

**TOWARDS A HEALTH PROMOTING UNIVERSITY: AN
EXPLORATORY STUDY OF THE UNIVERSITY OF CAPE
TOWN**

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Dedication

To my mother,

For teaching me the virtue of hard work

Abstract

Drawing on developments in the public health field, this exploratory study applies the ideas of Health Promotion (HP) to the University of Cape Town (UCT). It defines UCT as a setting within which HP can and should take place. Following the World Health Organisation (WHO), health is seen as encompassing physical, mental, social, and other environmental factors (WHO, 1978). Sociological perspectives that acknowledge the relationship between social action/behaviour and the social context, hence the relationship between students' wellbeing and the UCT environment are employed.

Data and information for this study were collected through focus group discussions, in-depth interviews, participant observation, and a sample of information gathered by first year sociology students. The fear of failure, housing problems, limited social integration, and availability of cigarettes and junk food on campus were found to be some of the factors that influence and constrain students' wellbeing. It was also found that wellbeing is not an explicit consideration in the university plans and policies, even though implicitly these are meant to enhance wellbeing. Strategies to promote health in UCT need to be guided by a commitment to wellbeing in the university's policies. This thesis recommends that the university be required to pass a 'wellbeing test'.

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INTRODUCTION: OVERVIEW OF THESIS AND ITS FINDINGS

This thesis is an exploratory study that examines student health and wellbeing at the University of Cape Town (UCT), from a Health Promotion (HP) perspective. This approach is employed as an attempt to create a framework within which we can begin thinking of the university as a health promoting institution. It allowed the researcher to look at some traditional concerns of health at UCT from a different and much broader perspective. The study aimed to find out how UCT influences students' wellbeing. It looks at the social context of the UCT, and investigates how students feel about the university as a place in which to learn, to live, to socialise and to develop. Students' wellbeing needs, and constraints to wellbeing in UCT are identified. The study aimed at increasing awareness of factors that compromise students' wellbeing in the university. This study also investigated whether wellbeing in its holistic sense, is an explicit consideration in the formulation and implementation of the university's plans and policies.

HP is a relatively new concept, and even more recent is the idea of universities as health promoting settings. Little research has been conducted on universities as health promoting settings. What this thesis aims to do is generate questions for further research, as an attempt to bring wellbeing in its holistic sense onto the agenda of the university. In no way is it a conclusive study but a first exploratory attempt to think about the university in this new and potentially exciting way. Thus, using the example of UCT, the study is breaking new ground in looking at universities in South Africa as health promoting settings.

Concern with health in universities is often limited to the training of medical and health personnel, and providing treatment for sick or unwell students and staff. It is largely based on a curative

approach, central to the biomedical model in which health is seen as the absence of disease. This approach focuses mainly on the physical, aspects of health. Increasingly, the psychological health of students and young people in general is a matter of concern. However, the social context within which the individual lives is largely ignored, yet it has become clear to governments and health professional that health and illness are embedded in the social context. A HP approach was employed because it opens new and creative ways of looking at students' health and wellbeing. Health, in the HP approach, which draws from the World Health Organisation and United Nations Children's Fund (WHO-UNICEF) Alma Ata declaration of 1978, is seen as a holistic concept. In this declaration, health is defined as "a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity" (WHO, 1978). Hence, "wellbeing" is used in this thesis because it embraces more than just the absence of disease.

HP goes beyond the individual, and beyond curative intervention, to concern with investigating, understanding and advocating action to change the structures, situations and relationships that prevent wellbeing. It also goes beyond health education, which assumed that information and knowledge would lead to behaviour change and therefore improved health status. Drawing from the 'New' Public Health (NPH), HP is predicted on the assumption that wellbeing is often constrained by factors within the social context. Hence, concerns about health cannot be left to the health sector alone, but should be guided by a commitment to wellbeing in all sectors. This is because some of the factors that constrain wellbeing lie beyond the control of individuals or social groups. For example, tuberculosis (TB) is a preventable disease. It is the result of factors such as overcrowding, which is often due to poverty and poor living conditions. Thus, people may have the knowledge of factors that cause TB, and even be willing to prevent them, but may not be able to do so as long as they are still poor. Poverty in turn results from a combination of factors such as the lack of social and economic resources. HP then, goes beyond awareness of factors such as those that cause TB. It

aims at creating environments that equip people with the resources to "increase control over and improve their health" (Ashton and Seymour, 1996:25). Creating such environments requires a multisectoral approach.

One of the strategies for health that has emerged from the HP approach, is that of Health Promoting Settings (HPS). This strategy is based on the principles of HP and the idea that settings (institutions, organisations and other places of everyday life) have the potential to promote the health of those who interact in and with them. Such institutions include schools, prisons, universities, hospitals and workplaces. Within this framework, the idea of the 'Health Promoting University' emerged.

This study draws on the pioneering work of Mark Dooris at the University of Central Lancashire (UCL) in England. It takes the ideas of health promotion, and viewing a university as setting, holds them against UCT. It has tried to create a framework within which we can begin thinking of UCT as a health promoting setting, by identifying areas of the university life that could benefit from this approach. It attempts to create a framework within which UCT can begin building a commitment to wellbeing in its structures and processes, and in its organisational development. To be effective, this requires that wellbeing be an explicit agenda in the university's policy formulation and implementation. Health, in this approach should not be external to the workings of the university, but a part of its daily procedures. It should be central to the elaboration of policy. Ideally all aspects of university policy should be scrutinised for their impact on wellbeing and rejected if they will impact negatively. Hence, it is not about 'health promotion in UCT'; rather it is about UCT becoming a 'health promoting university'.

UCT is a large and complex setting, employing and serving many different groups which sometimes have contradicting interests. It was not possible in the context of this study to examine all of them, and the critically important context of conflict of interest, actual or potential. Instead I focused on students. They are central to the university's work. They constitute the largest single group within it. They are in the university to be educated, and at UCT, educated for life. Inculcating healthy lifestyles and behaviour should be central to the university's mission statement. A university environment that is supportive to wellbeing should accompany this.

Although it deals with a 'health' issue, this is not a public health thesis. HP raises some important sociological issues. This exploratory study is about thinking what wellbeing issues, and constraints to wellbeing in a university setting can be highlighted by a HP approach. The questions that it poses lie at the heart of sociological debates. It is concerned with the central sociological question of agency and structure. It is concerned with questions of the degree to which students are able to exercise free choice and the degree to which these are constrained by circumstances around them. It draws on sociological perspectives developed by Anthony Giddens. Giddens (1984), argues that individuals are not isolated, but are part of (a) social group(s), and cannot be seen outside the social context in which they exist. The social context partly shapes behaviour and action, but also, the social context is produced, modified, and developed by the behaviour or action of those who interact in it.

Thus, the premise on which this study is based, is the recognition of a symbiotic relationship between the university environment and students, in which the university can be both enabling and constraining in the choices that students make. It can impact negatively or positively on students' wellbeing. However, different power relationships exist in the university, and students' influence on the social context is partly limited to the range of options that the institution makes available to

them. UCT makes provision for students to participate in the university's governance through the Student Representative Council (SRC), and has other forums through which students interact and create social and academic networks. Through these channels, students can influence the university environment. The Sociological interest of this thesis lies therefore in the practical application of these central sociological debates of agency and structure to policy.

Qualitative methods of data collection and analysis were employed. These were best suited for the study as little is known about the university as a health promoting setting. These methods allowed the researcher to explore new areas that emerged during the research process. Focus group discussions provided a wealth of information from students. Participants in the focus group discussions were drawn from all undergraduate students registered in the Sociology Department of UCT for the year 1998. I focussed only on the Department of Sociology primarily for pragmatic reasons of time, financial resources and accessibility. The findings of this study cannot therefore be generalised to the entire UCT student body. The primary objective in this study however was not to generalise across UCT, but to sound out some priority areas and generate some ideas for further research. Face-to-face interviews were conducted with eight key informants from various non-academic departments, who were concerned with students' welfare. The informants were selected using the snowballing method. A sample of information gathered from assignments undertaken by first year sociology students as part of a 'Health and Society' course are also analysed as they provide useful insight on wellbeing in UCT. The researcher, herself a student at UCT was also a participant observer and draws on her experience of life at UCT. Analysis proceeded by identifying trends and themes that emerged from the research.

Health is a central concept to this study, hence the starting point of this thesis. Chapter one focuses on definitions of health which clearly is central to understanding HP. It is recognised that different

people are likely to hold different views on health and may operate with several views simultaneously. However, it is important to be explicit about one's assumptions about health at the outset, because they have policy implications. They shape the way in which the problems of ill health (and indeed what one includes in the category ill health) should be handled. These debates are central to understanding the developments in public health, in which HP is rooted. This chapter also discusses briefly the history of HP, addressing questions around its origins, its ideas, developments, and operationalisation of the concept this provides a background to the present study. This chapter relates these HP debates to the central sociological debates of agency-structure, and Giddens's theory of structuration.

Chapter two introduces the university as a setting. This chapter draws extensively on the work of Mark Dooris (1996; 1997). Mark Dooris has pioneered a Health Promoting University Project at the University of Central Lancashire. Applying Dooris' conceptual framework, this chapter looks at UCT as a setting, recognising that it is a complex setting, and one in which people have different and sometimes conflicting interests. UCT is a Historically White University, which is undergoing many rapid and fundamental changes. Promoting wellbeing in such a setting may be a contradictory process, as what is good for an individual or group may not necessarily be good for another. Some of the priority areas suggested by Dooris (1996), are applied to UCT, to begin seeing how the university can benefit from a HP approach.

UCT as a site for HP is discussed in chapter three. This chapter introduces the empirical study. It describes the methods and procedures that were followed in conducting this study. It also gives the rationale for methodological decisions that were made during the study.

Chapter four presents the findings of the study. These show that although there are efforts at promoting wellbeing in UCT, there is little interaction between different people and departments that deal with student wellbeing. In addition, student participation in the process is minimal. Students feel that the social, emotional and psychological aspects of their wellbeing have not been adequately addressed at the university. For example, the university has a diverse student body, but appears not to have adequately redefined some of its procedures so as to deal with the changing needs of students. These include especially issues outside of the classroom, that students find difficult to cope with.

Chapter five, the final chapter in this thesis, summarises the findings of this study. It identifies areas that the university could prioritise in the interest of promoting student wellbeing in its holistic sense. This chapter draws conclusions from the data gathered in the study. It makes suggestions for further research looking at universities as health promoting settings. It specifically gives some ideas for future research on student wellbeing at UCT.

CHAPTER ONE DEFINING HEALTH AND STRATEGIES TO ACHIEVE HEALTH: THE CONTEXT OF HEALTH PROMOTION

1.0 Introduction

This chapter discusses the two main categories into which definitions of health can be classified, the biomedical approach and the population-based or socio-ecological approach. It looks at the differences, scope and limitations of these two approaches. This is done in order to bring forth the definition of health that underpins this work. This is an important background as the tension between the biomedical approach and socio-ecological paradigms is one that has been going on for over a hundred and fifty years, and is indeed still relevant today. This chapter also discusses developments in public health, in order to contextualise HP. It looks at the 'new' public health, health promotion, and health promoting settings, which are central concepts in this thesis.

1.1 Defining health

Health is a basic requirement for any individual in society, to adequately go about his or her daily activities. It is also something that we take for granted, until we lose it (Allais, 1995). At first glance, what we understand by health is obvious - the absence of any known disease or illness. These, according to Naidoo and Wills, (1994) are 'common sense' views on health which are passed down through generations in the process of socialisation, as part of the cultural heritage. However, the subject is not as simple and clear as our common sense understandings suggest. Questions around the definition of health have been part of intellectual heritage for centuries (Calman, 1990).

Many developments that occurred in scientific medicine in the early 19th Century, and epidemics of the time, opened up debates that have been going on since, and are indeed still relevant today. A central issue in these debates concerns the domain of health: whether it is a concept that refers solely to the individual, whether its domain is body or soul, and whether either can be seen outside the social context.

This debate has crystallised around the definitions of and challenges to biomedicine, in which health is defined as the absence of disease and illness (Dines and Cribb, 1993). The biomedical view is challenged by the population-based approaches, in which health is seen as going beyond the individual, to the broader environment in which the individual exists. These approaches are not mutually exclusive (Allais, 1995). Their emergence and development is parallel in history and is interrelated by competing emphasis. However, as Naidoo and Wills point out, the biomedical approach is “extremely influential as it underpins much of the training and ethos of a wide variety of health workers” (1994:6). It also underpins much of the organisation and delivery of health care in the modern world (Taylor and Field, 1993).

The biomedical approach focuses on the individual organism, and identifies an agent attacking a host. According to Head (1998), this is a functionalist approach, in which the body is seen as consisting of anatomical parts and physiological systems. The human body is likened to a machine, each system or organ functional to the whole. When these parts and systems are all working properly, the individual is in a state of equilibrium, and is therefore healthy. When one or the other is not working properly, then the individual is in a state of disequilibrium, and therefore not healthy.

Disease in this view is usually understood as some pathology or abnormality in a part of the body (Naidoo and Wills, 1994). Individuals are healthy as long as they do not show any signs of bodily abnormality, and as long as they do not experience pain or distress (Allais, 1995). The underlying assumption in this approach is that disease has a biological cause, and that experts know best how to diagnose problems and cure people. Medical intervention focuses on of the part of the body that is not working properly, and not on the individual as a whole (Head, 1998; Noack, 1987). The body is restored to health through "treatments of one sort or another, which arrest, or reverse the disease process" (Taylor and Field, 1993:42). Discovering what is wrong requires access to a range of sophisticated laboratory tests and diagnostic equipment. As a result of this thinking, the hospital developed as a setting for research on the underlying biochemical causes of disease, with a view to discovering cures.

