DEVELOPMENT & IMPLEMENTATION OF AN OCCUPATION-BASED COMMUNITY DEVELOPMENT PROGRAMME WITH WOMEN TO ADDRESS THE PREVENTION OF NON-COMMUNICABLE DISEASES IN A LOW SOCIO-ECONOMIC COMMUNITY OF THE WESTERN CAPE - MRS AZIZA KALAM

SUPERVISORS: DR L. HESS-APRIL & PROF. L WEGNER





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What are NCDs?

- NCDs are chronic medical conditions eg.
 - Diabetes (Usually Type 2)
 - Cardiovascular Diseases (Hypertention, Strokes, Heart Attacks)
 - Mental illness/Depression
 - and Cancer

that are non-infectious and mostly preventable through modification of their health risk factors (unhealthy diets, lack of exercise, excessive use of alcohol and tobacco).



What is the Problem?

- In 2008: 1/3 of all deaths in SA were due to NCDs (WCDH -2015)
- By 2030, prevalence would have doubled to 72 Million deaths globally.
- NCDs affect: The most vulnerable in society who are living in under resourced communities, little to no access to medical care and healthy foods, due to lack of food security

Purpose to:

■ Facilitate occupational consciousness in order to recognise hegemonic practices that negatively affect health & well-being

Derive practice guidelines to facilitate women's agency, self-reliance and

occupational enablement

Setting and Participants

- Fisantekraal is a LSE community 10km outside of Durbanville
- Community was founded by seasonal farmworkers
- High unemployment rate, poverty, gangsterism, teenage pregnancy, drugs, low levels of education.
- Low cost housing (4X4 or 4X6m²), squatter section, satellite police station, day clinic, 1 Primary and 1 High School, many ECDs, approx. 40 churches, approx. 40 shebeens.

 Participants: 8 women, mostly older adults (grandmothers, single parents, recipients of Social grants), from a women's empowerment group.



Methodology

- Theoretical Frameworks
 - Empowerment Theory (Paulo Friere, 2005)
 - Health Promotion (WHO, 1986)
 - Occupation-based Community Development (Galvaan, Peters, Cornelius & Richards, 2012)
- Aim: To develop and implement an O-bCD programme to address the prevention of NCDs
- Objectives of phase 1&2: Perception of NCDs
 - Current health-risk behaviours and Occupational Choices
 - Needs in relation to Occupational Participation
 - Enablers for Occupational Participation
- Critical Research Paradigm
- Qualitative Research Approach
- Participatory Action Research Design



Data collection

- PAR (Phase 1) Observe: O-bCD (Stage 1) = Initiating intervention and needs assessment
 - Key Informant interviews
 - Owner of Hagar house for abuse women and children
 - LO teacher at the local High School
 - Community-based carer
 - Photovoice
 - Disposable cameras for each participant(empowerment)



- PAR (Phase 2) Reflect : O-bCD (Stage 1 contin.)
 - Focus group discussions Conscientisation, Occupational history, needs, enablers

Findings

Perception of NCDs

 Although many participants have NCDs, they were mainly aware of the communicable diseases such as HIV/Aids & TB. Through conscientisation, they became aware of NCDs and the risk factors

■ Perception of current health risk-behaviours & occupational choices

- Social grants and feeding schemes
- Adult children not being responsible for their own children
- Burden on older adults
- Spaza shops
- Needs-handing back responsibility, assertiveness
- Enablers for occupational participation
 - Religious observance
 - Health & Educational Workshops



Reflections

- Conscientisation
- Prayer group
- Craft activities
- Support & Connnecting
- Facebook

https://www.facebook.com/Fisantekraal-Women-Empowerment-Group-2049628911915840/



Conclusion

■ PAR (Phase 3) - O-bCD (Stage 2)

 To select and design occupation-based strategies together with participants to empower them to address their health-risk behaviours in order to prevent NCDs

■ PAR(Phase 4)- O-bCD (Stage 3)

- To explore and describe the process of implementation of the occupation-based strategies to facilitate the occupational empowerment

of the women to prevent NCDs

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Thank you



Fisantekraal-Women-Empowerment-Group





