Occupational Therapy: Problem’s and possibilities in Health Promotion at a high school: Elsie’s River, Ravensmead/ Cape Town/ South Africa


“In every community and country, children are the most important natural resource. Their well-being, capabilities knowledge and energy will determine the future of villages, cities and nations around the world.” (WHO)

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Abstract

Background
The initiative of Health Promoting Schools (HPS) in the Western Cape was started by the University of the Western Cape (UWC). One of the schools that voluntary participate in the project to become a Health Promoting School, is secondary school St. Andrew’s, Elsie’s River. The purpose of this qualitative study is to clarify the possibilities and problems of Health Promotion at St. Andrew’s. Needs of learners, the school, and the community are identified and the attempt which is made by the school to fulfill these needs is assessed. The school communities Elsie’s River and Ravensmead are affected by poverty, high levels of unemployment, pressure of gangs, Tuberculosis (TB), Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS). These conditions have an impact on the lives of learners and educators. The school project “Health Promoting Schools,” focuses on these problems and attempts to enable learners to empower the community.

Method
In total 27 learners, educators and community members participated in this research and were interviewed by the Project Team. Semi structured interviews were conducted with 17 learners, 5 educators, 1 staff member, and 1 community member. Narrative interviews were conducted with 3 community members. All participants signed a consent letter, interviews were recorded and transcribed, and data was thematic analyzed.

Main findings
Poverty is a cause of many problems in the community; malnutrition is affecting learners as well as the violence and crime in the area. Learners are in need of education on the following topics: Tuberculosis, HIV/AIDS, Healthy lifestyle and future education. Toilet facilities and the approach towards ill learners at school need to be improved. The Health Promotion School Program is not (yet) fully implemented in the whole school.

Implication for practice and conclusion
The HPS is a great program, which can be improved in a few areas. Pressure on educators participating in the HPS needs to be reduced, fostering unity in the group can be achieved. Future education should be part of HP. Toilet facilities and the approach towards ill learners at school should be improved. Health education in TB, HIV/AIDS should be given. The UWC can support the HPS in certain ways.

Keywords
Community development, Elsie’s River, Ravensmead, Health Promotion, learners, Occupational Therapy, Poverty, School, South Africa, St. Andrew’s secondary school, Western Cape.
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Chapter 1

Introduction

Through contact with Prof. L. Wegner the Project Team (PT) has got the possibility to support the Health Promoting project at the St. Andrew’s secondary school in Cape Town. The PT carried out a research on the possibilities and problems of the Health Promotion at St. Andrew’s, wrote recommendations for future practice and carried out an intervention at the school. The PT is formed by two Occupational Therapy (OT) students from the Hogeschool van Amsterdam. The above called outcomes and products are part of the final thesis and have been a result of a period of 20 weeks.

The main research question is:
What are the problems and possibilities in Health Promotion at St. Andrew’s secondary school?

Subquestion:
- What are the needs of learners?
- What are the needs of the community?
- What are the needs of the school?
- What attempt is made by the school, community and educators to fulfil these needs?

The school

The school; St. Andrew’s is situated in an area (Elsie’s River/ Ravensmead) where the crime rate is extremely high, and the area is considered as the heart of gangs and shebeens. Learners show disruptive behavior which is hinder the teaching practice. According to the school; learners get negatively influenced by criminals, they get tempted into crime. Educators fear for their lives when dealing with these learners. Besides this the substance abuse among adolescence is a concern. Although the attempt to create a safe educational environment it is a fact that certain areas of the school can be considered as easy to enter. St. Andrew’s reports crime in and around the school as a major factor contributing to the concern for safety of the learners and educators. Due to vandalism and regular break-ins, securing the school equipment is necessary. (St. Andrew’s, 2012)

“St. Andrew’s High School has been delivering educational services to the surrounding community for over 20 years. For the last few years St. Andrew’s has been proactive and determined in striving to create a safe, conductive environment nurture whole-school development with the aim of achieving quality teaching and learning.” (St. Andrew’s, 2012)

Health Promoting School

In April 2008 the Health Promoting Schools (HPS) Project at the University of the Western Cape (UWC) received funding from the CDC/PEPFAR to develop secondary school in Cape Town as Health Promoting Schools, with a focus on HIV/AIDS and TB. The purpose was human-capacity development. Three schools in the Elsie’s River and Ravensmead communities choose to become involved in the journey of becoming Health Promoting Schools: St Andrew’s comprehensive High School, Elswood Secondary School and
Ravensmead Senior Secondary School. It was anticipated that funding would continue for 5 years i.e. until March 2013. (University of the Western Cape, 2012)

“Goals and objectives

1. To develop health promoting secondary schools.
2. To facilitate the development of TB and HIV/AIDS policies in the schools.
3. To facilitate a process of developing a healthy psychosocial environment in the school-community.
4. To facilitate a process of developing a healthy physical school-community.
5. To facilitate a process of developing healthy relationships between the educators and the parents.
6. To improve knowledge in the school-community related to TB/HIV.
7. To develop skills related to build self-esteem and empowerment.
8. To facilitate the development of appropriate intersectoral support provided by the school health services from the Department of Health.” (University of the Western Cape, 2012)

Health Promotion in the past at St. Andrew’s

Health Promoting is run by a group of learners and is mainly organized by two educators, approximately 30 learners participate and attend the weekly meetings. 4th year OT students and professionals from the UWC introduced the HPS project at St. Andrew’s.

The OT students that were actively supporting the learners and educators of the HPS – group. This support consisted of three phases, seven weeks in term one, two and four and in each phase a different group of OT students worked in the project. The whole project is executed by implementing the community process model. During the first phase, a community profile was written, including a needs assessment, description of the environment and a description of the services in the community and by the policies and stated the motivation for such a project in the community. After that an implementation plan followed, which described all the stages that will be executed in the implementation phase. (Cupido & Sonn, 2012)

Background of Elsie’s River/ Ravensmead

St. Andrew’s is situated in a part of the in 1950’s established Cape Flats area; Elsie’s River and Ravensmead. This area is a direct result of the South African racial segregation, known as Apartheid. The Apartheid was a violently enforced system that started in 1948 until 1994. (Bekker, 2003)

Already in 1913, the so called native land act regulated that 13% of the available land in South Africa had to become the only areas in which the black population could build and live. The state removed 3.5 million people between 1960 and 1982 and furthermore 700.000 people were forcibly removed from urban areas declared as exclusively for white residence. (Gilson & Mc Intyre, 2001) These so called overpopulated homelands became one of the most unproductive areas in South Africa. (Gilson & Mc Intyre, 2001) Cape Flats area has been described as the “dumping ground of Apartheid” and includes the black and colored townships of; Elsie’s River, Gugulethu, Nyanga, Langa, Khayelitsha, Crossroads, Philippi, Mannenburg, Heideveld, Lavender Hill, Athlone, and many more. (Bekker, 2003)
“The Poverty and Inequality Report of 1998, indicates that over 50% of the population is ‘poor’ and 27% is ‘Ultra-poor’ assessed against consumption-based income poverty lines.” (Gilson & McIntyre, 2001)

Community development in relation to Health Promotion

In terms of community development St. Andrew’s can be labeled an active stakeholder in the community and has the ability to reach out to the community through the learners and parents. Within the Health Promotion project the school is cooperating with three other schools.

The World Health Organization describes Health Promotion as concrete and effective community actions, which work towards the achievement of better health through setting priorities, making decisions, planning strategies and implementing them. (World Health Organization, 1986) The heart and the most important part of it is the empowerment of communities by letting them get ownership and control of their own endeavors and destinies.

A Health Promoting School can be considered as a stakeholder in community development. Health Promotion at a school level can be seen as one stakeholder or action in community development. The aim of community development is to change people’s lack of interest in the improvement of their overall life-situations into positive involvement of change, by being active participants. (Swanepoel & de Beer, 2011)

Occupational Therapy and Health Promotion

Occupational Therapy is focusing on the person’s ability to perform in everyday life activities and enable them to perform those occupations. This contributes to the health and well-being of a person and enhances the quality of their lives. Beside that occupational therapist also focus on the society and enable a just and inclusive society. (WFOT, 2005 : Townsend & Polatajko, 2007) Moreover Occupational therapists believe that occupational behavior is always influenced by the environment and is therefore focusing on the society in order to achieve a better health and well-being. (Cook, 2001)

The communities Elsie’s River and Ravensmead are affected by occupational apartheid. Even today, the history of apartheid still affects the daily life of people in the Cape Flat area. The area is disadvantaged in several ways and this makes it difficult for people to fulfill meaningful occupations. “Occupational apartheid refers to the segregation of groups of people through the restriction or denial of access to dignified and meaningful participation through occupation of daily life on the basis of race, color, disability, national origin, age, gender, and status in society, or other characteristics. Occasioned by political forces, it’s systematic and pervasive social, cultural, and economic consequences jeopardize health and wellbeing as experience by individuals, communities and societies.” (Kronenberg, Algado, & Polland, 2005) According to Kronenberg et.al. (2005) Occupational Therapist are specialized in human occupation and have a key position in the development of areas where occupational apartheid is present. The Health Promotion is one way of reaching community development and ‘leads the way out’ of the occupational apartheid. The project focuses on the improvement of peoples’ health and wellbeing and will enable occupation that will lead to an improvement in health, environment, wellbeing and quality of life.


**Literature review**

In this chapter summaries of all literature findings are positioned. You are invited to read about issues which are present in the community, as poverty, TB, HIV/AIDS, substance abuse and gangster activities/violence. For an understanding of the environmental influences and dynamics in Elsie’s River and Ravensmead the foundation is necessary. In order to fully understand the Health Promotion approach and the issues which are present in the community, this section provides an overview of the most important theories and literature.

**Analyzing the environment**

The Ecological Systems theory states that human development and behavior is influenced by the different types of environmental systems. According to this theory there are four systems: micro-, meso-, exo- and macrosystem. (The Ecological system theory, 2007) (See figure 2) An understanding of these systems will help to describe how the dynamic of complex community difficulties work (Swanepoel & de Beer, 2011) and how to distinguish the different environmental systems. This is important as the research question enquires to analyze environmental influences in order to identify the needs that occur in them. For example, a child is experiencing domestic violence at home (microsystem), because of that the child develops an attitude that changes his behavior in a school setting. The school has to deal with this behavior by suspending the learner. A hypothetical outcome could be that the learner does not finish secondary school and has problems in finding work.

![Ecological System Theory](image_url)
Whereas the ecological system in which the individual is described as a system interacting with other systems the Person Environment Occupation Performance (PEOP) is an occupation based framework for practice. This framework has more emphasis on the occupational performance, participation and quality of life; and is therefore valuable when identifying learner’s needs, which are generated by the learner’s environment. The model exists of four components: 1. Occupation; 2. Performance, 3. Person, 4. Environment. (See also figure 3) The theory of this model assumes that the person and environmental components influence each other. The basic assumptions are: the human being is in its nature motivated to explore their world and get a grip on it, and that situations in which people experience success, give them a good feeling about themselves and motivate them to cope with new challenges. (Granse, 2006) This theory could be a first step towards identifying the expected occupation deprivation due to external circumstances that keep a person from acquiring, using or enjoying something. (Whiteford, 2000)

![Diagram of PEOP model](Cristiansen & Baum, 1991) figure 3, PEOP

**Social organization**

As stated in the previous chapter, the individual is in continues interaction with his/her environment. According the occupational adaptive theory the individual gets influenced by environmental pressure. To describe how the environment influences the individual occupational performance a better understanding of the social structure in this environment is needed. (Schultz & Schkade, 1992) The theory is developed in 1992, but is well known and also cited in recent literature.

