A POSTMORTEM EXAMINATION* OF THE SOUTH AFRICAN HEALTH-CENTRE SERVICE EXPERIMENT

THE INSTITUTE OF FAMILY AND COMMUNITY HEALTH, DURBAN ** (1940 - 1960)

LANGFORD L. M. LETLHAKU,† *Health Educator, Makerere College (Department of Preventive Medicine) and Buganda Government Health Centre, Kampala, Uganda, East Africa*

The purpose of this paper is to describe the progress made in 20 years by the Union Public Health Department towards the development in South Africa of a Training Institute for Health Personnel. The main emphasis in this paper will be the development of health education, which has attracted attention and comment from leading medical men in many countries.

The Polela Health Unit, in South Natal, is reputed to be the first to be established. Kark[1] said of it 'established in April, 1940, it is the oldest section of the Institute'. Gale,[2] quoting the National Health Services Commission Report, stated: 'The Health Centre is the practical expression of two of the most important, and universally accepted, conclusions of modern medical thinkers. The first is that the day of individual isolationism in medical practice is past and that medical practitioners and their auxiliaries can make their most effective contribution to the needs of the people through group or team practice. The second is that the primary aim of medical practice should be the promotion and preservation of health'.

It appears therefore that the Health Centre Service was given a 'kick off' by the recommendations of that Commission's Report. However, taking a look at pre-Commission days, we find the element of this scheme in the maiden speech of Dr. H. Gluckman[3] in the Union Parliament on 15 August 1938. He said, *inter alia:* 'There is a great need in this country for a "national campaign for health education". We have built up over a period of years, and at great expense to the state, an excellently equipped and well-organized public health service. Unfortunately the people for whom these services are intended are in many cases unaware of their existence and unaware of their scope. It is necessary that we should educate the public not only with regard to their ignorance, carelessness and indifference about health matters, but they must be told also about the existence of these public health services and their scope and extent. It is a crying shame and an indictment of our modern era that we should be spending vast sums on armaments for the destruction of mankind, money which could so well be used in fighting disease, prolonging life and sweetening old age . . . I urge honourable members to take an active interest in this health-education campaign . . . In fact, Sir, I would consider it of such national importance that I would respectfully suggest that this national crusade of Health Education be inaugurated by the Honourable Prime Minister . . .'

* A footnote in a recent issue of this *Journal* indicated that the Institute of Family and Community Health closed down in January 1961.

**The Institute was under Prof. S. L. Kark, M.D., Department of Social, Preventive and Family Medicine, Medical School, University of Natal, Durban. The Division of Health Education was organized by Mr. G. W. Steuart, M.A., M.Ed. (S.A.), M.P.H. (Yale), Ph.D., Senior Lecturer in Health Education, University of Natal Medical School. Both now WHO visiting professors to the Hebrew University - Hadassah Medical School, Jerusalem, Israel.

† Formerly Head, Evaluation Section, Division of Health Education, Institute of Family and Community Health, Durban.

This, then, was to become part of the terms of reference for the National Health Services Commission, 1942 - 1944.

HEALTH-CENTRE IDEAL

However, by some administrative device it was possible to start a pilot health centre at Polela by 1940, and the first people at this pilot scheme were Dr. Sidney Kark and his wife Dr. Emily Kark. There were 2 other health units of this type, one in the Transvaal, at Bushbuckridge, and another in the Transkei, at Umtata.

Great progress was made at Polela with the training of health assistants and postgraduate training of doctors and nurses in the 'techniques and practice of health-centre service'. It had been policy then to let every new appointee in this service go to a pilot health centre like Polela to acquaint himself with the running of health centres and often to 'unlearn some of the stereotyped concepts' gathered as a result of earlier training.

Doctors and nurses spent a shorter time at these centres and were then posted to other centres to take charge of them and develop them according to the needs of the areas in which they were situated.

It was not until 1942 that Parliament decided to appoint a Commission[4] to inquire into, report and advise upon:

'1. The provision of an organized National Health Service in conformity with the modern conception of "health", which will ensure adequate medical, dental, nursing and hospital services for all sections of the people of the Union of South Africa.

