Noodhulpliga conduct classes in first aid, home nursing, prevention of accidents and the like. But health education must go much further and should be brought to all groups of society, such as industrial workers, mothers of young children, the aging, and the general population.

Health Education of Natives

In South Africa the situation is complex because of the vastly different backgrounds of our various racial groups. Our Native population needs special consideration. As a group they believe in the power of witchcraft and magic. Patients who under certain circumstances willingly go to European doctors will sometimes remark, 'It is no use taking the patient to a White doctor; this is a disease Whites do not understand'. Problems connected with their sexual life, unrequited love, death, accidents, misfortunes, droughts, fire, lightning, quarrels and enmities are commonly imputed to witchcraft, sorcery or mysticism.

Medicines are used to cause these disasters and others to render them innocuous. The *inyanga* makes the newborn babe witchcraft-proof. Medicines are used to bring the diffident lover to heel. The skin and the hair of the white goat can work wonders. The ritual murder trials recently conducted in the Basutoland courts testify to the profound influence these beliefs still exercise over the Native mind.

Obviously a vigorous campaign of health education designed to replace these pagan ideas by modern health concepts is essential and urgent. The cumulative effect of the personal experiences of hundreds of thousands of Natives every year in hospitals, clinics and doctors' surgeries must certainly be helping. Suitable health films with short captions in the appropriate Native languages impress audiences more than talks. Coloured stills are best of all. Photographs of particular patients on admission to hospital and again on discharge should be taken and exhibited to the Native public. Native commentators, under detailed medical supervision, are the most effective health propagandists. Comparative figures showing for example the improving tuberculosis position should be widely publicized. Moreover, other sections of the population would benefit from health education for reasons quite unconnected with fighting witchcraft.

The film industry has reached a high degree of technical and artistic efficiency. Included in many films are scenes depicting doctors carrying out their daily tasks, but informed members of the audience, viewing such pictures, frequently sense that the atmosphere of the hospital or consulting room is missed. This could be remedied by a deeper appreciation by the actors concerned of the mental approach of an experienced doctor to disease and to his patient. Here then is an important field for appropriate health education.

Instruction of Patients

Many patients of the hospital class undergo major operations not knowing the name of the surgeon or that of the anaesthetist. They are vague about the type of operation performed. They know that their children have had injections, but rarely are they able to state the nature of the said injections.

Patients on discharge from hospital or after attendance at clinics should be given a suitable form duly completed setting out the nature of their illness and the treatment given. In certain circumstances it might be wise and humane to give the information to the relatives and not the patient. At all events this procedure would be a valuable method of health education, enabling the patient to take a more intelligent interest in his own particular trouble. Furthermore, it would be of great assistance to his doctor in the future. These completed forms would become the bases for discussion in family circles and would encourage those concerned to seek perhaps more detailed information.

I was engaged for many years *inter alia* in the medical examination of European personnel for employment. A questionnaire had to be filled in by the candidate. It was evident from the answers given that many regarded tonsillectomy as scarcely worthy of mention in a medical history. This aroused my interest, and I made numerous enquiries. My conclusion was that doctors in their desire to allay the apprehension of the patient and his relatives often give the impression that the operation is a minor procedure, without meaning to do so. Pre-operative instructions and precautions during convalescence would be more faithfully carried out by parents, if the operation were not considered relatively trivial.

* Paper presented at the 42nd South African Medical Congress (M.A.S.A.), East London, C.P., September-October 1949.

There are many wonderful things in the modern world, but none more so than a surgical operation. We doctors sometimes become so used to the triumphs of surgery that we cease to marvel.

Productivity of Health Expenditure

Expenditure on health projects, hospitals, chemical and bacteriological laboratories and clinics is in financial circles often referred to as 'unproductive'. This is a very unfortunate adjective used in this connection, as it leads the less discerning into thinking that 'unproductive expenditure' is 'unnecessary expenditure'.

Modern industrialization followed the advance of medical science. It did not precede it. Vast areas now producing great wealth were practically uninhabitable until malaria and yellow fever were brought under control. Because of these diseases it was necessary to suspend the construction of the Panama Canal until this control had been achieved. The mining industries of the world would collapse without efficient medical organization. It is interesting to note that excellent provision was made for hospitalization and the safeguarding of the public health in the Free State gold fields before mining operations started.