Social disorganization is defined as an inability of community members to achieve shared values or to solve jointly experienced problems (Ward, Dawes, & Merwe, 2012). The apartheid history of Elsie’s River & Ravensmead still got influence on the organization of the community. Next to that the crime rates imply that Elsie’s River & Ravensmead are socially disorganized communities. “Socially disorganized communities are unable to realize common social values among their residents and so are unable to maintain effective social controls” (Ward et al., 2012, p. 78) On the opposite is stated that strong networks of social relations in a community prevent crime and delinquency. (Chambers, Osgood, & Jeff, 2003)

Given the case that learners own homes encourage prosocial norms, they experience other social norms in other environments that makes it difficult for them to held up this behavior in other environments, “thus learners are not given multiple opportunities from different socializing agents to develop one consistent set of prosocial standards by which to evaluate their behavior, nor are they consistently exposed to similar models of prosocial behavior” (Ward et al., 2012, p. 75)
According to Grephart the longer a child spends in a particular neighbourhood (assuming most children are born and raised in Elsie’s River, because it is hard to leave a disadvantage area and most people do not move from advantage areas into disadvantage areas) (Swanepoel & de Beer, 2011)), the more likely she or he is to be influenced by it. “The National Youth Victimisation Survey found that 63.3% of respondents had lived in their current neighbourhood for more than 10 years”. (Ward et al., 2012, p. 75) Not only the child itself gets influenced by the community, also the parenting gets affected. In poor families it is likely more difficult to access social support when they receive no social support from the neighbourhood. Next to parenting, schools are affected by social disorganisation in terms of higher rates of suspension from school and higher rates of dropout. Community disadvantages are associated with teen parenting, delinquency, more restrictive parenting practices, low birth weight and child maltreatment. (Ward et al., 2012)

**Poverty**

After the first observations most people can recognize the poverty in Elsie’s River & Ravensmead, the streets are not well maintained, most houses are small and the flats make the impression that many people are living on a small surface. Next to that, many people are hanging around on the streets and people are sitting in front of their houses, which leads to the interpretations that they do not have any useful activities and are probably unemployed. The high unemployment and low income of the area, lead to that most people would define the situation in Elsie’s River & Ravensmead as community poverty. “If many or even the majority of people in a community are poor we call it community poverty.” (Swanepoel & Beer, Poverty, 2011, p. 2)

Beside the direct consequences of poverty (not being able to participate in activities or purchase food), chronically poor has a big influence on the daily life and well-being of those being poor. Poor struggle to reach the measured five dimensions of well-being: “**Material wellbeing**, having enough food, asset, work, **Bodily wellbeing**, good physical condition, **Social wellbeing**, being able to care for children, remain self respect and dignity, living in peace with family and community, **Security**, characterized by civil peace, physical safety and secure environment, **Freedom and choice and action** in all aspects of life” (Swanepoel & Beer, 2011, p. 11)

A poor community struggles with getting out of poverty and according to Chambers poverty is a strong determinant of the others. People are **physical week** due to the lack of food. The malnutrition, leads to higher chance of getting an **infection**. Further one people are unable to reach and pay for health services. People are in **isolation**, isolation because they cannot afford the travel to look for work. They are **vulnerable** because they have no resources to pay for large expenses. That leads to **powerlessness**, because lack of wealth goes with low status. (Swanepoel & de Beer, 2011) “The poor have no voice”. (Swanepoel & de Beer, 2011, p. 5)
People are trapped in deprivation. These so called determinants of poverty are forming a circle of circumstances. Because these circumstances have an influence on each other, makes it difficult to get out of the deprivation trap. See figure below.

The determinants of poverty influencing each other in the following ways:

- **Poverty** is caused by lack of asset;
- **Vulnerability** is seen in the lack of reserves and choices;
- **Isolation** is often a geographical sense, but also shown by lack of education and exclusion from systems and structures;
- The **powerlessness** of the poor is illustrated by lack of social and economic influence and the ease by which they can be exploited by others;
- **Physical weakness** is seen in the lack of physical strength of individuals and chronic illness.” (Swanepoel & Beer, 2011, p. 6)

“A community project cannot address, nor should it, all these issues at once” (Swanepoel & Beer, 2011, p. 6)

If literature labels Elsie’s River as a poor community, it is of interest to know what this means and how this could influence the occupations in daily life of most people living in such a community. People in the area might be deprived in their occupations. According to the explanation of occupational deprivation by Christiansen and Townsend (2004) something external is leading to conditions which lead to deprivation. These factors can be of economic, environmental, geographic, historic, cultural or political nature. In the Elsie’s River and Ravensmead the history of apartheid is playing a role in the deprivation.

On top of analyzing the community in terms of the deprivation trap, Swanepoel and Beer (2011) suggest that the consideration of the starting point of the intervention can be made together with the community. Health can be seen as a key factor, important for breaking the circle of being trapped in deprivation. (Swanepoel & Beer, 2011)
One way of addressing a community, which is trapped in deprivation as well as individuals who are occupational deprived, is through Health Promoting. At St. Andrew’s education about health and well-being is provided and the learners may experience the group’s actions as a useful activity furthermore the group gives them a sense of belonging. The group gives them the opportunity for meaningful and purposeful engagement to enable them to discover, connect with and learn about occupational needs, strength and talents. (Kronenberg et al., 2005)

**Malnutrition**
Swanepoel and Beer see a direct relation between the low incomes in poor communities and the lack of food securities. This often results in the fact that poor people eat food with low nutritional value. (2011) A question rising when establishing the community as a ‘poor community’ is what this could mean for her members in terms of food security and in terms of occupational performance? People get affected in their development (especially young children), in short; malnutrition could lead to; brain damage, lower IQ, and iron deficiency. Next to this Swanepoel and Beer state that the malnutrition affects achievement in school-age children and are poorly nourish children likely more absent from school. (2011) Also when a child is attending class on an empty stomach it will likely experiencing difficulties concentrating. According to Maslow’s hierarchy of needs the physiological needs are the strongest and will all other needs step into the background. (Sørensen, 2011)

**HIV/AIDS**
The impact of HIV and AIDS in South Africa is immense. HIV in South Africa is mainly transmitted through heterosexual sexual contact. Besides this mother-to-child transmission is the other main infection route. The antenatal HIV survey shows a yearly increase in the prevalence of HIV in the Western Cape Province since 1990. (Draper B., Pienaar, Parker, & Rehle, 2007) A HIV-infected child that is born into a family where the virus may have already had a severe impact on health, income, productivity it will also have impact on the ability to care for each other. (Avert HIV and AIDS, 2012)

In South Africa at least 8.2% of the men and 13.3% of the woman are infected with HIV; and there are more people living with HIV in South Africa than any other country in the world. (Strebel, 2006). The number of people living with HIV in the Western Cape was approximately 220.000 in 2006 and increase to around 320.000 by 2010. (Draper et al., 2007)

**Tuberculosis**
Tuberculosis (TB) is a contentious disease that spreads through the air. The HIV/Aids pandemic has made TB upswing. People with HIV have 20 to 40 times more chance to develop TB after they get infected with the bacteria. In Africa TB is the biggest cause of dead among people with HIV. (Prevention, 2012) (fonds, 2012) With approximately 48 000 registered TB cases according the Department of Health in 2005, the Western Cape Province is historically among the highest in South Africa. (Bell & Yach, 1988 : Department of Health, Western Cape, 2006).
Gangsterism

When looking at the problems of being a Health Promotion School in Elsie’s River and Ravensmead, gangsterism is considered a major problem and is depriving the occupational performance of learners and educators. (Whiteford, 2000) During the orientation phase the PT was informed about the danger of gangs by several community members. The gangsterism as seen on the Cape Flats, were Elsie’s River and Ravensmead are located, is a destructive phenomenon which involves drug trading, pornography, robbery and murder. The activities gangsters engage in affects almost everybody in the community, especially the youth, as they are at a stage where they are vulnerable and impressionable. (Reis, 2007)

Gangsters not only affecting people in a ‘bad way’, they also make use of the community poverty by providing the community with food and money; this strengthen their stature. (Reis, 2007 : Kinnes, 2000)

“There is evidence in the data of gangs committing crime and learners denying witnessing the crime when questioned by the police.” (Reis, 2007) By providing the poor community with necessities the gangs were able to gain more control and can commit crime without fear of being reported. (Kinnes, 2000)

Growing up in a violent community

The occupational deprivation on learner’s performance as mentioned before is strongly related to the territorial activities of gangsters that infringe on learners’ freedom of movement. Regardless if the learner is part of a gang or living in a gang territory they are marked as an enemy and are therefore in danger. This way learners could potential not access the library to complete their school assignments, given this; it is evident that the gangster activities deprives learners from a safe environment for effective education. (Reis, 2007)

The exposure to violence can have different effects on a child. In research found symptoms are: depression, loss of desire for amusement, disrupted sleep, nightmare, fear of death, separation anxiety, difficulty concentrating, anger, fear of being alone. To put it in a nutshell there is a broad range of dysfunction caused by violence. The Family plays a key role in the support of a child. So to say can family stress be a risk factor and family harmony and support can be protective factors for children exposed to violence. (Barbarin, Richter, & de Wet, 2001)

Substance Abuse

The drug which manly used in South Africa is methamphetamine, also known as TIK, speed or crystal meth. (National Institute on Drug Abuse, 2012) And over the past six years the drug use, particularly in Cape Town, has experienced a sharp increase. (Plüddemann, Flisher, Mcketin, Parry, & Lombard, 2010) A concern for the schools is that 70% of the people that receive treatment for the TIK addiction are under the age of 20-year-old and are associated with non-attendance of high school. (Kapp, 2008 : Plüddemann et al., 2010) The effects that TIK has on the user are; increased energy, more self-confidence, increased sexuality, restlessness and irritability. A persistent TIK user will also experience severe weight loss, dermatological problems, uncontrollable rage, psychosis and paranoia. (Kapp, 2008)
Education

The Health Promotion is practicing from the school ground and is mend to be infused in the school education system; therefore the understanding of the school’s education system is important. According to the guideline of learners’ discipline and school management learner’s behavior problems have been a major concern for educators, parents and administrator’s. (Education Management & Development Centre: Metropole North, 2007)

More than ever before, educators are faced with critical problems in their classrooms, and are confronted (on a daily basis) with unacceptable learner behavior and threatening situations, especially after the abolishment of the old system of corporal punishment and control. (Chambers, et al., 2003)

Schools and education are been seen as a place for learners to socialize and tend to become more important as children move into adolescence. The environment protects them from engaging in violent behavior and education is seen as one of the most effective ways in preventing HIV/AIDS breakouts in communities. (Swanepoel & de Beer, 2011 : Ward, 2012)

Learners with poor achievement at school and low educational aspirations are more likely to engage in violent behavior (Ward, 2012). Furthermore these learners, according to Erikson’s theory, dated but still often used in recent literature, of the stages of psychosocial development most (the adolescence, 13-19 year) learners dealing with stages of psychosocial development and are in search for an identity, roles; and belongingness. (Compernolle, 2011) This makes them more vulnerable to get trapped in engaging in gangster activities when they don’t find the needed feeling of appreciation and belongingness at school or at their home. Besides the inner drive of the learner for attachment to education, it is likely that the parental valuing the education and how school successfully promote academic competence influences the learner’s attachment to education. (Ward, 2012) According to the Western Cape Education Department an opportunity for study is not depending on financial resources of the learner, there are several institutions inform of a loan or a bursary available. (2012)

Risk factors

Risk factors for anti-social behavior including violence can be understood on different levels: individual, family and community. Especially the risk-factors on the community level are interesting when looking at learners growing up in a violent community as Elsie’s River and Ravensmead. Negative events have in one environment a negative influence on the behavior of the learner as they have in other environments. For example: a learner grows up in a street where he experiences pressure by gangs. This is a risk factor for negative behavior at school. In other words; when learners experience many risk factors in their community or homes; it becomes likely that these learners have a poor performance at school. (Ward, 2012)
Protective factors

Besides the risk factors for anti-social and violent behavior; it is important to explore the protective factors that buffer the learners from the harmful effect of problems in their community. This buffer is in literature described as resilience and can be defined as “having persistent positive outcomes in the face of severe stressors”. (Ward, 2012, p. 79) Although this topic needs more research, an accepted statement in the literature is that learners who face more risk factors need more protective factors to reduce the risk of them engaging in anti-social and violent behaviour. Protective factors are found in supportive households, or for example practising a religion. Why practicing a religion serves as a protective factor is not well understood, but very interesting when observing the many churches in Elsie’s River and Ravensmead. (Ward, 2012)

Out of school activities

An important possible protective factor for learners is to engage in out-of-school activities. “Children whose time is occupied with prosocial activities, such as homework tutoring, sports and cultural or artistic endeavors, are far less likely to engage in substance abuse or delinquency”. (Ward, 2012, p. 78) These out of school activities take place at homes, shopping centres and outdoor spaces during the free time of the learner. (Ward, 2012) According to Kinebanian and Le Granse these are activities of great importance for achieving well-being. (2006) However, a research in South Africa shows that high school learners experience leisure boredom. This could mean that the learners are either bored of the activities they have access to or that they do not have access to out of school activities. When this occurs, the shortage in out of school activities can become a risk factor in a learners’ life; as study described an increase in the attractiveness for these learners of joining a gang. (Ward, 2012)

Health Promotion School

The PT is entering the Health Promotion group in order to strengthen the current activities. Therefore current activities must be analyzed and the PT need to have a clear understanding of Health Promotion.