'2. Administrative, legislative and financial measures which would be necessary in order to provide the Union of South Africa with such a National Health Service'.

Under this followed many items which the Commission had to investigate, especially such items as the training of medical students, nurses, public health and sanitary officers, and other personnel necessary for the public health service. Health education of the public was specifically mentioned as an item by itself. The task set for this commission was in many respects similar to that set for the Commissions appointed by Britain and Southern Rhodesia in the early and middle 1940s.

This would go to show that South Africa was not thinking in isolation in this particular regard. It was not possible to implement most of the recommendations of the Commission, but the health-centre service was implemented as a first instalment of these recommendations. This first 'instalment' was to consist of some 400 health centres all over the country; where possible, one in each magisterial district. About 44 health centres[2] were finally established in the whole country.

Among the memoranda submitted to the Commission from numerous individuals, agencies and institutions, one of the most significant was that of the South African Health Officials' Association,[5] who summarized their memorandum in more or less these words:

1. There was no particular body responsible for the coordination and correlation of the many diverse bodies engaged in the administration of Health Services.

2. Health legislation makes provision for enforcement of adequate health services, but on the whole important services are not performed.

3. Public Health and Social Welfare are separate bodies; this results in overlapping which is responsible for much wasted effort

4. It is of fundamental importance that entire responsibility be vested in the Department of Health. This Department could delegate its activities, but *not* its responsibility to other bodies.

The final report bore these intimations in mind.

The average health centre was made up of a team consisting of doctors (one of whom would be in charge), nurses, medical aids (from Fort Hare University College) and health assistants. These health assistants were later trained as health educators, who were required to have a much higher academic qualification.

TRAINING OF HEALTH EDUCATORS

By 1940 some form of training was being given in health education at Polela, but it was not until 1946 that more systematic courses were developed, and it was only in 1949 that a detailed course in health education, lasting 3 years, was undertaken.

The Institute headquarters had then been moved from Polela to Springfield, Durban (1948), and finally transferred from Springfield to Clairwood (Mobeni) in early 1949.

Syllabus

The syllabus[6] for health education consisted of 2 parts:

1. *Basic studies:* including sociology and psychology, education, human biology and health, diet and health, non-communicable diseases, communicable diseases, society culture and health, and elementary statistics.

2. *Professional:* (*a*) history of philosophy, ideas, objectives, methods and achievements of medicine and public health; (*b*) health education — objectives, methods and evaluation; health education in school and industry; and principles of planning.

In terms of years the course was arranged as follows:

1st year: Diet and health, housing and sanitation I, physiology and psychology I, and control of communicable disease.

2nd year: Physiology and psychology II, family and community health I, and health education I.

3rd year: Family and community health II, and health education II.

Block periods for practical work were arranged during training. Trainees carried out projects in different areas, both rural and urban.

The training of health educators came to an end in 1954, at which time the Government decided not to proceed with training any further. However, for the health educators who remained at the Institute of Family and Community Health, a further in-service training was given.

This further training lifted the health educator from the rut of a mere 'assistant' in a team of health workers consisting of doctors, nurses, medical aid, and health assistant in 1940, to that of an independent professional person able to plan, develop, educate, and evaluate his own work in 1960.

The health educator's potentialities have therefore enormously increased, and he can now contribute to the

development of community health and welfare services on an equal footing with his team colleagues. The health educator has been trained to carry out any community projects and fits well into hospital health education. He has proved immensely successful when placed with industrial concerns and voluntary social and welfare services, and may be successfully used in private practice.

GENERAL COMMENT

In 1956, the Institute of Family and Community Health was transferred from the Central Government to the Natal Provincial Administration, and for the last 5 years of its life was associated with the University of Natal Medical School under the Head of the Department of Social, Preventive and Family Medicine. In this association the Institute used its communities as a 'laboratory' for the teaching of medical students.

