MY EXPERIENCE AS A HEALTH EDUCATOR IN A BANTU TUBERCULOSIS HOSPITAL*

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Tuberculosis constitutes a major public health problem in South Africa. Owing to ignorance, patients often do not come for treatment in the early stages of the disease, nor do they attend regularly for the prolonged treatment necessary once they have been diagnosed. Therefore the South African National Tuberculosis Association (SANTA) has embarked on a programme of appointing health educators to work with Bantu patients. I am such a health educator.

Magic and superstition form the central core of the Bantu view on the causation of disease. It is only through education that scientific concepts will gradually replace magico-religious systems of thought and thus modify people's behaviour in relation to disease.

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MATERIAL AND METHODS

I am employed full-time at the East Rand Santa Centre, Modder 'B', where there are 750 beds, all for Bantu.

I conduct both private interviews and group sessions and try to meet every patient soon after admission to the Santa Centre, and prepare him or her for prolonged stay in hospital. I try to help them adopt a positive outlook towards their illness. Also, I try to meet every patient about to be discharged and re-emphasize the importance of prolonged outpatient therapy.

While the patients are in hospital, I meet them in groups, which may be organized by me or else arise spontaneously. Free discussion is encouraged at these meetings and every patient is allowed to state his or her views, however hostile

they may be. I try not to be authoritarian, but encourage dialogue.

Sometimes patients come to me with social problems instead of seeking out the social worker, who happens to be a woman. Male patients are somewhat loth to approach a female for help. Because of the initial interview, the patients establish closer contact with me than with the social worker and therefore find it easier to approach me with problems. I work in close co-operation with the social worker and refer such cases to her. I am careful not to infringe upon her field of work.

Whenever possible I interview patients' relatives. I emphasize the importance of prolonged therapy, and urge them to assist the patient in every way possible. While he is in hospital, I tell them not to bring small worries to him or to exaggerate problems they may be encountering at home, and certainly not to demand that the patient should come home before he is medically fit for discharge. The nature of the disease is explained to them, and they are told to use clinic facilities for the diagnosis and treatment of contacts and for BCG vaccination. I also stress the importance of other preventive measures such as immunization against poliomyelitis, diphtheria, whooping cough, tetanus and smallpox. I advocate the taking of babies to child-welfare clinics, and ask the relations to help the patient attend regularly for outpatient treatment after his discharge from hospital.

Group sessions are held for all the Bantu employees of the Santa Centre, trained and untrained nurses, labourers and watchmen. Unfortunately, some of the trained nurses are the worst offenders in that they disregard public health principles in their dealings with the patients. This makes my work with untrained hospital workers and with patients much more difficult. In health education team-work is most important, and I try to co-operate with all members of the staff at the Santa Centre. I would like to see other members of the staff supplementing my work of health education.

The medical officer refers all patients who wish to refuse hospital treatment to me for interview, also all patients known to have been irresponsible about their treatment in the past, and who have absconded from hospital or omitted to attend for regular treatment as outpatients. It has been very gratifying that most patients who have been admitted to our Santa Centre as problem patients (chronic absconders or disciplinary discharges from other hospitals) have settled down well and displayed exemplary behaviour here.

Health education has been of great assistance in the handling of large groups of primitive patients who have been admitted to our Santa Centre from the WNLA hospital. These are rural people who have come to look for work in the mines and have been found to be suffering from pulmonary tuberculosis. Special group meetings have been held with these patients, who otherwise would probably have refused hospital treatment.

In order to encourage good dietary habits, I arrange talks on nutrition and cookery demonstrations from time to time with such bodies as the Maize Board. These demonstrations are enthusiastically received, especially by the adult male patients.

In collaboration with school-teachers at Santa, I have recently assisted the schoolchildren in arranging and performing a play about tuberculosis. In the play the children followed the progress of a patient in Santa from the time of admission to the time of discharge. The roles of doctor, nurse, social worker, health educator and other members of the staff were taken by the children themselves. The play was staged for the benefit of all patients and also for visitors. It was a great success and is to my mind an excellent vehicle for health education.