This model has advanced medical knowledge and cure of diseases considerably. Among the developments in the 19th and early 20th Centuries were the discovery of the stethoscope, X-rays and radiation therapy, chemotherapy and infection control that revolutionised the treatment and control of infectious diseases through the discovery of antibiotics. Significant developments in immunology include the discovery of vaccines to control common bacteria that carried diseases such as typhoid and diphtheria. In surgery, there was the development of anaesthesia, blood transfusion, and revolutionary methods of surgery, including plastic surgery (The New Encyclopaedia Britannica, 1986). Clinical intervention was generally believed to play a major part in the process of declining death rates during this period. It was therefore expected that new developments in treatment would provide further improvements in health (Taylor and Field, 1993).

However, in the second half of the 19th Century, the view that scientific medicine alone was responsible for the eradication of diseases and a decrease in mortality was empirically challenged.

The population-based approach to health was preoccupied with looking at epidemics such as cholera, whooping cough and typhoid, which regularly swept through Northern Europe and the United States. This approach established a link between these diseases, and rapid industrialisation and urbanisation, poverty and the adverse living and working conditions of the working classes (Noack, 1987). John Snow's revolutionary discovery that contaminated water was linked to the spread of cholera launched the public health movement (Ashton, 1994). Yet, it was not until Thomas McKeown's pioneering work that the importance of public health measures to combat disease was recognised. McKeown (1976), investigated specific infectious diseases by tracing their history and seeing how many people were dying from them each year. He conducted a historical analysis on the reasons for population growth in England and Wales (Ashton and Seymour, 1996). He showed that in most cases, the decline in deaths from infections occurred long before effective medical treatment was generally available (Taylor and Field, 1993). According to McKeown improved living conditions made the human organism more resistant to disease. These conditions included improved nutrition due to improved agricultural production, improvements in hygiene, water purification, sewage disposal, food hygiene, improved housing standards and behaviour change (Ashton and Seymour, 1996; Taylor and Field, 1993).

The narrow individual focus of biomedicine had neglected the psychological and broader social determinants of disease. While not underestimating the value of clinical medicine, the work of McKeown established beyond reasonable doubt the links between socio-economic and socio-cultural factors, and the patterns of health or ill health in any given population. It became clear that disease was a social phenomenon, requiring a social response (Gilbert, 1995). This led to the emergence of community health approaches to health. McKeown "produced a synthesis of ideas for a new public health" (Ashton and Seymour, 1996:3). These developments also led to attempts at defining health, as much more than the absence of disease.

A highly influential definition of health, and one which underpins this work, is that provided in the constitution of the WHO. In this constitution, health is viewed as a holistic concept, defined as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity" (WHO, 1978). This definition emphasises that health has many dimensions, and is not just a 'medical' issue. It also recognises that health is not only to do with the individual, body and mind. Other factors influence the health of an individual or population (Calman, 1990). Health is also a measure of human development.

Various authors have criticised the WHO definition of health. Engelhardt, argues that like health, wellbeing is an ambiguous concept that is difficult to measure (Noack, 1997). Noack, (1987), also argues that health is an elusive concept, and "there are no sufficiently homogeneous definitions of it nor any consistent professional or scientific definition" (WHO, 1987:6). According to Ashton and Seymour, it is a definition which cannot be translated into operational terms (1996). The notion of complete wellbeing has been criticised as being utopian, as an ideal goal that can be approached but never attained (Noack, 1987; Naidoo and Wills, 1994). Some critics argue that a positive definition of health needs to consider also the spiritual, sensual, and sexual dimensions of health (Allais, 1995).

The WHO definition however is more embracing than that of the biomedical approach to health. It views health as a positive state - as seen in the presence of wellbeing. It is a socio-ecological definition that recognises the inextricable link between individuals, groups, and populations, and their environment in determining health. Thus, it takes concerns of health from the biological, to include environmental factors that influence the health of individuals, groups and populations. It considers the interaction and separate influence of these dimensions on wellbeing, recognising that health problems have multiple origins.

This definition became widely popularised after the joint WHO-UNICEF conference at Alma Ata in 1978. The conference was a culmination of the shift in the 1960s, from the specialised medical care health model to a participatory model. Radical changes were occurring in health policy in several countries in the 1960s. In Cuba for example, which had lost a third of its doctors to the revolution, “primary health care workers were expected to spend a significant amount of their time in community activities” (Walt and Vaughan, 1981:8). Cuba had built a variety of forms of popular community participation. The result was the substantial lowering of the infant mortality rate (Walt and Vaughan, 1981). By the 1970s, developments in health in countries such as Cuba were receiving international attention (Walt and Vaughan, 1981). Thus, the WHO identified a definition of health that seemed more possible to achieve. It set the global goal to achieve Health for All (HFA) by the year 2000. The target for governments and the WHO was to ensure that by the year 2000, all people in the world would attain “a level of health that would permit them to lead socially and economically productive lives” (Baum and Sanders, 1995:150).

The vehicle through which health was to be improved was the Primary Health Care (PHC) Approach. Primary health care itself was not a new concept. It was used in reference to the first level of contact with the health service, the level at which common complaints are treated and preventative measures such as immunization carried out (Walt and Vaughan, 1981). The WHO broadened the concept to embrace a philosophy that was underlined by five principles. These are equitable distribution, community participation, focus on prevention, appropriate technology and a multi-sectoral approach (Walt and Vaughan, 1981:1). These five principles distinguish the Primary Health Care Approach from the narrower definition of first level contact. Thus, PHC was defined as “essential care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their

full participation ...”(WHO, 1978). Where PHC is interpreted as the first level of contact, the WHO advocated that it should be provided within the framework of these five principles (Walt and Vaughan, 1981). PHC was based on the fundamental principle that improvements in health status required improvements in social conditions. One of the social goals of PHC therefore, is that priority be given to those most in need, those at greatest risk, the underprivileged in society and those most vulnerable (Mathews, 1992). As a result, PHC was quickly and vigorously implemented in many poor countries. Sociological categories, such as age, sex, social class and occupation became useful in identifying those segments of the population who are at greatest risk, vulnerable, or underprivileged. These categories play an important part in explaining variations in health between different groups in society. In its implementation however, PHC has “tended to be reduced to a more limited technical approach to selected diseases within nations” (Baum and Sanders 1995:149).

The Alma Ata declaration reflected the optimism of the 1970s of an improved global economy. However, inequalities within and between nations have continued to widen (Baum and Sanders 1995). The strong political will and support required at both national and community level to support sound policies for health is lacking in many nations (Walt and Vaughan, 1981:12). As we approach the year 2000, the HFA goal is far from achieved (Baum and Sanders, 1995).

Nonetheless, remarkable progress has occurred in health in the twentieth century. This is credited to both the biomedical approach and the population-based paradigm. Morbidity and mortality from infectious diseases for example, has been eradicated in rich countries and significantly reduced in most poor countries. Today, the link between social conditions and health is well known. However, industrialisation and affluence have brought a new set of health problems, hence the search for new therapeutic measures. Epidemics of the twentieth Century modern society are usually linked to

'behavioural' factors. These include sedentary lifestyles, refined diet and the widespread use of drugs such as alcohol and tobacco (Taylor and Field, 1993). These lifestyles are often acquired early in life, and tend to persist throughout adulthood. In most cases, their adverse health consequences only present themselves later on in life. Chronic Diseases of Lifestyle (CDLs) are today some of the major causes of death among the middle-aged in rich countries. These diseases are also on the increase in many poor countries, where infectious diseases (including HIV/AIDS) and malnutrition continue to be among leading causes of morbidity and mortality. Furthermore, the WHO and Harvard argue that depression will be one of the major causes of days of work lost by the year 2020 (Cape Times, 1997). Addressing these health challenges requires an approach that goes beyond the biomedical model, to identifying those factors in the broader environment that influence health. These can be addressed within the framework of the "new" public health.

1.2 The "New" Public health

Public health itself is not an entirely new concept as shown earlier in this chapter. What is new is that it moves beyond health education, which is telling people what to do, to trying to understand why they do not do it. It "brings together environmental change and personal preventive measures with appropriate therapeutic interventions" (Ashton and Seymour, 1996: 21). It reflects a shift in focus from the individual, to social, economic, political, environmental, community health services, and other factors, which affect the health of individuals and groups. This view derives from growing evidence that health and illness are embedded in the household, workplace, school, community and larger environments in which we live and evolve our social and individual, public and private lives (Milio, 1991). It thus places the community at the centre of concerns about health, looking at why some people get diseases, and not others.

The NPH also recognises that the sources of health are too widespread and complex for curative and health education strategies. Also, the origins of health and illness are too complex to leave individuals solely responsible for their health. For example, although they appear to be a result of individual choice of unhealthy behaviour and lifestyle, hence individual responsibility, CDLs are also influenced by factors in the environment. For example, the relationship between tobacco smoking and lung cancer is today well known. However, whilst people may be willing to prevent lung cancer and other adverse health effects by not smoking, cigarette advertising and marketing strategies, and cost of cigarettes play a significant role in influencing people to smoke. In addition, living in an environment that permits smoking also predisposes non-smokers to lung cancer. Thus, the NPH addresses policy sectors and organisational actions that impact on the conditions and conduct that create health. It asserts that all public policies should take into account their impact on health, and be directed to make healthy choices easy and damaging choices difficult to the chooser (Milio, 1991). To be effective, such an approach must be multisectoral in scope, not confined to the conventional sphere of health policy. The NPH thus extends its scope beyond the specific problems to underlying social roots, including commercial and economic sources (Reddy and Tobias, 1994). Concerns about the environment and ecology have increasingly become concerns of public health.

The fundamental idea that public policies have impact on the living conditions and so the health of a nation's people is not new among health professionals. According to Milio (1991), what is new today is an effort to make the effect of public policy on health more explicit, and where necessary and possible, to change policies in the direction of health promotion. Policy choices made in the various sectors such as housing, land and others influence health (Baum and Sanders, 1995). They "determine the range of options available to populations, and the ease with which they may make certain choices over others" (Milio, 1991:292). In South Africa for example, the African National Congress (ANC) on coming to power in 1994 had the policy to build houses for the poor and

previously disadvantaged. This does not only ensure that these people have shelter, but also removes them from unhealthy conditions such as overcrowded shacks with leaking roofs and no running water. It diminishes their chances of suffering from diseases such as tuberculosis. In addition, it increases their options by enabling them to spend whatever income they have on other commodities such as food and clothing. In general, having a house increases their quality of life, and may significantly improve their health status.

Thus, public health research no longer relies only on epidemiology (the study of the social distribution of disease) (Baum, 1998). Its scope has expanded over the years, to include areas such as violence and equity in access to resources and opportunities such as work, housing and education. These complexities of the social world require that public health research uses a variety of methods of other sciences to achieve its objectives (Baum, 1993). It is an interdisciplinary multisectoral field encompassing a number of disciplines, such as environmental health, occupational health, health care organisation and administration, and social sciences, including sociology, demography, economics, politics, law, anthropology, and ethics (Turshen, 1989). It applies these social and biological sciences to the study of health phenomena in human populations (Gilbert, 1995). It also involves increased participation of individuals and communities to protect and promote their health. Patients become "not just consumers of health services, but also quasi-producers of their health status" (Macdonald and Bunton, 1992:8). Against this theoretical background, HP emerged as a central theme of the "new" public health.

1.3 Health Promotion

Health Promotion is rapidly establishing itself as a significant force in the new public health (Bunton and Macdonald, 1992). HP as a concept was first introduced into the public health field in

1974, by the then Canadian Minister of National Health and Welfare, Marc Lalonde (Lupton, 1995; Macdonald and Bunton, 1992). Lalonde's argument was that the public's health could be advanced by prevention and a combination of paying attention to the environmental factors affecting health and individuals' lifestyle choices related to health, as opposed to curative treatment of illness. His 1975 publication '*A New Perspective on the Health of Canadians*', introduced into public policy the idea that "all causes of death and disease could be attributed to four discreet and distinct elements: inadequacies in the current health care provision; lifestyle or behavioural factors; environmental pollution; and biophysical characteristics" (Macdonald and Bunton, 1992:9).

This approach to health promotion was based on the assumption that the individual has a great deal of influence over his or her personal decisions regarding behaviour and lifestyle. It "lies in the tradition of clinical intervention, counselling and face-to-face education" (Noack, 1987:19). Thus, an early definition of (HP) is that "health promotion is the art and science of helping people change their lifestyle to move towards a state of optimal health" (O'Donnell 1986 cited in Reddy and Tobias, 1995: 20).

Lalonde's approach had a political agenda. Its emphasis on individualism moves the focal point of change from the government to the general public (Reddy and Tobias, 1994). It neglects government's responsibility for providing healthy public policy, and enabling conditions in which individuals can maintain and develop the given healthy lifestyle advice. The New Right (Thatcher and Reagan's policies), subscribed to this approach, whose philosophy is that people are to be held responsible for their own health. Health promotion would be accomplished through health education, which promoted a healthy lifestyle. It was sufficient to tell people what to eat and drink, and which habits to adopt or avoid, and leaving the responsibility to individuals to follow or ignore the advice (Abelin, 1987). This is a lifestyle approach whose message is that behaviour change

would lead to a reduction in morbidity. Ziglio (1991), criticises this approach as one that runs the risk of 'victim blaming'. As Baum and Sanders point out, this approach clearly "does not it easily with the collective approach to health laid down in Alma Ata" (1995:155).

