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 H.T. Ndabezitha — Interior
 B.R. Khuzwayo — Education
 M.A. Maphumulo — University of Zululand
 B.S. Mthimkhulu — Health & Welfare
 M.P. Nkehli — Justice
 M. Mbhele — Interior
 B.A. Mbili — Justice
 B. Mhlongo — Justice
 B.M. Mbiko — Interior
 M.N. Khwela — Justice
 W. Luthuli — Works
 W.S. Buthelezi — Swartkop Forestry
 N.J. Radebe — Interior
 M.Z. Nhleko — Justice
 M.P. Mtshali — Justice
 F.S. Mlongo — Interior

M.T. Xolo — Justice
 O. Kunene — Interior
 M.R. Ngubane — Justice
 F.P. Mpungose — Justice
 T. Khulu — Madadeni Training
 T. Gama — Appelsbosch T. College
 P.N. Thusi — Health & Welfare
 B.O. S — Soweto College
 T.V. Mtshali — Justice
 D.M. Mncube — Agric. & Forestry
 M.A.T. Sokhela — Agric. & Forestry
 B.P. Ngcobo — Swartkop Forestry
 N. Sikakane — Works
 Z.Y. Mngomezulu — Works
 T. Tshabalala — Works
 V.P. Nhlapho — Medunsa
 K.M. Mpulo — Edendale Technical
 P.C. Mvelase — Agric. & Forestry
 C.D. Khwela — Madadeni T. College

N. Mngoma — Health & Welfare (Medunsa)
 P. Mkhize — Madadeni T. College
 T. Mlambo — Edendale T. College Health & Welfare
 D.J. Mthembu — Edendale T. College — Health & Welfare
 T.D.N. Nsibande — Health & Welfare
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 P.S. Gebashe — Justice
 P.M. Dlamini — Justice
 A.N. Dlamini — Justice
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 C.S. Mhlongo — Justice
 V.E. Mabaso — Agric. & Forestry
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 C.T. Cele — Education & Culture
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KWASHIORKOR IN KWAZULU



A nursing sister lectures to mothers.

Miss E.A. Clerke, a Social Worker under the Bureau of Community Development and Youth Affairs explores the feasibility of gauging the effectiveness of the malnutrition treatment programme at Nkandla Hospital. She focussed her attention on aspects of the programme that the parents/guardians found helpful in preventing their children from relapsing into a malnourished state.

Unconfirmed reports emanating from various KwaZulu hospitals suggest that 66% of all children admitted with a primary diagnosis of some form of malnutrition, within a period of

time following discharge, relapse to the point of requiring readmission for the same diagnosis. Admission records at Nkandla Hospital suggested a drop in the readmission rate of malnutrition cases in recent years from an average of 60% to 10%. Due to inaccessibility of homes to motor vehicles, this exploratory study was limited to one hospital — Nkandla hospital.

MALNUTRITION AS SOCIAL PROBLEM

The term malnutrition is used broadly to describe kwashiorkor and marasmus, pellagra as well as low-weight-for-age, in terms of weight-for-age charts prepared for international use by the World Health Organisation.

The diagnosis of children admitted to Nkandla Hospital are as follows:-

- Malnutrition — 96 children and 3,86%
- Gastro-intestinal disorders — 571 children and 22,97% of total
- Respiratory disorders — 1204 children and 48,43% of total
- Other — 615 children and 24,74% of total.

The root causes of malnutrition are complete and interrelated. Increasingly attention has been focussed on the environmental and social factors that conduce the onset of malnutrition. Factors such as disruption of family life. Social change, the underdevelopment of the Rural Areas.

CONSEQUENCES OF MALNUTRITION

While it has been assumed that there is a causal relationship between malnutrition and deficient mental development; demonstrating the nature of the causal relationship has proved to be a difficult task.

The implications of the findings suggest that malnutrition could contribute to the under achievement of children at school which in turn would contribute to diminished opportunities as work seekers in adulthood.

TREATMENT PROGRAMME

Nkandla Hospital has developed a very flexible policy with regard to the admission, treatment and discharge of children suffering from malnutrition.

Children requiring in patient treatment for malnutrition are admitted for a period of approximately four weeks. Whenever possible guardians of malnourished children are also accommodated at the hospital and exposed to health education and training in basic skills such as gardening and handcraft.

The health education programme includes the following:

Nutrition Education, Gardening, handcraft, family planning milk scheme, mobile district clinics and child care.

An alternative treatment approach to malnutrition in the form of nutrition rehabilitation units has been intergrated into the health services of the Transkei. Usually the units are built along the lines of typical rural dwellings and emphasis is placed on utilising familiar household items and practices.

A few hospitals in KwaZulu endeavoured to emulate the nutrition rehabilitation approach. Unlike at Manguzi Hospital, the Nkandla Hospital approach of not singling out guardians programmes but rather inviting all guardians to participate in the health education programme.

It seems that the broader based treatment plan does both facilitate and promote greater patient compliance which in turn contributes to the declining readmission rate. The fact that the guardians voluntarily attend the health education sessions and participate enthusiastically in the discussions, suggest that a number of the health workers involved in the programme have developed effective communication skills and that the programme meets a need.

The findings of the exploratory investigation as well as the

findings of other studies that a strategy needs to be devised for dealing with the issue of desertion and non support of children by their parents. Guardians are generally afraid of taking such drastic steps as seeking legal aid in securing maintenance from fathers and in some cases mother of children. The KwaZulu Governments Department of Health and Welfare does not have the resources to make Maintenance Grants available to all the guardians who need them. Although this situation arises as an inevitable consequence of the disregard for family life inculcated by the migrant labour system — it cannot be allowed to continue unabated. National awareness campaigns directed through church, political and local community groupings need to focus attention on how very serious the problem is and how it contributes to the retardation of development and social reconstruction of rural areas.

Hypothetically, a broad based treatment plan does, to a limited degree, facilitate greater patient compliance and reduce the risk of readmission. Thus the decline in the readmission rate at Nkandla Hospital in recent years can be largely attributed to effectiveness of their broad based treatment programme.