

STATE WHETHER TRUE OR FALSE OR DON'T KNOW

HYPERTENSION

10	Hypertension is another name for high blood pressure	TRUE	1
		FALSE	0
		Don't know	0
11	The following blood pressure is considered to be high 130/80	TRUE	1
		FALSE	0
		Don't know	0
12	Hypertension can be treated with medication, exercise and weight loss	TRUE	1
		FALSE	0
		Don't know	0
13	Lifestyle changes such as stopping smoking, loss of weight can decrease blood pressure	TRUE	1
		FALSE	0
		Don't know	0
14	Damage to the kidney is a sign of high blood pressure	TRUE	1
		FALSE	0
		Don't know	0
		Score	5

DIABETES

15	Diabetes is commonly known as	TRUE	1
		FALSE	0
		Don't know	0
16	The following is normal blood glucose 3.8 - 7.7	TRUE	1
		FALSE	0
		Don't know	0
17	Eating too much sugar and other sweet foods is a cause for diabetes	TRUE	1
		FALSE	0
		Don't know	0
18	Diabetes can be cured	TRUE	0
		FALSE	1
		Don't know	0
19	Shaking and sweating are signs of high sugar levels	TRUE	1
		FALSE	0
		Don't know	0
20	Kidney produce insulin	TRUE	1
		FALSE	0
		Don't know	0



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21	The usual cause of diabetes is lack of effective insulin in the body	TRUE	1
		FALSE	0
		Don't know	0
22	Diabetes causes poor circulation	TRUE	1
		FALSE	0
		Don't know	0
23	Medication is more important than diet and exercise to control diabetes	TRUE	1
		FALSE	0
		Don't know	0
24	There are 2 types of diabetes namely Type 1 and Type 2	TRUE	1
		FALSE	0
		Don't know	0
25	Diabetes can damage my kidneys	TRUE	1
		FALSE	0
		Don't know	0
		Score	11

STROKE

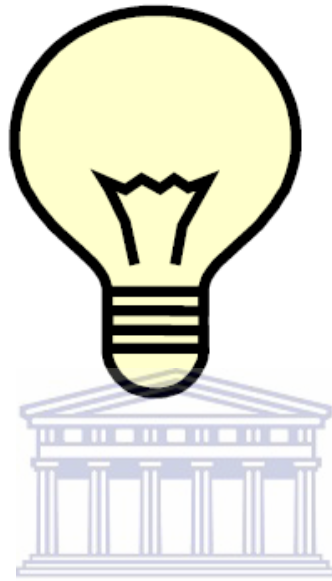
26	The most common type of stroke is when the blood supply to the brain is blocked	TRUE	1
		FALSE	0
		Don't know	0
27	Another name for stroke is cerebrovascular accident	TRUE	1
		FALSE	0
		Don't know	0
28	Signs of a stroke include blurred vision, paralysis on one side of the body and severe headache	TRUE	1
		FALSE	0
		Don't know	0
29	You are at risk of getting a stroke if you are obese	TRUE	1
		FALSE	0
		DON'T KNOW	0
30	The most common known risk factor for stroke is high blood pressure	TRUE	1
		FALSE	0
		Don't know	0
31	If you drink lots of alcohol you are less likely to have a stroke	TRUE	0
		FALSE	1
		DON'T KNOW	0
32	To reduce the risk of stroke you need to eat well and exercise regularly	TRUE	1
		FALSE	0
		Don't know	0
33	Right arm paralysis could be a physical disability caused by stroke	TRUE	1
		FALSE	0
		Don't know	0
34	If you stop smoking you decrease the risk of having a stroke	TRUE	1
		FALSE	0
		DON'T KNOW	0

35	Diabetes and stroke are closely linked	TRUE	1
		FALSE	0
		DON'T KNOW	0

Score 10

TOTAL 26

THANK YOU FOR YOUR PARTICIPATION




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Appendix 2: Content of training workshop

STOP THE EPIDEMIC OF CHRONIC DISEASES OF LIFESTYLE IN THE NORTHERN CAPE

1

PREVALENCE OF CDL IN AFRICA




2

PREVALENCE OF CDL IN AFRICA

- Total projected chronic disease related deaths in WHO Region for Africa, 2005 = 2,446,000
- WHO projects that in the WHO Region For Africa, over the next 10 years:
 - 28 million people will die from a chronic disease
- Deaths from chronic diseases will increase by 27% - most markedly, deaths from diabetes will increase by 42%

3

PREVALENCE OF CDL IN SOUTH AFRICA




4

PREVALENCE OF CDL IN SOUTH AFRICA

- Total deaths in South Africa, 2002 = 680,000
- Total chronic disease-related deaths in South Africa, 2002 = 190,000
- In South Africa, chronic diseases accounted for 28% of all deaths in 2002

5

NORTHERN CAPE



6

Leading cause of death in NC

- In 2000 report it was found that 51% of deaths were caused by NCD, which are CDL, in Northern Cape

Risk Factors for CDL

- Increased blood pressure
- Increase sugar levels
- Increase cholesterol
- Obesity

Lifestyle behaviours which lead to the Risk factors of CDL

- Insufficient physical activity
- Unhealthy diets (sweet, salty & fatty foods)
- Tobacco smoking and
- Alcohol consumption

Northern Cape Surveys regarding lifestyle behaviours which cause CDL risk factors

- Physical inactivity levels increased to 42% of adolescence who are inactive.
- Close to half of the adolescence participating in the surveys were engaging in unhealthy eating behaviours
- Northern Cape Province was listed second highest in terms of the number of adolescence consuming alcohol. Of the national results 50% of adolescence indicated that they consumed alcohol.
- The survey found that 30% of adolescence has smoked and it also indicated that Northern Cape Province had the highest prevalence on current smokers.

10

10 FACTS ABOUT CHRONIC DISEASES OF LIFESTYLE WORLDWIDE WHO, 2005

11

1-5 FACTS

- Chronic disease is responsible for 60% of all deaths worldwide
- 80% of chronic disease deaths occur in low and middle income countries
- Almost half of the chronic diseases occur in people under the age of 70 years
- Around the world, chronic diseases affects woman and man almost equally
- The major unhealthy lifestyle behaviours that induce risk factors for chronic diseases are an unhealthy diet, physical inactivity and tobacco use


12

6-10 FACTS

- Without action, 17 million people will die prematurely this year from chronic diseases
- One billion adults are overweight – without action, this figure will surpass 1.5 billion by 2015
- 22 million children under five years old are overweight
- Tobacco use causes at least 5 million deaths each year
- If the major risk factors for chronic disease were eliminated, at least 80% of heart disease, stroke and type 2 diabetes would be prevented and 40% of cancer would be prevented

13

DIABETES



14

DIABETES AND YOUR ORGANS

- Diabetes affects many organs of the body including the kidneys.
- Kidney damage and bladder problems are long-term complications that may affect people with diabetes.
- Diabetic kidney disease (also called diabetes nephropathy) can lead to kidney failure.