Whilst a sociological perspective to HP does not dispute the importance of individual behaviour, it emphasises the importance of the social context within which behaviour takes place. Sociologists are concerned with the relationship between individuals and society. One cannot be understood without the other. A focus on lifestyle fails to take into account the significance of the impact of social patterns on individual behaviour. People interpret, create and change their social existence within the limits imposed upon them by powerful social constraints such as commercial marketing and the price of commodities such as tobacco, food and alcohol (Brym, 1992; Reddy and Tobias, 1994). Thus, as Taylor and Field (1993) argue, behaviour that may appear "irrational", may be "rational" when viewed from within the social context in which it occurs. For example, the link between lung cancer and tobacco smoking is today well known. Working class people smoke more than other people do, and their morbidity rates are correspondingly higher. Yet, working class people are often the least receptive to anti-smoking campaigns. Graham (1987), argues that in such cases, smoking must be seen within the context of poverty, in which it is a way of dealing with stress (Taylor and Field, 1993). Moreover, people tend to develop their lifestyles as members of groups and followers of group leaders rather than as isolated individuals. Hence, smoking, or other unhealthy lifestyle for that matter, may be a result of peer influence or following a role model. Thus, focusing on the individual and neglecting collective behaviour and action, and the social context will not in this case, lead to behaviour change.

The more recent approach to HP acknowledges these links between individuals and their social, cultural, political, and economic environment. It acknowledges the sociological perspective that an

individual's behaviour must be viewed in the context of the dynamics of the social group to which he or she belongs (Abelin, 1987; Taylor and Field, 1993). In this approach to HP, it is also recognised that health, however defined, is shaped partly by forces beyond the control of individuals (Mittelmark, 1996; Reddy and Tobias, 1994). That is, people can make choices, and make their bodies, through sport, diet and so on, but these choices are made within certain limits imposed by biology. For example, people with a genetic or hereditary illness or disorder are limited in the extent to which they can control this aspect of their health. This approach also acknowledges that factors that affect behaviour are far more complex social issues, such as employment (or unemployment), housing (or homelessness), food shortages, and low income (Macdonald and Bunton, 1992). Some of these factors are beyond the control of individuals. Thus, behaviour may be changed, as advocated in earlier approaches to HP, but the prevalence of these social factors constrains health (Taylor and Field, 1993). The search for better health involves more than trying to change individual behaviour, to changing the circumstances in which behaviour occurs.

This approach to HP focuses therefore on eradicating constraints to wellbeing in the broader environment. It calls for the creation of enabling and supportive environments within which such choices can be made, and within which people can take control of those things that determine their health. Supportive environments refers to the physical, and social aspects of our surroundings ("where people live, work, love and play") which provide access to resources for living and opportunities for empowerment (Mittelmark, 1997). They are measures intended to enhance community health and well being (Baum and Palmer, 1997), and include conditions such as job opportunities, working and living conditions, and social networks (Ashton and Seymour, 1996). Within this framework, strategies for health promotion aim at changing the range of options available to people to reduce or eradicate health damaging options by making them more difficult to choose (Milio, 1990).

This latter approach to HP was legitimised at a large international Health Promotion conference hosted by Health and Welfare Canada in Ottawa, in November 1986. The conference was a "response to growing expectations for a new public health movement around the world" (WHO, 1986). The product of the conference was the Ottawa Charter (OC) for Health Promotion (WHO *et al*, 1986). The Charter outlines aspects of the new public health as the call for "... informed individuals who have the skills to act healthfully within the limits of their personal circumstances, to engage with others in mutually supportive group activities, to support in word and action the creation of healthy environments and of public policies that will foster all of this" (Milio, 1990:291). The OC echoes the WHO emphasis that good health is a social product. Hence the focus in HP rhetoric is on fostering 'positive health' (Lupton, 1995), a concept that embraces wellbeing, and other related social, physical and mental features that contribute to this state (Rawson, 1992

HP is therefore defined in the OC as "the process of enabling people to increase control over, and to improve, their health" (WHO *et al*, 1986). Thus, it is inclusive of any combination of health education with environmental support for action and living conditions (Reddy *et al*, 1995). 'Environmental' here refers to related organisational, political, social and economic interventions which facilitate behavioural and environmental adaptations that will improve or protect health in individuals, groups or communities (Reddy and Tobias, 1994). Health promotion discourse and practice therefore has a social and political role. It reflects the "values, beliefs, knowledge and practices shared by lay people, professionals and other influential groups" (Noack 1987:5).

Health promotion as defined in the OC also calls for 'healthy public policy' (WHO, 1986). It highlights the role of governments, institutions and other bodies in promoting the health of their people. This is based on the recognition that factors that affect health and wellbeing lie beyond the

scope of the health sector alone. Thus, one of the challenges facing health promotion is emphasising health as a criterion in developing policy. The WHO strategy of HFA by the year 2000 recommends that Member States ensure appropriate mechanisms for providing intersectoral support and resources for promoting public health (WHO *et al*, 1986). This requires identifying and facilitating the processes by which to place health promotion on the agenda of policy sectors at various levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health (Ziglio, 1991). This principle is rooted in the recognition within the 'new' public health that policy choices made in sectors, such as housing, transport, and employment among others, and in institutions and organisations such as universities and workplaces, determine the range of options available to individuals. Implicit in this organisational decision-making and individual choice is the notion of a pyramid of decisions. Policies made at the 'higher', more powerful organisational levels, set the range of options available at lower levels (Milio, 1990). This affects how readily groups can change, and how conducive to health environments will be (Milio, 1990). HP therefore advocates that policies made in all sectors, should be governed by the slogan 'make the healthy choice the easy choice and the unhealthy choice the difficult choice'.

Taking on the emphasis in PHC, the OC stressed community-level action as an indispensable element of health promotion. The assumption in HP is that social change will not come about without the active participation of individuals and communities. Emphasis is placed upon strategies to strengthen community action, and develop personal skills, drawing on the human and material resources available in the community (WHO *et al*, 1986). HP encourages change by choice. It is not about leaving the responsibilities of governments or institutions to the individual or communities, but about empowering people by equipping them with the resources with which to take their own decisions (Baum, 1993). Thus, the definition of health promotion in the OC further

reads: "To reach a state of complete physical, mental and social wellbeing, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment" (WHO *et al*, 1986). Individuals are therefore active participants in the process. They are simultaneously the subject and object of HP (Haro, 1987). This is a critique of the biomedical approach to health, which defends the powers of a privileged medical profession (Stevenson and Burke, 1991). HP is a socio-cultural product, whose practice, justification and logic is subject to change based on political, economic and other social imperatives (Lupton, 1995). Its strategies are not necessarily related to particular diseases (Castillo-Salgado and Navarro, 1987). It should be located and directed at both poor and affluent communities (Reddy and Tobias, 1995), and targeted also to eliminate existing inequalities among different groups in society.

The OC placed great emphasis upon the processes of "*advocacy* for health", and *enabling* "all people to achieve their fullest health potential". However, the charter also took recognition of the heterogeneity of communities, and differing or conflicting interests of individuals and groups. Thus, it emphasised the process of *mediation* "between differing interests in society for the pursuing of health" (WHO *et al*, 1986). These three processes are the pillars of HP, through which, people could begin to take control of their own health.

This approach to HP is not limited to any one life stage, but has a lifespan perspective because just as each life stage opens up different opportunities, so too does each life stage have different health needs and therefore requires different and appropriate health promotion strategies. A lifespan approach refers to an individual's entire life experience, from birth to death. Moreover, Howson *et al*, (1996) add that lifespan suggests a dialectical process of growth and change, a dialectical interaction between the past, present and future, as opposed to a snapshot approach, such as curing a part of the body that is dysfunctional. This is because "... human health and illness are an

accumulation of conditions that begin earlier in life, in some respects before birth" (Howson *et al*, 1996:2). HP therefore calls for policies that take into consideration the dynamics of factors that affect health throughout life.

HP emerged as a critique of health education practice. It attempted to fill the gap left by health education, which confined itself largely to the lifestyle function, neglecting the wider environment and its influence on individual health (Macdonald and Bunton, 1992). Much early health education work was premised on psychological theories of mass communication developed in the 1950s and 1960s, in particular those developed at Yale (Bennett and Hodgson, 1992). These theories assumed a relatively stable link between knowledge, attitudes, and behaviour. That is, if people were given the correct information (such as cigarette smoking can damage your health) from an appropriate source (a doctor), their attitudes (towards smoking) would change, and in turn change behaviour (Bennett and Hodgson, 1992). This simple knowledge-behaviour change model has been strongly challenged by the ineffectiveness of programmes based on this premise. It has failed to replicate in everyday settings. For example, despite overwhelming evidence about its adverse health effects, tobacco smoking is still one of the most common habits around the world today. The assumption in HP, is that health cannot be separated from other social goals, such as action to reduce or stop the advertising and marketing campaigns of substances such as tobacco and other destructive drugs.

HP is therefore concerned with measures that strengthen a person's health potential or the ability to cope with environmental challenges (Abelin, 1987), as opposed to merely preventing disease. Thus, to use the smoking-lung cancer example, HP is concerned not only with informing people of the dangers of smoking, but also going beyond the individual to identifying those factors within the environment that hinder people from making the healthy choice of not smoking. Theoretically, then, HP relies heavily on a critique of bio-medical science, and of health education. It is geared

towards improving individuals' general level of functioning rather than to prevent or treat any specific disease. The overall perspective of HP and health education, is however inextricably linked, and health education is a primary aspect of health promotion. The main difference, according to Noack (1987), is one of focus. Whereas prevention is a disease-related concept, HP is a health-related one, which argues that health education alone is inadequate (Noack, 1987). It has to be combined with the empowerment to take control of one's health and the removal of constraints to this. Whilst going beyond the biomedical approach to health, health education and earlier approaches of health promotion, however, most mainstream HP acknowledges the need for a public health that incorporates elements of all these approaches (Lupton, 1995).

The OC shifted focus from prevention to health promotion programmes, and from an educational tone to a "community development" tone. HP concerns itself with interventions in the form of the re-distribution of resources, community action, government policy and more general social change to help produce safer and healthier environments (Taylor and Field, 1993). The need for sociological research into these "structural" constraints is paramount. Sources of wellbeing and poor health have their origins in social life and social relationships.

Although a useful approach to health, HP is not without problems. Empowerment, which the HP emphasises, is not politically neutral. The problem with the community control and empowerment rhetoric is that governments tend to use it "to hide their real agenda of withdrawing state support from communities" (Baum, 1993:34). HP is therefore faced with the challenge of the politics of competition and struggle, against the state, the medical profession, and alternatively defined communities (Baum, 1993). Furthermore, as with the WHO's PHC approach the OC presupposed the willingness by individuals and communities to participate in health matters, which have traditionally been the concern of health professionals. Often, the well-planned goals may fail to

replicate in practice, as communities are complex and heterogeneous. The socio-political and economic contexts from which health and illness emerge are also much more complex and may be contradictory.

Critics of HP argue that it has not been accompanied by real changes in professional thinking and practice. Debates centre around whether or not indeed there has been a paradigm shift from the principles of health education in HP or whether the principles of health education have only been redefined (Rawson, 1992).¹ Stevenson and Burke, argue that HP "fails to move beyond a rhetorical outline of an alternative to systematic arguments about what promotes health" (1991:281). These authors argue that HP relies on imprecise specifications of constructs such as community empowerment. However, the search for indicators is an ongoing one, to which conceptual developments in social sciences could make a significant contribution.

1.4 Operationalisation of HP: Health Promoting Settings

One important initiative through which the philosophy of HP has been translated into practice is the health promoting settings (HPS). The settings for health approach is about bringing health promotion to local levels, to the places of everyday life, where individuals and groups "live, learn, love, play and work", such as schools, hospitals, prisons and workplace. These places are viewed as 'health promotion settings'. The setting concept, is the one that is used to place distance between health promotion from individually oriented approaches, which are linked, to health education and prevention (Wenzel, 1997). The basic idea in this approach is the development of strategies to

¹ For further discussion on these debates, See Dines, A. and Cribb, A (Eds.). (1993). *Health Promotion: Concepts and Practice*; WHO, (1987). *Measurement in health promotion and protection*.

"improve the extent to which the particular setting improves health" (Kickbusch in Baum, Forthcoming). This approach therefore goes beyond just promoting health by eradicating constraints to health in the setting, to the idea that institutions, organisations, or other places identified as settings, can build a commitment to health in their policies. Health in this approach is thus not seen as external to the setting, but a part its daily workings.

HPS aims at two levels of social change, namely improvements in lifestyles conducive to health, and improvement of living and working conditions conducive to health. It is about changing both structural conditions and behaviour (Wenzel, 1997). It is underpinned by an active commitment to HFA principles and the philosophy of the OC.

Settings, in HP language, are "organisational and in the case of cities, even geographical structures, which are interpreted as the context for communication and interaction between individuals and professionals". They have no specific boundaries, and do not always share common characteristics (Wenzel, 1997:2). HPS therefore "acknowledges both the commonalties and differences between types of settings" (Dooris, 1996:3). According to Wenzel, "a setting represents a spatial, temporal and cultural domain of face-to-face, social interaction among human beings, the meaning of which is socially and culturally shared within the particular group of people being a part of the setting for a certain period of time" (1997:5). Thus, the meaning of the setting may vary among different social groups at different points in time. It may even be non-existent for other social groups at the same time. If one talks about setting, one is talking about "socially and culturally defined places of interaction" (Wenzel, 1997:5).