In a report of a conference on preventive medicine in medical schools,[6] which included representatives of 73 medical schools of Canada and the USA, the following comment appears: 'The use of the community as a laboratory for teaching was explored by several committees. It was generally agreed that it was hard, if not impossible, for a student to appreciate the social and environmental aspects of medical care when his learning experiences are confined within the walls of the medical school and hospital'.

I refer to this because the health educator was, on the whole, the key person in arranging field visits of students to families, informal groups and mass groups. He acted as field tutor to the student and was responsible for follow-ups.

While it lasted, the Institute observed to the letter the multiracial nature of the country and, in keeping with Government policy, placed health educators and other medical and health personnel to work among their own racial groups, the better to implement the concept of allowing these groups to develop on their own lines.

It is therefore not readily clear why this R500,000 (£250,000) Institute, on 35 acres of land, staffed by some of the country's distinguished medical men, should finally have come to such a tragic end after 20 years of meritorious humanitarian service in a country which needs this service more than ever before.

Press reports of the middle and late 1940s seem to indicate that the health-centre programme could provide some of the answers to the problems of public health in South Africa. Commenting on the criticisms levelled against Prof. J. A. Ryle's observation of South African health services, the Public Information Committee, Natal Coastal Branch (M.A.S.A.) stated, *inter alia:* 'surely the most important, the best and in the long run the cheapest, form of medicine is preventive. We feel that, unless Professor Ryle's constructive criticism is taken to heart and acted on, we will make the old mistake of cutting the top off the tooth of disease instead of pulling it up by the roots'.[7]

Most of the more scientific researches in social, preventive and family medicine were carried out in Natal with a very heavy load of personnel. If the services and personnel had been equitably distributed throughout the country, the result would not have been this premature death of the Health-centre Service, but the fruition of the ideal behind the suggestions made by the Public Information Committee above.[7]

However, with the final closing down of the Institute in January 1961, the health educators found themselves faced with the threat of unemployment. The hospitals to which they had been transferred could not absorb them all, since the hospitals' scope is confined to curative services.

Thousands of pounds had been spent in the training of these personnel by the Central Government, and it would be a waste of manpower if other hospitals did not make a bid to have a health educator each, instead of leaving such highly trained people to spend most of their time as interpreters, clerks and such other miscellaneous occupations. Industry and social welfare agencies would never regret attracting these men and women to their employ.

Other aspects of changes brought about by this Institute in the communities served have already been dealt with by other writers.[9-12] At one stage it was demonstrated that the work of the health centre had reduced infant mortality from 1 in 4 to 1 in 20 at Polela.

SUMMARY

A unique Institution which devoted itself to social, preventive and family medicine has had a tragic end, after 20 years of service to the public. It was the first to train the front-line workers in public health, namely, health educators. These were the link between the health service and the public.

It had received world recognition for its contribution to the training of medical students in public health and in other spheres. In the hospitals which were closely associated with it there are a number of health educators who are not properly absorbed.

REFERENCES

1. Kark, S. L. (1952): S. Afr. Med. J., **26**, 101 and 132.
2. Gale, G. W. (1949): *Ibid.*, **23**, 630.
3. Gluckman, H. (1938): *Hansard*, Proceedings of the Union House of Assembly. Pretoria: Government Printer.
4. National Health Services Commission Report (1944): Union Government no. 30. Pretoria: Government Printer.
5. Steuart, G. W. (1956). *Health Education Reports (Internal)*, **1**, 2.
6. Preventive Medicine in Medical Schools (1956): *Reprinted in* Univ. Natal Gaz., **3**, 1.
7. Public Information Committee, Natal Coastal Branch (M.A.S.A.) (1948): In *Natal Daily News*, 6 December.
8. Steuart, G. W. and Ward, N. T. (1957): Hlth Educ. J., **15**, 1.
9. Chesler, J. (1959): Community Development Bull., **10**, 3.
10. Steuart, G. W. (1959): Int. J. Hlth Educ., **11**, 2.
11. Lewis, J. B. (1959): J. Trop. Pediat., **5**, 10.
12. Lapping, D. (1952): S. Afr. Med. J., **26**, 528.
13. Gampel, B. (1952): *Ibid.*, **26**, 170.