higher education & training

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

MARKING GUIDELINE

NATIONAL CERTIFICATE (VOCATIONAL)

COMMUNITY ORIENTED PRIMARY CARE
NQF LEVEL 2

XX February 2020

This marking guideline consists of 8 pages.

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QUESTION 1

1.1 1.1.1 COPC is primary care which promotes human health✓ by preventing, detecting and treating diseases. Primary care also covers disease management and end-of-life care.✓ Primary care is first-line health care where primary-care professionals from different disciplines and approaches work together✓ with organisations and people✓ in defined communities to identify and respond systematically to health and health-related needs to improve health.✓ (5)

1.1.2 Health promotion is the process of enabling people to increase control over✓ and improve their health✓ by providing information or education to people.✓ (3)

1.1.3 Individuals are single human beings with unique biological (cells, tissue and organs)✓ and social (rules, values and beliefs) characteristics.✓ (2)

1.2
- If a woman in a situation of domestic abuse gets out of the abusive relationship or reports the domestic abuse to the police, she acted to change her life which means she will have (positive) agency.✓ If she stays in the abusive relationship and does not act to improve her situation, she does not have agency.✓
- If the woman has money, transport, education, a job, family support and information on where to get help, she has resources.✓ If she does not have these things, she does not have resources which means she will not be empowered to get out of the abusive relationship.✓ (Any relevant 2 × 2) (4)

1.3 1.3.1 Bidirectional
1.3.2 Bidirectional
1.3.3 Unidirectional
1.3.4 Bidirectional
1.3.5 Unidirectional
1.3.6 Unidirectional
(6 × 1) (6)

1.4 1.4.1 Menopause is the end of a woman's reproductive life✓ and is defined as not having a menstruation for 12 consecutive months✓ or because of a hysterectomy.✓ (3)

1.4.2 From her late 40s or early 50s (1)

1.4.3
- Absence of a menstrual period
- Hormonal changes
- Irritability
- Low levels of energy/Fatigue
- Hot flushes
- Night sweats
- Low concentration
- Low sexual interest (Any 5 × 1) (5)

1.4.4 False (1)

[30]

QUESTION 2

2.1 2.1.1 Local health and institutional analysis
2.1.2 Practice with science
2.1.3 Service integration around users
2.1.4 Scientific information
2.1.5 Prevention/Palliation
2.1.6 Palliation/Prevention
2.1.7 Affordable health care/Relevant health care
2.1.8 Relevant health care/Affordable health care
2.1.9 Interdisciplinary and multidisciplinary team
2.1.10 People and practitioners in partnership

(10 × 1) (10)

2.2 2.2.1 Third trimester – She is 32 weeks pregnant and the third trimester starts at 29 weeks. (2)

2.2.2
- Bongiswa could have had a pregnancy test if she went to the clinic the moment (time) she missed a menstruation.
- She could have had follow-up appointments (time) according to the antenatal schedule.
- The necessary tests and screenings would have been done during her first visit (time).
- She would have had information about danger signs in pregnancy during her first visit (time).
- Problems could have been detected earlier (time) in her pregnancy by health-care professionals.
- Her baby could have been saved. (Any 4 × 1) (4)

2.2.3
- Severe swelling of face, hands and feet
- Severe headaches
- Difficulty seeing
- Abdominal pain
- No foetal movements (Any 3 × 1) (3)

2.2.4 (a) The period around childbirth from the 28th week of pregnancy✓ to seven days after birth✓ (2)

(b) Agree – Teenage girls (like Bongiswa) do not go for antenatal care✓ or they go late in their pregnancy.✓ They do not go for postnatal care✓ or go only when the baby is already very sick.✓ They do not know enough about their own bodies and pregnancies.✓ They do not know how to how to care for their newborn babies.✓ They often do not recognise the danger signs. (1 + 3) (4)

2.3
- Person-centred care should be holistic, treating the person as a whole person (not just the disease).
- Person-centred care recognises that each individual has specific needs.
- Person-centred care understands that people have a personal and social context (they live in communities which influence the kind of health care they need).
- Person-centred care recognises individual autonomy.
- Person-centred care is about forming and maintaining relationships. (5)

[30]

QUESTION 3

3.1
- Primary health facilities are often not accessible to differently abled people due to their impairments, for example no wheelchair ramp, etc.
- Transport can be made available to and from the clinic for differently abled people.
- Health-care workers can make health care accessible and affordable by visiting differently abled people in their homes.
- The building can be made more accessible by building a ramp for wheelchair users, hand railings along corridors, bathrooms for differently abled people, large open spaces in waiting rooms and consultation rooms for wheelchair users.
- Differently abled people can be seen first to avoid them waiting in long queues.
- Health care can be made accessible by delivering chronic medication to differently abled people. (Any relevant 4 × 1) (4)

