A DESCRIPTION OF OCCUPATIONAL PERFORMANCE NEEDS OF CLOTHING FACTORY WORKERS IN THE ELSIES RIVER AREA.

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Abstract

The Clothing Industry Health Care Fund is a non-profit organisation which is privately funded by contributions from employees and employers in the clothing industry, predominantly to address medical and curative needs of clothing factory workers. The Fund recently employed a part-time Occupational Therapist at their Elsies River Clinic. There was very little knowledge regarding the population's Occupational Performance needs, which is useful in directing intervention programs to cater for specific needs pertaining to the worker's satisfactory, meaningful and enjoyable participation in daily occupations.

The study aimed to investigate and describe the Occupational Performance needs of clothing factory workers which could benefit from Occupational Therapy services. The study design is quantitative in nature and took on the form of a univariate descriptive tradition. This enables the researchers to characterize problems regarding the variable (Occupational Performance), by illuminating Occupational Performance needs. Informal, semi-structured interviews based on The Occupational Questionnaire (36) were used to measure satisfaction, importance and enjoyment experienced during participation in daily occupations (work, daily living work, recreation and rest). Convenience sampling was implemented and any clothing factory worker attending the Elsies River clinic had equal opportunity to participate.

The sample consisted of 51 clothing factory workers. Results indicated that the clothing factory workers presented with occupational risk factors, namely occupational imbalance and deprivation. The ratio of time spent on specific daily occupations did not prove to be problematic, but participants were dissatisfied with the amount of time available to execute occupations, as well as their quality of rest. It was evident that the clothing factory workers only participated in occupations which they considered to be important, which indicates that their work deprives them from obtaining and participating in other occupations and also prescribes the way in which they organize their sleep patterns. It was discovered that participants least enjoy those occupations on which the most time is spent. Contrarily, they spend the least time on the occupation they enjoy the most (recreation), which suggests that they are deprived of participation in occupations which they enjoy. It is evident that occupational imbalance and deprivation exists, therefore the health of the clothing factory workers in the Elsies River area is at risk.

In conclusion, it would be beneficial for the part-time Occupational Therapist to implement health promotion strategies, as well as to introduce preventative measures to address occupational imbalance and deprivation specifically.

SPECTRUM OF AUTO-IMMUNE BULLOUS DISEASE

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Abstract

Background

Auto-immune bullous disease is a rare but devastating disease found most often in adults. The disease is classified into congenital and acquired; with acquired being the more prevalent of the two. The prevalence of the disease is largely unknown and the cornerstone treatment remains to be systemic steroids and immunosuppressants. The most common variants include Bullous Pemphigoid, Pemphigus Vulgaris, Pemphigus Foliaceus.

Objectives

This study aimed to identify the spectrum of Auto-immune Bullous skin disease diagnosed positively on immunofluorescence to the department of Dermatology at Tygerberg Hospital from January 2008 – December 2011.

Methods

Data was collected from Pathology department in identifying the number of patients that were diagnosed positively on immunofluorescence for the 4 year time period. A table was then be used to attain all relevant data from patient folders to be included in the study.

Results

A total of 40 patients were diagnosed positively on immunoflurescence with auto-immune bullous disease. 27 Females and 13 males with a mean age of 55 years were found. The most common auto-immune bullous disease in our study was Bullous pemphigoid (50%) followed by Pemphigus Vulgaris (15%) 20 of the 40 patients were deemed to have widespread bullae with an average duration of 9 months before presenting to a dermatologist. All patients were given a standard first line treatment as per Tygerberg protocol

Conclusions

The most common auto-immune bullous disease in our study was Bullous pemphigoid which is in line with studies conducted in Europe. However it contrasts with a review done in Iran which stated Pemphigus Vulgaris was more prevalent. Tygerberg is exposed to quite a large number of patients each year making this a good place for clinical trials for the treatment of auto-immune bullous disease, but we might be doing something right in the fact that the number of patients presenting have decreased with each year.

THE EFFECT OF AN ACTIVE LISTENER ON THE NARRATIVE PRODUCTION OF NORMAL-DEVELOPING 9 YEAR OLD CHILDREN

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Abstract

This study investigated the effect of an active listener on the narrative production of normaldeveloping 9 year old children. Thirty normal developing children between the ages of 8 years 6 months and 9 years 6 months were selected from a mainstream school in Durbanville, Western Cape.

Participants were randomly assigned to two groups, a clinician assisted group (Group CA) and a computer based group (Group CB). Group CA was exposed to a traditional approach in narrative assessment, whereby a clinician presented the instructions to the child and the child then proceeded to tell the clinician a story using the stimuli presented. The second group was assessed through the utilisation of computer-based "PowerPoint" presentation of the same stimuli, but without any direct involvement from the clinician. Participants' narrative performance was measured in terms of microand macro-structural variables. For microstructure the narratives were analysed according to productivity (total number of words), and lexical diversity (total number of different words). For macrostructure, the narratives were compared according to story structure, structural complexity, internal state terms and comprehension.