So there are great and powerful industries that act upon the view that sound medical services for its personnel are part and parcel of industry as a whole. There are, alas, many instances where this enlightened policy has not yet been adopted. Health education should therefore be geared to influence leaders of industry, commerce and civic affairs as well. Industrial medicine is now an important part of the work of our profession and up-to-date information would be of great value to industry.

Health Education Policy

A more vigorous health education policy would help the finances of the State by decreasing the demand for hospital beds. Domiciliary treatment could be extended if the public were better informed.

Great benefit, on a long term basis, would accrue to the nation, if every school child from Standard VI onwards were given a short course in the history of medicine. This is an intensely interesting subject and would create the right attitude of mind in our future citizens towards their own health and that of their community.

The Doctor

As a profession we are engaged in the alleviation of human suffering and the prolongation of life. I submit we have carried out these duties with outstanding success—so much so that we are even accused of creating population problems.

Most enlightened people realize that health is their greatest economic asset, but we doctors have not as yet convinced enough of our fellow citizens that what we stand for is sound business and makes for economic stability. We have the facts to prove such a contention and the time is now ripe for us to do so.

Many instances come to the notice of the public which indicate a lack of an effective system of health education. A witness at a recent inquest, according to press reports, said that 'he did not call medical help because the Bible forbade him to do so'. Deaths from diphtheria of children who have never been immunized are still reported.

A contributor to a well-known daily newspaper, when discussing the side-effects of some recently discovered drugs, said 'Yet the best and most humanly helpful of doctors remain extraordinary cagey about this'. Healing cults of all kinds make extravagant claims and often mislead the public. These statements

call for reply and clarification from an authoritative source. It is a pity that the medical point of view is not expressed for the guidance of the public. A great deal of credence is given to the cults and it is regrettable that their claims should be ignored and not refuted.

The best form of health education is that given by the general medical practitioner to his patients, but his task would be made easier if his patients through systematic health education were better informed before they become patients. Most doctors are very busy people and they lead exacting and strenuous lives in the practice of their profession, and carry grave personal responsibilities. Indeed I am satisfied that no member of the community works harder than a busy medical practitioner. Even when he is off duty he has invariably some case under observation which makes complete mental relaxation difficult. So much is this the case that many doctors are actually through force of circumstances debarred from carrying out in their own lives what they recommend for their patients. There are very few doctors who do in practice enjoy regularity of meals, rest or exercise. Ask any doctor's wife and you will be given the true picture.

It would seem, therefore, that just as the medical education of students is in the hands of a relatively few members of our profession, so from a practical point of view systematic education of the public could most efficiently be carried out by a group of our profession interested in such matters.

The Medical Association

In February 1959 through the courtesy of the Southern Transvaal Branch of the Medical Association of South Africa, the lay press published in story and in pictures an account of a dramatic and delicate heart operation performed in Johannesburg. The operation was indeed a great and splendid achievement. From a health-education angle the publication of the details was a great success, giving prestige to the profession and demonstrating an advance of significance in medical science.

Health education of the public must be handled with wisdom and knowledge; an injudicious reply to a question might upset the doctor-patient relationship. Hence it is important that health education should be under the direction of medical personnel. What the public needs more than anything else is a clearer notion of the generally accepted principles of medicine. The general practitioner is there to deal with the complaints of the individual patient.

It is not the purpose of health education to give medical advice gratis but rather, through information, demonstration and illustration, to create, a confidence in the public mind in scientific medicine. It is submitted that great blessings will flow from a more vigorous and systematic plan of health education. The related problems of medical ethics and advertising could be controlled and regulated satisfactorily.

The attitude of the Southern Transvaal Branch towards the making public of details of the heart operation mentioned above encourages me to suggest that the Federal Council of the Medical Association of South Africa should appoint a committee to consider the existing position in this country of health education and the making public of medical matters, and to discuss ways and means of making authoritative medical opinion more readily and more generally available to the public than is the case at present. I feel certain that the Government and the public would welcome such statements.