The South African Academy of Family Practice's Rural Health Initiative (RHI) is proud to be able to bring you the following section of the journal, that will concentrate on issues pertaining to rural health in South Africa. We hope to provoke discussion on these issues and would encourage anyone interested in rural health to offer contributions to future issues.

BAPONG – An interactive experience about the meaning of child health and illness

Introduction

"But mothers must continue breastfeeding for at least 3 years. If they are working they must express breast milk and leave it in the fridge to be used during the day"
"No! This is not allowed. Breast milk may not be placed near food".
"If the parents have intercourse while the mother is still breastfeeding, the child may develop a distended fontanelle and die. The treatment is to apply a little semen on the upper lip and the fontanelle".

These are some of the comments heard at a discussion being held amongst community members, traditional healers and health workers at Bapong village in the North-West Province. The discussions were an initiative of integrated management of childhood illness (IMCI) practitioners who did participatory action research (PAR) in a rural area in order to understand health perceptions of the community about child health and to involve them in the implementation of IMCI.

The Integrated Management of Childhood Illness (IMCI) programme from UNICEF was introduced in South Africa in 1996. The strategy has three components:

- The improvement of case management (clinical skills) of health workers through intensive short course training.
- The strengthening of the health system to support good clinical management in terms of efficient referral systems, available drugs and other equipment.
- The improvement of healthcare practices at home and in the community[1].

A report by Health Systems Trust regarding the impact of IMCI in South Africa (specifically the first four provinces to implement this strategy), found that, "IMCI has enabled health workers to correctly assess danger signs in 64% of children, observe and systematically check for the presence of cough, diarrhoea and fever in 71% of sick children…Seventy three percent of all children needing urgent referral were identified and referred accordingly…Antibiotics were prescribed correctly to seventy four percent of children needing one. Of the caretakers who received ORS and/or antibiotics for their children, 76% knew how to give the treatment correctly."[3] One of the very important observations made from this survey is that it placed emphasis on the "how many" rather than "why" certain practices were prevalent. As a result, this survey failed to identify factors which facilitate good performance in practitioners and care givers.

The Process

With assistance from UNICEF, a research project was started at Bapong in June 2001. An IMCI trained sister at Bapong clinic had already implemented some of the strategies such as setting up a rehydration corner. Purposeful selection of 20 community members was done. A discussion and action group comprising of researchers, parents, traditional healers, caregivers and community health promoters was formed. In the initial session, the process of this project was discussed and negotiations held about the regularity of meetings, ownership of the project, dissemination of information, recording of sessions, recruitment and replacement of members, meals, transport, venues and achievable goals. The group held 18 meetings and organized a 2 day community workshop at the Bapong Tribal Authority hall. All this was part of participatory action research methodology [4,5].

The group intensely discussed common childhood illnesses and other concerns relating to children like child abuse and disability. There were shared information sessions where a great deal of traditional and Western medical information was shared. The main conditions discussed included respiratory diseases, gastroenteritis, malnutrition, skin conditions, meningitis, malaria, HIV/AIDS, feeding methods, growth and development. Health workers and parents were invited to a regional traditional healers' workshop where HIV, TB, STI's and mental illness were the main agenda points. This meeting discussed differences in attitudes and dangerous or inappropriate practices and also mapped out strategies for collaboration. A referral system from home to the health providers (clinic and traditional healers) and between health providers was established.

Outcomes

Emergent themes.

1. Views on cause of illness

One of the strong themes that emerged was the traditional view on illness and healing and the effects of this on the care of children, as well as the opposing views of traditional and Western approaches. Some of the views discussed include the belief that a distended fontanelle resulted from extramarital sexual contact and that eczema resulted from some poison embedded in the stomach.

2. Services provided at the clinic.

There was enough trust built up amongst the various participants over time to make it possible for the group to have a meeting with the local clinic staff. The participants discussed barriers encountered by patients (children) who were escorted or treated by traditional healers.
The following were some of the issues:

- Attitudes of staff. The traditional healers' explanation was not considered.
- Negative criticism. When a traditional healer put "muti" on the wounds of the patient the clinic sister would criticize her.
- A problem of not wanting to hear about each others' treatment types.
- Cultural prejudice. Disregard of patient's cultural values
- Privacy and confidentiality were not respected. Health workers gave information in front of others.
- Secrecy. Western and traditional medicines are "the same" but the secrecy is in that they cannot tell one another how they have done it.
- Long lunch times at the clinic. There should be a relief system.

At a next meeting, some of the solutions to the above were proposed. Improved communication and relationships between all those concerned with child health was seen to be essential. This was dependent on the promotion of understanding of one anothers' differences.

