

# **A Health professional's reflections on her own health and wellbeing and its contribution towards the Millennium Goals of South Africa.**

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**Abstract**

The focus of this paper is to share my reflections, using the Kolb's Cycle, on my own cultural practices and its effect on lifestyle choices as a health professional, teacher and mother, in relation to South Africa's Millennium goals (2013-2017). In my capacity as a lecturer at the University of the Western Cape (UWC), Occupational Therapy (OT) department, I was supervising two Botswana students, who were placed for their community fieldwork placement, in a low socio-economic suburb within Cape Town, South Africa. This community was similar to mine, where I grew up and the students' observations and bewilderment about the community members' behaviors, mentioned in their fieldwork portfolio files, triggered the self-reflection about my values and beliefs, regarding non-communicable diseases and its impact on the quality of our lives and that of our future generations.

**Key words:** Clinical reasoning, community, health and well-being, health professionals, Millennium Goals, non-communicable diseases, reflective practitioners.

## Introduction

As health professionals, we are concerned about the health and well-being of our clients, their families and the greater community. However, have we considered our own health and well-being in today's hectic and stressful life? Who is taking care of the carers? We would think that with the vast knowledge and substantial developments taking place in modern medicine, that we as health professionals are not only able to increase the lifespan of individuals (Olshansky, Carnes, & Désesquelles, 2001) but also improve the quality of that life. To the contrary, according to World Health Organisation (WHO, 2010), globally we are experiencing an increase in Chronic Diseases of Lifestyle (CDL) or Non-Communicable Diseases (NCD), amongst all the population groups across the world.

WHO (2010), confirms that NCD's, such as Diabetes are affecting approximately 220 million people worldwide and that

## Reflective Practise

Regarding reflective practice, health professionals use clinical reasoning to base their thoughts and analysis of their behaviour for effective and efficient service delivery in relation to frames of reference and literature as significant aspects of evidenced-based practice (Crepeau, Cohn & Schell, 2003). There are crucial key stages that may be used for reflection which include: self-awareness, analysis of feelings, knowledge and the development of a new perspective (Atkins & Murphy, 1994). This

diabetes deaths would have doubled between 2005 and 2030. This could be due to the decrease in physical activity of individuals across the world and the increase in consumption of largely processed foods (Steyn, 2005). In addition, South African Demographic Health Survey conducted in 1998, indicated that a quarter of the South African population suffer from hypertension and more than half of the adult women are overweight (Steyn, 2005). Furthermore, these statistics are worrisome and appear to be increasing annually (Steyn, 2005). Therefore, what are the plans of actions to address this problem? These were the questions and thoughts that were going through my mind after I had marked some of our fourth year students' portfolio files, where they reflected on their learning.

is in agreement with Dawson's (2003) assertion that to be reflective is a skill that takes time and a great deal of practice to develop.

Drawing from the Department of Occupational Therapy at the University of the Western Cape, occupational therapy students are introduced and facilitated to use Kolb's experiential learning cycle to practise their skills of reflection over the period of four years of their study (Kolb, 1984). The use of the four stages of Kolb's experiential learning cycle assists

students in deepening and enhancing their levels of reflection. The first stage: concrete experience, which involves active involvement of the individual which is key to learning. The second stage is reflective observations, when one steps back and reviews what was done or experienced. The third step is abstract conceptualisation which describes a process of interpreting the events and drawing from theory to make sense of what has happened. The fourth stage explains the active experimentation, when

### **Concrete Experience**

In my capacity as a lecturer, I was supervising two, fourth year students who were placed in a low socio-economic community, within Cape Town for their seven week fieldwork block. The context and racial group within this community were very similar to the community which I grew up in, back in the Eastern Cape. Seeing how these outsiders (non-South African students) viewed the behaviours of the community members triggered the self-reflections about my upbringing and present circumstances.

Three themes emerged from their reflections in their portfolio files, namely: Context, Culture and Chronic Diseases of Lifestyle (CDL). Drawing from students' deliberations, the community members' behaviours were so contradictory to the low socio-economic context while the majority of the community was poor and even unemployed. For instance, it was observed that the community members were indulging in unhealthy activities such

the learner plans the actions that need to be taken to refine or revise the way that the task is to be handled in practice. Hence, Neistadt (1996) concedes that this process of reflective practice assist in the development of clinical reasoning.

For the purpose of this paper, I will use Kolb's experiential learning cycle (Kolb, 1984) to reflect on what I have learnt, via the students' portfolio files and its impact on my own thoughts and my future behaviours.

as carbonated drinks, fast-foods, smoking, eating pies, burgers and ice-creams. According to the students' opinion the unhealthy activities were luxuries as were now readily available and relatively cheap on an individual basis. However, the irony of the situation is that this was the same community that registered high incidences in CDL's, from the statistics the students had gathered about the community at that time.

For the purpose of this article, I have decided to focus on the CDL's as this is a reality in my life, but this cannot be divorced from the context or culture as they fit hand in glove. According to Booth, Gordon, Carlson and Hamilton (2000) chronic diseases are defined as diseases that are slow in its progress and long in its continuance. The chronic diseases include: obesity, hypertension, type II Diabetes, arthritis, chronic lung disease, cardiovascular disease and cancer. Research has shown that chronic diseases are public health problems

which affect the majority of the populations globally (Booth, et al, 2000). In addition, Booth et al. (2000) reported that chronic diseases are the most costly in terms of medical expenses and has negative implications including major loss of productivity in the workplace. Furthermore, previous studies indicated

that high consumption of sugars, salts and dense fats, found in processed foods; over an extended period of time, and physical inactivity contribute to the problem of chronic diseases (Booth, et al. 2000.)