15

WHAT IS DIABETES?

- Diabetes (or sugar sickness) is a condition of the body, where sugar is not used correctly to provide energy for living and growing.
- You develop diabetes when your body doesn't produce enough insulin.
- Without insulin your body cannot get the energy it needs from your food.
- Normally, a gland called the pancreas makes insulin which carries the sugar in the blood into the cells. In diabetes, the pancreas fails to supply enough insulin, or

WHO GETS DIABETES?

- Anyone, any-where, at any age can get diabetes. Being over-weight and having a family history of diabetes increases the risk

TYPES OF DIABETES

There are two major types of diabetes:

- Type I, commonly called juvenile diabetes,
- Type II, commonly called adult onset diabetes.

Both have similar symptoms but very different causes.

TYPE 1 DIABETES

Type 1 diabetes, usually diagnosed in childhood, is a disease whereby the body's own immune system attacks and kills the cells in the pancreas which produce insulin, leaving a person's body without insulin, and unable to regulate its blood sugar levels.

19

TYPE 2 DIABETES

- Type 2 diabetes is a disease that results when the body's cells become resistant to insulin.
- In Type 2 diabetes, unlike in Type 1, insulin is still produced by the body; it just isn't used correctly.

20

RISK FACTORS FOR DIABETES

- Obesity
- Sedentary lifestyle
- Unhealthy eating habits
- High blood pressure
- Family history
- Increased age

21

SIGNS OF DIABETES

- Always thirsty
- Always tired
- Frequent urination
- Unexplained weight loss
- Itching
- Changes of vision (blurry)
- Slow healing cuts and bruises
- Numbness in hands and feet

22

IS THERE A CURE?

- Currently there is NO cure for Diabetes
- There is treatment to help people maintain a normal life

23

WHAT CAN I DO?

24

EAT HEALTHY

- Eat regular meals (breakfast, lunch and supper), which contain different kinds of foods.
- Make starchy foods the basis of your meals.
- Eat less fat.
- Chicken, fish, lean meat, and low fat dairy foods could be eaten daily.
- Eat less salt and salty foods.
- Drink as much safe water as you can throughout the day (6-8 glasses).

25

EAT HEALTHY



26

EXERCISE

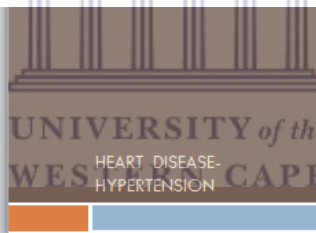


27

EXERCISE

- It is important to do some form of exercise 3-4 times per week for 10-20 minutes. This may take the form of:
- Walking up and down a flight of stairs instead of taking the lift.
 - Walking to the shops instead of taking a car/taxi/bus or getting off a bus/taxi a couple of stops early.
 - 50-100 skips with a skipping rope.

28



29

WHAT IS HYPERTENSION?

- Hypertension, or high blood pressure, is defined as a reading of 140/90 on three consecutive measurements at least six hours apart.
- Constantly high blood pressure causes the heart to work harder than it should and can damage the coronary arteries, the brain, the kidneys, and the eyes.
- Hypertension is a major cause of stroke.

30

WHAT IS BLOOD PRESSURE

- Blood flows under a pressure, as it flows inside the blood vessels, the arteries, as it stretches their smooth muscles with each heart beat, pumping the blood from the heart.
- There are two readings given the pressure. In the arteries when the heart is pumping the blood is called 'systolic' pressure.
- When the heart relaxes (between the beats) the lower reading phase reading is called 'diastolic' pressure. This the pressure is reported with two readings as '120 over 80'.
- This is normal number for most people. Every one's blood pressure may slightly vary. It can be slightly different at different times. Older people may normally have slightly higher pressure.

31

THE PREVALENCE OF HYPERTENSION

- Overall hypertension prevalence rate was 55%,
- with 59% of black African people
 - 55% of Indian and coloured people
 - 50% of white people

32

TYPES OF HYPERTENSION

- Hypertension is classified as either primary (or essential) hypertension or secondary hypertension.
- Primary hypertension has no specific origin but is strongly associated with lifestyle. It is responsible for 90 to 95 percent of diagnosed hypertension
- Secondary hypertension is responsible for 5 to 10 percent of diagnosed hypertension. It is caused by a pre-existing medical condition such as congestive heart failure, kidney failure, liver failure, or damage to the endocrine (hormone) system.

33

RISK FACTORS FOR HYPERTENSION

- Stress
- Poor diet
- Physical inactivity
- Obesity
- Over the counter drugs
- Smoking
- Alcohol abuse
- Hereditary



34

WHO GETS HYPERTENSION

- Often it runs in the family. Relatives of people with hypertension are at a greater risk than others to get the condition. If you have a family member with hypertension, have your blood pressure checked periodically.
- Hypertension can occur at any age but it is more common as people get older. It often begins somewhere between the ages of 30 and 50 in most people.
- Men are more apt to become hypertensive than women.
- Women are at special risk for developing hypertension during pregnancy, when they are taking birth control pills.
- It is more common among overweight people, and it is more difficult to control.

35

WHAT CAN I DO?

- Most of the risk factors for primary hypertension are preventable, and lifestyle modification may prevent as well as treat the condition. Secondary hypertension can be managed by treating the underlying cause.

36

RECOMMENDED MANAGEMENT

- Eliminate smoking
- Control stress
- Maintain weight at 15 percent or less of desirable weight
- Restrict alcohol intake to no more than two drinks a day for men and one for women
- Restrict sodium intake to 1.5 to 2.5 grams per day (4 to 6 tsp salt)
- Exercise five to seven days a week for thirty minutes per session
- Increase intake of fruits and vegetables
- Increase intake of low-fat dairy products

37

CEREBROVASCULAR ACCIDENT - STROKE



38

WHAT IS A CEREBROVASCULAR ACCIDENT?