Results indicated that the clinician assisted elicitation method delivered better overall narratives from the children with regards to the microstructural variables of productivity and lexical diversity, as well as macro-structural variables of story structure, structural complexity and internal state terms.

THE UTILIZATION OF HEALTH PROMOTION MESSAGES IN THE ROAD TO HEALTH BOOKLET FOR INFANTS 0-24 MONTHS – AN ASSESSMENT OF FACILITIES IN THE EDEN AND KAROO DISTRICT, WESTERN CAPE, SOUTH AFRICA

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Abstract

Health promotion (HP) is important in the context of Infant and Young Child Feeding (IYCF) as this supports and encouragers the caregiver (CG) to provide optimum care for herself and her baby. CGs and health care workers (HCWs) should share the responsibility of implementing health promotion messages.

This cross-sectional descriptive study aimed to determine if the IYCF HP messages, included in the Road to Health booklet (RtHB), were understood and practiced by CGs of children (0-24 months) and HCWs who work with the RtHB.

A random, proportionate sample of primary health care facilities was selected in the Karoo (n=7) and Eden (n=24) districts. CGs and HCWs were selected through purposive census sampling. Data was collected by means of questionnaires and observational checklists.

Results from 55 HCWs showed that 69% (n=38) received formal training on the RtHB, 94% (n=52) had the correct knowledge on exclusive breastfeeding and 36% (n=20) on the duration of breastfeeding. HCWs felt HP was important (100%; n=55), they had enough time to do it (70%; n=39) and it is needed for infant health (83%; n=46).

From 719 CGs, 61% (n=435) reported reading the HP messages. From this group 82% (n=358) felt they understood the messages, 62% (n=270) that it was important and 65% (n=281) that it could be used. The remaining 39% (n=284) who did not read the messages, reported they did not know about the messages (33%; n=93), were too busy (32%; n=90) and did not know they were supposed to read it (38%; n=108). Forty five percent (n=326) of CGs understood the term exclusive breastfeeding and 19% (n=134) reported knowing what developmental milestones were. For infants younger than 6 months other mostly reported food sources such as water (39%; n=150), formula milk (35%; n=134) and porridge (13%; n=50) were given instead of exclusive breastmilk.

Both the CGs and HCWs showed understanding and knowledge of IYCF messages to some extent, however it was not similarly reflected in the practices. Methods used by HCWs to communicate HP messages should be enhanced and barriers that could hinder optimal IYCF in the community setting should be explored and acted upon urgently.

PULMONARY SCAR CARCINOMAS IN SOUTH AFRICA: A TWO-YEAR RETROSPECTIVE OBSERVATIONAL STUDY

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Abstract

<u>Background</u>: The association between scarring of the lung and subsequent carcinoma remains controversial. The Western Cape of South Africa has the highest recorded incidence rate of Pulmonary Tuberculosis in the world and is also carries a very high burden of smoking related diseases, including lung cancer and Chronic Obstructive Pulmonary Disease. The aim of this two-year retrospective study was to assess the frequency of pulmonary scarring from tuberculosis and other causes in all patients with lung cancer.

Methods: All patients with a tissue diagnosis of lung cancer and a staging CT chest were included. Pulmonary scarring was assessed by two experienced radiologist (blinded to the histological diagnosis) and categorised according to location as present in (1) the same lobe as the primary tumour, (2) a different lobe, same lung, (3) some part of the contralateral lung or (4) diffuse. Post obstructive bronchiectasis and other changes secondary to the lung cancer itself were considered not to represent scarring.

Results: We identified 435 cases of primary lung cancer (60.1+/-10.4 years, 266 males). Histological diagnoses included adenocarcinoma (n=178), squamous cell carcinoma (n=101), large cell (n=78), small cell lung cancer = 60) and other (n=17). In total, 95 patients (21.8%) had CT evidence of pulmonary scarring or bronchiectasis: 83 patients had scarring of the same lobe as the primary tumour, 38 the same lung and 21 of the opposite lung. Only single cases had scarring isolated to a different lobe of the same lung (p<0.001) or opposite lung (p<0.001). Ten patients had diffuse scarring; causes included bronchiectasis (n=5), idiopathic pulmonary fibrosis (n=4), and silicosis (n=1). Age, gender and histological diagnosis did not predict scarring.

<u>Conclusions</u>: At least 1 in 5 patients with who presented with confirmed lung cancer had radiological evidence of associated scarring. Scarring was significantly more likely to be present in the same lobe than the primary lung cancer, suggesting a causal association between scarring and primary lung cancer.