Settings include organisations and institutions such as schools, universities and hospitals within a town, city or other locality (Mittelmark, 1996). These are crucial domains for the development of

lifestyle and living conditions conducive to health. They are also crucial contexts for understanding that human behaviour is shaped by physical, social and cultural factors. As far as organisational settings are concerned, they have a particular organisational culture and mission, and a variety of activities, for which an appropriate approach should be developed (Dooris, 1996). Many of the principles of a HPS are similar to those of organisational development (Baum, Forthcoming). A HPS seeks to enmesh the HFA commitment to health within the structures and processes of the organisation (Dooris, 1996). Setting in other words stands for health promotion strategies, namely target area and/or target audience (Wenzel, 1997). The underlying emphasis in HPS is to promote health within the places of everyday life by making the healthy choice easier and the unhealthy choice more difficult, and equipping people with the resources to make healthy choices. The HPS approach whilst recognising that settings are discreet entities, also "...sees them each as an interdependent part of a wider 'ecosystem', which consists of interacting micro-, meso- and macro-environments" (Dooris, 1996:3). These environments are related and interdependent in various ways. Understanding each of these environments or the inter-relationship between them could benefit from a sociological perspective.

Structural sociology examines the workings of the institutions and organisation in which everyday life takes place. These include government, industry, schools, universities, families, and so on. Sociologists also analyse the structures, processes, social relations and policies of these institutions and organisations (Haralambos and Holborn, 1995). Some Sociologists work at the level of individual behaviour. At this level, they would want to know what people actually do and why, how they make sense of their social world, their family, their schooling, their job, and other factors of everyday life (Thorogood, 1992). At the heart of sociological inquiry lies the vexed question of the integration of these two levels of analysis. That is, the relationship between individual behaviour (social action) and social structure.

An extreme view argues that the aggregated actions of individuals are what form the structures. The other suggests that the structures determine the actions of individuals (Thorogood, 1992). That is, the social situations we live in determine our experience. This falls in the tradition of sociology which argues that social analysis is divided between individualism and collectivism or between action perspectives and structuralist views (Fielding, 1988). Person-environment models focus on the environment, and how it shapes behaviour by permitting certain kinds of activities while limiting or making impossible other kinds (Pascarella and Terenzini, 1991). This is of relevance to HP, whose concern is to overcome social constraints that prevent individuals and groups from making healthy choices. However, settings in HP, refer to two levels of action: patterns of action, and their context (Wenzel, 1997). Thus, a more meaningful theoretical approach for HP and therefore one that I find useful for this study is one that suggests a symbiotic relationship between structures and individual or social action. This approach sees dialectic between the two: we are born into a social structure that constrains us, but we can also influence it. At issue is whether the aggregated actions of individuals should be seen as expressing the system's dynamic, or as reflecting the interaction of individuals and groups (Fielding, 1988)

This structure-agency debate is an on-going one in sociological thought, and has been preoccupied with analyses of system and social interaction. Anthony Giddens (1984) has possibly resolved this debate. Giddens concerns himself with the linkage between voluntary action and social restraints. According to Giddens, a distinction should be made "between collectivities, consisting of interaction between members and structures" (Fielding, 1988:1). Giddens suggests that structure (or 'social structure') refers to rules and resources implicated in the production and reproduction of social systems, and is not external to human action. In his structuration theory, Giddens posits that structure, is at the same time the means of system reproduction. Structures make social action

possible, and at the same time social action creates these very structures (Haralambos and Holborn, 1995). Thus, there exists a duality of structure, a relationship between actors and the structure, in which "the moment of production of social action, is also one of reproduction in the contexts of the day-to-day enactment of social life." (Giddens, 1984:26). Giddens views structure as always both constraining and enabling. Individuals are not passive actors in this process. They are knowledgeable agents. However, Giddens further argues that the structured properties of social systems may stretch away, in time and space beyond the control of any individual actors.

In this regard, a health promoting setting cannot be external to individuals and groups within it, as it is produced and reproduced by their individual and collective actions and interactions. Structure and agency are locked together and society cannot be seen in terms of one or the other (Baber, 1991). Giddens attempts to bridge the gap between determinism and voluntarism, believing neither to be true. He argues that there are always options, except in very exceptional circumstances. Constraints, according to Giddens do not determine action, but operate by "placing limits upon the range of options open to the actor (Haralambos and Holborn, 1995:906).

Micro theories in sociology, (interactionists and ethnomethodological perspectives) draw attention to the importance of particularity of place. These theories suggest that "the micro social context in which events take place is integral to their meaning and therefore also to their effect or consequences at both micro and macro levels" (Haralambos and Holborn, 1995:894). Nothing is free of the social context in which it occurs. Moreover, meanings are not fixed entities, but are created, modified, developed and changed in the process of interaction. Hence, human behaviour, including health behaviour, should be understood in terms of the social context from which it emerges (Taylor and Field, 1993). This however should be seen within the context of social constraints to behaviour or choices that people make. This is important for settings-based HP,

which aims at understanding and promoting health within the contexts of everyday life. Choices are made within the confines of the setting. It can provide the conditions that enable people to take control of their lives and achieve the utmost wellbeing through a commitment to health via healthy policy. On the other hand, the lack of the necessary supportive environments within a setting can constrain the choices that people make. Strategies for HP should be designed to suit the particular and changing social context of the setting.

However, settings are not neutral, value free and apolitical places in which people are free to pick and choose or behave as they please. In the case of organisational settings, they are places in which there exist different types of power relationships as demonstrated in the Weberian perspective. On a general level, power refers to the ability to change things, in people's actions and conditions. These power relationships may determine the extent to which people can meaningfully participate in and influence their settings, the range of choices available to them and consequently their wellbeing. The extent to which individuals or groups can influence their setting or produce and reproduce their social systems is to a large extent dependent upon the power that such groups or individuals yield within the setting. The concept of power is therefore crucial to a sociological interpretation of a setting. Power may bring about contradictory or conflicting interests within the setting.

Drawing extensively from Foucault, Giddens (1984), argues that every interaction is also a power relation. Power is implicated in the production of meaning in interaction. It is important in shaping of institutions and in the autonomy of social actors in constructing social reality. It is manifest as the resources (range of options available), that people employ in social interaction. Where a health promotion setting is institutionally based and initiated by management for instance, there is the potential danger of the lack of genuine participation by the people in the setting. Thus, the HPS approach is seen as a process of empowerment, in practice and rhetoric. Empowerment is referred

to in the OC as the acceptance of the community as 'the essential voice in matters of its health, living conditions and wellbeing' (WHO, 1986). The OC placed emphasis upon the development of personal skills, so that individuals can take an active role in community action, to build healthy relationships to be able to manage their own health only using professionals when appropriate (Baum and Cooke, 1992). However, communities are also contradictory and invariably heterogeneous. Involving them in matters of health could be a complex process.

The WHO took the philosophy and concepts of the OC, and sought to apply these broad strategies at local levels. It launched the Healthy Cities Project (HCP) in 1987 (Dooris, 1996). The focus of HCP is to improve and promote the health of urban populations. The rationale of the project is the projection that "by the year 2000, seventy five per cent of Europeans, and the majority of the world's population will live in cities or large towns" (Ashton, 1992:6). A number of cities and towns worldwide have become members of this project since its launching. Cape Town recently became a member city of the HCP. HCP takes on the emphasis within health promotion upon process, defining a healthy city as "... one that is continually creating and improving those physical and social environments and expanding those community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential" (Hancock 1993:22). The watchword in the HCP is to 'think globally, act locally' (Rutten, 1995). Within the HCP therefore, institutions within a city, can be conceptualised as 'settings'. Universities can also be conceptualised as settings. It is to this that we now turn.

CHAPTER TWO THE UNIVERSITY AS A HEALTH PROMOTING SETTING

2.0 Introduction

The idea of universities as health promotion settings emerged from the identification of a range of organisations and institutions within a town, city or other locality as settings. 'Health Promoting University' is still a relatively new concept, and has only been taken up in Europe, under the WHO European Health Promoting Universities Project. One such initiative is at the University of Central Lancashire (UCL) in the United Kingdom, which has a pioneer project whose focus is on developing a 'Health Promoting University'.

This chapter draws heavily on the ideas of Mark Dooris (1996; 1997), who has pioneered the Health Promoting University Project at UCL. The ideas of HP, and Mark Dooris' conceptual framework are applied to UCT, as an attempt to identify various areas in the university, which can benefit from a health promotion approach and hence improve students' wellbeing. In this chapter, it is argued that the university has a large student body, and a lifetime influence on students, hence the importance of the university becoming a health promoting setting.

2.1 Why a Health Promoting University

The university is a setting that brings together a large population of people. These include permanent and contract academic staff, visiting academics and researchers. It also includes

administrative and technical support staff at various levels, manual staff, and people who provide various kinds of long-term services in the university such as cafeterias, bookshops and so on. There are also many other people from whom the university tenders goods and services on a short-term basis. Students are the other major constituency at the university. Any attempt at making the university a HP setting would need to take into consideration all these constituencies. In this study however, focus was restricted only to students.

Concern with health in universities has often focused on but is not entirely restricted to training of medical and health personnel, and providing curative services to students and staff. Universities globally are changing to meet new challenges. According to Bryant (1993), one of the challenges facing universities at present is that of associating themselves with communities. He argues that academic perspectives, particularly in universities in developing countries, are moving away from the constraints of research as the dominant academic theme, to seek a balance between research, teaching and service, and to deal with problems of development. Such issues of development in South Africa include social, political and health problems that face young people today, such as, unemployment, the risk of contracting HIV/AIDS and other sexually transmitted diseases, alcohol and drug abuse, academic pressure, forging and maintaining social relationships and financial insecurity. An investigation of the past has shown that a curative model cannot adequately deal with wellbeing issues, because focus on the physical ignores other aspects of wellbeing. Dealing with these problems requires an approach that goes beyond the individual to address factors in the environment which predispose people to health or ill health.

Choices that students make regarding these issues are often constrained by the range of options available to them, and their ability to take control of their decisions and their lives. There is a symbiotic relationship/dynamic interaction between the university environment (social and

physical), and students. Studies such as those reviewed by Pascarella and Terenzini (1991), in the United States, show a consistent body of evidence that the university has a lasting impact on students lives, even once they leave the institution. UCT is therefore an important setting for health promotion. It has a unique opportunity to play a formative role in students' lives. It has large target audiences, who are a significant to the promotion of wellbeing in South Africa. Universities are elite institutions, which educate the next generation of future policy and decision-makers. Thus, they can indirectly exert influence on the behaviour of a much wider group of people. In future years, present students could significantly influence the health of their families and communities. Furthermore, universities yield significant power to influence policy at local, national and global levels.

An institution interested in quality, such as UCT is, should discover the current state of affairs concerning students' wellbeing. The exploration of students' needs should extend beyond the confines of learning experiences and students' academic knowledge (through assignments, tests and examinations). It should explore what institutional conditions enhance students' wellbeing and identify what measures the institution could take to achieve or improve these conditions. This includes policy issues in areas such as nutrition, sports, housing, and student governance, among others. HPS is a useful context for UCT, because wellbeing is an important aspect of students' everyday life.

2.2 The university as a setting

Universities are settings in the sense that they are places where large numbers of people (students and staff), live, love, learn, work and play. It is a place where large numbers of young people are concentrated, spending a few months to several years in the institution. Many students live in

university residences, establish social networks and relationships, pursue academic learning and training, undertake part-time jobs, participate in social activities and events, all within the university. Universities as settings bring together students from different social, educational, cultural and economic backgrounds among other differences. It is also a place where many young people learn life-skills, make decisions for their future, and develop independence through living away from home.

Universities usually have (a) specific institutional culture(s), which suggests that appropriate types of behaviour are expected for particular social roles. They are distinct social contexts, and highly regarded, as the highest institutions of learning. However, universities are not apolitical settings. There exist different and sometimes conflicting interests within interactions in the university setting. Furthermore, universities are bureaucratic institutions, in which the influence of individual or collective action on the structure is to a large extent determined by power relationships. For example, while they are the central feature of a university, students can only influence the structures of the institution in accordance with the various channels that the university makes available.

The university as a setting has certain characteristics that make it distinctive. It is an institution with a particular role attached to it. Dooris (1996), in his pioneering work on 'Health Promoting Universities' identifies key roles that should be visible in a university. These are:

- "A centre of learning and development, in which education, training and research take place;
- A centre of creativity and innovation, "expressed in the process of learning, combining and managing knowledge and understanding within and between disciplines, and in applying this knowledge and understanding both within and outside universities institutional processes"

- A resource for the community; that is, the "social, economic, cultural, physical and intellectual impacts of the university on the community", and
- A partner in the community, having a two-way relationship with the community of which it is a part, through partnerships and collaboration in a range of spheres and at many levels.' (Dooris, 1996:4).

Consequently, Dooris (1996), argues that a narrow view of health in a university is inadequate. He suggests six priority areas of a university, which could benefit from a HP approach. These include:

- Policy and Planning
- Health-promoting Physical Environment
- Academic development: curricula and research
- Employment: a supportive workplace
- Student wellbeing: personal and social development
- The University and the wider community

These priority areas could be applied to UCT.