- Cerebrovascular accident:** The sudden death of some brain cells due to lack of oxygen when the blood flow to the brain is impaired by blockage or rupture of an artery to the brain. A CVA is also referred to as a stroke.

39

SIGNS OF A STROKE

- Sudden numbness or weakness of face, arm, or leg (mainly on one side of the body)
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, or loss of balance
- Sudden confusion or trouble talking or understanding speech
- Sudden bad headache with no known cause

40

RISK FACTORS FOR A STROKE

- Age can have a stroke.
- Family history
- Ethnicity
- High blood pressure
- Heart disease
- Diabetes
- Smoking
- Hormonal changes with pregnancy

41

THE SITUATION



42

THE PLAN

TASK

- Identify a plan for your school that would assist the learners and teachers in preventing the risk factors for chronic diseases of lifestyle
- Plan the health awareness activity in a group over a period of 2 weeks
- Identify key people that would make this Health awareness activity
- Implement the health awareness activity

THANK YOU

- Contact:
- Bernice Souls
 - Department of Physiotherapy
 - University of Western Cape
 - 021 959 2542
 - bernice@uwc.ac.za or bernice@uwc.ac.za



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Appendix 3: Focus group discussion guide

Questions

1. Kan ons vir 'n tydtjie die verloop van die gesondheidsopvoedingsprogram bespreek?
2. Wat het gewerk en nie gewerk nie?
3. Het jy enige uitdagings ervaar tydens die gesondheidsopvoedingsprogram? Het julle byvoorbeeld gesukkel om die informasie te verstaan of in te saamel?
4. Wat was jou ervaring van die gesondheidsopvoedingsprogram? Het jy dit geniet?
Dink jy dit was toepaslik?
5. Het jy enige voorstelle vir verbetering vir die gesondheidsopvoedingsprogram



Appendix 4: Interview guide

Vrae

1. Kan u vir my vertel wat die proses was wat ons gevolg het vir hierdie gesondheids opvoeding program, waar het dit begin en op watter punt staan ons nou?
2. Hoe voel mevrou teenoor die program? dink u ons kan enige iets byvoeg, enige aspek van informasie so dat die informasie beter na die gemeenskap toe gaan?
3. En volgens mevrou se kennis het hulle enige iets van die aard gedoen tydens die program?
4. Was daar enige bewys dat hulle dit gedoen het?
5. Was daar enige iets waarmee mevrou self gesukkel het in die program, of waarmee die leerders gesukkel het in die program?
6. Dink mevrou self dat daar enige iets was wat mevrou geleer het van die program?
7. Is daar enige ander iets wat u wil sê oor die program self enige voorstelling?
8. Sê vir my mevrou die lewensoriëntering periode sal dit nie negatief die klas beïnvloed as daar tyd van hulle les tyd, want hulle moes eintlik die sillabus bedek en daai...
9. En dan ook het ek op gelet op die laste keer het ek gekom net voor die eksamens. Watter tyd in die jaar of in die kwartaal dink mevrou sal die beste wees vir so n program om geïmplementeer te word deur die lewensoriëntering klasse?

Appendix 5: Health risk behaviour questionnaire

HEALTH RISK BEHAVIOUR SURVEY

SECTION A: BIODEMOGRAPHIC DATA

1	What is your gender?	Male	
		Female	

2	How old are you?	13 years	
		14 years	
		15 years	
		16 years	
		17 years	

3	What grade are you?	8	
		9	
		10	
		11	

4	What race are you?	Black	
		Coloured	
		Indian	
		White	

5	How would you rate your situation at home?	a) enough money for important things but few extras	
		b) enough money for extra things like luxuries and holidays	
		c) enough money for food/clothes but short of many things	
		d) not always enough money for basic things such as clothes and food	

Please note that the following measurements will be taken by the researcher

6	How tall are you without your shoes on?	Reading 1:	
		Reading 2:	

7	How much do you weigh without your shoes on?	Reading 1:	
		Reading 2:	

8	What is your blood pressure?	Reading 1:	
		Reading 2:	

9	What is your waist circumference?	Reading 1:	
		Reading 2:	

10	What is your hip circumference?	Reading 1:	
		Reading 2:	

SECTION B: DIET INFORMATION

11	In the past week, how often did you have breakfast	Never	
		At least 3x a week	
		Daily	

12	In the past week, how often did you have lunch	Never	
		At least 3x a week	
		Daily	

13	In the past week, how often did you eat fruit	Never	
----	-----------------------------------------------	-------	--

		At least 3x a week	
		Daily	
14	In the past week, how often did you eat vegetables	Never	
		At least 3x a week	
		Daily	
SECTION C: TOBACCO USE INFORMATION			
15	Have you ever smoked cigarettes?	Yes	
		No	
16	How old were you when you first started smoking cigarettes?	I have never smoked	
		< 10 years	
		10-13 years	
		14-15 years	
		15 and older	
17	Have you smoked cigarettes in the last week?	Yes	
		No	
18	How often did you smoke cigarettes?	Never	
		Daily	
		1-2 days of the week	
		3-5 days of the week	
19	How many cigarettes did you smoke in the past week?	none	
		less than 5	
		5- 10 cigarettes	
		more than 10 cigarettes	
20	Where do you usually smoke (choose one option)	never smoked cigarettes	
		At home	
		At school	
		At friends homes	
		In public places	
21	Have you ever tried to stop smoking?	Yes	
		No	
22	Do you think smoking cigarettes is harmful to your health?	Yes	
		No	
23	Do you think the smoke from other people's cigarettes is harmful to your health	Yes	
		No	
24	Once you have started smoking, do you think it would be difficult to stop	Yes	
		No	
25	Do any of your parents smoke cigarettes?	Yes	
		No	
26	Has anyone in your family discussed the harmful effects of smoking cigarettes with you?	Yes	
		No	
27	During this school year, were you taught in any of your classes about the dangers of smoking cigarettes?	Yes	
		No	