“A health promoting school is one that constantly strengthens in capacity as a healthy setting for living, learning and working.” (World Health Organization, 2012)

The World Health Organization, define Health Promotion as followed: “Health Promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, Health Promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to wellbeing.” (1986) This definition still applies on today’s Health Promotion.
In order to enter the Project, a guideline of the WHO clarifies the actions a Health Promotion Project should take:

- A Health Promotion approach needs to address community health problems and the Health Promotion team need to be informed about them.
- The laws and policies in the community must be known.
- Resources in the community, which might work together or support must be found.
- A Health Promotion plan is essential. (World Health Organization)

**Frame work - Health Promotion**

There are several frameworks of Health Promotion, the PT finds this framework according to the book “Promoting Health in South Africa: An action manual” a health promoting school the most fitting, complete and understandable:

“- Positive relationships between staff and learners, parents and staff, staff and principal and the whole school and the community
- Organization and management structures which encourage self-confidence and build self-esteem for staff and learners
- An environment conducive to health, including healthy water supply, sanitation, lighting, adequate facilities, and a healthy food supply
- Role-modeling of healthy behaviors by staff, parents and the community
- A system of teaching and discipline which builds self-esteem and encourages a culture of learning
- Health-promoting policies for the school itself and for the school as part of the community.” (Coulson, 1998) This framework is dated but still fits the principles of today’s Health Promoting

**Research approach**

In order to achieve community development through Health Promotion the research method has to fit the final goal of development, therefore the PT choose Participatory Rapid Appraisal and Planning (PRAP): A qualitative method of research, based on the perception, opinion and insight of people. “There is not a researcher vis-à-vis a responder, all participants are researcher and responders at the same time.” (Swanepoel & de Beer, 2011, p. 168) The PT thinks that it is important that the research approach is directing to sustainability of the project. The PT is in the community just for a limited time and the goal is that the Health Promotion Project sustains and that the Health Promotion group is experiencing the work of the PT as support. The PRAP methods are especially focusing on the inclusion of the community in the research and on the empowerment of the community. The stakeholders need to get optimal involved during the research in order to make any intervention sustainable. That’s why motivation of the learners and educators is playing a key role in making an intervention a success. (Swanepoel & Beer, 2011)
The project team will make use of different resources as: literature, articles, guidelines, reports and transcripts of interviews.

The project team takes these do’s and don’ts into due regard when entering the community and school, when making choices of assessments for gathering information, and when processing information and identifying needs.

**Do’s and Don’ts according to the PRAP**

“Don’t call a public meeting when you’re entering an area to do a needs identification exercise;

Don’t ask the people what their needs are;

Don’t tell the people what their needs are;

Don’t take the lead in the identification of the needs;

Don’t regard your perception of needs more important;

Do just move among the people and their needs will be identified naturally;

Do help people believe they can do something about their needs;

Do let the people show you believe in their ability to do something about their needs.”

(Swanepoel & Beer, 2011, p. 196)
Analyzing the needs of learners, educators and community members

The OT is trained to work with both individuals as with groups, when working with groups in a community the project team have to look into theoretical frames that meet the goal of community development. In this case a clear understanding of identifying and analyzing the needs is an important theoretical framework the PT has to apply. Swanepoel and Beer describe several principles for the community development worker (CDW) to analyze the needs. The PT considers the role in supporting the Health Promotion project similar of that of the CDW and will use the principles. (2011)

During the contact making phase where the PT enters St. Andrew’s for the first time, the project can do nothing but notice learners and educators needs, through observation, listening what people say and through some survey. Then a fairly clear picture emerges. It is important for the PT to start changing any negative feeling learners and educators might have about their circumstances and their capacity to do something about them. The project team should suggest to participants that they can do something to meet at least some of their needs. (Swanepoel & Beer, 2011) “Indentifying needs can be a very negative activity. On itself there is nothing positive about needs identification. It is necessary, therefore, that people be led to the understanding that they should not accept their abjection, but should start thinking positively about using their abilities to change their situation.” (Swanepoel & Beer, 2011, p. 166)

Figure 17.1  The contact-making process
A need is concrete and definable and known by the people having the need. Often people have more needs, but a project can only address one need at the time. Need identification undergoes an informal phase during contact making and a more formal phase when a project is instituted. (Swanepoel & Beer, 2011) When the need is clarified it is important that the action-group feels that the need they identified is their own.

“The poverty situation does not allow luxuries, which means that people are not seeking to indulge in ‘interesting’ or ‘worthwhile activities.’” (Swanepoel & Beer, 2011, p.185) Further one the PT should be careful to not impose needs of people or tell people that they should organize as a good cause in the opinion of the PT. Community development is not the hobby of the people in the community. People are confronted with their crises situation daily and have very little inclination to do something nice or pleasant. (Swanepoel & Beer, 2011)

**Topics**

When exploring the literature and speaking with people that work or worked at the Health Promotion project at St. Andrew’s several topics occurred. From these topics and information of direct observation questions got extracted that have formed the base for the semi structured interviews. The topics are ordered below, after the overall themes of the main research question; Learners, Community, School, Educators:

<table>
<thead>
<tr>
<th>Learners</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Health conditions and its impact on learning;</td>
<td>• Poverty and the impact on the people in the community;</td>
</tr>
<tr>
<td>• The impact of the environment on the health condition;</td>
<td>• Apartheid and the impact on the community;</td>
</tr>
<tr>
<td>• Experienced barriers in the community for future education/work;</td>
<td>• Unemployment and the impact on the community;</td>
</tr>
<tr>
<td>• Opportunities for future education/work;</td>
<td>• TB, HIV and AIDS rates and the impact on the people in the community;</td>
</tr>
<tr>
<td>• Current Health Promotion at the school;</td>
<td>• Pressure of gangs and the impact on the community.</td>
</tr>
<tr>
<td>• Future Health Promotion at the school.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Educators</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Current Health Promotion at the school;</td>
<td>• Resources of the school;</td>
</tr>
<tr>
<td>• Future Health Promotion at the school;</td>
<td>• Current health promoting project and the influence on learners and the community;</td>
</tr>
<tr>
<td>• Competences of the educators;</td>
<td>• Management of the school focused on the problematic in the community.</td>
</tr>
<tr>
<td>• Needs of the educators focused on Health Promotion.</td>
<td></td>
</tr>
</tbody>
</table>
Chapter 3

Methodology

Participants
In this qualitative study 26 people participated in total. Three distinct groups were targeted for the interviews. The first group consists of 17 learners with an age range from 12 to 18 years, who are participating in the Health Promotion project at their school. These learners are in different grades and involved in different areas of the Health Promotion project at their school (Recycling, Feeding Scheme, First aid). The learners were automatically selected by being a Health Promotion learner. The second group consists of five educators and one staff member. These educators are teaching between the 1 and 25 years at this secondary school. They are facilitating the Health Promotion project by being in charge of a particular group or were in another way involved to the project. Three community members approached for a case study as a third group to give more insight on the changes over the years in the area the school is situated. These community members are living in Elsie’s River for over 30 years, being active community members they know the community well and vice-versa.

Procedure
Data collection took place from January 2012 to March 2012. Participants were interviewed until it was determined that no new themes emerged from the analyses and the state of theoretical saturation was reached. Semi-structured interviews based on themes extracted from the literature were conducted. The duration of the interviews range from 30 minutes to 1,5 hour. Learners from the first group were asked to describe their role in the HP, their experiences in the community and school, their opinion about the current HP and future opportunities of the project. Educators were asked the similar question referring to their role as educator. With the community members a narrative interview (accustomed OPHI II) was conducted. In order to speak to community members/parents 20 letters were send to the parents of the learners. (Letter parents, appendix 4) All interviews were recorded and transcribed with permission through a consent letter for all participants, for underage learners the consent letter has been signed by one of the parents. (Consent letter, appendix 3) Data was thematic analyzed.
Research design

The research data is collected in several ways;
- direct observation; observation at St. Andrew’s, observation of driving through the community by car
- area photographing; while driving through the community and school
- Semi structured interviews; with key-informants as educators and non-teaching staff, focus-groups with learners, narrative interview with community members. (Preparation interviews, appendix 5)

The data collection consists of:
- Research data report of all conducted interviews
- A summarized field report of observations
- Area photographs with a short description to create a better understanding of the circumstances in the community
- Case studies, to illustrate the life over time in the area.

(Observation summaries, area photographs and the case studies can be found in the illustrative report Appendix 1)

Interviewed persons were:

<table>
<thead>
<tr>
<th>Participants</th>
<th>Method</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff member</td>
<td>semistructured interview</td>
<td>1</td>
</tr>
<tr>
<td>Educators</td>
<td>semistructured interviews</td>
<td>5</td>
</tr>
<tr>
<td>Learners,</td>
<td>focusgroups</td>
<td>17</td>
</tr>
<tr>
<td>Community members</td>
<td>semistructured interview</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>27</strong></td>
</tr>
</tbody>
</table>

Methods

Participator Rapid Appraisal and Planning (PRAP)

Participatory Rapid Appraisal and Planning, qualitative method of research, based on the perception, opinion and insight of people. There is not a researcher vis-à-vis a responder, all participants are researcher and responders at the same time. (Swanepoel & Beer, 2011)

The techniques which the project used were: direct observations, secondary data review, area photographing, case studies and interviews.

Narrative interview

The Adjusted Occupational Performance History Interview (OPHI - II) is an instrument used by Occupational Therapists to capture the life history of a person. A rich picture of a person’s occupational identity, occupational competence, and occupational settings (environment) gets explored. It gives the client the opportunity to reflect upon, continue or remake life
stories. The instrument provides recommended questions and flow charts as tool to guide the interview. (MOHO clearing house, 2012) In the research the instrument is used to guide the case study interviews. (Preparation interviews, appendix 5)

**Ethical considerations**

The Project Team developed ethical principles guided by the basic ethical principles of the Belmont report: respect for a persons, beneficence and justice (National Commission for the Protection of Human Subjects, 2012) and used the below described principles when entering the community and school:

- **obtain the voluntarism and informed consent**
  The participants (learners, educators, non-education staff, and people living or working in the community) must be free to choose, decline or withdraw from the research at any stage. We will make sure to tell them so when we start gathering information by interviewing these groups or individuals. (Swanepoel & Beer, 2011)

- **ensure anonymity of the participants and confidentiality information share**
  The project team must ensure that the participants’ data and information remain confidential and anonymity is protected. The project team will not link gained information to names, when using a voice recorder they will be asked for permission for doing so (permission gets recorded). (Swanepoel & Beer, 2011)

- **ensure that the research will do no harm to the participants**
  Members of the community will be treated equal, with respect and consideration. The project team will be particular sensitive when working with children or disadvantage and vulnerable people. Du Plooy (2000) recommends that researchers deal with the issue of ‘doing no harm’ by ‘reviewing our perceptions, values and judgment, and make sure these are all open for public review. (Swanepoel & Beer, 2011)
Chapter 4

Results
This chapter includes the research outcomes. The themes which came out of the data analyses are used as a structure and form the headings. Themes are: Life in the community, Health Promotion and School. The outcomes are based on several individual- and focus-group interviews, conducted with learners and educators of St. Andrew’s and Community members of Elsie’s River/Ravensmead.

Life in the community
Almost all of the interviewed learners described their community as rough. One participant even went so far as to compare it with apartheid, this comment was confirmed by the other learners present. Street shootings, drugs, gangsters and corrupt police were all pointed out as reasons for their “rough” community.

“The community is very out of the control, It is rough, they shooting guns, it’s almost like apartheid” (February 2012, learner 18 years, Elsie’s River, talking about her community)

Young children talked about their experiences of being robbed during their way from school to home. Many of whom got “gun pointed” or had a knife held against their neck in order to force them to hand over their belongings. Similarly, the prevalence of substance abuse in their environment was a topic that all groups could relate to. Many of the learners knew the houses in their neighborhoods where people buy and sell drugs. In one case, a learner stated that one of their own family members even sold drugs from his house, to children her age. The children associated the substance abuse present in their neighborhood to some of the problems they experience in the community.