3.2 3.2.1
- Vaccinations
- Growth monitoring (checking of weight and height)
- Monitoring of developmental milestones
- Treatment of any health problems such as diarrhoea, croup, colic, etc. (Any relevant 4 × 1) (4)

3.2.2
- Education on safe sex; handling of peer pressure; substance abuse (smoking, alcohol and drugs); signs of abuse and where to report (physical, sexual, emotional)
- Prevention strategies such as family planning, giving out condoms
- Treatment for STIs
- Counselling for abuse/substance abuse (Any relevant 4 × 1) (4)

3.2.3
- Health promotion on lifestyle diseases
- Prevention strategies such as flu vaccinations; early testing such as blood pressure, glucose monitoring; various cancer screenings such as mammograms, prostate examination; bone-density tests; vision and hearing tests
- Treatment for noncommunicable diseases such as hypertension, diabetes, arthritis, heart disease, osteoporosis
- Palliative care (Any relevant 4 × 1) (4)

3.3 3.3.1 Democratic Republic of Congo (1)

3.3.2 Josephine faced three kinds of health challenges namely:
- Health problems common in her place of origin,✓ exposure to violence, rape, the weather, wild animals, malaria – all of which can affect her physical and mental health negatively✓
- Health problems from her journey of migration✓ on the way to their destination many aspects can affect her health, such as violence, lack of proper shelter or nutrition, exposure to the weather, rape, infections, etc.✓
- Health problems from her new environment✓ such as xenophobia, lack of resources such as education, health care, etc.✓ (Any relevant 3 × 2) (6)

3.3.3 Strategic choice – It is a decision that will have a significant (important) and long-term impact on her life. (1 + 2) (3)

3.3.4 Principle 4: Practice with science

Component 1: Scientifically informed
She can be seen by health-care professionals such as doctors, psychologists, professional nurses, social workers, etc.✓ who have been scientifically trained at a higher institution✓ and therefore have knowledge on how to treat physical and mental problems, as well as the necessary skills and competencies to manage it.✓

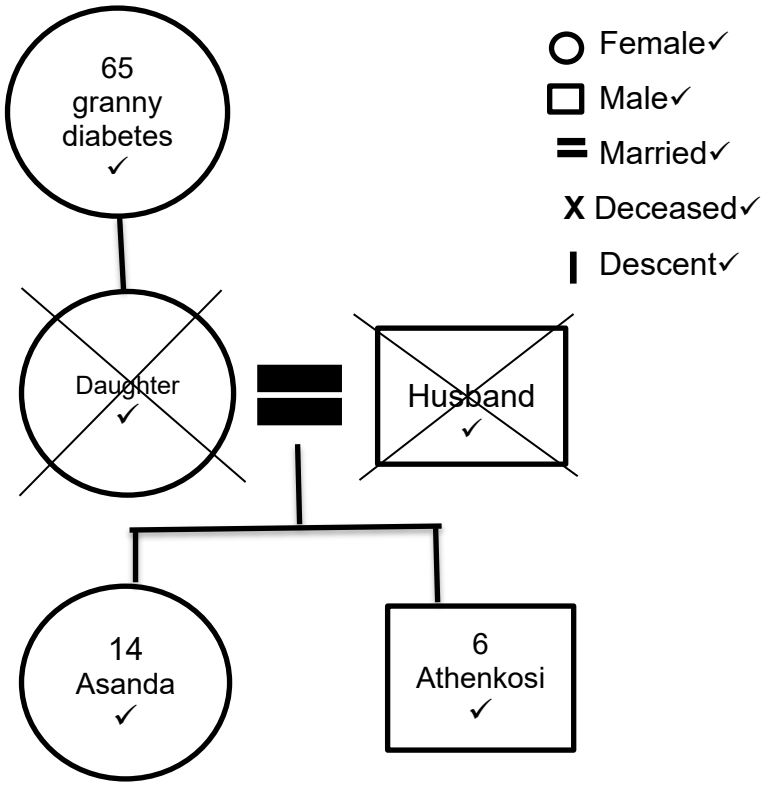
OR

Component 2: Interdisciplinary and multiprofessional
A doctor can examine Josephine, prescribe treatment for her injuries and refer her to a psychologist✓ who can counsel her and prescribe medication to improve her mental state.✓
A social worker can assist her with social issues like providing her with shelter, etc.✓ A professional nurse can render nursing care.✓
(Any relevant 4 × 1) (4)
[30]