SECTION D: INFORMATION OF ALCOHOL USE

28	How old were you when you had your first alcoholic drink?	I have never drunk	
		< 10 years	
		10-13 years	
		14-15 years	
		15 and older	
29	Have you had an alcoholic drink in the last week?	Yes	
		No	
30	How many alcoholic drinks did you have when you drank?	Never had an alcoholic drink	
		1 drink	
		2-3 drinks	
		more than 3 drinks	
31	With whom do you usually drink alcohol (choose one option)	I do not drink	
		I usually drink alone	
		I usually drink with family	
		I usually drink with friends	
		In public places	
32	During your lifetime, have you ever drunk so much alcohol that you were drunk?	Yes	
		No	
33	Have you ever tried to stop drinking alcohol?	Yes	
		No	
34	Do you think drinking alcohol is harmful to your health?	Yes	
		No	
35	Once you have started drinking, do you think it would be difficult to stop	Yes	
		No	
36	Do any of your parents drink?	Yes	
		No	
37	Has anyone in your family discussed the harmful effects of drinking with you?	Yes	
		No	
38	During this school year, were you taught in any of your classes about the dangers of drinking?	Yes	
		No	

SECTION E: PHYSICAL ACTIVITY INFORMATION

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. It can be done at school, with friends or walking to school

39	During the past 7 days, how many days were you physically active for at least 30-60 minutes	0 days	
		1-2 days	
		3 days	
		4-5 days	
		Daily	
40	During a usual week, how many days will you be physically active for at least 30-60 minutes	0 days	
		1-2 days	
		3 days	
		4-5 days	
		Daily	

41	How much time do you spend during a usual day sitting and watching TV, playing computer games or just sitting doing nothing?	Less than 1 hour per day	
		1-2 hours	
		3-4 hours	
		5-6 hours	
		More than 6 hours	
42	Do any of your parents participate in any form of exercise?	Yes	
		No	
43	Has anyone in your family discussed the benefits of participating in physical activity?	Yes	
		No	
44	During this school year, were you taught in any of your classes about the benefits of physical activity	Yes	
		No	

THANK YOU FOR PARTICIPATING



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Appendix 6: Afrikaans knowledge questionnaire

AANHANSEL 1 : KENNIS VRAELYS

Beantwoord asseblief die volgende vrae na die beste van jou vermoë

BIODEMOGRAFIESE DATA

1 Wat is jou geslag? Manlik

Vroulik

2 Hoe oud is jy?



13 jaar

14 jaar

15 jaar

16 jaar

17 jaar

18 jaar

3 In watter graad is jy?

8

9

10

11

12

4 Watter ras is jy?

Swart

Kleuring

Indier

Wit

Ander



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A place of quality, a place to grow, from hope to action through knowledge

ALGEMENE KENNIS

5 Het jy ooit van kroniese lewenstyl-siektes gehoor?

Ja

Nee

6 Het jy all ooit van die volgende siektes gehoor?

Beroerte

Ja

Nee

Hipertensie/ hoë bloeddruk

Ja

Nee

Diabetes/ suikersiekte

Ja

Nee



7 Watter van die volgende faktore dra by to kroniese siektes? Merk soveel antwoorde soos jy goed dink.

Rook

Fisiese aktiwiteit

Harde musiek

Vetsug

Gebalanseerde diet

Alkohol

Stress

Medikasie

8 Kan kroniese leefstyl-siekte voorkom word? Ja

Nee

9 Is jy op skool oor kroniese leefstyl-siekte Ja

onderrig?

Nee

DUI AAN OF 'WAAR' OF 'VALS' OF 'WEET NIE'

HIPERTENSIE



10 Hipertensie is 'n ander naam vir hoë bloeddruk WAAR

VALS

WEET NIE

11 Die volgende bloeddruk word as hoog beskou WAAR

130/80

VALS

WEET NIE

- 12 Hipertensie kan met medikasie, oefening en gewigsverlies behandel word?

WAAR
VALS

WEET NIE

- 13 Leefstyl veranderinge soos om op te hou rook, gewigsverlies kan bloeddruk verlaag

WAAR
VALS



WEET NIE

- 14 Skade aan die nier is 'n teken van hoë bloeddruk

WAAR
VALS

WEET NIE

DIABETES

- 15 Diabetes is algemeen bekend as suikersiekte

WAAR

VALS

WEET NIE

16 Die volgende is normale bloedglukose vlakke WAAR

3.8-7.7

VALS

WEET NIE

17 Die eet van te veel suiker en soet kos WAAR

veroorzaak diabetes

VALS

WEET NIE



18 Diabetes kan genees word WAAR

VALS

WEET NIE

19 Bewe en sweet is tekens van hoë suiker vlakke WAAR

VALS

WEET NIE

- 20 Niere vervaardig insulien WAAR
VALS
WEET NIE
- 21 Die algemene oorsaak van diabetes is 'n gebrek WAAR
aan effektiewe insulien in die liggaam VALS
WEET NIE
- 22 Diabetes veroorsaak swak sirkulasie WAAR
VALS
UNIVERSITY of the WESTERN CA WEET NIE
- 23 Medikasie is belangriker as diet en oefening WAAR
om diabetes te beheer VALS
WEET NIE
- 24 Daar is 2 tipes diabetes nl Tipe 1 en Tipe 2 WAAR
VALS

WEET NIE

25 Diabetes kan my niere beskadig

WAAR

VALS

WEET NIE

BEROERTE

26 Die algemene tipe beroete is wanneer die
bloedtoevoer na die brein afgesny word

WAAR

VALS



WEET NIE

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27 'n Ander naam vir beroerte is serebrevaskulêre
ongeluk

WAAR

VALS

WEET NIE

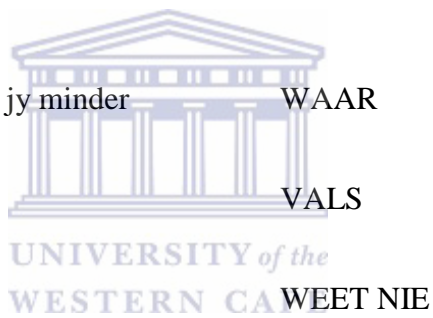
28 Tekens van 'n beroerte sluit in dowwe sig,
verlamming aan die een kant van die liggaam
en kwaihoofpyn

WAAR

VALS

WEET NIE

- 29 Jy loop gevaar om 'n beroerte te kry as jy geset
is
- WAAR
- VALS
- WEET NIE
- 30 Die algemene bekendste risikofaktor vir 'n
beroerte is hoë bloeddruk
- WAAR
- VALS
- WEET NIE
- 31 As jy baie alkohol drink, sal jy minder
waarskynlik 'n beroerte kry
- WAAR
- VALS
- WEET NIE
- 32 Om die risiko van beroerte te verminder moet
jy goed eet en gereeld oefen
- WAAR
- VALS
- WEET NIE
- 33 Verlamming van die regterarm kan 'n fisiese
gestremdheid wees, veroorsaak deur beroerte
- WAAR
- VALS