“I know what I am talking about, my uncle sales drugs to young children, when I come there I see the stuff, children my age come to him and use the stuff” (February 2012, Learner St. Andrew’s, talking about substance abuse in her environment)

Most of the parents that bring their children to a local Community Care Centre are unemployed. One high placed staff member placed this figure at approximately 80%. Because of the poverty in the community, the need for these initiatives like feeding schemes, often by the church, is high. However, around half of the parents are unable to pay the relatively small fees that are charged for the daycare Centre. Consequently the Centre is unable to generate a healthy financial income. Although the daycare Centre receives some limited charity from local shops, it has been unable to secure either government subsidies or dependable private sponsorship. As a result, the salaries for the community members employed by this initiative and the meals provided for the children are funded out of either the Church’s “own pocket”, the parents that do pay the fees, and the money generated a few times a year by organizing fundraising events.
“We don’t get subsides from government or even from the shops, we last time send out a quite a few letters, and we only got a reply from one shop and that was an electric company that sponsors us with some electrical wire, try to feed children with that.” (March 2012, Headdaycare center Elsie’s River)

Several community members identified the endemic poverty in Elsie’s River as the root cause of some of the biggest problems experienced by the community: in particular the prevalence of gangs, theft and robbery. These issues make it harder for the community to break the circle of social and economic inequalities. According to the same community members, giving money to the poor is not considered as a sustainable solution as the money people have is commonly spent on alcohol and substance abuse. However, due to long-term economic deprivation and lack of employment opportunities, many community members are not motivated to seek work. Those who are, often face other barriers such having a police record. Almost all of the respondent children stated that these factors make the area a hard place to grow up and it may be even harder to break free and fulfill dreams. Even though the community has a lot of members, who are actively trying to improve the situation, without financial resources, the opportunities to do so are becoming scarce. Attempts to activate community members or get finances by the government leads often to a feeling of frustration by the active members.

“If you look outside there are a lot of people sitting around. Walking around. Doing nothing, nothing with their live. Ask them the purpose of their live they got no idea they just live today to tomorrow.” (March 2012, Pastor Elsie’s River)

Therefore-mentioned community care Centre tries to reach out in the community, creating jobs, collecting clothes to give to the poor and organizing feeding schemes that attract more than 300 children every Friday afternoon. During the weekdays the Centre takes care of 80 children. According to the Centre most of the children have relatives or other people at home that should be able to take care of them. However, the breakdown of traditional family structures and home environments has led caregivers to feel that the daycare Centre offers a safer space for children throughout the day. While the community care Centre would like to increase the services and activities offered to these children and families, it is currently unable to do so due to a lack of funds for the purchase of materials and payment of wages.

Most of the interviewed children stated that they did not trust police. They held the belief that the police stay away from the real criminals (gangsters) because they get paid by them and instead bother the local children, who are hanging around harmlessly. This gives the learners the impression that the gangsters have more prestige and higher status than the police. One step taken by the community to deal with the problems of safety and crime has been through instituting a Neighborhood Watch program. Every night, 25 community members survey the area in smaller groups. During the nights, especially in the weekends, the community is very noisy. A lot of people walking the streets, drinking and playing loud music, keeping the children awake.
“We try to sleep, but it is.. We would try to sleep with the pillow over our head” (February 2012, young girl living in a flat in Elsie’s River)

**Substance abuse**
The abuse of the mainstream drug Methamphetamine or TIK, is considered as the drugs that keeps the community in an iron grip. Methamphetamine is a psychoactive drug and has a high potential for abuse and addiction. The drugs trade as well as the drug use have an impact on the community and her members. The learners see how the use of drugs is linked to the theft and trouble in their community.

“Because of the drugs there are really awake at night and start to rob. They steal all kinds of metal to sell, even the washing lines. Or sometimes you see other people walking with your cloth” (February 2012, learner St. Andrew’s, talking about the effect of drugs on her community)

The learners disapprove all substance abuse, in addition the school takes part in preventing learners using drugs. For example, the school ground is surrounded by two fences several meters from each other to avoid people from outside pass drugs trough the fence. Besides this St. Andrew’s has an updated policy for learners that they suspect of drugs use. The learner gets tested on drugs in the school, if the learner reacts positive on the test(s) he or she has to take part on a rehabilitation program. Despite the effort in substance abuse prevention and rehabilitation, there are learners using drugs according the interviewed learners but those are not identified by the educators.

“Because when you look at their behavior and stuff like that and you suspect that the child is intoxicated or under the influence we recommend him to the principal and then we test them.” (March 2012, Educator St. Andrew’s talking about the use of drug during school hours)

Beside the use of Methamphetamine is smoking of cigarettes and Marihuana several times mentioned by the learners as things that happen on the school ground or before school, of course against the school regulations. These details are not mentioned by the educators, although one educator thinks it is possible this could be happening.

**Criminality**
The main type of criminality that came up during the interviews is the criminality direct related to the several gangs prevalence in the community. The gangsters belong to the gangs named; 26, 27 and 28, how higher the number the more severe the crimes they commit. The crimes committed by the gangs vary from robbery to murder. When the learners talk about the gangsters they tell several stories with a lot of murder involved. Although the gangsters are using and selling drugs, the learners believe the local law enforcement stays away from the gangsters, and leave them alone for the reason that the gangsters pay the police. The gangs who are present in their community have a big influence on the lives of the learners, the situation deprive them from growing up in a safe environment. Some learners admit to know a few gangsters, most of them live in their neighborhood and warn them to stay out certain areas when they “go to war”. On the question if they are not scared they answer with “no”, and clarify their answer with “you cannot show when you’re afraid otherwise they take advantage of you”. The learners see it happen that other learners decide to drop
out of school and join the gangsters at a young age, a pastor in the community confirm this state of the learners by saying:

“I believe when you get to a certain age you make a decision what you want to become and they end up as prostitutes the guys they become or depressed they become a gangster to proof he’s the guy, he becomes a gangster he is on drugs and he is committing crime” (March 2012, Pastor Elsie’s River, talking about opportunities for the children in the community)

HIV/Aids/TB at school and community

In general learners did not bring up the subject “health issues in their community”. When the subjects Tuberculosis, HIV and Aids were discussed, it seemed difficult for the learners to explain what the impact of these diseases is on their health condition. Learners held the belief that these diseases can be cured when going to a medical professional in an early stage of the disease. Also the difference between TB and HIV was not completely clear for these learners. There is more knowledge on prevention of HIV and TB, so had the school, in 2011 on national TB-day, an awareness program on TB and the learners linked sexual-contact to possible HIV and saliva transfer between individuals to a potential TB infection.

“If you found out you have HIV or aids, if you walk fast. Go to the doctor, the moment they give you medicine, or the tablet, it can go away” (February 2012, learners (15-18 y) St. Andrew’s talking about HIV in their community)

St. Andrew’s has a HIV/Aids policy which is available for the staff, the Education Department set the policy mandatory on the school and the HIV/Aids-coordinator makes sure the policy gets implemented in the school. St. Andrew’s had one recent case of Aids on one of her learners, this learner left the school, and other details about this case are not available. In 2011 the school has put an optional HIV- test available for all the learners, exact numbers on the turnout and outcome is not known.

Health Promotion

St. Andrew’s started with the HPS program 5 years ago after the University of Western Cape (UWC) contacted the school to participate in the HPS support program. Some of the educators volunteered to take part of the HPS and attended several workshops and received support to make St. Andrew’s a Health Promotion School. The motivations for participating in the Health Promotion Program vary from personal life’s of the educators and a case of Aids on St. Andrew’s. Till this year the UWC supported the school with funding. Every year there were sponsors for camps for the learners of the HPS group .The funding will stop this year. The learners did experience the camps as positive and wish that they can do fundraising by themselves to be able to do activities like that. They find it important for the bonding of the group and did describe the holiday as a “family gathering” (March 2012, learner HPS group, St. Andrew’s school)

HPS is found to be a necessity according to several persons at the school. HPS should be visible for everybody at the school, but not all the learners and educators know more about the HPS. HPS and other school clubs are seen as a key to help the learners to develop life skills. But till now, not the entire school is reached by HPS. Learners get involved in the HPS, because other HPS learners ask them. Many HPS learners will stop this
year because they finish school, which is why the members want to recruit new members. The HPS learners think that they must do something interesting for the other learners. The talent show, which they did recently to show what HPS is all about and to recruit new members was a success. Learners see that as a good example for an action to recruit new members.

There are different opinions about the size of the HPS group, one educator is experiencing the current size as big enough and would find it more work to have more learners in the group, other educators who are less involved in the HPS, think, that the HPS should reach the whole school. Learners are busy with recruiting new members and think about ways to do it. All of them think that HPS should reach the entire school through events, possibly on the awareness day’s (TB day, HIV/AIDS day).

Three educators are mainly organizing the HPS group. There are a few more educators concerned and partly active members. Beside that the group is sometimes asking other educators for support. The HPS is running because of the educators, without their support it would be difficult to continue the program. Active educators find it challenging and exhausting to overview the activities of the HPS groups and complain about the educators who are not taking their responsibilities. The fact that the funding and organization of the summer camp stopped makes educators worrying.

One educator has concluded from her experience that learners do not have enough knowledge about healthy eating habits. She would like to implement this knowledge into the school education. She thinks it is a necessity, because she finds the learners often hyper in class, in her opinion because they eat unhealthy in the morning. Another educator sees it as her duty to organize funding, to be able to buy chicken meat for the feeding scheme, but cannot find the time for that because of her other responsibilities.

The HPS learners have the vision that the HPS group is supposed to help each other and people from outside. They have an understanding that the activities of the HPS group could make a change also in the community. One learner was saying:

“If people know about us and we get more people involved. I think people will, the community will get a little better. The violence won’t be so serious and we could help people and we would get sponsors to help us, so we can help the people in the community.” “So we can learn people more about, what they should be aware of and what is happening in the communities.” (March 2012, learner of the HPS group, St. Andrew’s school)

They know that it is difficult to go into the community, because of the danger. The gangsterism is a big problem and could affect actions of the HPS groups. A year ago the HPS group wanted to do a talent show, that did not happen, because one learner brought a weapon to school and the police came. Learners describing the organization of that show as difficult and telling that the HPS group almost broke up because of that. After this event learners did not have a meeting for a while and over time slowly more learners came back to the group. In the past there have been disagreements about the rules in the group. As an action to streamline the group, they are about to write a constitution and select a new leader. Beside that there are inactive members and the group want to review their memberships.
**First aid**
The first aid group is present at sport events of the school and helps learners who get injured. Often learners are fainting. The group helps in first instance and will remit serious injuries to the hospital. One educator is in charge of the first aid group and is also providing first aid. She says that she is helping learners every period and every interval. On Monday children will come to her, to aid injuries from the weekend. The group is having workshops about first aid and is planning to follow a first aid course at the St. Johns hospital, were they will write a test and receive a certificate.

**Recycling**
In the recycling group learners collect paper, cans and plastic from the different classes. The materials also come from learners who bring them from their homes to school. According to one learner, a group of three learners have the responsibility of collecting the materials. There is no fixed structure in the organization, the learners say that they need to ask their educator to go out of class to start collecting. The educators need to give permission to the learners; that’s why they do not know when the next collection will be. Learners see the collection of rubbish (Materials) as a chance to

> “make the area more safe and cleaner for the little children” (March 2012, learner, St. Andrew’s)

and also understand what recycling is about.

> “They recycle them and they make other stuff out of it.” (March 2011, learner, St. Andrew’s).

In the future the group of learners would like to reach the neighborhood with the recycling. The materials are getting sold to a company. The highest amount that the school received was 1500 rand. The money is used for school expenditures. The recycling is not running as well as educators would like it to be. The motivation of collecting the materials increases, because people from the school stole the materials. It is an extra income for them and they don’t want to give up on that. The storage places seem to be unsafe and a safer storage place might be a solution according to an educator.

> “The recyclable items are the schools property and should stay the schools property, and not go to the staff.” (March 2012, educator, St. Andrew’s)

It seems like, that not the whole school, understands the value of the materials and the value of running the recycling group. This might be explained with the fact, that the school does not have an official analysis of the recyclable items and there is also no official project plan. There is a lack of clarity. Educators began to make a plan and stopped carrying out the project properly.

Although the recycling is not running like it should be, but the Health Promotion educators still want to proceed and try to make the recycling into a success.
**Feeding scheme**

The feeding scheme gives food to the children. There are approximately about 200 learners in need of food and about 700 learners make use of the offered food. Beside the normal routine they also give food to the learners who do athletics. The department and the Lotto supplies basic food, that is why educators bring extra ingredients, like salt, fish oil, herbs and vegetables. The food is different every day; one dish is a briani with fish out of cans.