2.3 UCT as a 'Setting'

Geographically, the University of Cape Town is located on the slopes of the Table Mountain, in the Rondebosch suburb, about seven kilometres from Cape Town City centre. It is in the Western Cape Province of South Africa. There are currently six faculties at UCT, having been reduced from ten faculties in 1998, in order to initiate inter-disciplinary programmes in place of departmentally based degrees.

UCT is one of what are now called Historically White Universities (HWU). It was for many years the bastion of privileged white (mostly English speaking) South Africans. It had an open admissions policy from the end of 1980s. However, education was a highly politicised sector in South Africa, and the Department of Education and Training, which catered for African students, had the fewest resources. Hence, African students did not have similar opportunities as their white counterparts. With these apartheid realities in the schooling system, few students from other population groups came to UCT despite the open admissions policy. Indeed, the university “.... recognises that it is largely a product of a fundamentally unjust and discriminatory society.” (UCT, in Lewin, 1998).

Very significant changes have taken place in South Africa, particularly since 1994. This is the year that heralded the end of apartheid and ushered in democratic rule. One of the most important challenges that faced the country as a whole, is the redressing of inequalities that had been created by apartheid. This called for radical policy changes and vigorous implementation of these policies. UCT has not been excluded from this process of transition. Numerous changes have occurred in the university since 1994. The historical background played a major role in shaping the profile of students and staff, and the decision-making structures at the university. Today, with constitutional abolishment of racial privileges and racial discrimination, and affirmative action policies in place, UCT is admitting more students from population groups other than white. It is also encouraging the admission of more female students into departments that were previously male dominated.

There has been a rapid increase in the number of students from other population groups. For example, in 1998, of the total 16 031 students, there were 27 per cent African students, 14 per cent coloured and 7 per cent Indian, in what was once a HWU (Leanna Lang, personal communication, 1998). The percentage of white students on the other hand had dropped to 52% in 1998. The

number of international students at the university has also risen. UCT has a highly heterogeneous student body, of men and women from diverse ethnic groups, social class and educational backgrounds, different nationalities and age. They have different experiences, concerns, interests, and behaviour. This heterogeneity has brought with it some diversity, and a myriad of different issues and problems.

UCT aims at influencing students' lives beyond the institution by laying the foundation for imparting skills and knowledge that will last a lifetime. It reflects some of the key roles and principles identified by Dooris (1996), in its Mission Statement:

"Educating for life means that our educational processes must provide" a foundation of skills, knowledge and versatility that will last a life-time, despite a changing environment; research-based teaching and learning; critical enquiry in the form of the search for new knowledge and better understanding; and an active developmental role in our cultural, economic, political, scientific and social environment."

(UCT Mission Statement, 1994).

Also recognised in this mission statement is that although it is a distinct setting, UCT does not exist in isolation to the broader society. It is a setting in post-apartheid South Africa, a society that is still grappling with issues of 'race' and 'racism', social class inequalities, income inequalities, redistribution of resources and access to opportunities among other challenges. It is a rapidly changing society that is also grappling to fit into a world from which it was segregated, economically and otherwise, for many years. There are many tensions in this change process. For example, there are conflicts on the direction that transformation should take, such as those between government and business, or between government and workers in various sectors. Similarly, there are also many tensions in UCT, between students and university managers, staff and university

managers. There are for example different convictions on what kind of changes should take place, what policies should be implemented, and at what pace.

Numerous other changes are taking place in the university's widely publicised transformation process. New policies are being made to deal with the changing student body and encourage admission of black students, and employment of black and female academic staff. In the words of Martin West, a deputy vice chancellor at the university, UCT is changing "rapidly and radically" (Mamdani, 1998). This is the context within which UCT should be seen as a setting. It is a setting with multiple, and sometimes conflicting interests. All these factors influence student wellbeing, and make UCT an ideal setting for this study. Promoting well being in this context might be a contradictory process.

In addition, universities, like cities, are complex settings. They are almost by definition constantly changing bodies. UCT could be perceived as a 'mini-city'. It has many characteristics of a city. For example, it has a policing service (Campus Protection Service), a transport system, refuse collection, a judiciary system, health services, banking, and offers other kinds of services characteristic of a city. It is therefore because of its size, complexity and impact, that it is such an important target area and audience for HP strategies.

Applying all the six priority areas identified by Dooris (1996) to UCT would require more time and resources, as they cover many areas of the university. Three of the six priority areas are within the scope of the present study and are applied to UCT. These are: Policy and planning; Health-promoting Physical Environment; Student wellbeing: personal and social development.

2.3.1 Student Wellbeing: Personal and Social Development

According to Dooris, the 'university provides an environment in which students are not only educated, but in which they develop personally and socially' (1996:10). It has profound impact on the students' development not only during the time they spend in the institution, but also throughout their entire lives. A 'Health Promoting University' should facilitate students in making healthy choices (Dooris, 1996). Such changes as in the funding and structure of higher education have implications for student wellbeing. Poverty, withdrawal and psychological distress are some of the major concerns (Dooris, 1996). At UCT, financial insecurity is an issue of concern, as the university cannot afford to give financial aid to all needy students.

UCT has a heterogeneous student body, with varied problems and difficulties to deal with. Academic exclusions are among causes of worry for some of the students (Varsity, 1998). In addition, there are issues, of diet, exercise, relationships, alcohol abuse and sexual health, passing in their courses and getting jobs among others. There is the Student Health Services, which provides general medical outpatient services, and other services such as contraception advice, general counselling and HIV pre-test counselling. It has a largely curative approach, though it is in the process of expanding its scope to look at other needs of students beyond treatment. There is also a careers centre which prepares students for the job market. There are also numerous clubs and societies, and events organised in the student residences, and within the university in general, through which students can enhance their personal and social development.

Presently however, there are only sporadic explicit efforts at promoting students' wellbeing, most evident in the area of HIV/AIDS awareness campaigns, organised by the Student HIV/AIDS Resistance Programme (SHARP). Although it is informative, the awareness approach which

focuses on prevention tends to reduce health promotion to a lifestyle focus, and ignores factors in the university that influence student wellbeing. Such factors in this case would include the provision of condoms at the university, and empowering students to take charge of their lives.

Personal and social development is central to students' wellbeing. Most of the students are at an age where they are still experimenting and exploring. Promoting wellbeing in a university setting is about looking at students holistically, as people who are in the institution not only to learn, but also to grow and develop in various ways. Investigating students' needs could identify these, and key issues related to personal and social development. The changing nature of the student body at the UCT has resulted in many changes taking place in the institution, and a wide array of needs. These could benefit from a HP approach.

2.3.2 Health-promoting Physical environment

The OC calls for the creation of environments that are supportive to health and wellbeing, which can be achieved through the combination of appropriate planning and policy development (Dooris, 1996). The university, as a setting in which people live, learn, love and grow must be viewed within the wider context. Hence, through its buildings, landscape, waste management, purchasing and transport policies, it impacts positively or negatively, on the local, regional and global environments (Dooris, 1996).

Whilst it is understood as a distinct setting, UCT cannot be separated from other forms of social organisation. It interacts with the outside community at local, national and global levels. The university is located close to several restaurants that are frequented by students. Residents in the area have often complained of noise, litter in the streets and destruction of property from patrons of

the clubs, who are said to be mainly UCT students (Varsity, 1998). A commitment to HP can help identify ways of dealing with such issues. Within the university, there are complaints from the students about the lack of space in which to perform their various activities, such as office space for the various student associations at the university and shortage of reading space (Varsity, 1998). Wellbeing can be used as a criterion in the organisation of physical space, and identify priority areas.

2.3.3 Policy and Planning

UCT is at a stage where radical plans and policies are being made. This transformation is taking place within the broader transformation that has been taking place in South Africa since 1994. Promoting excellence and equity are the benchmark on which UCT's vision of becoming a 'World-Class African University' lies (UCT, 1996; 1997). Hence, the university's Mission Statement was redefined in 1994 to accommodate this new vision and the changes that were taking place in the university and in the country.

Dooris (1996) suggests that the university, through its plans and policies, impacts negatively or positively on the health of not only those directly attached to it, but those in the community around it and those in the broader community from which it purchases goods and services. Moreover, through its influence and expertise, it "has the potential to develop its role as an advocate calling for healthy public policy at local, national and international levels" (Dooris, 1996:7). Thus, UCT should be seen within the broader South African and global context. A commitment to the idea of healthy policy at UCT would inform a range of plans and policies taking place in the university and beyond. With such a commitment, and introducing wellbeing as a criterion, the university can through the expertise and financial influence it yields, influence policies of those to whom it

contracts goods and services. For example, it can give tenders for the supply of food on campus only to those who fulfil the criteria of providing healthy balanced meals. It could go a step further and insist that such food not be purchased from farms that do not protect the environment.

There exist structures in the university, such as the Student Representative Council (SRC), through which students can participate in governance of the institution. However, students have often complained about the lack of consultation on various decisions, such as the recent faculty restructuring, and the plan to put up a new students recreation building (Varsity, 1998). Applying the ideas of HP to policy and planning at the university could identify priority areas that could benefit the university policy makers in ensuring that policies and plans of the university do not compromise wellbeing.

These priority areas provide broad guidelines from which to look at wellbeing in UCT. Often, studies on young people focus on adolescent reproductive health, or risky behaviour. Young adults appear to be relatively healthy. However, when parameters of health are expanded to include psychological, social and environmental factors as does HP, significant health needs emerge for them.

In conclusion, this chapter argues that the university has a lifetime influence on students. Promoting wellbeing at present, could have great influence on the direction of health in the future. HP suggests an empowerment model, which emphasises both 'rationality and free choice'. This is to be achieved through facilitating decision-making skills, personal and social skills that will promote collective social action by acknowledging the structural constraints on free choice. A supportive UCT environment is one which makes the healthy choice the easier choice, and the unhealthy choice

more difficult. The opportunities that the university makes available, in and out of class significantly influence students' wellbeing and development.

Creating a supportive environment in UCT however requires that students' wellbeing be an agenda in the university's policies. This calls for an understanding of the factors that shape behaviour and lifestyle, determine choices, hence wellbeing, and the influence of the university setting on students' wellbeing. It also requires also an understanding of student wellbeing needs, and the available options and constraints within the university. This involves addressing emotional, physical, social, environmental and intellectual dimensions that encourage student development. It also means that all proposed and existing policy should be guided by wellbeing principles. In its holistic sense, wellbeing includes factors within the institution, which explicitly may not be seen as a health concern, but which a HP approach could identify.

It is recognised however, that choice may also be influenced by other social and cultural discourses beyond the university. In addition, students are not only a group, but are also individuals, and individual decisions that they make within the constraints of the university environment influence their wellbeing. The university environment can have differential effects upon different students' wellbeing.

In order for HP to address change at an individual or structural level, it needs to know what people believe affects their wellbeing and what they feel they could or should be doing about A sociological analysis is useful to this end. If we take the loose definition of HP as increasing people's control over their own health, and that this goal will be attained by addressing the twin supporting themes of lifestyle and structuralist approaches as set out in the OC, sociology can provide insights at a number of levels. Understanding students' beliefs of health, their social and

personal needs and how the university impacts on their wellbeing could be important for making HP initiatives.

The interaction of individual and external factors that affect decision-making can produce behaviour patterns that promote or harm health. The university needs to be aware of the current situation, within the institution that hinders students from making healthy choices. Hancock (1993), argues that academic thinking and research has not been a central part of health promotion in general. Thus, the need for research (with its potential to influence 'healthy' policy hence in creating a supportive environment for promoting health), and generating ideas for further research, could be a useful starting point.

I decided to look at the university through 'health promotion lenses' as an attempt to identify some of the issues which students were concerned about. It was also an attempt to bring health in its holistic sense, and HP, as important agenda for the university. Being a UCT student, I had made certain observations about life in the university in general. The question of social integration in a post apartheid and Historically White University was particularly interesting to me. I decided to explore this and other themes to see how the university impacts on wellbeing. I was interested to find out how students regarded the UCT, which the university executives were promoting as "A World Class African University". Having come to UCT from a smaller university, I was interested to find out how the university, with such a large student body, ensured that the wellbeing needs of every student on campus were adequately met. How did the university ensure that its policies protected and promoted students' wellbeing? How did students manage to keep up to the standards of UCT? What facilities were available for academic support? How did the students utilise these? How does the nature of housing, which appears to be along racial lines impact on students wellbeing? What are students' experiences of residence life? What are students' major health and

wellbeing needs? What services do the Student Health Services offer? What was the students' responsibility at UCT and how did they participate in shaping policies that affect them? These were some of the typical questions I raised.

I was concerned to see whether the factors that the university considers important to student wellbeing were those that students themselves identified. Further, if they were not, would students' own concerns be taken more seriously if the university executive or administration were itself persuaded that a HP approach is useful. The next question was selecting methods that would adequately address these issues. These are discussed in the following chapter.