WEET NIE

34 Indien jy ophou rook, laat jy die risiko van 'n
beroete afneem

WAAR
VALS

WEET NIE

35 Diabetes en beroerte hou ten nouste verband
met mekaar

WAAR
VALS

WEET NIE



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DANKIE VIR U SAMEWERKING

Appendix 7: Afrikaans health risk behaviour questionnaire

AANHANGSEL 4: OPNAME VAN GESONDHEIDSRISIKOGEDRAG

AFDELING A: BIODEMOGRAFIESE DATA

1 Wat is jou geslag? Manlik

Vroulik

2 Hoe oud is jy? 13 jaar

14 jaar

15 jaar



UNIVERSITY of the
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17 jaar

3 In watter graad is jy? 8

9

10

11

4 Watter ras is jy?

Swart

Kleuring

Indier

Wit

Ander

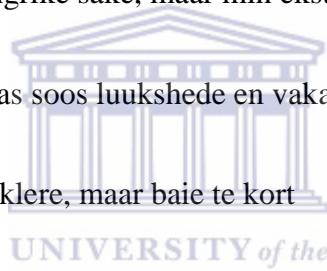
5 Hoe sou jy jou situasie tuis evalueer?

a) Genoeg geld vir belangrike sake, maar min ekstra

b) Genoeg geld vir ekstras soos luukse en vakansies

c) Genoeg geld vir kos/ klere, maar baie te kort

d) Nie altyd genoeg geld vir basiese dinge soos klere en kos nie



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A place of quality, a place to grow, from hope to action through knowledge

Let asseblief daarop dat die volgende lesings deur die narvoser geneem sal word

6 Hoe lank is jy sonder jou skoene aan? Lesing 1:

Lesing 2:

7 Hoeveel weeg jy sonder jou skoene aan? Lesing 1:

Lesing 2:

8 Wat is jou bloeddruk? Lesing 1:



UNIVERSITY *of the*
WESTERN CA Lesing 2:

9 Wat is die omtrek van jou middlelyf? Lesing 1:

Lesing 2:

10 Wat is die omtrek van jou heupe? Lesing 1:

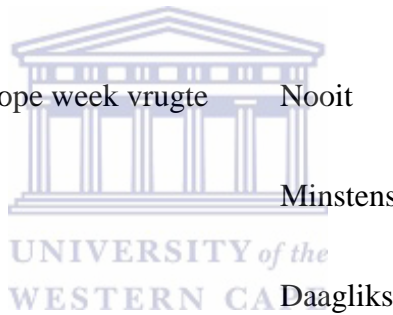
Lesing 2:

AFDELING B: DIEETINLIGTING

11 Hoe dikwels het jy die afgelope week ontbyt gehad? Nooit
Minstens 3 x per week
Daaglik

12 Hoe dikwels het jy die afgelope week middagete gehad? Nooit
Minstens 3 x per week
Daaglik

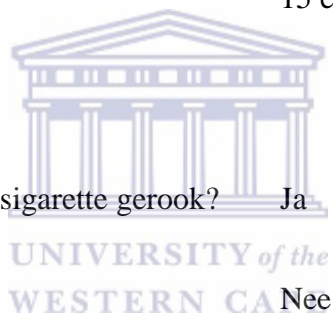
13 Hoe dikwels het jy die afgelope week vrugte geëet? Nooit
Minstens 3 x per week
Daaglik



14 Hoe dikwels het jy die afgelope week groente geëet? Nooit
Minstens 3 x per week
Daaglik

AFDELING C: INLIGTING OOR TABAKGEBRUIK

- 15 Het jy ooit sigarette gerook
- Ja
- Nee
- 16 Hoe oud was jy toe jy die eerste keer sigarette begin rook het?
- Ek het nooit gerook nie
- < 10 jaar
- 10-13 jaar
- 14-15 jaar
- 15 en ouer
- 17 Het jy in die afgelope week sigarette gerook?
- Ja
- Nee
- 18 Hoe dikwels het jy sigarette gerook?
- Nooit
- Daaglik
- 1-2 dae van die week
- 3-5 dae van die week
- 19 Hoeveel sigarette het jy die afgelope week
- Geen



gerook?

Minder as 5

5-10 sigarette

Meer as 10 sigarette

20 Waar rook jy gewoonlik (kies opsie)?

Nooit sigarette gerook

nie

Tuis

By die skool

By vriende se huis

In openbare plekke



21 Het jy ooit probeer om op te hou rook?

Ja

Nee

Ek rook nie

22 Dink jy om sigarette te rook is skadelik vir jou
gesondheid?

Ja

Nee

23 Dink jy die rook van ander mense se sigarette Ja
is skadelik vir jou gesondheid? Nee

24 Dink jy dit sal moeilik wees om op te hou as jy Ja
begin rook het? Nee

25 Rook enige van jou ouers sigarette? Ja
Nee

26 Het enige een in jou gesin die skadelike effek Ja
van die rook van sigarette met jou bespreek? Nee

27 Is jy gedurende die afgelope skooljaar in enige Ja
van jou klasse oor die gevare van die rook van Nee
sigarette onderrig?

AFDELING D: INLIGTING OOR ALKOHOLGEBRUIK

28 Hoe oud was jy toe jy jou eerste alkoholiese Ek het nooit gedrink nie

drankie gehad het

< 10 jaar

10-13 jaar

14-15 jaar

15 en ouer

29 Het jy in die afgelope week 'n alkoholiese drankie gehad?

Ja

Nee

30 Hoeveel alkoholiese drankies het jy gehad toe jy gedrink het?

Het nooit alkoholiese drankies gehad nie

1 drankie

2-3 drankies

Meer as 3 drankies

31 Saam met wie drink jy gewoonlik alkohol (kies een opsie)?

Ek drink nie

Ek drink gewoonlik alleen

Ek drink gewoonlik saam met familie

Ek drink gewoonlik

saam met vriende

In openbare plekke

- 32 Het jy in jou leeftyd ooit so veel alkohol
gedrink dat jy dronk was? Ja
Nee

- 33 Het jy ooit probeer om op te hou alkohol drink? Ja
Nee

- 34 Dink jy dit is skadelik vir jou gesondheid om
alkohol te drink? Ja
Nee

- 35 Dink jy dit sal moeilik wees om op te hou, as jy
eers begin drink het? Ja
Nee

