

**FACULTY OF HEALTH SCIENCES
DEPARTMENT OF NURSING SCIENCE**



PROGRAMME : COMMUNITY NURSING SCIENCE

SUBJECT : **PAPER 3: COMMUNITY NURSING SCIENCE**
MODULE 5: MANAGEMENT OF HEALTH SERVICES
MODULE 6: HEALTH PROMOTION

CODE : GGV0057

DATE : NOVEMBER EXAMINATION 2016

DURATION : 3 HOURS

WEIGHT : 50:50

TOTAL MARKS : 100

EXAMINERS : DR WO JACOBS

MODERATOR : PROF SP HUMAN (UNISA)

NUMBER OF PAGES : THIS PAPER CONSISTS OF FOUR (4) PAGES AND ONE ANNEXURE

INSTRUCTIONS TO CANDIDATES:

PLEASE ANSWER ALL THE QUESTIONS.
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QUESTION 1

A number of trends, national and global, which directly contribute to the human resource challenges in the health sector have emerged or increased in impact since the adoption of the Pick Report.

- 1.1 Debate the trends that impact on human resources. ***[12]**

QUESTION 2

Health Promotion in a Globalized World indicated that the health sector has a key leadership role in the building of policies and partnerships for health promotion.

An integrated policy approach within government and international organizations, as well as a commitment to working with civil society and the private sector and across settings, is essential if progress is to be made in addressing the determinants of health.

- 2.1 Discuss the five Health Promotion Strategies outlined in the Ottawa Charter that forms the basis of all the Health Promotion Strategies. ***[10]**

QUESTION 3

Poverty is a major problem in the world. People who are trapped in poverty find it difficult to see that there has been development in their communities.

- 3.1 Differentiate between the types of poverty. (4)
3.2 Explain the poverty (deprivation) trap. (9)

***[13]**

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QUESTION 4

The main focus of the PHC re-engineering is to strengthen the district health system and do the basics better. A model has been designed based on three streams.

Describe the three streams as set out in the DHS model for the re-engineering of PHC. ***[17]**

QUESTION 5

Explain in short the stages of behavioural changes according to the “Trans-theoretical model in Behaviour Changes”. ***[6]**

QUESTION 6

You as the community worker is seen as a miracle worker, and therefore the attitude with which you enter the community developmental project is of cardinal importance. Using the case study, answer the following **(see Annexure 1)**:

6.1 Evaluate the attached case study using the principles in community development and capacity building. Use examples from the case study to justify your evaluation. ***[15]**

QUESTION 7

Poverty is caused, perpetuated or intensified by the environments in which many societies and communities live. These types of environments have a profound influence on development.

7.1. Critically discuss the types of environments that can impact on a community development project. ***[6]**

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QUESTION 8

Indicate the general aspects that influence learning in health promotion.

***[5]**

QUESTION 9

9.1 Explain the determinants of health

(8)

9.2 describe the other factors influencing health and health behaviour

(8)

***[16]**

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CASE STUDY

The superintendent of a hospital in a rural area in the foothills of a mountainous area realized that the same women would bring their children with kwashiorkor to the hospital for treatment. The child would be hospitalized for two weeks and the mother would receive information on a balanced and healthy diet for her child. However, within a month or two she would be back with the same child needing treatment again. The superintendent decided to speak to these women about the feeding of their children. He identified the monthly clinic day when these women could collect some powder milk for their children as an opportune time.

In his discussions with these women he soon realized that they knew what constitutes a healthy diet, but that they simply did not have the means to provide the right food to their children. This discovery of the superintendent started a discussion between him and the mothers about a food garden to supplement their children's diet. After a while a group of twenty mothers declared themselves willing to start a garden. They acquired a piece of land in the hospital grounds with ample water. Their garden was an instant success, so much so, that more mothers wanted to join them. When this one project just about reached its capacity, women started their own gardens on land acquired from the tribal chief. Some women had no feeling for gardening and they decided to start with a small poultry farm where they would raise broilers. Again their endeavour was met with instant success. The result was that a number of women's groups started raising poultry. Within a period of less than a year the market for broilers was totally sated.

In the meantime the original group of women with their garden in the hospital grounds was doing so well with selling the surplus of their produce in the area surrounding the hospital that they could afford to erect a small building in the hospital grounds with a demonstration kitchen and a lecture room. On clinic days they would invite dietitians to come and tell and show them how to prepare food to optimize its nutritional value.

The efforts of the women in food gardening and poultry farming caught the eye of the tribal authority and the service providers in the area. Through the good offices of the authorities and a few NGOs groups were created to develop springs. Because of the mountainous terrain there were many springs in the area. They just had to be developed and the water piped from them to tanks in the various villages. When the first efforts to develop the springs proved to be a fairly easy task, a number of groups sprang up with this in mind and a large number of villages got water in this way.