“We like the food, it is nice to eat. But well any food is nice to eat. The food is healthy, but we are not so sure about the amount of the different nutrition’s.” (March 2012, learner, St. Andrew’s)

The school has a kitchen lady working for the feeding scheme, she is in charge of cooking the food and one educator is organizing the feeding scheme group of learners. The group helping with serving the food, washing the dishes and collecting the plates from the learners. They do it in turns and organize this verbally and do not have a calendar. This system is working well according to the learner’s.

“A problem what we see is, that some of the older children take 2 or 3 times food and then the younger children won’t get any food. Sometimes we have trouble to get into the kitchen to help, because there is a lot of children in front of the door. Once we serve the food, children are not willing to wait in a line, that makes it hard for us to serve the food. Sometimes we need to close the metal door a bit.” (March 2011, member of the feeding scheme, St. Andrew’s)

**School**

According to most of the learners and educators St. Andrew’s is an outstanding and special school. One thing that makes this school so special are the many clubs that learners can join; HPS, hiking, chess, dart and fishing. This is not something that many schools organize. The clubs are organized by the educators and run after school time. One educator pointed out that these groups are an opportunity for the learners, and stated that learners should all join a group. In her opinion the learners need to be motivated to join one of the diverse range of groups. One idea to motivate them would be to invite celebrities to give a speech at the school. Beside the clubs the school also has a first aid kit and first aid room. The school has an AIDS/HIV and a TB policy.

Another great strength of the school is that the educators love what they do and are dedicated to their work. According to the learners, the educators at St. Andrew’s are nice and interested in them. Some of them are funny and all of them are hard working. On the other hand, some of the learners stated that they are not always comfortable with the atmosphere in the school. One particular issue identified by the learners was bullying. One group that was interviewed stated that some of the older learners ask the younger learners for goods, like food or money. Because of concerns that the bullies will hurt them if they talk to the educators about it, they pay a protection fee of approximately 2-5 rand a day.
Another issue raised by the learners was the feeling that some of the educators do not always treat the learners fairly and with respect. One learner gave the example that one of the educators was unclear about a task and instead of taking responsibility for this, blamed the learners and informed their parents unnecessarily. Another group reported that a particular educator made racist remarks towards the class, on one occasion stating:

“you coloreds you are always like that, you don’t have manners you don’t have respect.” (March 2011, line educator according a learner, St. Andrew’s)

There is security on the school to keep the discipline and protect the school of gangsters who jump over the fence. They also prevent smuggling of cigarettes, drugs and alcohol and smoking on the school ground. Because the learners are not allowed to leave the school during school hours there are sometimes learners who jump over the fence to get outside. The school is perceived as really strict, learners:

“find it not right, that children need to stay at school when they are sick. Also when someone has fainted, you need to stay. If girls have their period they need to stay in school as well, they get a bag from the educator and can go to the toilet. But they can’t go home to change clothes. Because it can happen to some girls, that they get blood on their cloth. The toilets are really dirty, that is unhealthy. The school doesn’t have pills to give to sick children. You can’t go home. You can only go when you need an ambulance. We think the educators and the principal is that strict, because they think that we are lying.” (March 2012, learner, St. Andrew’s)

Educators state that learners who misbehave are regularly put out of class. But find that the most of the learners want to be taught and experience, that all learners identify themselves with the school. A frequently mentioned problem are the learners’ toilets, which are in a bad condition: unhygienic, bad smell, no toilet paper and hand soap at the toilet and broken parts are discomfort. Learners can pick up toilet paper from the educator. An earlier solution to prevent unhygienic and the breaking of the facilities was to employ a lady to watch the toilets, but the service stopped because of a lack of finance. Now the toilets are suppose to get cleaned by the cleaners of the school, it seems like, that they do not do their job properly, which is why the principal made two learners responsible to check the toilets every morning and inform him about if the toilets are clean. According to a staff member the school does not have enough cleaners at the moment, but pretty soon they will get more cleaners from a government funded company. The mentioned problem, that the facilities are in a bad condition, is mainly caused by learners who destroy parts .The school has to repair parts of it in every quarter, which costs the school a lot of money.

**Educators**

Educators take initiative in different activities at the school as earlier mentioned, the support of the feeding scheme and the organization of clubs. One educator is providing first aid to the learners. These activities are a lot of work and they do it on a voluntary basis. Educators take a lot of responsibilities; sometimes they experience them as to much.

One of the reasons for educators to take initiative in the HPS club is illness in the family and the importance of Health Promotion because of the high TB statistics in the school area.
The educators seem to face problems with the learners’ discipline.

“Children at this school are rude, that’s one of the reasons the school is a madhouse. But there are also a lot of children that are willing to participate and trying really hard.” (March 2012, educator, St. Andrew’s)

Because of the lack of discipline educators feel like that they “have teach the children norms and values because their parents don’t do this, this takes a lot of time during the classes” (March 2012, educator, St. Andrew’s)

The non teaching staff is warning some of the learners before they go home, if there is some danger in the community.

“Like when we go home, they telling us like go straight home don’t walk around.” (March 2011, learner, St. Andrew’s)

The school is in a time of change, because the principal will leave the school at the end of the year. Since the position for principal came available the behavior under educators has changed which affects the atmosphere in a negative way. According to one educator the staff is profiling themselves, because they either want to apply for the position or they are afraid one of their colleagues will become the new principal. The effect this situation has on the Health Promotion is that educators outside the Health Promotion Project do not take educators in the HPS serious, since they think the educator is profiling itself.

**Learners**

St. Andrew’s has lot of motivated learners, they participate in the activities the educators offer after school hours or try to make their school and community a better place by being a Health Promoting learner. The future goals of most learners are clear; becoming a doctor, accountant, lawyer or even start an independent business. The personal reasons of the learners being part of the HP-program vary: meeting new people, their own health, developing skills for later professions and just because it’s fun to do. What the learners think of Health Promotion? It’s inspiring, important and interesting. Learners talk proudly about their so called duty as a Health Promotion learner.

“I want to be a social worker, I love children, and in our community the children living on the street and everything, so I want to be more connected with the children...... some children have no good homes, two years ago I experienced it in my one home so some children don’t have food” (March 2012, HPS learner St. Andrew’s talking about her future plans)

Despite this group of motivated learners there is a group of individual learners that cause trouble in school. A problem what is mentioned by most of the educators is that learners are rude. These educators believe that many parents do not do their fundamental job: teaching their children norms and values. An educator stated that she is raising the children instead of teaching them, she blames the single parents and their unemployment and poverty as cause
for the social problems these children endure. The point of view of the interviewed learners is not much different, beside that their also see the earlier mentioned learners that dominate other learners.

The community isn’t offering much to the learners, the chances and opportunities are few according to educators and community members. One member who is involved in a church says, if a person has no opportunity to move out of the area he or she will sooner or later get involved in crime.

**Discussion and suggestions**

This study represents an exploration in the problems and possibilities of sec. school St. Andrew’s being a Health Promoting School. The community poverty is mainly responsible for the biggest challenges that St. Andrew’s face as being a HPS; at the same time operating as a HPS is a great and a contribution to the lives of her learners. Overall challenges which the community faces due to poverty are similar to those in Elsie’s River and Ravensmead. The specific focus of this research on HPS gives a deeper insight into challenges which occur while running a Health Promoting program. The outcome can directly relate to possibilities for improving St. Andrew’s as a Health Promotion School, or being used as a teaching example for HPS programs in communities that face comparable challenges.

At St. Andrew’s the inspiring educators and clubs provide support for learners. They get the opportunity to participate in leisure activities and the group gives them a feeling of belonging. (Compernolle, 2011 : Kronenberg et al., 2005) Especially the feeling of belonging is, according to the literature, a difficult feeling to achieve in a poor community. Besides that, literature suggests that a lack of belongingness is a risk factor for learners to join gangs. (Reis, 2007)

Above all the community has a many difficulties when it comes to safety issues; robbery, substance abuse, murder, and violence are happenings which are part of community members’ daily lives. The safety issues are linked to gangsterism by participants in the research. The learners are exposed to hostile environments; they do not feel safe in their own neighborhood. These conditions affect them in daily life and sometimes deprive them of participating in afterschool activities (Ward, 2012 : Whiteford, 2000) Community circumstances made it impossible for the Project Team to enter the community for the purpose of conducting spontaneous interviews. Another effort of sending invitations to parents did not lead to interviews with community members.

An unexpected outcome is that learners of St. Andrew’s have difficulties explaining what Tuberculosis, HIV/AIDS are or how they get treated. TB and HIV/AIDS are highly present in the area. That’s why it is very important you provide the people living in this area with the knowledge about these diseases. That is seen as the most important weapon in the fight against these diseases. (US National libary of Health and National Institutes of Health, 2012 : Swanepoel & de Beer, 2011)

The high attendance of the feeding schemes of St. Andrew’s and in the communities suggests that there is a food shortage in the communities. Literature confirms that poor communities have food shortage. (Swanepoel & de Beer, 2011) Therefore feeding schemes are of great importance for the learners at St. Andrew’s. Next to the food shortage, the emerged unhealthy eating habits of learners are not investigated in this research and are a point for future research.
Moreover the toilets at school are in a bad condition; unhygienic, no toilet paper at the toilet itself, no hand soap and towels. According to learners the school is not dealing with sickness and menstruation correctly. In our opinion, hygienic toilet facilities and a supporting approach towards ill learners are fundamental for a Health Promoting School. (Coulson, 1998)

Another issue at school ground is bullying, it is affecting the well-being of several learners and in some cases they even have to pay protection fees. Learners are frightened to contact educators about it because of high pressure of the bullying learners, that’s why the school should take action in changing the bullying attitude of some learners, in order to create a safe environment for every learner. (Coulson, 1998)

Furthermore we observed the way the school maintains order and safety. The usage of a baton with the purpose of controlling through power seems inappropriate in an educational setting. Also the security staff should be a role model for the learners, and the assumption that physical power leads to control is not an example that learners should apply to their future lives. But the circumstances in which the school needs to function are rough and we recognize the cause of the approach.

Further one misbehaving among learners is a concern, and makes teaching more difficult and stressful for the educator, literature confirmed this (Education Management & Development Centre: Metropole North, 2007) and give a possible explanation that the lack of good role models in another environment such as their homes may lead to misbehavior in school. (Ward, 2012)

Meanwhile the atmosphere among educators is tense, because of the upcoming selection of the new principal. Educators compete against each other and work for themselves and not as a team. Instead of competing, educators should support each other. This will contribute to a better atmosphere.

The steering and organization of the HPS by educators is not always running desirable. Responsibilities are not always taken. This leads to an overload of responsibilities of other educators. When the overall goal of the school is to implement the HPS in the whole school program, the steering and organization should be divided amongst more educators, in order to avoid overload of work to certain individuals.

At the moment there is no routine in executing the needed activities to make the recycling project work. It is further problematic that collected items get stolen by staff, which results in that the school is not receiving money. Our assumption is that the organization of the recycling project should be reviewed and the whole school should be informed about it.

Furthermore the fact that the Project Team has got a western background might have been of influence on the understanding and interpretation of the research results. Besides that, due to technical mall function, 2 interviews weren’t recorded that can be seen as a limitation. In these cases the participants were asked to review and agree on the summary of the notes made during the interview.
Conclusion

Due to the lack of food security, many learners need the feeding scheme at the school and in the community. The malnutrition causes difficulties concentrating during class. Behavior of many learners is problematic because they have a lack of prosocial role models and meaningful activities; there is a risk learners look for belongingness in gangsterism. Most learners grow up in a hostile and disorganized environment; these external conditions lead to stress and sleeping problems; this influencing their learning ability and deprive them in out of school activities.

Education on the topics Tuberculosis, HIV/AIDS, Healthy life style and future education is needed in order to make students less vulnerable for the risks they face in their environment. For the community there is a need for a safe environment, community poverty is seen as the root for many of the problems such as; substance abuse (mainly TIK), gangsterism, community- and domestic violence, persistent unemployment and reduced motivation among community members to change the situation.

The Health Promoting project at St. Andrew’s is depending on a few motivated educators and several determined learners; the project is not (yet) completely implemented in the whole school, but the HPS- team of educators and learners is on the right track. There is a need of hygienic and functioning toilet facilities, because the facilities at St. Andrew’s get vandalized; the toilets/sink/crane for learners are broken and not equipped with soap or towels. The approach of the school towards ill learners can be improved.