CHAPTER THREE UCT AS A HEALTH PROMOTING SITE: THE EXPLORATORY STUDY

3.0 Introduction

This chapter describes the methods I used to look at the experiences of students at UCT using a HP approach in which the university is seen as a health promoting setting. Studying these issues was much more difficult than it sounds. UCT is a complex institution. This is implicit in the idea of a setting where people “live, learn, love, work and play”. Contradictions and conflict of interests are implicit within such a setting. However, the HP literature is short on works that explore the implications of this complexity. For instance, the university can be analysed as a bureaucracy, drawing on the powerful sociology of Max Weber. In this regard, the university can be viewed, as a formal organisation in which there is a hierarchy that determines different forms of power and authority. The question of power brings to mind a Gramscian analysis. Drawing on the work of Antonio Gramsci (1994), the university can alternatively be seen as a site of struggle, as one of the ideological battlefields of society in late capitalism. Gramsci was writing about social movements. The university is not a social movement, but an analogy can be drawn. It can be viewed as a social space within which to examine the reproduction of power relations. These approaches challenge a descriptive view of the university as a unified and uncomplicated setting where HP can be targeted. On the contrary, it is a complex setting with complex social and power relations, and conflicting interests.

Both these approaches and the focus they imply on a particular object of study are important. They are not central to the question of health. How to get at this is, without defining too a broad topic, including, every aspect of university life, its impact, various constituencies and the contradictions between their particular and the broader interest of the institution was important for this study.

It was therefore necessary to focus on one constituency in the university. I chose students because they are intrinsically important. Students are central to the university's work. They are in the university by definition to have their ideas shaped. They are a significant population of society's future leaders and opinion makers; thus have an influence beyond the domain of the university itself. Furthermore, students are a large body, numerically. They are by far the largest constituency in the university.

However, the student body at UCT is not only large (16 031 students registered in 1998) but also heterogeneous. There are male and female students of different complexions, where previously only white students were present. The question of 'race' cannot be ignored in South Africa. On the contrary, looking at the changing meaning of 'race', relating it to the debate about identity is critical for an area like this that draws on an approach to health that looks at the whole person. 'Race' was an important factor in apartheid South Africa. It determined one's opportunities and life chances from birth to grave. This was based on the perception that there are inherent biological differences between people of different physical appearance, hence different 'races'. 'Racial' segregation was based on the idea that some 'races' are superior to others, whites being at the top of this hierarchy. There is a wealth of literature on 'race' and 'race relations' (Baker, 1975; Ticktin, 1991; Miles, 1993; Solomos and Back, 1996). Suffice it to say that I reject the notion of inherent differences between people and subscribe to the view that there is only one 'race', the human

'race'. However, 'racial categories continue to inform our common sense understanding of the world (Head, 1998).

The university also has post-graduate students undertaking research and undergraduate students. These students might be very different, the former older people in mid-career, the latter straight from school. The choice of courses and career direction is also very varied, from African studies to chemical engineering, from plastic surgery to religions the ancient world. Students come from diverse social backgrounds, from some of South Africa's wealthiest homes, to some of its poorest. There are students who are deeply religious, Jewish, Christian, Moslem and Hindu, and there are students who have no religion. Students are also drawn from different societies. Even though the bulk are South African, these too represent different dominant language groups and several minor groups (for example Portuguese, Italian, Gujerati and others).

What these students have in common apart from the studying at UCT is the potential to influence the social context of the university, to create an environment conducive to wellbeing. They also have potential to influence wellbeing beyond the confines of the university. On this note, a thorough study of student wellbeing would have to look at and try to capture "institutional culture" at UCT. It would need to see how UCT saw and either promoted or undermined student wellbeing. It would have to take into account all of these factors, including the age of the student, marital status, year of study, whether fulltime or part-time and place of residence. It would have to find a way of either defining a typical student, sampling the type, or draw up samples which capture the diversity. Clearly this was not possible within the scope of this study for both logistical and financial reasons. Instead I developed an implicit typical student – a full-time; undergraduate; mainly South African student. For this, I selected the Department of Sociology. Ideally, a cross section of students from different departments would have been desirable. However, for pragmatic considerations, I chose to focus only on the sociology department primarily because of financial

and time considerations, and the degree of accessibility. Being a student and tutor in the department, it was easier to obtain access to lectures and tutorials from which participants were drawn, as most of the lecturers and tutors were familiar with me. However, although selected from the sociology department, the students' social relations and academic courses extend beyond the department. Hence they could be the same students interacting in any of the other subsites in the university, such as residences, other academic departments, and so on. Furthermore, it cannot be assumed that all students doing Sociology have the zeal to understand society. There are within this group, frustrated "doctors", "engineers" and others, who only needed credits to make up for their various courses, those who take sociology as a means to an end. Sociology therefore has different kinds of people, not driven by strong vocational motivation like say doctors. They are also a heterogeneous group, with male and female students of different ages, from different nationalities, cultural and educational backgrounds, and social class among other differences.

3.1 Negotiating access to research site

I negotiated entry by requesting permission of the various lecturers and tutors, to attend their respective lectures and tutorials. These requests were received positively and I was allowed entry into the various classes. At the lectures and tutorials, I explained the nature, objectives and purpose of the study to the students. A sheet of paper was then passed around on which interested students wrote down their names, year of study and a contact number. They were later contacted, and a date, time and place for the discussion was agreed upon. I therefore relied on the willingness of students to participate in the study rather than any sampling procedures. In qualitative research, it is generally understood, however, that one does not always use a randomised sample that is representative according to statistical conventions.

I then decided to sound out some ideas and limit my study to generating questions and problems for future research. For this, I adopted a broad focus rather than restricting the study to the testing narrowly pre-defined hypothesis. The next question was choosing appropriate methods.

3.2 Methodology

Qualitative methods drawn from positivistic sociology assume a reality that we can know by asking the right questions. It also assumes people tell the “truth”. More complex verstehen sociology and developments from it, ethnomethodology and a broad range of approaches loosely encompassed by post modernism and post structuralism suggest firstly, that there is not one great truth, and secondly, that nobody ever thinks in exactly the same way at two moments in time. Thus, in an interview or focus group discussion, people are likely to respond differently to questions, depending on the context of the interview or discussion. Factors that may affect responses include gender, age, race, the participants’ relationship with the researcher and the place at which interview or discussions are conducted..

In the practical world of sociology, it is just as necessary to reach a compromise between volition and determinancy. So it is necessary to bracket these epistemological questions. There are “social facts” (including belief systems, customs and institutions of society) as Durkheim so aptly demonstrated in his classic study of suicide and modern epidemiology constantly reaffirms. However, there are also the meanings that people attribute to these facts.

An ideal study would have a marriage of the two methods. It would include surveys and information drawn from UCT records to establish heterogeneity of the student body and basis for drawing up a sample as well as “in-depth” methods aimed at getting meaning. In this exploratory

study, however, rigour of representativity was not so important, because this is a first exploratory attempt at applying the ideas of HP to UCT.

I decided therefore to (i) conduct focus group discussions with the students; (ii) interview some key informants at the university; (iii) be a participant observer; and (iv) read first year assignments on healthy lifestyles at UCT.

3.2.1 Face-to-face Interviews

I interviewed the following key informants from various non-academic departments at UCT:

- The transformation officer
- The Dean of Students
- The Doctor-in-charge of the student health services
- A staff member of the Student Advice and Development Services (SADS)
- A social worker at the university
- A HIV/AIDS educator from the Student HIV/AIDS Resistance Programme
- The Residence Development Officer (RDO) at Tugwell Residence
- The SRC President

The informants were reached using the snowballing method, one informant often leading me to another. I contacted the informants via telephone and/e-mail, in which the objectives and purpose of the study were explained.

I interviewed these informants because of their expertise and experience in their various departments, and their knowledge of most of the structures and processes of running the university.

They are people whose jobs involve dealing closely with students, most of them on a daily basis. Some of them also sit in committees and forums that make propositions for university policies. Others are concerned with consulting students on various issues at the university, and co-ordinating between students and the university managers. Thus, they are in strategic positions to be aware of student needs and to directly or indirectly influence the direction of student wellbeing. They are in different departments, but have the common goal of ensuring the general welfare of students in UCT.

I arrived to the field with broad themes around which questions were asked. The interviews were conversational, which allowed for careful probing and asking of supplementary questions where necessary. This method provided rich in-depth data, and eliminated ambiguity, enhancing validity of the data collected. The themes explored ranged from general student wellbeing needs, to areas specific to the informants' departments and area of work. The transformation officer for example was interviewed at length on the direction of the transformation process and the consideration given to students' wellbeing. The SRC president on the other hand was interviewed at length on what the Council saw as the major student wellbeing needs at the university, and the students' role in ensuring their wellbeing. The Dean of Students, having been at UCT only about three months at the time of the interview, was asked what vision she had for improving student wellbeing.

I conducted all interviews in the informants' everyday 'settings', in their respective offices, at their convenient time. This enhanced the naturalistic nature of the interviews, especially since they were centred on issues to do with the very setting in which the informants' worked. The chance of the interview process being affected by reactivity was therefore minimised. However, ringing telephones in the interviewees' offices and other neighbouring offices sometimes interrupted some of the interviews. Interviews lasted between forty-five minutes to two hours. I interviewed the

transformation officer and a staff member of the SADS a second time after transcription of the first interview, to clear uncertainties, and test my interpretations.

3.2.2 Focus Group discussions

I decided to conduct focus group discussions as the sole method for collecting data from the undergraduate sociology students. This was because with 640 students registered in the Sociology department, face-to-face interviews were not an appropriate method. Implicitly, the decision to use focus group came at the expense of other methods. A common 'rule of the thumb' in using focus group is often that the group should be composed of strangers, as acquaintances can upset the dynamics of the group and limit openness (Stewart and Shamdasani, 1990). In this study however, participants in the discussions were neither randomly selected nor strangers per se. Instead, I relied on voluntary participation, and homogeneity of the groups. The participants were homogeneous in the sense that they were all students in the Sociology department of UCT, mainly South African. Further, participants of each group were in the same year of study. There was striking consistency in the participants' responses and discussions in the different groups.

Although often used in combination with other methods, focus group was useful as a sole method in this exploratory study in which the intention was not to generalise, but to generate some suggestions for further research on student wellbeing at UCT. It was also a cost-effective method within the limited duration of time I had to complete this study. This however does not imply that it was an easy and cheap method to use. On the contrary, I carefully planned the discussions, as haphazardly planned focus groups can yield data that is not useful to the purposes of the study hence become time wasting. I prepared a discussion guide containing themes that I was interested

in, and used it to guide the discussions. The themes were however not covered in any strict order, as some of the questions that I asked were prompted by issues brought forward by participants during the discussion. Sometimes participants also posed questions to each other during the discussions. Writing down the broad themes however enabled me to check that all the intended areas were covered in the discussion. I began the discussions by introducing the objectives and purpose of the study. I then asked a question around the broad themes under investigation and narrowed down to more specific questions about the participants' experiences of life at UCT and factors that impact on their wellbeing.

The strength of this method lied in its reliance on group interaction, which produced rich data. It gave a group perception as opposed to individuals, thus allowing a plurality of responses. However, I also noted some individual differences. I restricted my role to that of a moderator, facilitating the discussion, asking questions, and following up on issues that the discussants brought up. I had to be continually reflexive, as too little control would move the discussion to issues that may have been interesting but not useful to purposes of the study. On the other hand, too much control, and some useful information could be left out. Thus, as Agar and MacDonald (1995) suggest of focus groups, they fell somewhere between a meeting (with the presence of a moderator), and a conversation (with members carrying on as though I was not present). The power relationship between the participants and myself was not as conspicuous as in the case of say individual interviews. However, I was different from the participants in some ways. I am a UCT student, but also, I am a female, black, postgraduate, non-resident, foreign student.

I conducted separate discussions for first, second, and third year students. The rationale was that the experiences of a first year student are likely to be different from those of a third year student, the latter having spent more time at UCT. The number of participants in each group was dictated by

the availability of students and their willingness to participate. A total of seven group discussions were held as follows:

3rd Year: two groups (3a and 3b)

2nd Year: two group (2a and 2b)

1st year: three groups (1a, 1b and 1c)

The discussions lasted between one hour and twenty minutes, and two hours. Six of the discussions were conducted in a classroom at the university, because this was a convenient place for both the participants and the researcher. One of the discussions was conducted in one of the participant's room in a university residence, at the suggestion of the participants. The location did not appear to influence the discussion in any way. The discussion in the residence was however interrupted by visitors and noise within the residence, reducing the sound quality of the tape. The total number of participants was forty-six.

3.2.3 Participant Observation

Being a UCT student, I was no stranger to the setting, though not entirely familiar with all areas of the university, such as the residences. The themes explored in this study were largely derived from my experience and observations of life at UCT. I drew on my experiences of UCT and my familiarity with the setting. I adopted the role of a participant observer. My experiences of UCT were bound to differ somewhat from those of the undergraduate sociology students who participated in this study. I am postgraduate, female, black, foreign student. My observations would thus be influenced by these interacting identities. Participant observation involved looking and listening within the various places in the university.

3.2.4 First Year Assignments

As luck would have it, one of the sociology lecturers had done an exercise with about 640 first year sociology students on aspects of lifestyle. Students were asked to look at constraints, which make changes in lifestyle difficult. Most of them limited their studies to food, drinking and smoking, but yielded rich information about attitudes, constraints and life at UCT. Having been a tutor on this course, I had access to a sample of the assignments. These are analysed firstly because it was information collected by a large number of students. It was essentially students canvassing amongst their fellow students. Secondly, the information was collected from a cross section of UCT students from different departments, social, educational and cultural backgrounds. It gives insight into students' lifestyles and factors that constrain wellbeing. The data present sounding opinions.