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As water became more readily available, more food appeared.

At this stage the superintendent realized that he could no longer handle the facilitation of all these projects. Through the good office of the NGO a project manager was obtained whose salary was paid by the NGO and who got a small flat inside the hospital where she could reside.

The women not involved in food gardens or poultry farming started to talk about doing something for themselves; getting a project going that would improve their income. With the help of the new project manager they identified a possible project, namely the harvesting and selling of the thatch grass that covered a large portion of the area. They began to look for a buyer of the thatch and found one in Johannesburg. They were fortunate to have a siding of the railway line to the north in their area and they arranged with the transport services to park a railway truck at the siding which the women would then fill with thatch grass. They worked out a system whereby the women would receive a token for every bushel of grass they would bring to the truck. Later they could exchange their token for a fixed amount of money. This project was a great success and really brought prosperity to the area.

The tribal authority, which had representatives on a steering committee overseeing all these projects, decided to start a few rehabilitative projects where it invited people to participate with their labour for which they were paid. These projects included rehabilitation of homesteads where huts were fixed and newly thatched and where dilapidated animal kraals were improved. It also including throwing car wrecks lying in the veld into dongas and covering them with diamond mesh wire so that soil and vegetation could take hold.

One of the serious problems at that stage was that there were too few schools and that further schools were on the waiting list and would be constructed only two or three years hence. Some parents whose children were negatively affected by this came together and decided to build their own school. Through the office of the project manager they acquired a deal with an NGO that would supply and fix the roof of the school if the parents would build the rest. Not one but three schools were built in this way and every one of them was supplied with water from fountains in the mountains. These schools had so much surplus water that they could make a garden in every school yard and supply the homes adjacent to the schools with water for their everyday use.

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Another educational problem in the area was that many children could not afford school books. The original project of the kwashiorkor mothers was in such a strong position financially at this stage that these mothers decided to start a fund for poor children who could not afford their own books.

After about two years from the start of the first project of the mothers with the kwashiorkor babies there were about 200 projects in that area, and the local people ran these projects with minimal help from the project manager and a few NGOs.

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QUESTION 1

Analyse the definition of Health according to the Theory for Health Promotion. *[6]

QUESTION 2

Discuss the aspects that needs to be considered in change in behaviour. *[4]

QUESTION 3

Describe the factors that influence health behaviour. *[8]

QUESTION 4

The main focus of the PHC re-engineering is to strengthen the district health system and do the basics better. A model has been designed based on three streams. These three streams are a ward-based PHC outreach team for each electoral **ward**; strengthening **school health services**; and **district-based clinical specialist teams** with an initial focus on improving maternal and child health.

4.1 Explain the ward-based PHC outreach team for each ward set out in the DHS model for the re-engineering of PHC. *[12]

QUESTION 5

You are a community health nurse, working at the local authority clinic in Tarlton, a semi-urban community. You have been asked to give health education on contraceptives to adolescents at the local community centre.

5.1 Formulate a goal for today's session. (1)

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5.2 You have to decide on the most appropriate teaching strategies to use, and teaching aids that will complement the teaching strategies.

5.2.1 **Indicate** the teaching strategies and teaching aids that you are going to use, **explain** how you will use these teaching strategies and aids and **motivate the reasons** you chose these strategies and teaching aids as being the most appropriate for this topic.
(15)

5.3 Describe how you will ensure that this group of adolescents participates actively in this health education session. (3)

5.4 Outline measures that you will implement to overcome possible communication barriers (3)

QUESTION 6

Rapid urbanisation is taking place in most of the cities in our country.

6.1 Describe your understanding of urbanisation. (1)

6.2 List the results of urbanisation. (2)

6.3 Debate the effects that urbanisation has on the individual, the family and the community. (7)
*[10]

QUESTION 7

You as the community worker are seen as a miracle worker, and therefore the attitude with which you enter the community developmental project is of cardinal importance. Using the case study provided below and answer the following (**see Annexure 1**):

7.1 Justify the identified role/s of the community development worker. (5)

7.2 Motivate the identified outcome principles within the case study. (5)

7.3 Justify the identified ethical principles within this case study. (5)
*[15]

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QUESTION 8

The community workers needs to have certain skills with which they enter the community developmental project. One of those skills is conflict resolution and negotiation.

8.1 Discuss the possible causes of conflict (7)

8.2 Outline the five steps before and during negotiation (5)

8.3 Indicate the characteristics of a “Good Negotiator” (5)

***[17]**

QUESTION 9

A number of trends, national and global, which directly contribute to the human resource challenges in the health sector have emerged or increased in impact since the adoption of the Pick Report.