3. Identification of danger signs

A flow diagram of a child with a cough was used to evaluate how danger signs were identified and how decisions about care were made. There was agreement that once the parents knew how to identify danger signs they would also knew that such signs meant it was time for referral. They would then choose between the clinic, traditional healers and other healers. The reasons given for choosing the clinic or traditional healers are summarized in the table below:

Table 1: Choices between clinic and traditional healers

Traditional healers	Clinic
Available 24 hours a day	Not open 24 hours
Receptive	Reception and rapport
They never shout at clients	Trust in the clinic staff
They are cheap and accept	Knowledge about disease
They allow for credit	Free service
Respect the culture	Availability of medicines
They understand the context	Possibility of referral to hospital
They hold the power!	

It became clear in the discussion that many parents would not take their child to hospital even when referral had been arranged without first seeing and informing the traditional healer.

4. Referrals.

The streamlining of a referral system from the home to the clinic to the hospital was also one of the practicalities considered. A specific referral card from traditional healer to clinic was suggested.

There was agreement between all role players about the use of home remedies if there were no danger signs e.g. lenyana, bemeretla, serolkola, lemon and honey.

5. Dangerous practices.

Another theme associated with traditional medicine was that of dangerous practices.

The "dirty" breast milk referred to in the introduction was one of the concepts that needs to be understood by all health givers and sensitively addressed. Mothers attending funerals and travelling as well as pregnant mothers should be excluded from breastfeeding, according to tradition. However, a concoction of herbs called "disa" was mentioned, which if drunk, would allow the mother to continue breastfeeding even whilst pregnant or being exposed to polluting influences.

There was a strong belief that if a husband had slept with someone else when the wife was pregnant, the smaller children would develop distended veins on their stomachs as well as other parts of the body. These children (usually kwashiorkor babies with distended stomachs or children with hepatic problems) would then be hidden at home so that the older people who understood what was happening would not see the children. The child would be called "O tlile le letsatsi" meaning it came with the sun. This delays medical help and would need a lot of attention in this context. The researchers corrected this perception by giving an explanation of the distension of veins and abdomen.

If the parents have intercourse while the mother is still breastfeeding, the child may develop a distended fontanelle and die. The treatment is to apply a little semen on the upper lip and the fontanelle. The medical personnel also clarified that a distended fontanelle and severe illness were as a result of meningitis which was a severe condition requiring hospitalisation and aggressive treatment.

It was also thought that if the mothers' toddler died, the newborn would not drink the milk meant for the toddler.

Concerning the use of enemas and injections for feverish children, it was thought that by making the baby pass a stool, the temperature would drop. There was a great fear that injections kill babies as a child with a high temperature had an injection at the clinic and subsequently died. Clarification was made that the injection had most likely been given to stop febrile fits which would otherwise result in a devastating outcome.

Forced feeding was done on children who refused to eat. Community members were of the impression that the "correct forced feeding" method was achievable through experience. It entailed closing the child's nose to force the food down as the child tries to inhale. The doctor attending the meetings demonstrated the size of the trachea in a baby, using a size 2.5 endotracheal tube. The group clearly saw that porridge could easily block the trachea if it was inhaled, regardless of the experience of the mother. The cup and spoon method was promoted and accepted.

6. Other

The need to start sustainable projects which would help especially the nutrition and development of the children at Bapong was discussed. Plans were initiated to start gardening, brick laying, baking and dress making.

Child abuse was considered to be rampant in the community. There was a need to educate the community on this issue and to establish support centres.

HIV/AIDS was a growing concern in the community. It was especially a big threat to child health because it led to serious diseases like diarrhoea and Tuberculosis. It was also a leading cause of the increasing number of orphans.

Decisions

The project came to a number of decisions which are listed below.

- designing a referral letter from community members to the clinic and vice versa
- formation of "care groups to address specific needs of the children.
- dissemination of information through workshops and regular meetings
- promotion of breastfeeding and nutrition of children
- discarding dangerous practices while promoting safe ones
- intersectoral collaboration to stamp out child abuse and spread of HIV

Conclusion

The participatory process resulted in trust between the community and health providers with the sharing of information on different beliefs and practices.

The information was invaluable for this particular community; for the clinic health workers, for mothers and for traditional healers. It focused mainly on children's illness and health, but at the same time touched on other issues of understanding of illness and health in general. The information will assist greatly in future health promotion done in the area. The care groups which have formed have as part of their focus the continuing discussion on child health as well the initiating of gardening and baking projects. The stage has been set for an open and ongoing interactive discussion and relationship between all role players.

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