All focus groups discussions and all but two of the interviews were recorded on tape, with the consent of respondents. The possibility of reactivity by using audio devices was reduced by using a small unobtrusive tape recorder. I later transcribed the interviews. In the two unrecorded interviews I took notes during the interview process. A breakdown of the tape recorder at the time of the interviews made it impossible to record the interviews. Data were collected over a period of six (6) months, with relatively long breaks in between interviews, as the dates for the interviews were entirely dependent on the interviewees' availability. Analysis proceeded by extracting themes or generalisations from evidence and organising data to present a coherent report that met the research objectives and answered the questions under study.

3.3 Conclusion

In this chapter, I have described the procedure that I followed in conducting this study, and the methods that were employed. I have looked briefly at debates surrounding methodology in social research, and the complexity involved in researching a university setting. As findings in chapter four will show, these methods provided useful findings that could be followed up in future research. The following chapter presents findings of the study. These are analysed by looking at the various themes that emerged from the data.

CHAPTER FOUR FINDINGS OF THE STUDY

4.0 Introduction

This chapter presents findings of this exploratory study that looked at student wellbeing in UCT using a HP approach. The study focused largely on factors in the UCT environment that affect wellbeing. The findings are presented under the broad themes that were explored. Some of the themes emerged during the research process. Social integration, housing, student participation in university governance, academic pressure, and more conventional health issues such as smoking, diet, alcohol and exercise are some of the factors that are discussed in this chapter. Implicit in all this is an interpretation of students understanding of the concept wellbeing. Key informants provided information that deals with the consideration given to the holistic notion of student wellbeing in the formulation and implementation of the university's plans and policies. Except in instances informants stated an opinion to be personal, it is assumed that they responded in their official capacity. These findings uncover important issues concerning student wellbeing at UCT.

Direct quotations are used at various points in the chapter to support the interpretation of the evidence presented here. The interviews have been edited and filler syllables such as 'er', 'um', omitted to make for easier reading. However, I have attempted to retain the original information as much as possible. Where text has been excluded from the direct quotations, (...) is used. In focus group discussions people often did not talk one at a time. Thus, // is used to indicate an overlap. The findings also do not indicate non-verbal features such as pauses. Where necessary, the symbols 1a, 1b, 1c, 2a, 2b, 3a, and 3b and are used throughout the chapter in reference to the respective group from which the data were gathered.

4.1 Fear of Failure

From the focus group discussions, it emerged that students come to UCT with a strong attitude that it is an institution that has set itself apart by striving for excellence. Students are afraid of failing, because as one student said, "(...) it is one thing to fail, but it is worse to fail while in UCT", which they, their families and friends consider to be an institution of excellence, and one from which they should graduate with pride. As one student put it, "UCT is well respected, I mean my friends in J'burg, when I meet them they are like so what are you doing now, I hold my head high and say I'm in UCT" (1c)

One of the recurring themes in all the discussions was that what comes along with the status that UCT holds, is the message that at UCT you to excel, regardless of the cost to you as a person, to your wellbeing. A student in 1b illustrated this by saying that as a smoker, it did not matter to UCT how much she smoked due to pressure. "...if I have to smoke 20 cigarettes a day in order to finish three essays due in three departments in the same week, then that's okay...".

The status of UCT as an institution that pursues excellence is held even within the communities from which students come. For some of the black² students who participated in the discussions, being at UCT is an achievement not only for them, but also for their families and communities. Here is what students in 1a had to say

² Using these 'racial' categories does not indicate that the author is in agreement with the view that there are biological differences amongst people classified in different categories. For a HWU such as UCT however, the categories are useful in explaining students' different experiences.

C: “(...) really the people that come here they are people that really have been to good schools, more especially from white dominated schools, (...) sort of the kind of attitudes that you have when you come here, its already been formed, I don't know, but you feel as if you are not really going to cope and you know its worse for you to fail at UCT”

Wanjiru: “Why is it worse to fail at UCT?”

B: “(...) I mean even the status of UCT, it has status, worldwide and coming from a disadvantaged school, it's an achievement to come here, being a UCT student. (...). For some of us, there are pressures, of being in UCT, the best place, (.....) speaking in English for example, expressing yourself, communicating (.....) you have this pressure, and you have to prove it. Its like you have to prove to people that you have done it that you deserve to be here.... you are here now and no matter what problems you have, you have to pass and make it through. It's something you have to prove, to the community first, to your parents, to the other students that did not come here and wanted to come and the fact that you had a chance, you have to go through that, so its like you are representing the whole neighbourhood, or the whole school, so there are a lot of pressure. (...)You know, just the pressure to perform well or to pass //

F: “But I think it comes from the institution itself, I mean you are in Eastern Cape, you have heard of UCT and you want to study in UCT. You come with the mentality that UCT is the place, its the place to study, its not like Western Cape, or others, you have to study in UCT.”

This was a recurrent theme in all group discussions. In 3a, there was a general consensus among the participants that after having spent three years at UCT, they had spent most of their time making sure that they made it "by UCT's standards" to the next year. They had had little time to develop their social lives and other skills.

A: “You worry all the time, you know, you worry if you don't get enough marks//

E: “And more especially now, you are in third year, and you worry if you can fail now because all the time you have made it to the next year, but to fail in third year, that would be the worst (...)”.

UCT is generally regarded as one of the better universities in the country. It is a fact that HWU were better funded than other universities, hence most students have the expectation of getting a better education from UCT. However, tuition fees at UCT are significantly higher fees than some of the other universities in the country. Some of the parents cannot really afford the fees, and students are worried about money. This financial insecurity impact negatively on students' academic performance and on their wellbeing as the following discussion in 1c shows.

A: “... We are not the kind of people who are working for twenty four thousand rand kind of thing, so you always worry yourself where are you going to get the money from even though you know you cannot get it, you are constantly worried//

C: “.... A parent just can't pay twenty four thousand and you are going to pass with Bs, you have to get even As. They expect you to do your best (...) you want to do your best for your parents, so you just worry about you know, I'm paying my fees, but actually there's nothing you can do because you know you'll never really be able to pay all that money.

UCT considers itself one of the best universities in South Africa. It is an institution whose vision is to become a 'World Class African University'. Implicit in this is the promotion of academic excellence, reflected in the university's mission statement, and other slogans in the university, such as "You have seen the rest, now come to the Best". The university has opened its doors to students from all 'race' groups since adopting the equal opportunities policy, thus encourages particularly black students to apply for admission. The status of UCT as a leading university in the country and one that is striving to claim its place in the world was echoed in all interviews and group discussions. According to the transformation officer, “ (...) there is a policy in UCT to admit only

'the best'. Thus, the institution seeks out the 'best' students from communities who were previously denied access to UCT. This is done in the interest of maintaining the university's status as an institution of excellence.

However, noble as this mission may sound, it appears to have implications for students' wellbeing. It implies that there is no place in UCT for those who are not 'the best' by the institution's standards. "... UCT goes out to encourage students who are supposedly the best in their schools to apply for admission. The message we are sending is that if you are not the best, then we don't really care about you", said one key informant.

The university has made efforts at assisting students to cope with their academic work. Some of the students were however not in favour of some of the efforts at assisting students who have difficulty in their academic work. This was particularly so with the Academic Development Programme (ADP). This programme is designed to assist student who have difficulty in their academic work, due to the English language or the lack of skills such as writing academic papers and proper study methods. It is mainly students from schools in which English was not the first and sole medium of instruction who attend this programme. In one discussion group, students expressed dissatisfaction with the lack of voluntary registration for ADP courses. According to the students,

A: When you come here, they even tell you "so we don't feel that you can make it so we have put you in ADP" (...) why is it that they only put black students in ADP ?

B: How can they even judge you before they actually know what you can do, or whether you can perform?

According to some students, the ADP, is "meant for disadvantaged students". The use of this term however has resulted in the stigmatisation of particularly black students. A student in 2b, who said

she had obtained upper second grades in all her courses said it is “very offending when the lecturers think that if you are black and you are performing well its because you’ve been to ADP. I mean, I’m not disadvantaged. I went to register for a law course and when this lecturer saw my marks he was like “oh, this ADP has really been good for you” I’ve never been to ADP. But just because I’m black, it must be ADP that helped me.”

I observed that the facilities at UCT although not sufficient are usually available to students. The facilities available also differ between academic departments and residences. However, the university offers relatively good resources for students to pursue their academic work. It has well equipped libraries, access to computers, and other services such as the writing centre, which help students to cope with their academic work. As a student in 3a suggested, “I think the facilities are good, lets give credit and maybe that’s what really makes UCT different from other universities and that’s why you always feel I have everything I need, so I need to pass.” Academically, participants in all groups felt that they had grown a great deal from being in UCT. They have more facilities, and are encouraged to be critical of issues. Social science disciplines in particular were said to encourage students to be critical of issues. The learning environment and the available facilities at UCT set the students apart from their friends in other universities. As participants in 2b put it,

A: “I think that being in UCT makes you different from students say in like other black universities. You feel like you are more aware, you know//

D: (...) its like you can tell the difference between people from UWC and somebody from UCT. You know, the way they argue, it’s different.”

Majority of the participants agreed that as a place for academic learning, UCT is very good. However, the unequal distribution of resources across the residences was a recurrent theme in most discussions. There was also disagreement to this as illustrated in the following quotes.

D: "... My needs as a student, okay. I think most of my academic needs are met by the institution because I mean if I look at what is available to me, the library up there is open up until late in the night, the shuttles operate up until ten o'clock and there are so many things that are done for me as a student"

A: "I disagree//

D: "ya, you might disagree, but if you know why you are here, you would use the facilities that are available//

C: "No, even with your needs, maybe its because you are doing different courses but say for people who are doing courses that require computers, at Clarendon do we have a proper computer room? No we don't. If you look at Fuller, they have access to computers on campus if you compare the facilities in Clarendon, are they the same?

Wanjiru: "Do you all have access to the computers on campus?"

D: "We do have access. For me I'm here to study and I use whatever facilities that are there//

B: "Why do you have to travel so far when computers could be provided next door? Do we have proper computers here?"

This discussion was conducted in one of the participants' room in Clarendon, one of the university residences. This residence is one of the furthest from campus, where the students attend lectures, and where the libraries and other facilities are to be found. The university provides a bus to get to the main campus on weekdays up to about four o'clock in the afternoon. There are also shuttles (mini-bus taxis) that ferry students between campus and the residences till 1 a.m. All the participants in this group lived in this residence. They were unhappy that they lived far from the university, yet do not have sufficient facilities such as those in Fuller, one of the residences closest to the main campus and closest to facilities within campus. Even in this discussion however, there

was general consensus that UCT offers facilities better than those of other less funded universities, particularly the Historically Disadvantaged Universities that students from population groups other than white previously attended.

From the group discussions, it emerged that students are proud of having made it to UCT. They regard the institution as one of the best universities in the country. However, the very vision of UCT to be an even better institution puts them under great duress, not only because they feel obliged to perform as per UCT standards, but also because they have to prove that they indeed belong to the calibre of students who come to UCT. Many of the students are constantly worried about their academic performance. This fear of failure emanating from the status of UCT was across the board in all discussions, but more so for black students, many of whom having been in highly underfunded and under-resourced schools, made it to UCT against these odds. White students who participated in the study feel that they too have similar pressure, but in a sense feel that they have the English language and a better secondary education background as major advantages over their black counterparts. As one white student commented about her first few days in UCT, “ (...) I felt a bit lost too, but maybe for me it was different because having to communicate entirely in English wasn't really a problem to me (...) but just being in *UCT*, you feel all this pressure on you”.

In addition to the pressure to excel because they are in UCT, there are also students who struggle with their academic work because they find difficulty in communicating and writing in English. Some have difficulty making the transition from school to university, where the kind of writing and amount of reading expected from them is different and more than that which was expected of them in school. They have difficulty dealing with the academic workload at UCT. One of the major concerns that came up in all discussions is that students attend courses in various departments, each

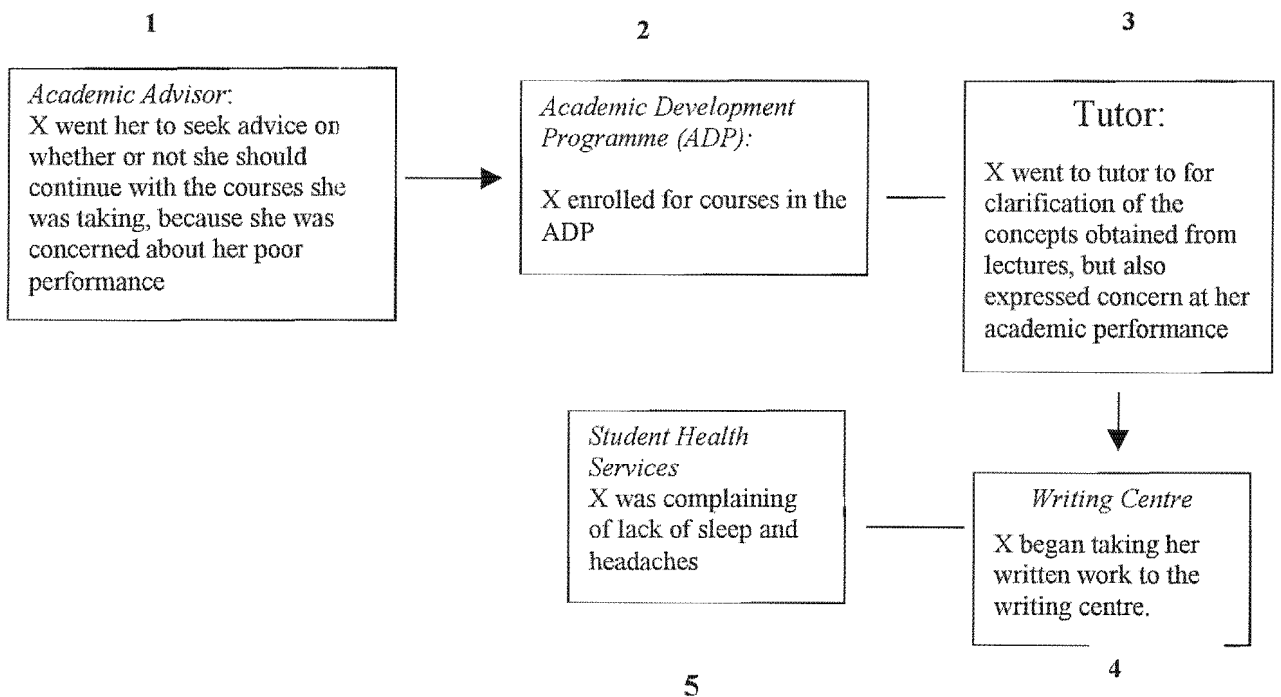
department having its own independent course evaluation. The different departments give assignments to students, with no regard for assignments and work expected in other departments. Thus, students have at times to submit work in two or more departments on the same day or within a space of a few days. Some first year students sometimes cannot cope as they are not well prepared for such work in secondary school. Even some senior students experience difficulties in coping with work from different departments. A student in 1b explained that as a single mother of three, “ (...) the departments do not care that I stayed up all night with a sick child or anything like that. Assignments must be handed in and explaining why they are late is a long process ...”. Students who experience difficulty in their academic work are constantly worried about how their friends, family and community will react if they failed. This fear of failure compromises their ability to perform academically, and may also lead to psychological problems. This is evident in the problems presented to the student health services as highlighted by the doctor in charge of the Student Health Services.