Overall the Health Promotion in Elsie’s River and Ravensmead is of high importance and is very much advisable for similar areas with comparable problematics. The infusion of HP in the whole school is desirable and would have much more impact on all learners.
## Recommendation

The recommendations intend to show possibilities of Health Promotion at St. Andrew’s. We split the recommendation up in two action areas: St. Andrew’s school and the UWC.

<table>
<thead>
<tr>
<th>What can be improved in HPS at St. Andrew’s?</th>
<th>How can these goals be reached?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reduce pressure on individual HPS-educators, work more effective and make the Health Promoting sustainable.</strong></td>
<td>Divide tasks among HPS educators more equal through a task description and regular meetings about the process in the Health Promotion School project. It’s recommended that the project is supported by the whole school and not by some individuals.</td>
</tr>
<tr>
<td><strong>Fostering unity among the HPS learners</strong></td>
<td>The educators could assign the learners to make a mission and a vision statement for the HPS-group. To avoid irritations among the learners they could make an agreement addressing the behavior as a HPS-Learner</td>
</tr>
<tr>
<td><strong>Infuse HPS in the whole school</strong></td>
<td>By organize events about for example Healthy Life style, creating and spreading folders about the HPS etc. the project gain more name in the school and make a step forward into infusing the HPS into the school. Also could the HPS-group look into activities that address many learners of St. Andrew’s.</td>
</tr>
</tbody>
</table>
| **Create a safe and healthy physical environment** | - Improve the toilet facilities  
- Clean up and improve the existing HPS room in order to be able to make use of it.  
- Change the St. Andrew’s approach/policy of the school towards learners who are sick or having menstruation problems.  
- Continue with the feeding scheme |
| **Health education** | About:  
- TB, HIV/AIDS; prevention  
- Gangsterism; risk of joining a gang  
- TIK; risk of drug dependence, influence on life  
- Healthy lifestyle; balance in life, healthy eating habits |
| **Funding for expenses like** | |

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<tr>
<th>activities, materials etc.</th>
<th>• Teach HPS- learners and educators how to organize funding</th>
</tr>
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| Create a better future | By:  
|                      | • Provide information about study possibilities  
|                      | • Teach them how to reach goals like studying  
|                      | • Motivate them, for example by:  
|                      |   - Giving them an impression of how studying is and take them to the UWC. The open day is a good option.  
|                      |   - Collect examples of good stories in their own community. Storytelling is a medium what might work well. Another idea is to let learners collect good stories and let them write it down and organize an exhibition with good stories. |
| Create a platform for HP in the community | By:  
|                      | - Networking with other organizations in the community  
|                      | - Reach out into the community with education, for example about TB, HIV/ AIDS, TIK, gangsterism, healthy lifestyle |

<table>
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<tr>
<th>What can the UWC and the OT students contribute?</th>
<th>How can they do that?</th>
</tr>
</thead>
</table>
| Support                                       | By:  
|                                                | • Placing OT students at the school also in the future.  
|                                                | • Provide St. Andrew’s with educational material (TB, HIV/AIDS, TIK, gangsterism, healthy lifestyle)  
|                                                | • Sending invitations for the open day at UWC to St. Andrew’s and the HPS group  
|                                                | • Stay in collaboration with the HPS group  
|                                                | • Training in how the school can organize funding by themselves with the involvement of learners.  
|                                                | • Training in how the school can organize workshops with the involvement of learners. |

**Intervention**

This chapter describes the underlining thoughts and theoretical foundation of the intervention preformed after the research on St. Andrew’s. The intervention is build up on
the recommendation “create a better future”. The intervention took place in the period 30\textsuperscript{th} of April until 18\textsuperscript{th} of May (2012) exclusive the aftercare phase.

Because motivation of the learners and educators plays a key role in making an intervention into a success (Swanepoel & de Beer, 2011), the project team presented a few possible interventions to the learners directly linked to the needs occurred in the research results. Interventions presented towards the HPS learners, met the criteria; achievable in three weeks, satisfying needs extracted from the research and feasible within a small budget.

The learners democratic voted for “Goal setting & Future education”: The base for this intervention originated in the research results (literature and interview), from the interviews held became clearly the following points which made the project team select and offer the intervention “Goal setting & Future Education”.

- Learners would like to study.
- The learners are having ideas about “what they would like to be”, but not how to get so far as bringing their ideas into practice.
- The high unemployment in the area the learners grow up in makes it hard to find suitable work with only a high-school diploma.
- Learners with low educational aspiration are more likely to engage in violent behavior. (Ward, 2012)
- There is little knowledge among the learners on future studying.
- Education is viewed as one of the most effective preventive weapons against HIV/AIDS. (Swanepoel & de Beer, 2011)
- The HPS group has no vision and mission.
- The HPS group had trouble in the past with the rules and behavior of group members. Learners want to talk about that and develop rules.
- The HPS group is not known at the whole school.
- Not all the learners attend the meetings.
- The HPS group got recently new members.

As described above and in the research results the learners find themselves situated among circumstances on which their reached education level is one of the factors that influence their current and future wellbeing, quality of life and occupation. (Rojewski, 1995) Not many researches are that specific; this dated research is still fitting to the current situation. The lack of information of learners opportunities of studying at university restrict their participating on the job-market when they finish secondary school. This deprives the learners from a better perspective on live itself. Occupational therapy practice is focused on enabling individuals to change aspects of their person, the occupation, the environment, or some combination of these to enhance occupational participation. (WFOT C., 2010) In the case learners of St. Andrew’s are restricted by the physical, social, attitudinal environments which decrease chances of future education. To address these problems and give the learners the chance to escape out of the deprivation the PT developed the intervention “Goal setting & Future education”. The intervention is built on the principles to provide information, give a touchable example and have a positive experience.
Beside the “Goal setting & Future education” the HPS group is in need of new motivation and group-bounding. There are new learners in the group and the learners have misunderstandings about the roles and rules of the groups. The PT see’s the development of a vision and mission as a key to create a new feeling in between the HPS group. The Vision and mission will create the new pathway where the group is looking up to and will create bounding in the group. The PT expect that the development of a mission and vision will also create a clearer picture of what HPS is and that will make it easier for the learners to talk about HPS to other learners at school.

Part of the intervention is the aftercare phase, therefore a guideline for educators and OT-students is developed, which attempt to enable them carrying out the same or similar intervention into the future. This guideline is a separate product and cannot be found in this report.
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Illustrative Report;
Occupational Therapy: Problems and possibilities in Health Promotion at a High school: Elsie’s River, Ravensmead/ Cape Town/ South Africa

Contents: 2 case studies, photographs of the area and the school and observation reports

Michael Haan and Lena Grote

February – June 2012
Introduction

This illustrative report is an extra product which belongs to the research report: “Occupational Therapy: Problems and possibilities in Health Promotion at a high school: Elsie’s River, Ravensmead/ Cape Town/ South Africa”. It attempts to give the reader a better understanding of the situation in the community by providing photographs of the area as well as an insight into the research circumstances by field reports written by the Project Team and two case studies which demonstrate the life in the community over time. The observation reports are not covering all visits to the community.
Case study
March 13, 2012, Elsie’s River, Western Cape South Africa

This report is a summary of an interview with a married couple living 27 years in Elsie’s River. The story is an example of a positive change in life. The couple is now well known members of the community because of their tuck-shop. Throughout the years life in the area has changed and drug abuse is a major problem. This report will describe how the couple has experienced the changes.

Loretta 59 years old and Abraham 68 years old told us their life story. They have 3 children, 2 girls and 1 boy. They as a married couple, say that they are working together since they are married. They are helping each other.
Loretta is born in Garden Village. Her great grandmother was married to a white man from oversees. Because of that she is called Centellina, which means married to a white.
After 15 years of school she started working at a German cloth factory. It was easy for her to get a job, because of her experience in working with the sewing machine since she was 10 years old to help out her mother. In the beginning she needed to work as a runner as everyone needed to do and told the people, what kind of work they are supposed to do. It was hard work because she needed to run up and down the stairs all the time. But already after 2 weeks she was asked to work on a sewing machine. She said, the work was a nice, but hard. She remembers that the other workers who didn’t know how to sew got punched on their fingers with a ruler when they were too slow.
When she got married she moved to Elsies River into a house together with him and his mother. They lived together like that, for 2 years. After that they moved into a flat without electricity. For her that was new and she told us that she really needed to get used to it. There they stayed for 10 years. At this time it was all right, to live in the flat compared with now. People were looking after each other. The couple started a tuck shop at the flats as they were the first ones in the area. Beside the shop he was working for Volkswagen as a driver and earned R 38 (thirty eight Rand) a week. He told us, that he could buy everything from that
money. She was working at the cloth factory and earned R 3,50 (three Rand and fifty cents)a week. Everything was cheap. Bread was 5 cents. Most of the stuff was 5 cents. The rent for a month was R 38 (thirty eight Rand) rand. But it was a low salary.

The tuck shop was open for 24 hours. It was just them working in the shop. They did it in shifts, he worked at Volkswagen as a driver during the day and she worked in the shop. In the night it was mostly him who worked and they did turns, so that he could go to sleep as well. And then after 10 years in the flats they moved into the new house. The first thing what they did was to get electricity. They renovated the house and changed the rooms and build a outside toilet. The new house was very quiet. It has been a really friendly and close relationship with the neighbors in the flats, but the contact broke up with the moving into the new house. Most of the people moved out of the flats because they want their own houses. She said: “In your own place you feel much safer”. At the moment one grandchild is staying in their house. He is 18 years old and is working at the cinema. When the couple moved to the area there were no drugs, just alcohol and maybe dagga (Marijuana). In the area there were not so many houses, there were no streets, just sand. Where St. Andrews is placed today, there was bush. The transports at that time were Double Decker busses which brought the people to work and to the shops. Elsies River and Parrow were the places where the people went to shop. People in the neighborhood were caring for each other, there were looking after each other’s children and each other’s houses. They still do.

When the couple moved into their new house they started a shop for groceries and a game shop. The people came to shop and left the children in the game shop to play. To play a game in the game shop costs 50 cents a time.

Since the couple moved the times changed and they find the drug abuse in the area a big problem. Because of the drugs people started to rob. TIK is the main drug used and they were saying: Ever since TIK, everything went wrong. People need money to buy new drugs and they do a lot for that. They want to kill each other. Some children kill their mother or rape her. In the area there are empty houses because of this problem.
Case Study
June 4, 2012, Elsie’s River, Western Cape South Africa

This is the inspiring and moving story of a South African educator. She was born, grew up and worked in the Cape Flat area. It is a privilege that she shared her story with me. She is a role model for everyone who encounters barriers on their life journey towards fulfilling their dreams. Let’s listen...

I was born in Uitsig, which is a small community in the Western Cape, South Africa. Although Uitsig is not a huge community, it is in a morbid way famous for the high rates of people suffering from Tuberculosis. I did not enjoy growing up there, because the best memories of my childhood are the moments when I could crawl under the table and read the books I borrowed from school. This was my safe place. I was able to read earlier than most children my age and people always told me I had a good head on my shoulders. While my mother had two jobs in order to support our household, my father was at home day and night, entrusted with the task of watching and taking care of me and my siblings. Looking back on this time I realize that my father must have been psychologically ill, as I cannot think of any other explanation for his behavior. He chased me and my siblings through the house with whatever he could grab: a hammer, a brick or his nunchucks. We were so scared of my father that when he just looked at his nunchucks, we knew must run. He beat us until we fainted. Sometimes he forced me to wake up my brother and my sister after they fainted. And when they did, he started beating them again. He did things like putting my head on a log and standing next to me with an axe, saying: “Just be quiet, it’s going to be quick.”

One night I woke up from the smell of smoke. We went downstairs and found my father in the living room. He had piled up all our belongings and set them on fire: clothing, furniture, everything. It was a true miracle that not the whole house burned down with our things. My older sister took me and my brother and we locked ourselves into one of the rooms. The next morning we realized that after the fire we did not even have anything to wear to school. I only had the clothing left that I had slept in during that night. Luckily, friendly neighbors took care of us when my father was doing, as I called it, “funny business”.

Because we had no electricity, we used the stove for making hot water. I was seven years old when I burned myself while carrying the boiling water. The hot water went all over my abdomen and severely burned my body. I spent five months in hospital, but from this point onwards my father started to take care of me. He and I even spent various days together during the period when I received treatment at the hospital. My mother gave us money for the taxi, but we walked to the hospital and shared the money. I bought sweets and ice-cream and my father bought Ganja. I really enjoyed the time we spent together. Those were fun days. He also stopped beating me, but he kept abusing my siblings and made me watch. I never spoke with my father about the reason why he was suddenly treating me so well, but I really started to learn to love and trust my father at that point.