QUESTION 4

4.1
- Age:✓ the different age groups, e.g. Asanda is 14 (teenager), Athenkosi is 6 (child) and their grandmother is 65 (elderly).✓
- Ability/Disability:✓ Asanda's grandmother is disabled due to diabetes.✓
- Race/Ethnicity:✓ The family is from the Xhosa culture and their race is black.✓
- Sex/Gender:✓ Asanda and her grandmother are female and Athenkosi is male.✓
- Social class:✓ This family is poor/from a lower socioeconomic class✓ as they live only on Asanda's grandmother's disability grant.✓ (5 × 2) (10)

4.2



(10)

4.3 Skipped generation (1)

4.4 Two (1)

4.5 C (1)

4.6 No,✓ because legally a child must attend school up to 15 years old and her current age is 14 years.✓ (2)

4.7 No – If Asanda drops out of school now, and is lucky to find employment, it would be work that pay minimum wage.✓ This is a short-term solution and in the long term, Asanda would be stuck with minimum wage.✓ She will not be able to break the poverty cycle she finds herself in.✓ If she stays in school she would be able to access higher education at a later stage✓ which will enable her to find a better paying job✓ which will get her out of poverty.
(Any relevant 5 × 1) (5)
[30]

QUESTION 5

5.1 5.1.1 Polygyny
5.1.2 Basic
5.1.3 Neolocal
5.1.4 Patrilineal
5.1.5 sociological

(5 × 1) (5)

5.2
- Upper class (rich, affluent)
- Middle class (average)
- Working class (poor, lower class) (3)

5.3
- Property ownership
- Occupation
- Income and/or expenditure
- Family background
- Education (Any 3 × 1) (3)

5.4
- Physical reproduction (babies)
- Economic production (farmers, fishermen, artisans, crafters, small traders and workers)
- Social reproduction (through the socialisation of children into practices and behaviours required for economic, social and cultural survival)
- Economic consumption and distribution by using goods and services
- Class formation:
  - by pooling resources and consolidating ownership of property, labour and services;
  - through bride price, dowry, inheritance;
  - by controlling entry and exit through families;
  - by exercising authority and power (men over women and children, rich over poor);
  - by sexual regulation and control (social categories of class, sexual orientation, race, age and kinship, ethnicity and origin)
- Protection and welfare especially for children, caring for the ill, aged and destitute
- Emotional support, love and affection between adults and children, man and wife
- Social identity by giving individuals a place in the world and a socially connected biography (4 × 1) (4)

5.5 5.5.1 Agree – Males and females have different reproductive organs✓ and therefore they are at risk of contracting different diseases,✓ for example females get conditions associated with pregnancy and menopause (osteoporosis),✓ while males get conditions like testicular torsion, etc.✓ Females are often victims of physical violence and often deprived of resources such as money, health care, etc. which impact on health. (Any relevant 4 × 1) (4)

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5.5.2 (a) COPC principle 1: Local health and institutional analysis

- Scientific information
  - Gather information on the number of males and females in a defined local place.
  - Determine which health conditions they have related to being male or female.
  - Determine what males and females are doing that impacts on their health.
  - Determine which resources they have that can assist them should they have problems related to being male or female.
  - Come up with solutions to solve the problems of males and females.
- People and organisations in defined local places
  - Determine the locally active organisations involved in sex and gender issues such as clinics, day hospitals, NGOs, etc. (Any relevant 3 × 1) (3)

(b) COPC principle 2: Comprehensive care

- Promotion: Giving health education on how to prevent gender-specific diseases
- Prevention: Distributing condoms, educating on family planning
- Treatment: STIs, HIV
- Rehabilitation: Counselling for abuse, post-abortion, other skills training
- Palliation: Giving quality end-of life care to those who are dying of gender-specific diseases (Any relevant 5 × 1) (5)

(c) COPC principle 5: Service integration around users

- Person-centred care: Five assumptions
- People and practitioners in partnerships: Health-care workers must have good relationships (form partnerships) with males and females.
- Continuity of care: Health-care workers must create ongoing relationships with males and females✓ and record their information in the same folder.✓ Males and females should preferably see the same health-care worker to build ongoing relationships.✓

(Any relevant 3 × 1) (3)

[30]

TOTAL: 150

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