EXPLORING OCCURRENCE OF YOUTH HEALTH RISK BEHAVIOURS IN YOUTHS AGED 13-18 YEARS OLD IN A HIGH SCHOOL IN RAWSONVILLE.

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Abstract

The occurrence of health risk behaviours in a high school in Rawsonville, a rural, predominantly Afrikaans speaking, community in the Western Cape, was unknown. This study aimed to provide research on youth health risk behaviours in Rawsonville.

The study investigated whether youths attending a high school (N = 242) in the area, aged between 13-18 years old engaged in health risk behaviours, and if so what these behaviours were. The study endeavours to provide information for occupational therapy student intervention programmes in this community. A mixed-method design was used and subsequently the study was carried out in two phases.

Phase one consisted of a qualitative phase in which criterion based purposive sampling was used to select focus groups of 6-8 scholars per grade in which the health risk behaviours scholars participated in was discussed.

Phase two entailed a quantitative phase where transcribed information from the focus groups was used to compile a questionnaire that was completed by N=70 randomly selected learners. In the focus groups, participants identified various health risk behaviours; from the subsequent questionnaire it became apparent that learners from this school in Rawsonville did engage in these behaviours. These health risk behaviours include: overeating and lack of physical fitness, alcohol and dagga use, risky sexual behaviour, cigarette smoking and violent behaviour (bullying, hitting and verbal abuse).

It is recommended that further study into the identified health risk behaviours is needed in order to plan intervention strategies to combat the future health implications of engaging in such behaviours. Mixed opinions regarding the dangers of dagga use were uncovered and further information regarding this might be beneficial.

ASSESSING KNOWLEDGE, ATTITUDES AND PRACTICES REGARDING MYCOBACTERIUM TUBERCULOSIS INFECTION RISK AMONG HEALTH SCIENCE STUDENTS IN A TB ENDEMIC SETTING

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Abstract

Background

South African health care workers, including health science students (HSS), are at increased risk of contracting tuberculosis (TB). HSS working in TB-endemic settings require knowledge of TB control measures to reduce their risk of occupationally-acquired disease.

Methods

HSS at Stellenbosch University (n=327) participated in a cross-sectional interventional study, assessing TB knowledge attitudes and practises with pre- and post-intervention questionnaires. The intervention included personal accounts by medical professionals affected by TB and information on TB infection prevention and control (IPC) measures.

Results

HSS overestimated their risk of developing TB, but underestimated the mortality associated with drug resistant tuberculosis (DR TB). Only students in their clinical years answered questions relating to TB practices at Tygerberg Hospital: 63% (114/182) reported regular contact (once a week or more) with patients who had defaulted on TB treatment. Only 8% (15/177) reported that N95 respirators were always available where needed. Natural and mechanical ventilation were reportedly not used in clinical areas (60%, 108/179 and 55%, 90/164 respectively). Additional TB-IPC measures including airborne precaution signs and single-room isolation were reportedly inadequately utilized. IPC attitudes and practices of senior staff negatively impacted those of HSS. Pre-intervention knowledge of personal protective equipment use was poor but improved by 20% post-intervention (0.575/1 vs 0.775/1 [p < 0.001]).

Conclusion

HSS lack knowledge of TB control measures including protective equipment usage and report poor implementation of TB-IPC in their training institution. A structured educational intervention increased students' awareness of occupational TB infection risk and knowledge of TB-IPC measures. More opportunities for training in TB-IPC are urgently needed for HSS in TB-endemic settings. A similar intervention could be included in all health science curricula to protect students and future professionals; and enable them to educate colleagues.

A STUDY ON PATIENTS' AND CLINICIANS' PERCEPTION OF THE VALUE OF PARTICIPATION IN A STIFF HAND GROUP AT TYGERBERG HOSPITAL.

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Abstract

This is an account of a qualitative study on patients' and clinicians' expectations, experiences and perceived effectiveness of participation in a stiff hand group at Tygerberg Hospital. Tygerberg Hospital's occupational therapists offer a weekly therapy group for the treatment of patients with stiffness of the hand. Clinicians had limited insight into the patients' experience of their participation in the stiff hand group and wanted to determine how they can implement a more client-centred approach.

Two focus groups were conducted with the participants of the stiff hand group and one with the clinicians in the area. Data was then analysed to identify, describe and explore the clinicians' and patients' expectation, experience and perceived effectiveness of participation in the stiff hand group.

Within the findings the following themes regarding the patients' and clinicians' expectations, experiences and perceived effectiveness of participation in the stiff hand group emerged: importance of patients' expectations; improvement of hand function because of participation in the group; patients' motivation and taking ownership of their illness and the fact that facilitation of the group is not optimal in terms of implementation of group elements. In conclusion both the clinicians and patients see the therapeutic value of participation in the stiff hand group. Recommendations were made to further improve the therapeutic value based on the findings.