### **Reflective Observation**

I grew up in a similar context and culture that was described by the students. In addition, there is history of CDL's in my extended and nuclear family, so their reflections resonated with me. Therefore, this made me question myself. Would I be able to change the fate for my children and future generations and what could I do to change this cycle?

Looking back at how I grew up: I am the middle child of five girls, born to Muslim parents who are not rich in material wealth, but they gave us as much as we needed. Although my parents did not complete their schooling phase, they wanted us to go as far as we possibly could, academically. Out of the five children, only two of us made use of the opportunity to complete our tertiary education and I was the only one that went on to complete a Master's degree. Within our religion, this was a rarity as most girls were not allowed to continue schooling after reaching adolescence, even though it was contrary to the teachings of our religion, which encourages every Muslim to continuously seek knowledge (Sahih al-Bukhari-chapter on knowledge, nd.)

As Muslims, our small town did not cater for our dietary requirements (halaal), so we did not eat out, but made our own foods. My mom specifically made stews as this was what her budget allowed in order to feed her relatively large family. Stews consisted mainly of vegetables and specifically potatoes, served with rice. Our cultural delicacies were also mainly carbohydrates (roti, and samosas) and usually fried.

Food is never seen as bad or wrong, as we humans need it for our nutritional and energy requirements to complete an entire day of work. We are also social beings and it forms a major part of socialisation. When we are children, our parents limit us as to how much we were allowed to consume, but when we become adults, we have to monitor ourselves. As I mentioned previously, my grandparents, parents and some of my siblings suffer from CDL's now that we have become adults.

In my nuclear family, we are better off than my parents were, as we have the modern day luxuries of two cars and television, etc. We also have access to

fast food chain stores and medical aid. My children, who are also girls (three), get driven to and from school because of distance and safety issues. They do not make use of the extra-mural activities after school, as they make use of the pre-arranged transport. The implication is that they are getting far less physical activity than we were used to at their age and they are more

### **Abstract Conceptualisation**

World health organisation (WHO, 1948), defines health and well-being as: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". So I questioned: Are my children healthy, and how will I keep them that way? What about the rest of South Africa and the entire human race? It seems to me that we are eating ourselves to death, because even though many children are overweight, there are many that are undernourished at the same time (Caballero, 2005). Literature highlights that this trend has been seen since the 1970's (Canoy & Buchan, 2007). Regarding the diets, there have been increases in the consumption of carbonated drinks, which largely contain corn syrup, higher fat intake, more energy-dense foods and bigger portion sizes. So why not just buy proper, nutritional, healthy food? These healthy foods seem to be more costly than the unhealthy foods and the

sedentary in their lifestyles which will increase in their risk factors for CDL's (Stern, Puoane & Tsolekile, 2010). We, as the parents, are also now suffering from CDL's, due to our lack of awareness and insight, so how are we going to prevent our children from suffering the same fates? This was my dilemma!

majority of the South African population is either unemployed or fall under the poverty line (Banerjee, Galiani, Levinsohn, McLaren, & Woolard, 2008). This doubly disadvantages the poor, as they can't afford to buy healthy food and when they become sick, they do not have access to good healthcare or medical aid.

Together with the poor diet there is also a decrease in the amount of physical activity experienced in the last century (Booth, et al, 2000). Canoy and Buchan (2007) concur that this is due to the increase of using cars and the prolonged periods of sedentary occupations like watching television, which they found in their survey that was done between 1992 and 2003. According to WHO (2011) more than 36 million people died globally from NCD's, in 2008, which constitutes 63% of all deaths, mainly from cardiovascular (48%), cancers (21%), chronic respiratory diseases (12%) and diabetes (3%).

### **Active Experimentation**

The South African Millennium Goals 2015 and Strategic Plan for the Prevention and Control of Non-Communicable Diseases (NCD), have a vision for increasing and improving the quality of life for all persons through prevention and control of NCD's (Department of Health, 2013). In order to achieve this vision, they aim to use three strategies: prevent NCD's and promote health and wellness at population, community and individual levels; improve the control of NCDs through health systems strengthening and; reform and monitor NCDs and their main risk factors and conduct innovative research. From this we can see that it will require an integrated strategy, efforts of 'social engineering' and biomedical and behavioural interventions, implemented through government, civil society and other

### **Conclusion**

As an individual and a health professional, I feel that knowledge is power and in order for me to gain control over my situation, I need to do more research on the topic in order to make well-informed decisions. I am aiming to therefore start with my PhD on this topic. My thesis should include increasing the community's knowledge about NCD's, increasing physical activity of our youth

stakeholders for us to have any hope of achieving the vision.

There are a total of ten Millennium development goals that South Africa wants to achieve by 2020, namely: reducing the relative premature mortality from NCD's; reducing tobacco consumption; reducing the intake of salt consumption per day; reducing the prevalence of raised blood pressure (through lifestyle and medication); increasing the prevalence of physical activity; every woman with sexually transmitted diseases to be screened for cervical cancer; increase the percentage of people controlled for hypertension, diabetes and asthma; and increase the number of people screened and treated for mental disorder (Department of Health, 2013).

(as I feel they are our future), increasing accessibility and affordability of healthy foods (fresh fruit and vegetables), improving cooking methods and it should be done at a community level so that it can address occupational health and justice for the majority of the population. This thesis will therefore be my contribution towards achieving the millennium goals of South Africa.

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