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

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What are NCDs?

- NCDs are chronic medical conditions eg.
  - Diabetes (Usually Type 2)
  - Cardiovascular Diseases (Hypertension, 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 Freire, 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 & Connecting
- Facebook

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
References


■ Western Cape Government (2015). Western Cape wellness tackles activity levels and healthy eating.


Thank you

Fisantekraal-Women-Empowerment-Group