The medical officer and I have prepared a questionnaire concerning patients' attitudes to tuberculosis and we hope to publish a separate paper on our findings.

I have been able to interest middle-class Bantu in Soweto in the social aspects of tuberculosis. I address groups of voluntary workers, such as Santa Care Committees and Health Education Advisory Committees. A visit was arranged to the Santa Centre for these people.

Radio talks have been given by me in Zulu on tuberculosis. Whenever I come across something of special interest in my work with tuberculosis, I bring this to the attention of Santa Magazines, in this way also furthering health education.

RESULTS

The results of health education at the Santa Centre at Modder 'B' have been reported by Scott.[1] The percentage of patients not attending regularly for outpatient treatment after discharge from hospital fell from 59% to 21% after 9 months of health education and to 12·5% after a further period of 15 months. The number of patients absconding at Christmas-time remained steady until 2½ years after the commencement of health education; then it fell dramatically. The general rate of absconding has fallen less. The reasons for this have been discussed by Scott.[1]

DISCUSSION

These findings are very encouraging. If similar results could be achieved everywhere in the country, the control of tuberculosis would be so much easier. The emergence of resistant strains of tubercle bacilli could be largely halted. Scott has mentioned some difficulties encountered in health education.[1] These problems are further discussed here.

Problems Presented by Patients

Patients often throw away their tablets because they believe that these can cause insanity and that they disturb the menstrual cycle, causing either menorrhagia or amenorrhoea. Some patients take emetics because they believe that this is the correct treatment for *idliso* (bewitchment). It was only after some months that I discovered that one of the staff-nurses who considered herself a *sangoma* (chief exposer of evil) was presumably dispensing these emetics. She was eventually asked to resign because of the poor quality of her nursing. After her departure from Santa, emetics were neither readily available nor in any great demand. This staff-nurse contradicted all my statements as to the causation of tuberculosis, and encouraged the belief that bewitchment caused it. An educated Bantu is not necessarily convinced of the truth of White beliefs. I myself, although previously qualified and working as health educator, only really became convinced of the truth of what I now teach when I attended the orientation course

run at King George V Hospital, Durban, by Dr Molly Walker.

The average patient with tuberculosis does not feel ill, hence he gives priority to any social situation which may arise. Death or illness of a relative or financial problems are regarded by him as good reasons for requesting permission to leave the hospital either temporarily or permanently. If such a demand is refused, the patient often absconds. Patients, especially adult males, find it difficult to submit to the discipline imposed by a hospital. At home they are regarded with great respect and, far from submitting to discipline, they mete it out to others. Some patients become unco-operative and aggressive in hospital. This is often merely a ruse to provoke the hospital authorities into discharging them. Special attention has to be given to the exceptionally difficult patients whom we sometimes encounter.

Patients from different socio-economic strata of society often find it difficult to associate with each other in hospital.

If patients are told before admission how long they have to remain in the Santa Centre, they often demand their discharge from hospital when that period has elapsed; this creates a difficult situation for the health educator.

A health educator must be prepared to encounter some resentment. Certain patients (fortunately in the minority) despise him for 'eating the white man's saliva', i.e. being over-influenced by European culture. This attitude is most prevalent among the partly educated.

Problems with Employers

Although employers generally are much more sympathetic to patients with tuberculosis than they were years ago, there are still some employers who refuse to give patients time off work to attend tuberculosis clinics for follow-up treatment.

SUMMARY

As a result of health education the percentage of patients not attending regularly for outpatient treatment at a Bantu tuberculosis centre after discharge from hospital fell from 59% to 21% after 9 months, and to 12·5% after a further period of 15 months. The number of patients absconding from hospital at Christmas-time fell dramatically after 2½ years of health education. The general absconding rate has fallen less. Some difficulties encountered in health education are discussed.

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REFERENCE

1. Scott, E. H. M. (1969): Med. Proc. (in the press).