

VOORWOORD

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In die Gesondheidsjaar sal die gewone man ál meer bewus raak van sommige van die talle aspekte van die breë spektrum van gesondheid en siekte. Baie van die aspekte sal vir hom nuut wees, sommige daarvan sal hy verwerp, maar 'n beduidende aantal daarvan sal hy behou omdat hulle nuwe belangstellings by hom laat ontstaan het. Die uitdaging lê in die noodsaaklikheid om die nuwe stukrag in die toekoms uit te dra deur leergeleenthede vir die verskillende gemeenskapsgroepe in Suider-Afrika daar te stel en te verseker dat hulle betekenisvol aan die oplossing van probleme t.o.v. hulle huidige en toekomstige gesondheidsprobleme deel te neem.

Mahler¹ en Newell² het herhaaldelik die belangrikheid van groter deelname deur die pasient aan sy gesondheidsorg te beklemtoon. Lalonde³ het 'n lansie gebreek vir nuwe gedagtes oor gesondheidsorg met besondere klem op die opvoedkundige komponente. By die Alma-Ata konferensie oor primêre gesondheidsorg⁴, is die maksimum individuele en gemeenskapselfvertroue as noodsaaklik beskou, en daar is klem gelê op volle gemeenskapsdeelname wat die beste deur behoorlike onderrig gemobiliseer kan word.

In Suider-Afrika waar daar verskillende bevolkingsgroepe saamwoon, het die mense selektief dinge van mekaar se kulture "geleen". Waar wetenskaplike en tradisionele gesondheidsorgstelsels langs mekaar bestaan, moet daar interessante en uitdagende probleme i.v.m. kultuurwisseling ontstaan. In hierdie gemeenskappe waar sowel die tradisionele gesondheidsonderrig én die van die wetenskaplike geneeskunde aanvaarbaar is, sal ons ons soepelheid moet herwin en nuwe vaardighede ontwikkel sodat ons ons profile van ware organisasie-van-die-grond-af kan versterk.

In die meeste gesondheidsvoortligtingswerksaamhede wat in dié uitgawe beskryf of ontleed word, word dit duidelik dat ons die gesondheidsvoortligtingsrol van sowel die professionele as die lekelede van die gesondheidspan moet herwaardeer om te sorg dat hulle maklik aan die eise van die huidige en toekomstige gesondheidsorgstelsels soos hulle voorkom, sal kan voldoen.

Epidemiologiese navraag na gesondheidsvoortligting — hoewel dit sy eie probleem het — sal behoeftes en prioriteite vasstel en 'n basis vorm waarop verder evalueer kan word. Om ons in die belangrike take te help, sal ons miskien vind dat ons voorgraadse én nagraadse faciliteite sal moet skep vir

FOREWORD

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During Health Year the man in the street will become more and more aware of some of the many aspects of the wide spectrum of health and disease. Many of these aspects may be new to him — some he will discard but a significant number he will retain as they have awakened new interests in him. The challenge lies in the need to carry this new impetus forward into the future by facilitating learning opportunities for the various community groups in Southern Africa to ensure that they will be able to participate meaningfully in the search for solutions to both their existing and their future health problems.

Mahler¹ and Newell² have repeatedly stressed the importance of greater participation by the patient in his own health care. Lalonde³ has called for fresh thinking about health care with special emphasis on the educational components. At the Alma-Ata conference on primary health care⁴, maximum individual and community self-reliance was considered to be essential, and the need for "full community participation which could be best mobilised through appropriate education" was stressed.

In Southern Africa, where many population groups live together, people have borrowed selectively from each other's cultures. Where scientific and traditional health care systems function side by side, interesting and challenging cross-cultural communication problems must arise. In those communities, where both the traditional health education teachings and those belonging to scientific medicine are acceptable, we may need to regain our flexibility and to develop new skills to enable us to reinforce our profiles of true grass root organisation.

In most of the health education activities described or analysed in this issue, it becomes apparent that we need to reassess the health education roles of both the professional and the lay members of the health team to ensure that they will be able to adapt easily to the demands of current and future health care systems as they arise. Epidemiological enquiry into health education, while presenting its own problems, will establish needs and priorities and form a basis for ongoing evaluation. To assist us in these major tasks, we may find that we need to create both undergraduate and post-graduate facilities for future health education specialists,

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