9.1 Describe in short the trends that impact on human resources. ***[6]**

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SUPPLEMENTARY EXAMINATION DECEMBER 2014
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CASE STUDY

Mr Dladla was a newly appointed agricultural extension officer in a rural tribal area. He was taught at college that an extension officer should get the local people to participate and that he should identify leaders to pull the rest of the people along.

His first task as extension officer was to visit each farmer and to invite him to a public meeting the following Sunday to discuss farming matters in the area. Mr Dladla was exceptionally impressed with one young farmer, a Mr Khubeka, who farmed very progressively and was very keen to befriend Mr Dladla.

A large number of farmers attended the meeting. Mr Dladla was glad to see that Mr Kubheka had quite a following and he decided that he had already done part of his job, which was to identify a leader. Mr Dladla addressed the meeting. He told those present that it was clear to him as a professional that they had very low yields and that their farming methods were to be blamed for that. He emphasised how glad he was to be given the opportunity to help them to become wealthy farmers. He also stressed the fact that he could not farm for them.

Whilst he had the knowledge and contacts in the government, they had the ability to learn and to work. He sketched a picture of maize fields standing high in the cob and of broad-leaved tobacco plants earning the farmers a lot of money. He implored them not to think that such progress was impossible. If they all pulled together they would reach their goal soon.

Mr Dladla continued by suggesting that they make their first objective a doubling of their maize crop and each farmer planting at least half a hectare with tobacco by the end of the next season. This speech drew very warm applause. The whole meeting was buzzing, and it was apparent that Mr Dladla had made a great impression.

Mr Kubheka took the floor and thanked Mr Dladla profusely for his inspiring speech. He ended by asking what the next step should be. Mr Dladla ticked the various steps off on his fingers: one, they should form a farmers' association; two, they should elect a committee; three, the committee should go to the regional office of the Department of Agriculture to state their plan; and four, they should hold another meeting so that the committee could report on their plans for the following season.

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An elderly man then stood up and explained that they already had a farmers' association that was established some years ago. Mr Dladla interjected that he was glad to hear that an association was established, but that the committee was not doing its work and should be sacked.

Mr Kubheka replied in a sneering way that the old headman was the chairman of this dormant committee. Mr Dladla immediately sensed that he was now on dangerous ground. He enquired politely where the headman was but was told he was not present. Mr Dladla thought that he had saved the situation when he suggested that they should proceed with electing a new committee and that the chairman and the vice-chairman would then pay the headman a visit to discuss their further plans with him.

The meeting thought it a good idea and promptly elected Mr Dladla chairman and Mr Kubheka vice-chairman. In his acceptance speech Mr Dladla said that he would gladly lead this new effort, but that he would resign in favour of Mr Kubheka as soon as he saw that the association was well on its feet.

After the meeting Mr Dladla and Mr Kubheka talked at length about their plans for the association. When Mr Dladla said that they had better visit the headman as soon as possible, Mr Kubheka pleaded a very busy week and suggested that Mr Dladla go alone to the headman.

Mr Dladla visited the headman the following week. He was greeted by the headman saying that he heard that Dladla and Kubheka had kicked him out of the committee. Mr Dladla tried to explain that that was not the case, and that it was unfortunate that the headman was not present at the meeting. The headman replied that he was not informed of the meeting and that the meeting was therefore illegal. It took Mr Dladla more than an hour to come to an agreement with the headman that they would hold a second meeting, this time at the headman's homestead where they could iron out their differences. The second meeting was again attended by a large group of farmers. After the headman has solemnly welcomed all present a man stood up and proposed that they again elect a committee. Mr Dladla replied that it was not necessary. They could easily include the headman on the committee.

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A long debate ensued in which it was eventually decided that seeing that the previous meeting was illegal, and that the committee was illegal too, a new committee should be chosen.

The headman immediately called for the nomination of a new chairman, and his name was suggested by a chorus of voices. No other name came up. Then the headman asked for nominations for a vice-chairman, and Mr Dladla and Mr Kubheka were nominated. Mr Dladla did not want to be in opposition to Mr Kubheka, and so he withdrew, saying that he would rather serve on the committee ex-officio as advisor.

The meeting decided that the committee should meet as soon as possible. Three weeks passed before Mr Dladla enquired from Mr Kubheka when the committee is going to meet. He said that he had not heard from the headman as yet. After another three weeks Mr Dladla enquired from the headman when he planned to call a meeting. He was told by the headman that a committee meeting had been held but that there was nothing of importance to report.