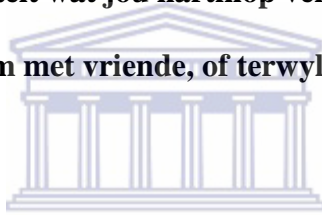
- 36 Drink enige van jou ouers? Ja
Nee



- 37 Het enige een in jou gesin die skadelike effek van drank met jou bespreek? Ja
Nee
- 38 Is jy gedurende die afgelope skooljaar oor die gevare van drank onderrig? Ja
Nee

AFDELING E: INLIGTING OOR FISIESE AKTIWITEIT

Fisiese aktiwiteit is enige aktiwiteit wat jou hartklop versnel en jou met tye uitasem maak. Dit kan by die skool, saam met vriende, of terwyl jy skool toe stap, gedoen word



- 39 Hoeveel dae was jy in die afgelope 7 dae fisies aktief vir minstens 30-60 minute 0 dae
1-2 dae
3 dae
4-5 dae
Daaglik
- 40 Hoeveel dae in 'n gewone week sal jy fisies aktief wees vir minstens 30-60 minute? 0 dae
1-2 dae

3 dae

4-5 dae

Daaglik

41 Hoeveel tyd bestee jy gedurende 'n gewone dag aan sit en TV kyk, rekenaarspeletjies speel, of net sit en niks doen nie.

Minder as 1 uur per dag

1-2 uur

3- 4 uur

5- 6 uur

Meer as 6 uur



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42 Neem enige een van jou ouers deel aan enige vorm van oefening

Nee

43 Het enige een in jou gesin die voordele van deelname aan fisiese aktiwiteit met jou bespreek?

Ja

Nee

44 Is jy gedurende die afgelope skool jaar oor die voordele van fisiese aktiwiteit onderrig?

Ja

Nee

DANKIE VIR JOU DEELNAME



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Appendix 8: Ethics clearance



OFFICE OF THE DEAN
DEPARTMENT OF RESEARCH DEVELOPMENT

18 April 2012

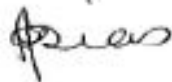
To Whom It May Concern

I hereby certify that the Senate Research Committee of the University of the Western Cape has approved the methodology and ethics of the following research project by:
Mrs B Sauls (Physiotherapy)

Research Project: Preventative education on chronic diseases of lifestyle for high school learners in the Northern Cape.

Registration no: 12/3/13

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*Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape*

Private Bag X17, Bellville 7535, South Africa
T: +27 21 959 2988/2948 . F: +27 21 959 3170
E: pjosias@uwc.ac.za
www.uwc.ac.za

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a place to grow, from hope
to action through knowledge

Appendix 9: Permission letter from Northern Cape Education Department

FROM

(WED)MAY 2 2012 10:27/ST. 10:25/No. 9404577865 P 1



DEPARTMENT OF EDUCATION
DEPARTEMENT VAN ONDERWYS
LEFAPHA LA THUTO
ISEBE LEZEMFUNDO

Cnr of Phillip & Breë
Street
SPRINGBOK 8240

Private Bag X2
SPRINGBOK 8240
Republic of South Africa
www.ncedu.gov.za

Tel. (027) 718 8600
Fax (027) 712 1572

Enquiries :
Dipatlisiso : Me.K.W. Links
Imibuzo :
Navrae :

Reference :
Tshupelo :
Isalathiso :
Verwysings :

Date :
Leshupelo : 24 April 2012
Umhla :
Datum :

To whom it may concern

Permission granted on condition that you arrange your visits with the affected schools yourselves. Learner and teaching time should not be affected. We also expect that you will avail your findings to and share them with the Northern Cape Department of Education.

Best wishes and success with your studies.


K.W. Links
(District Director)

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Appendix 10: Information sheet



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2542, Fax: 27 21-959 1217

E-mail: bercoetzee@gmail.com

INFORMATION SHEET- Educators

Project Title: Preventative education on Chronic Diseases of Lifestyle for high schools learners in the Northern Cape

What is this study about?



This is a research project being conducted by Berenice Sauls at the University of the Western Cape. We are inviting you to participate in this research project because you are a grade 10 educator for life orientation. The purpose of this research project is to evaluate the effect of a Health Education Programme on the knowledge of grade 10 learners in Northern Cape with regards to the risk factors of chronic disease of lifestyle (CDL)

What will I be asked to do if I agree to participate?

You will be asked to as educators to participate in a one day workshop to receive training on how to implement the health education programme. This programme can be implemented during 5 life orientation periods, the programme corresponds with life orientation syllabus guide in relation to learning outcomes.. Learners will be requested to complete prior and post

health education programme surveys. After the learners have received information, identified risk factors for CDLs in their own personal lives and have researched the topic of CDL and risk factors, learners are to decide which type of health awareness activity they would like to engage in. Participants can also choose to engage in health awareness activity. Health awareness activities could be a march, drama show, sharing information with family and friends at home. Educators are responsible to facilitate learners through this process. After the completion of the health education programme, small group discussions also known as focus group discussions will be conducted with only a few randomly selected learners as well as with educators. During the focus group discussion, educators are able to express their experiences, challenges and suggestions for the health education programme.



Would my participation in this study be kept confidential?

We will do our best to keep your personal information confidential. To help protect your confidentiality: “The surveys are anonymous and will not contain information that may personally identify you”. All the data will be stored in password protected files on computer. Identification codes instead of personal details will be displayed on data forms. For coded identifiable information, (1) your name will not be included on the surveys and other collected data; (2) a code will be placed on the survey and other collected data; (3) through the use of an identification key, the researcher will be able to link your survey to your identity; and (4) only the researcher will have access to the identification key. If we write a report or article about this research project, your identity will be protected to the maximum extent possible. All participants who agree to be part of the focus group are to sign a

confidentiality agreement that each individual will refrain from disclosing any information outside the focus group.

What are the risks of this research?

There are no known risks associated with participating in this research project.

What are the benefits of this research?

The benefits to you include is that you will received information on Chronic Disease of Lifestyle of which the incidence have increased giving you an opportunity to make an informed choice on lifestyle habits. Further than information that will be shared with you, this research is not designed to help you personally, but the results may help the investigator learn more about current knowledge and risk factors present in high school learners in your community. We hope that, in the future, other people might benefit from this study through improved understanding of impact of information retrieved on your knowledge of CDL risk factors

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

What if I have questions?

