Case Study 15
Miss O is a 23 year old unmarried sister of an 8 year old boy diagnosed as having microcephaly. The family lives in a shanty house ("Umjondolo") at Kwa Makhutha but uses a relative's house for the official address because the family is not entitled to a health care locally if they are not registered as residents. Miss O's parents died when her brother was only 6 months old and she was 15.

"We were 8 in the family, 4 boys and 4 girls. I am the eldest and this boy was my mother's last child. I was not aware that the baby had a problem when he was still very small. As I grew older I noticed that his head was small but I thought he just had a small head which was relatively normal. I had to assume the responsibility of taking care of my younger brothers and sisters as the older sister.

When I was 17 years of age we still did not have any means of support. Relatives and neighbours gave us food when we were hungry and I started selling 'juba' and beers. After 2 years the child was still unable to crawl, walk or hear. I then realised that the child's growth and development was slow. With the advice of friends and neighbours, I took my brother to King Edward VIII hospital where he stayed for 2 months. We could not visit him often because we did not have money but the nurses gave him injections and money but the nurses gave him injections and injections and he would be treated for minor ailments there. I was then told that the baby is microcephalic and that he would be retarded mentally. He was then referred to a social worker and they recommended admission at Ekuhlengweni sanatorium. At Ekuhlengweni I was told that admission of this child would depend on two factors. Firstly a single care grant must reach Pietermaritzburg and I must start again applying for a single care grant, otherwise I would not qualify for it.

Available Health Care Facilities
"I know about hospitals such as King Edward VIII, clinics such as Kwa Makhutha and special hospitals such as Ekuhlengweni. I think that these facilities are effective. We found the doctors, the nurses and social workers who attended to us very helpful".

The Ethics of Abortion and Euthanasia
"I would not agree to an abortion if this was my baby. I would not agree to euthanasia and I would be willing to take care of the baby".

Socio Cultural Factors
"I do belong to the Salvation Army church and I believe that God has given us this child, I do not suspect anybody or any witchcraft".

Responses from Health Care Providers
"The nurses and doctors are good to us when we go to the hospital and we are attended to in turn. I have not had any nasty experience I can relate with regards to responses from health care providers except for the way in which there is a delay in the forms filled in for a single care grant. There is also a delay in that my brother should be learning some skills and at the moment he is growing up without learning how to take care of himself".

The effects of the procedure for obtaining single care grant is not possible for poor Black people, what do you think the response of registered nurses should be?

Other Observations
At the third visit an interview with a neighbour revealed that they had moved house. There was a fight in the area and their shanty house was burnt down so that they had to flee for their lives. The family could not be traced.

Questions for your consideration
1. Evaluate the effectiveness of the interventions of the following registered nurses:
   1.1 at prince Mshiyeni Hospital.
   1.2 at Ekuhlengweni Sanatorium.
   If you do not think these were adequate, what could they have done?

2. Since it would seem that the procedure for obtaining single care grant is not possible for poor Black people, what do you think the response of registered nurses should be:
   2.1 when they have contact with a patient needing one.
   2.2 as an organized profession.

3. What do you think a good service for this group of patients and their families should consist of and how can that be achieved?