Two years later, I was already reading books for adults. This felt for me like entering a new world. The educators at my school were wonderful and life went well in general. Meanwhile we got electricity at home. Nevertheless, we still had to carry hot water to the bathroom to wash ourselves. One day I walked with hot water to the bathroom to fill-up the bath and burned myself again. For the second time, the
hospital reported that one of my parent’s children got third-degree burn wounds. This was reason enough for the police to arrest my mother on the assumption she had something to do with it. Luckily, our priest could convince the police that my mother was innocent and it was all a mishap. After this incident my father calmed down even more.

We were always very poor, there was never money for luxuries. Things that some people would describe as necessities were considered as luxury by us. We did not have a television or a car. But when my father got a job at my school, we suddenly could be counted to the relatively wealthy people in our neighborhood. I loved that my father worked at my school. But one day one of my educators told my father I did not do my homework. My father came into the class. I was standing in front of the class waiting for my father to arrive. Although I knew my father did not do “funny things” anymore I was very scared. He beat me up in front of everyone. I was crying and even urinated in my pants while everybody else was laughing. At that moment I hated my father. I finally was somebody: People said “your family has money”, “you come to church in a bakkie”, and I was wearing nice hats and nice dresses. I decided that this will never happen to me again. I will never be the cause of my own embarrassment again. I will make sure that no educator has to call my parents and I started studying like a crazy person. I even became the head girl of the school and got the highest marks.

I knew that I did not want to be in the same situation as my parents and luckily my educators encourage me to study. I left grade twelve with good marks and received a bursary to study. Although I was not completely sure about my choice, I applied for the Bachelor of Art at the University for the Western Cape. In a short period of time, a new world opened up for me. I loved learning, but I also started smoking, drinking and partying. After the first year I chose to study abnormal psychology. It was emotionally demanding for me to follow this course. I could not imagine myself as a happy person in the future if I had to work with the ‘bad’ side of life every day. The subject-matter reminded me of my childhood and of my father. I started to hate psychology. Then I realized that I had to deal with my own demons, before I could help others. I finished my degree in Art, but it was impossible to find work. I got depressed and felt bad about myself, especially because my little brother had to pay for his own clothing and toiletry at our parent’s home. At one point I decided that I would take every job that I could get, even under my qualification. This lead me to a job in a casino. Although I applied for a human resources position, they placed me as a cashier on the casino floor. After some training I got employed in a smaller casino area within the big casino, were only the high stake gamblers came to bet. I enjoyed the status that came with working in this exclusive part of the casino. I was working a lot and if I was not working I slept. So, I had no social activities at all. I started disliking my job for that. If I will continue working here, I will probably die alone.

Beside this, seeing my community members losing their life savings made me realize that the casino is ruining many lives. I realized that the casino is a place which is really destructive for the community, which made me hate my work even more. I did not know what to do and on the application day I went back to the University of the Western Cape. Right on the spot, waiting in line, I decided to start studying a post graduate of education. I loved the idea. I had always belonged to the best in my class and felt this was what I wanted to do. In my third year I met my first real boyfriend. I was 24 and got my first kiss from him. He came by my mother’s house on Fridays to pick me up and brought me back on Sunday evening with his car. Cars were very rare in my community. There was simply no money for such luxuries. Sometimes my
mother was waiting for me on Sunday evening, mainly because I always came back with money, which usually was used for food. My boyfriend was always afraid that I would leave him at the moment I got financial independent. Unfortunately, the relationship was not very healthy, because he was physically abusing me. He was also very possessive and overly jealous, which made the relation even more negative. On my birthday, his friends held a surprise party for me. At the party he got so jealous that he took me to his home and locked me up for the whole night. In the morning he tried to make it up to me by buying my favorite food. I decided to leave him, but was not able to do so, because he refused to let me go. He made me stay another night. When he was a sleep I tried to escape. The first time he heard the door and snapped. The second time I managed to escape. Coming home to my mother was difficult, because I felt like I had failed, that I could not live up to the expectations that everyone had: always making the right decisions and being the wise one. By admitting the abuse and other horrible things to my friends and family, they supported me to break free from my now ex-boyfriend.

Later I became an educator and was in charge of the choir of our church and that fulfilled my life and I was satisfied. One day I met my current husband. At first we did not really connect, but he was treating me so well and he could offer me what I needed. Now we are very happy together. As educator I love the fact that I can provide other children a place to go and belong to. I believe that belonging to the groups, organizations and the choir, allowed me to see a world outside Uitsig. It allowed me to see what can be done and what education really means. People keep telling you “education is power” & “education will change your life”, but for a child in that situation, it will not understand what that means. Now I am studying psychology again. Even despite all the bad experiences in my life I am ready now! I had to go through quite hard times in order to be able to advice people what decision they should make or which path they should take in life.

“The setting of this story is typical for what you will hear from somebody who is growing up in Uitsig. There are a lot of struggles that we have to go through if we want to be able to make it in life. If we want to survive.”

- A very powerful, charismatic and loving woman, 2012 –
Photographs of Elsie’s River/ Ravensmead and St. Andrews
Taken from February till May 2012

(Shacks, power lines and streetlights)

(A men with a horse-drawn carriage in front of houses and shacks)
(house’s and shack’s)

(Tuck shop and supermarket)
(Local vegetable shop)

(Flat)
(Street view, people walk on the streets and hang around in groups)

(Shopping square)
(The game of Young people is domino, they play fast and compete each other)

(Young people, hanging around in a front yard and smoking Turkish water pipe)
(Young people hanging around in a front yard)

(St. Andrews school ground)
(Clubs at St. Andrews)

(Learners walking home after school)
(HPS learners take initiatives in organizing the group)

(Entrance of St. Andrews, signs no smoking, no drugs, no weapons, no alcohol)
(Second security gate and security men)
Field report
The following pages will content some field notes, mainly made for the purpose of own usage, but could also serve as an illustration of some of our experiences during the visits at the community.

Field report, St. Andrews 15.02.12

Goal: Attend meeting of learners participating in the HPS first aid group

We arrived 15 minutes early for our appointment with the learners arranged by a teacher. We were looking for one particular teacher, after a few minutes we asked people in the admin block were she was, they ask us to wait for a few minutes, the person came back with her, see was really sorry, she forgot to tell us the meeting was started 30 minutes early. She took us to the main cafeteria for the educators; the cafeteria was occupied by almost all the 35 educators and the group of first aid learners. A men was giving a workshop about first aid for children, this was a whole other kind of meeting than we taught. The workshop was arranged by to educators, their motivation where several happenings of children with sickle-cell disease that did not stop bleeding, two known cases of HIV and several children with TB. The workshop was not focused on these matters, topics as different kind of wounds, illnesses etc. were discussed. The way this man was bringing his stories a live was by describing how for example the stomach contents falling out after a stabbing incident.

Field report St. Andrews secondary school 16.02

Goal: Observation

Walking around the school, we got the attention of some learners; we took a look at the toilets. First the girls’ toilet, overall the toilets were in bad shape, without seat en without the cap on the reservoir. There was no sign of toilet paper or hand soap, the woman that unlocked the toilet for us told us the girls can pick up toilet paper at the office. We crossed the courtyard to the other side, where the boys toilets where situated, at this moment several boy learners that where kicked out of class joined us. The smell in the boys’ toilet is beyond description. All the toilets where missing parts, tap water was nearly coming out of the tap and there was just as the girls’ toilet no sign of toilet paper or soap. Most of the taps did not work. Most of the sealing was situated on the bathroom floor, according the boys “because some learners clime up there to hide for security”. Gang signs and more are all over the walls and several cigarettes on the floor. Out of the toilet building we went to the other side of the B bloc building, here a man with a large stick stops us and telling the learners to go away. The learners try to argue with him, on this the man answers “you cannot even write down your own name” and lifting is stick a little bit while blocking the way of this boy”, not want to interfere with this I told the boy to show us around some other time.

(At the end of the day, the security man, let us know not to think badly of him, he has to do this otherwise the children don’t listen to him.)
A few minutes after 14.30 h learners arrived to the classroom of ms. Issah The really first contact was looked a bit uncomfortable for them. When I suggest making a circle the learners start placing tables into a circle and helped me with some chairs. When sitting the room went quit, there was a nervous atmosphere, after handing out some drinks, we started talking and asking casual things as thanking them for coming, how they are. It took a few minutes to break the tense atmosphere, now the learners started, after asking from our side, talking about a workshop they attended. The workshop about first aid, they telling it was very interesting for them. We asked them what they liked about being a HPL and what them motivated to become one. Answerers we got from them were helping people, good for future career (wanted to become a doctor of medicine), it is inspiring to do, meet a lot of people outside the school. The learners attend sport events for helping out in the first aid, when someone passes out they try to help them and if it looks serious they make sure this person gets to a hospital.

One of the first things that were said was; “the community is out of control”, “it’s rough outside” all the learners started laughing. Asking what they exactly meant with rough outside” the learners started telling stories about people that were killed outside the school by gangsters. “Two weeks ago a girl walks down the street and a guy touched her arm, the girl reacts with hitting him in the face, at this moment the guy shot the girl in the head” “at the tuck-shop someone got stopped and asked for 1 rand, the guy did not give him this or did not want to and he got stabbed in his neck on with he dies” and more, all the learners were telling very serious, and listen to each other and filling in blank parts of the story. At one point the story comes by of a man that got shot in the chest 2 times and 1 or 2 times in his private parts, all the learners laugh about this. Other things the learners told was the gangsters smuggling drugs and cigarettes inside the school, we got not very much details on this. Asking them if they know gangsters, three learners started telling the group they know a lot of gangsters. They even have contact with some of them, when there is going to be a shooting between the gangsters, the gangsters in the neighborhood tell her not to go into certain areas. If I ask if they are afraid they say no .. hesitating, you can not show them fear, if you do they will make advantage of you.

- Girls toilet, was locked and one of the security got the key and is taking care that nothing is happening. The toilets are in a poor condition. There is no toilet paper, no soap, and no paper/towel to dry hands after washing. It is dirty and it is smelling heavily.
- Boys toilet, was open and watched by a security. It was smelling worse than the girls toilet, the ceiling was partly taken off. There was a long pee pool in, the water didn’t run and there was pee at the side on the floor.
  The security guy told me, that the school renovated the toilets a time ago, but the learners keep breaking stuff, that’s why it look like that. We left the boys and walked around alone.
- There are sport fields.
- There are no indoor sport facilities
Field report, St. Andrews, 20.02.12

Goal: Attend a HPS meeting

When we arrived at the school all the children were sitting on the schoolyard, the where spoken to them about the next day (a athletics event between several school). Cause of this unusual gathering the last classes were dismissed and the children went home early. We missed the group of children that we were supposing to interview. One teacher told us sorry of not informing and the fact we came for nothing. We wanted to ask her if it was possible to arrange a meeting between us and a few educators on Wednesday. We walked around for a while on the school ground and watched some of the children practice for the next day. We went to the gate were a couple of people were standing and talking, a man spoke to us he lives nearby the school, he told us a few times where he lived and how we -if we got in trouble- can come to his house. He told us he will wait with us on the school ground to make sure we where save. He showed his car, the first car he bought (he is around 50 years of age). After a while he had to leave us because he and his family were going home, at this point he gave some money to the school security to watch after us, and make sure we were okay. He said a couple of times “I don’t want you to happened something bad, if you go into the community they will hurt you and I don’t want that”

Field report, St. Andrews; activity cake baking, 07.03 2012

Goal: Bounding with HPS learners

By this activity we hope to bound with the learners and speak with them in another way than the interviewing of last weeks. In order to discover the needs you have to mix among your target group for a better understanding (breaking the circle of poverty, 2011).

Preparation
We gave the learners a week upfront notice; they could sign in on the cake baking, 21 learners signed up. We looked up 2 recipes and asked the learners to bring a recipe of a traditional South African Cake in the next following days. The day before the cake baking we got all the ingredients and we made sure the ovens were working probably, we also checked with several educators if we could use the kitchen after school hours. We spend almost 400 rand on ingredients.