This research is being conducted by *Berenice Sauls, Physiotherapy Department* at the University of the Western Cape. If you have any questions about the research study itself, please contact

Prof Frantz

University of Western Cape,

Physiotherapy Department,

Private Bag x 17,

Belville, 7535,

South Africa;

021 959 3661;

jfrantz@uwc.ac.za



Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Head of Department: Professor A. Rhoda

Dean of the Faculty of Community and Health Sciences: Professor H. Klopper

University of the Western Cape

Private Bag X17

Bellville 7535

Tel: (021) 959 2631

This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.



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INFORMASIEBLAD - Onderwysers

ProjekTitel: Voorkomende opvoeding aangaande kroniese leefstylsiektes vir hoërskoolleerders in die Noordkaap.

Wat behels die studie?

Die navorsingprojek gaan deur Berenice Sauls uitgevoer word. Sy is 'n student aan die Universiteit van Wes-Kaapland. U word uitgenooi om deel te neem aan die navorsingsprojek, omdat u 'n graad 10 leerder is. Die doel van hierdie navorsingsprojek is om die effek van a

Gesondheidsopvoedingsprogram op die kennis van die graad 10 leerders in die Noord-Kaap te evalueer met betrekking tot die risikofaktore van kroniese leefstylsiektes (KLS).

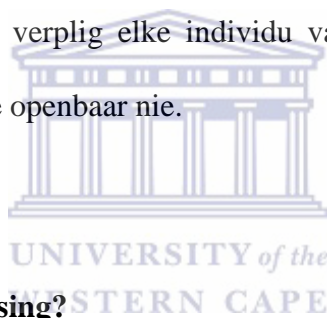
Wat sal van my verwag word as ek instem om deel te neem?

U sal gevra word om 'n 7 uur lank werkswinkel by te woon sodat u opleiding kan ontvang ten opsigte van gesondheidsprogram. Hierdie program sal geïmplementeer word tydens 5 lewensorientasieperiodes, die program stem ooreen met die lewensorientasie leerplan ten opsigte van leeruitkomst. As onderwyser moet u aan die leerders inligting oor kroniese leefstylsiektes verskaf. Daarna moet die leerders hul eie risiko faktore van kroniese leefstylsiektes identifiseer. Leerders sal dan verplig word om navorsing oor kroniese leefstylsiektes en risiko faktore na te slaan. In groepe moet leerders dan besluit op 'n gesondheidsbewusmakingsaktiwiteit. Leerders mag ook besluit om nie hulself te betrek in 'n gesondheidsbewusmakingsaktiwiteit nie. Die Gesondheidsbewusmakingsaktiwiteit kan 'n toneelstuk, optog wees, of om inligting met familie en vriende by u huis deur middel van gesprek mee te deel. U is verantwoordlik om die leerders deur die proses, van selekteering en uitvoering van bewusmakingsaktiwiteit te fasiliteer. Na die afloop van die gesondheidsopvoedingprogram, sal kleingroep besprekings afgelê word. Hierdie besprekings sal met onderwysers wees sowel as met leerders. Gedurende die bespreking sal onderwysers hulle ervarings, uitdagings en voorstelle vir die gesondheidsopvoedingprogram mededeel.

Sal my deelname aan die studie vertroulik wees?

Ons sal na die beste van ons vermoë doen om jou persoonlike informasie vertroulik te hou. Om te help om u vertroulikheid te bewaar, sal die volgende reëls daar gestel word: “die

vraelyste sal anoniem bly en dit sal geen inligting bevat wat jou persoonlik sal identifiseer nie” Alle data sal gestoor word op ‘n rekenaar in wagwoord beskermende lêers. Identifikasie kodes sal verskyn op inligtingvorme in plaas van jou persoonlike besonderhede. Vir kode-identifiseerbare informasie: (1) sal jou naam nie op die vraelyste of ander versamelende inligting ingesluit word nie; (2) ‘n kode sal op die vraelyste en ander versamelende inligting geplaas word; (3) deur die gebruik van ‘n identifikasie steutel, sal die navorser u vraelys met u identifikasie kan verbind; en (4) slags die navorser sal alleenlik toegang het tot die identifikasie sleutel. As ons ‘n verslag of ‘n artikel oor hierdie navorsing projek skryf sal ons jou identiteit tot beste van ons vermoë beskerm. Alle deelnemers wat instem om deel te neem aan die klein groep bespreking sal gevra word om ‘n vertroulikheid ooreenkoms te onderteken. Hierdie ooreenkoms verplig elke individu van die kleingroep bespreking om geen informasie buite die groep te openbaar nie.



Wat is die gevare van die navorsing?

Daar is geen bekende gevare geassosieer met deelname aan die navorsing projek nie.

Wat is the voordele van die navorsing?

Die voordele aan u sluit in die inligting oor kroniese leefstylsiektes. Die voorkoms van kroniese leefstylsiektes het toegeneem. Dus gee ons u ‘n geleentheid om ‘n ingeligte besluit te neem ten opsigte van u leefstylgewoontes. Die navorsing is nie ontwerp om u persoonlik te help nie, maar die uitslae mag die ondersoeker meer leer oor huidige kennis en risiko-faktore teenwoordig in hoërskoolleerders in u gemeenskap. Ons hoop dat ander mense in die toekoms

sal baat van die studie deur 'n verbeterde begrip oor die impak van inligting opdoen op u kennis van kroniese leefstylsiektes risiko-faktore

Moet ek deel wees van die navorsing en mag ek my deelname staak op enige tyd?

U deelname aan die navorsing is heeltemal vrywillig. U mag kies om nie deel te neem nie. Die gesondheidsprogram gaan wel deel vorm van die graad 10 lewensorientasie leerplan. U sal nog steeds verwag word om die klasse by te woon, maar enige informasie wat moontlik ingesamel kan word van u sal nie in die navorsing gepubliseer word nie. As u besluit om deel te neem aan die navorsing mag u enige tyd besluit om te staak. As u besluit om nie in die studie deel te neem nie of u deelname te staak, sal u nie gepeenaliseer word of enige voordele verloor wat u andersins sou kwalifiseer het voor nie.



Wat as ek vrae het?

Die navorsing is deur *Berenice Sauls, Fisioterapie Departement* aan die Universiteit van die Wes-kaapland gedoen. As jy enige vrae het oor die navorsing, kontak gerus vir

Professor Frantz

Universiteit of Wes-kaapland,

Departement van Fisioterapie,

Privaatsak x 17,

Bellville, 7535,

Suid-Afrika;

021 959 3661;

jfrantz@uwc.ac.za

As u enige vrae het met betrekking tot die navorsing en jou regte as navorsing deelnemer of as u wens om enige probleme wat u ervaar het ten opsigte van die studie te rapporteer, kontak asseblief

Hoof van Departement: Professor A. Rhoda

Dekaan van Fakulteit van Gemeenskap en Gesondheidswetenskappe: Professor H. Klopper

Universiteit van Wes-Kaapland



Privaatsak X17

Bellville 7535

Tel: (021) 959 2631

Die navorsing is goedgekeur deur Universiteit van Wes-kaapland se Senaatenavorsing en Etiekkomitee.

Appendix 11: Consent form



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959 2542, Fax: 27 21-959 1217
E-mail: bercoetzee@gmail.com

CONSENT FORM

Title of Research Project:

Preventative education on chronic diseases of lifestyle for high school learners in the Northern Cape.

The study has been described to me in a language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

Participant's name.....

Participant's signature.....

Witness.....

Date.....

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Professor J. Frantz

University of the Western Cape

Private Bag X17, Belville 7535

Telephone: (021) 959- 3661

Fax: (021)959- 1217

Email: jfrantz@uwc.ac.za



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2542, Fax: 27 21-959 1217

E-mail: bercoetzee@gmail.com

TOESTEMMING VORM



UNIVERSITY of the
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Projektitel:

Voorkomende opvoeding aangaande kroniese leefstylsiektes vir hoërskoolleerders in die Noordkaap.

Die studie was aan my verduidelik in 'n taal wat ek verstaan en ek stem vrywillig in om deel te neem. My vrae oor die studie was beantwoord. Ek verstaan dat my identiteit nie geopenbaar gaan wees nie. Ek is bewys dat ek enige tyd uit kan onttrek aan die studie, sonder om 'n rede te gee en dat ek nie in enige manier benadeel sal word nie.

Deelnemer se name:.....

Deelnemer se handtekening:.....

Getuie:.....

Datum:.....

As jy enige vrae het ten opsigte van die studie of as u enige probleme wat u ervaar het wat verband hou met die studie, kontak asseblief die studietoënskouerder

Professor J. Frantz

Universiteit van Wes-Kaapland

Privaatsak Bag X17, Bellville 7535

Telefoon: (021) 959- 3661

Faks: (021)959- 1217

E-pos: jfrantz@uwc.ac.za



Appendix 12: Parental permission form



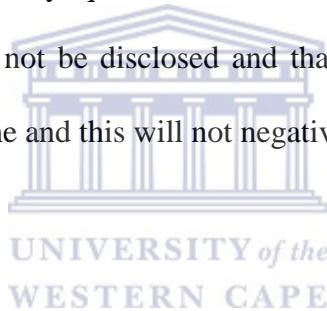
UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959 2542, Fax: 27 21-959 1217
E-mail: bercoetzee@gmail.com

PARENTAL PERMISSION AND ASSENT FORM

Title of Research Project: Preventative education on chronic diseases of lifestyle for high school learners in the Northern Cape.

The study has been described to me in a language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.



Participant's name.....

Participant's signature.....

In the event of the participant being a minor (under the age of 18)

Name of parent or legal guardian of participant.....

Parent or legal guardian's signature.....

Witness.....

Date.....

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Professor J. Frantz

University of the Western Cape

Private Bag X17, Belville 7535

Telephone: (021) 959- 3661

Fax: (021)959- 1217

Email: jfrantz@uwc.ac.za





UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959 2542, Fax: 27 21-959 1217
E-mail: bercoetzee@gmail.com

OUERTOESTEMMING EN VRYWARINGSVORM/ BEKRAGTIGING

VORM

Projektitel:

Voorkomende opvoeding aangaande kroniese leefstylsiektes vir hoërskoolleerders in die Noordkaap.



Die studie was aan my verduidelik in 'n taal wat ek verstaan en ek stem vrywillig in om deel te neem. My vrae oor die studie was beantwoord. Ek verstaan dat my identiteit nie geopenbaar gaan wees nie. Ek is bewys dat ek enige tyd uit kan onttrek aan die studie, sonder om 'n rede te gee en dat ek nie in enige manier benadeel sal word nie.

Deelnemer se naam:.....

Deelnemer se handtekening:.....

In die geval dat die deelnemer 'n minderjarige is (onder die ouderdom van 18)

Naam van ouer of wettige voog van deelnemer:.....

Ouer of wettige voog tekening:.....

Getuie.....

Datum.....

As jy enige vrae het ten opsigte van die studie of as u enige probleme wat u ervaar het wat verband hou met die studie, kontak asseblief die studiekeördineerder

Professor J. Frantz

Universiteit van Wes-Kaapland

Privaatsak Bag X17, Bellville 7535

Telefoon: (021) 959- 3661

Faks: (021)959- 1217

E-pos: jfrantz@uwc.ac.za



Appendix 13: Confidentiality agreement



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959 2542, Fax: 27 21-959 1217
E-mail: bercoetzee@gmail.com

Date: _____

CONFIDENTIALITY AGREEMENT

This agreement is to acknowledge your commitment to the confidentiality agreement

By signing this agreement you are hereby prohibited from disclosing any of the focus group discussion and interview information to anyone other than the researcher.

Signed By :.....

Signature :.....

Appendix 14: Letter from the editor

LIENEKE BOESAK-THYSSEN DEVELOPMENT PROJECTS

Tel: 072 494 3010
Fax: 086 517 7389
E-mail: lthyssen@vrekmail.co.za

Trading as:
Integrated Learning Systems
Reg No: 2012/172787/07

13 May 2013

To whom it may concern:

This serves to confirm that the Master's Thesis of Berenice Sauls entitled: "*Implementation and Evaluation of a Health Education Programme on Chronic Diseases of Lifestyle in High School Learners in the Northern Cape*" has been proof-read and edited for submission to the University of the Western Cape.

Lieneke Thyssen



Appendix 15: Turn-it in report

- Processed on: 14-May-2013 2:04 AM PDT
- ID: 329925540
- Word Count: 23452
- Submitted: 1

2nd submission MSc *By Berenice Sauls*

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