The cake baking
On the Wednesday afternoon after school, several learners (21) gather in the kitchen of St Andrews. They had a long day but neither the less all of them showed up; in the start most of them were a bit shy and talked in small groups with each other without paying much attention to us. We asked a few learners to make lemonade that we prepared for the rest of the group. When everyone was supplied with a glass of lemonade we asked their attention. We explained briefly what was going to happen this afternoon; we would make different cakes together in smaller groups. I would make the apple cakes with 10 learners, all the boys in the group volunteered to work with me and soon a couple of girls joined us. I handed out the recipe and admitted not having many cake baking skills. Without asking I got the attention of the group that wanted to bake the apple cakes, I asked them if they were okay with my dividing several task to them to get started. I send the learners in smaller groups on
their way to gather the necessary ingredients in a casual way, they react immediately by spreading all over the kitchen in order to for full their task. After all the ingredients were collected by the learners they started making the cake very quickly. Everybody took their responsibility by taking care for example preparing the apples. The group worked together and the atmosphere was friendly.

At one point in the process when the cakes were almost ready a few learners started joking with the flower by putting it on each other’s faces, they had so much fun while doing so I let them, hoping the situation didn’t escalate. The chairperson of the HPS group started speaking to the group very loud, trying to get everybody’s attention; she failed in this several times the first minutes, what made her obviously outrages. For me it was not clear where this was about, instead of taking over I let the group solving these themselves and observe how they would handle this situation. After a while it became clear the chairperson was not happy about the way most of the learners act in the kitchen, they were not responsible. The chairperson left the kitchen angry, how powerful she was her method of getting attention didn’t work well which made her probably feel frustrated and powerless (not able to for fill the task she takes so serious). Later on we found out this chairperson resigned, these kind of argues happened often and she can’t take it anymore. We are planning to meet her and try to change her mind; maybe we can teach her another more effective approach.

Overall the cake baking was a success the learners enjoined it very much and we had a chance to meet them in a other context. I think the learners are less shy to us, and we got more insight in the group dynamic.

Field report, community, 09.03.2012

Goal: Getting to know the community, have a case study interview

First we went to fetch the daughter of the lady at a baby sit in the church. Baby’s and kid’s where laying on small mattresses on the floor. We spoke to the pastor and made an appointment. During the short ride with the car from St. Andrews to the area we saw all the school children walking home from school. There were a lot of children walking but it seemed quite. In the area there are stone houses. After picking up her daughter and speak to the people working in the daycare we drove for another minute and parked the car in front of a house, the lady living there told us “don’t worry Ill watch the car’. We walked across the street passing a totally stripped playground for the children. Arriving in front of a gate with two aggressive dogs keeping guard, a elderly man send the dogs away and opened the gate for us. We were entered for the first time a home in Elsies River, it looked more developed than I had expected. In the living room where 2 couches, a small table with two chairs and on the wall there were beside the “Jesus will help you” posters two photographs of a young woman that was the grandmother of our hostess and a young child that’s the grandchild of the people living there, this child is a man now of 30 years living with his grandparents. The man and woman that live in this house were living in Elsies river most of their lives. They were really kind; they welcomed us in their house and looked at ease. The man and woman did not offer anything to drink or eat.
After this we went to see the house of the lady; in the house where many relatives gathered in the small living room. The lady showed us the back yard. There were 2 small houses built out of wood and stone were family members of her live.

We walked back to the car, and saw youth playing domino in a corner of a street on top of a empty crate. They do it fast and smash the domino’s on the table if they have a good one. The woman was telling us, that they smoke dacha (Marijuana) They were friendly against us and let us take pictures. Around the corner in a garden there was another group smoking a Turkish water pipe. They said there are till the age of 24 and I guess the youngest was 16. There were first looking at us a little strange, but the woman knew them and then there were asking, if we tried Turkish water pipe before. Later there were asking about marijuana in the Netherlands, if it is legal and if we smoke it. We had a small chat with them.

The lady asked two boys’ to drive with us, to show us the way back to St. Andrews. They walked back to the area, over the huge dirty field next to the school.
# Literature research strategy

To give an insight in the literature research which is made, the PT created this table. Topics 1, 2, 3 were combined differently.

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<th>Topic 2</th>
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Appendix 3

INFORMATION AND CONSENT LETTER

Health Promotion at the St. Andrew’s secondary school.

About the study

The study in which you are invited to take part is a qualitative study about the current Health Promotion Project at the St. Andrew’s school and issues in the school environment. It will create a better understanding of the needs of learners in the school. After the research the project team will develop an intervention to support the current Health Promotion project.

What will happen?

You will be asked to participate in an interview about the Health Promotion Project, the community and health issues. The interviews will be audiotaped and later transcribed. We will make field notes of our observations.

Will anyone know that I was in the study?

NO. Your name as well as the name of the school will remain strictly confidential. Only the researchers will see the interview transcripts. The findings of the research will be reported with all the participants’ data combined; therefore, your information will not be identifiable.

Do I have to participate?

NO. Taking part in the research project is completely voluntary. You may stop participating in the interview at any time with no consequences.

What happens if I want to talk to someone about topics discussed in the interview?

The two researchers are available during, and after, the data collection for discussion and assistance.

What about the results of the study?

The findings will be reported and will be part of the final thesis of the researchers. This will be published in the University libraries of the Hogeschool van Amsterdam and the University of Western Cape. Will also consider publishing the findings in an international academic journal.

Who can I ask if I have questions about the study?

If you have any questions about the study, please contact one of the researchers below:
What should I do if I want to take part in the study?
If you agree to participate in the study, please indicate your agreement below and sign your name.

**Learners**

I agree / do not agree to take part in the study. This entails my participation in an interview

__________________  __________________  ___________ _______
Participant’s Name  Participant’s Signature   Date

**Parents**

I agree / do not agree for my child to take part in the study.

__________________  __________________  ___________ _______
Parent’s Name                   Parent’s Signature    Date

__________________  __________________  ___________ _______
Researcher’s Name  Researcher’s Signature   Date

Thank you for helping us! Your participation is of great value to us.

**Appendix 4**
To: Parents or guardians of learners at the St. Andrew’s Secondary School
Subject: Health Promotion research
Date: 29 February 2012

Dear sir/madam,

Through this letter we would like to introduce ourselves. Our names are Lena Grote and Michael Haan Occupational Therapy students at a University in the Netherlands, we came to the Western Cape, South Africa in January to learn more about the needs of the learners at St. Andrew’s Secondary School. This research will be followed up by an intervention, together with the learners and within the already existing Health Promotion project. In order to learn what the needs of the learners are we would like to talk with the learners about their work as a Health Promotion learner and experiences in the school and community. Before doing so we would like you as a parent to give your son/daughter permission to participate in the research. Also we would be really happy do get in touch with you as parent, currently we are looking for people who are living in Elsies River or Ravensmead for a long(er) period of time, and would like to tell us how the community has changed or other experiences in the community.

We are really happy to be here in the Western Cape, we hope to learn a lot and make a difference together with your son/daughter.

If you have any questions don’t hesitate to contact us by email, phone or through contacting educator at St. Andrew’s ms. Issah. If you are interested in telling us more about your live in ElsiesRiver/ Ravensmead we would be please to get in contact with you.

Kind regards,

Michael Haan

Tel. 0760578236
Email. michaelhaan@hotmail.com

Lena Grote

Tel. 0796390403
Email. lena.grote@hva.nl

Department of Occupational Therapy
University of the Western Cape
Private Bag x17
Bellville, 7535
Geagte Meneer / Mevrou,

Na aanleiding van hierdie brief wil ons ons graag onsef aan u voorstel. Ons name is, Lena Grote en Michael Haan, arbeidsterapie-studente van ’n Universiteit in Nederland. Ons het na Weskaap, Suid-Afrika in Januarie gekom om meer te leer oor die behoeftes van die leerders by St Andrew’s Sekondêre Skool. Hierdie navorsing sal opgevolg word deur ’n intervensie tesame met die leerders en binne die reeds bestaande “Health Promotion” projek. Ten einde meer te wete te kom oor wat die behoeftes van die leerders is, wil ons graag met hulle praat oor hulle ervaringe in die skool en die gemeenskap as deel van die projek. Voordat ons dit doen, wil ons u as ouer vra om aan julle seun / dogter toestemming te gee om aan die navorsing deel te neem. Ook sal graag met u as ouer kontak wil maak. Huidiglik is ons op soek na persone wat vir ’n lang(er) tydperk in Elsiesrivier of Ravensmead woonsaam is en wat ons kan vertel hoe die gemeenskap verander het of van hul ervaringe in die gemeenskap.

Ons is baie gelukkig om hier in die Wes-Kaap te wees en hoop om baie van julle te leer en ’n verskil te kan maak saam met jul seun/dogter.

As u enige vrae het, moet asseblief nie huiwer om ons per e-pos, telefoon of deur middel van die onderwyser by St Andrew’s, Ms Issah te kontak nie. Indien u belangstel om ons meer te vertel oor jul lewe in Elsiesrivier/Ravensmead, sal dit vir ons ’n voorreg wees en ons sal met u kontak maak.

Vriendelike groete,

Michael Haan
Tel. 0760578236
Email. michaelhaan@hotmail.com

Lena Grote
Tel. 0796390403
Email. lena.grote@hva.nl

Department of Occupational Therapy
University of the Western Cape
Private Bag x17
Bellville, 7535
Focusgroup interview learners

The focusgroup interviews were semi structured. The following topics and interview structure was followed.

**Topics**
- Condition of health and the affect on learning;
- The impact of the environment on the health condition;
- Experienced barriers in the community for future education/work;
- Opportunities for future education/work;
- Current Health Promotion at the school;
- Future Health Promotion at the school.

**Interview structure**
- Get to know the group, expectations from us and from the learners;
- Names
- Listen when someone is talking
- Everybody keeps to the appointments
- Questions for us?
- Meetings in a circle
- Talk about the Health Promotion at St. Andrew’s,
- One person speaks about current activities of the HP group
- Learners get the opportunity to ad experiences or information
- What do they like/don’t like about being a HPL
- opportunities for future work/education
- Why is Health Promotion important?
- Health
- Community
- Biggest problems? .. – Tuberculosis, gangsters, drug, HIV
- What do you think is needed to solve these problems?
- What can you or the a Health promoting school can do about these problems?
**Topic interview**  
**Principal St. Andrew’s**  
The hereby described explanation and structure was used as guideline to conduct the interview and was also given to the principle.

In order to get a better understanding about the participation in the Health Promotion project of the secondary school St. Andrew’s at Elsies River, Western Cape, South Africa, the project team (two graduation student of the course Occupational Therapy in the Netherlands) interviewing the principal of the school. Within the overall excising Health Promotion project, the project team will perform a research of the needs of the children at the st. Andrew’s school. After indentifying these needs the project team will come to a intervention in cooperation with the participating parties (learners, educators), the goal is to make this intervention durable overtime.

Topics for the interview;

- What is the vision of the St. Andrew’s school  
- Why and how the St. Andrew’s school became a HPS  
- What was needed to become a HPS  
- Are there advantages or disadvantages of being a HPS  
- How many people and who are involved in this project  
- Is there money involved in the project, how is this arranged  
- Is it possible to stay a HPS without funding  
- What is the vision on the Health Promotion project  
- What does the St. Andrew’s school need to stay a HPS  
- What is the influence of the community/surroundings on the school  
- Are there educators or learners with health problems due the environment of the school or school itself

(is it possible to speak to educators about the Health Promotion Project)
Interview educators
Next to the topics these questions were asked in interviews with the educators.

Introduction of what we are doing: Research, support for a few weeks. Writing a report.

- Which classes do you give?
- How did the HPS started?
- What is your role in the HPS?
- What is positive about the HPS?
- What do learners enjoy the most?
- What do you think is important for the future HPS?
- What would you advise us?
- Is there money involved in the project, how is this arranged
- Is it possible to stay a HPS without funding
- Are there educators or learners with health problems due the environment of the school or school itself
Case Study

Roll Daily Routine

Describe roles.

Current role as a student?
Current role as caretaker?
Current role as a teacher?
What you get from your work / study?
How did you start?
Former role of employee / student / caregiver?
What tasks / responsibilities do you have?

How will you handle this / what do you think?
• Energy / time
• Satisfaction
• Reached level
• Impact of disease

Participation / participation in other organizations, eg church?
• When did you started?
• Why?

What do you want?

Describe a normal weekday.

Recent example of routine.

Describe good / bad day.

Satisfied with routine?

Why? Why not?

Will you of important things to?
What are your main activities?
What activities remain unfinished?

Had you used a different daily routine?
Compare then and now.
What should remain the same?
What would you change?
Describe hobbies / plans.
Describe hobbies / plans of the past.