I asked Dr. Kevin Gough, some of the typical problems that students presented to the SHS. According to the doctor, many students go to the health service with psychological problems, but often present them as physical problems. He said they see “... mild to serious clinical psychological problems. Many of these problems have various origins, such as inability to cope with academic work, relationship problems, but more often it is students who find difficulty in coping with work pressure that have these problems”. On whether these could be addressed elsewhere in the university, Dr. Gough explained that some of these psychological problems could be prevented or chances of them occurring reduced well before students go to the health services, if they were addressed early in other departments. However, one of the observations I made is that there is little interaction, and in most cases no interaction at all between the various academic and non-academic departments at UCT. Each department runs its own affairs, with little knowledge of what happens

in other departments. This poses difficulty for addressing psychological problems early as suggested by the doctor.

As a tutor in the Sociology department, I had come across students who were having difficulty in their academic work. Such students came to me first, or after having been to ADP, to the lecturer or to another tutor. In some cases after discussing their difficulty with them, I would then refer them to the writing centre or to the lecturer. However, there was no coordination between all these people. In the chart below, I followed a first year student, X, who was struggling with her academic work through the various departments and individuals to whom she went for assistance.

Arrows indicate where the student was referred from one individual to the other. A straight line indicates no referral. The boxes are numbered in the order that the student went to the various people.



There was no coordination between the various individuals whom X approached. Neither was there a follow-up. In addition to these people, X also had friends with whom she discussed her fears. They too gave her their suggestions. Eventually, this student ended up with a set of different ideas from each of these people. When she returned to me a second time, she had gathered ideas from all these people and was trying to synthesise them not knowing which ones to prioritise. Nonetheless, her performance improved and she successfully made it through her first year, but not without difficulty.

In response to a question on interaction between the different departments at the university, a staff member at the SADS explained that "... there might be duplication and people don't know what each section or each department is doing, (...) there isn't really much co-ordination for picking up trends ...". However, she also explained that this is an issue currently under discussion in the university, and one of the reasons for the development of the SADS. The department is at the moment is "trying to get a new work ethos of linking up with other departments because there has been a problem in the past. You find that this department didn't find any use in linking up with academic departments, but our department is trying to improve its image, by linking up with academic departments so that if they know of students who are struggling, they can refer them to us".

What this lack of interaction between departments means for a student who is struggling or has some other problem is that there is a fragmented approach as each department deals with the problem the best way they know how to. Sometimes, the nature of assistance given to the student may be contradictory, or repetitive, or may not eventually solve the problem. Thus, despite having the facilities to assist students in their academic work, the fear of failure is very real for some

students, and indeed academic exclusions was said by the SRC president to be one of the major problems that the council deals with

According to the SRC president, research conducted by the SRC on why students were failing showed that there are many small problems that lead to failure, but mainly "it is lack of academic support. There's also the attitude of certain tutors and certain lecturers in the departments. It's also contributed because there are so many people who have told themselves that they are not going to change. They are just lecturers to make money and they do not feel like they should give more than just giving information, lectures to students. But I think that especially for first year students they need more than that. They need to know that if they have problems they can seek help and they are not going to be victimised".

According to a social worker at the university, students go to her with a myriad of problems, ranging from academic pressure, relationship problems, financial difficulties and academic exclusions. I asked her what she thought could be done to improve students' welfare. To this, the social worker responded that "(...) the most important training lacking in UCT is life-skills. Many of the problems presented to this office, are problems that could easily be solved if students had been equipped with life skills, (...) and this will include self awareness, to be aware of yourself, self acceptance (...)".

The Tugwell RDO and the Dean of Students identified the lack of ability to prioritise as the major problem that leads to the social, academic and psychological problems of wellbeing that students face. The lack of these skills results in students' inability to strike a balance between academic work and social life. The RDO observed that the problem " (...) is knowing where the line is. Some students throw themselves into the academics and have no play so come the June exams and they

break down. On the other hand, there are students who throw themselves into the social and come the June exams and they don't know what is going on." The residence officer observed that students experience most of these difficulties in their first year of study. Many of the first year students are young, and coming to UCT is the first time that they are away from home for a long period of time. They need to learn "(...) more skills, the skills to develop healthy relationships, knowing how to listen,(...)"

From first year discussions, it is clear that the transition from a school to the university is a difficult one for many of the students. This is not just due to the workload, difficulties in language for some, and the pressure of the status of UCT, but also by the sheer geographical size of the institution. As a student in 1b put it, "(...) I thought to myself jeez, this place is so big, and especially because I refused to take a no from UCT and had to come here and literally run around for my admission, just the size, and then the bureaucracy. I thought I'm never gonna get used to all this organisation". Having come to UCT from a smaller university, I could identify with the concerns of a first year student having trouble finding their way around and getting used to all the bureaucracies of the university. UCT is much bigger than the schools that the students come from. This intimidates many of the students, and they have the fear that they will never find their way around. Thus, some of the students find that by the time they settle down and are ready to study, the semester has progressed considerably and they are lagging behind in their work, and facing the possibility of failing. Some students who have seen their friends excluded from the university, end up spending most of their time studying and fail to develop other aspects of their lives such as social relationships.

Promoting academic excellence in UCT is a priority as evidenced in these findings. The university however should provide an environment that supports the promotion of excellence, such as

scholarships and other support structures and facilities. It should, as advocated in the Ottawa Charter provide an environment that makes learning 'enjoyable, stimulating and satisfying'.

4.2 Social Integration, personal development and wellbeing

One of the characteristics of modern and modernising societies is the trend towards increasing 'individualism'. People have become more aware of themselves as autonomous units (Taylor and Field, 1993). At UCT, the questions of social and racial interaction (the extent to which individuals relate to each other), and integration (the extent to which individuals experience a sense of belonging) are relevant to a discussion of wellbeing. The profile of students and quality of social relationships has been determined also by the historical background of the university. The changing student demography is not a measure of social and racial integration at UCT. It came across from the discussions that there is a "sort of barrier" between black and white students, due to the country's history.

E: "...when you come here, you stick to people whom maybe you know from school (...) you know the kind of groups that are formed, it's a matter of becoming us versus them. The white students stay together, and the black students together and so on. (...) from the very start, (...) I think it's a matter of the things that you have, and the sort of attitudes you have when you come here"//

B: "It's from our history whereby you did not mix with others (3c)

According to the SRC president, this lack of interaction amongst students is also a result of the situation in the broader South African society " (...) obviously there are also fears which have been instilled by certain social stereotypes in our society whereby people are not free with each other"

The issue of 'race' was inextricably bound to every discussion on social relations and integration in the university. It was expressed in all discussions that UCT is doing little to encourage racial and cultural interaction. This is particularly evident in the housing allocation at the university. When I arrived to UCT, it struck me that there were residences occupied solely by black students, whilst others had a majority white student occupants. The former tend to be also the ones furthest from campus, while the latter are closest to campus. Like the students in this study, I was not aware then that housing was allocated according to matric points. It appeared to be an obvious case of housing along racial lines. Participants in the discussions said that the university, while trying to change the institution by admitting students from other population groups, fails to encourage racial integration by housing them along racial lines. Hence, save for lectures, students do not interact very much in the various residences and recreation areas at the university. According to students in 1a,

B: "This housing thing in UCT, I mean like when you say on campus "where do you live?" "In Clarendon, or Liesbeeck", people go like "oh that one". The housing thing creates stereotypes about these residences. All white students get into Tugwell, but Clarendon, Liesbeeck, Forest Hill, they are all black. You get the feeling that even if white students want to come to us, the university has put that situation of dividing students".

A: "(...) they fear that if they put ten white students in Clarendon, something might go wrong".

D: "Why are all black students in these residences to begin with? When they put you in that residence, these are the only people you know. You never get to know other people. You spend all your time here. Fine, it is a black residence, but how are you supposed to know other people?"

B: "The fact that I'm in a black residence says something to me. Why am I not in Baxter? This says to me that I'm different. That in UCT there is no equality. We are all different and we have to be put in different residence and that affects me because I applied for Baxter and I was not given an explanation as to why I'm not there."

The nature of housing in UCT impacts negatively on students' social and personal development as indicated in the discussion above. Students do not get to interact with others in the university by sharing living space. Some students feel unwanted by being housed in residences that they did not apply to. They come to university with the hope that the institution has gone beyond the racial divide, only to find that they are housed along racial lines. Whilst it is not possible to get all students into the residences of their choice, housing them by what appears to be along racial lines hinders social and racial interaction amongst students. Furthermore, it creates the perception that students of different 'racial' groups are essentially different and unequal.

I learnt from two informants that housing is allocated according to matric points and personal choice, the latter dependent upon availability. Consequently, students with lower matric points are housed in certain residences, which are also the furthest from campus and from other facilities such as libraries. Most of the students with lower matric points are often black students. This however does not seem to explain why some residences have all black students. Neither does it explain the presence of black students who had matric points high enough to study subjects such as medicine in predominantly black residences even though this was not by choice. According to the SRC president, "... it's a problem if you are to put all the meritoriously performing students in one residence and isolate them from students who do not perform well because you are creating a culture whereby they cannot assist each other and where students cannot really interact." Furthermore, he explained that there have been instances when students have been admitted to the university, but have no place to stay on arrival, as was the case in 1998, when 500 first year students did not have accommodation. There are also rooms which are " too small, and one wonders how the students cope"

As of the time of completion of this thesis I learnt that the university was changing its housing policies to implement a quota system. This was to be based largely on matric points and personal choice, but also to distribute students of different 'racial' groups across the residences. However, allocation of housing of students by anything other than random allocation does not give all students the equal chance of being in any of the university residences.

Within the university, one also observes that there are places where students sit separately. There are places where one finds only black or white students and so on. As one of the participants observed, "On campus, it is clear to see places like on campus, you know like Captain Dorego, there are blacks, the area of UCT radio, there are Coloureds, and Jameson steps there are Whites." (1b). In all the discussions however, students were aware of various places where they could interact with other students. Places such as the tennis club, sporting activities, and church were identified as areas where students interact. The problem as observed in one of the discussions is that students do not really do things together. "Sport is probably one of the things UCT takes very seriously. If I have to make a suggestion, I would say put all the residences together and involve them in things like this. This way people would understand each other better. You get to understand other people that are different from yourself".

It appears that students living in university residence are accorded priority in various areas. During the time of conducting this study for example, I stayed in the computer room on campus well into the night. I approached the campus protection services for escort to my flat. Although they did offer me escort, I was made to understand that they only escorted university residence students and were therefore only doing me a favour despite of the fact that I lived in between two university residences, and about 2 minutes walk from each of them. The university residences cannot cater for accommodation needs of all its students. Further, some students prefer to seek cheaper

accommodation outside of the university. However, the university should be a safe place for students, whether on campus residence or not.

Many of the activities that take place in the residences courtesy of the university exclude students who do not live in residence. Students who do not live in campus residence feel neglected by the university. For a first year student who does not stay in university residence, it may be more difficult to make friends and establish a social network, as often some social events in residences are almost exclusively for resident students. In one of the first year discussions, two non-resident students expressed that they often felt as though they were not a part of UCT, as they did not participate in many of the events that took place in or were organised by the residences.

Participants acknowledged that there are diverse cultures at UCT, and it would be a task even for the university to enhance social interaction. However, it was expressed that "...the social sciences are really trying (...). In the social science faculty you are actually introduced to human behaviour and you have a different perspective about life and people. (...) But it's not supposed to be a social science thing, I mean those commerce students are going to be managers and they have to understand people". It also came across that students too make little effort in interacting, but form groups either with those from their own ethnic groups or secondary schools. "(...) its like you just stick to those people who maybe speak your language, or people that you know before coming to UCT...". The nature of housing of students was seen to be one of the major obstacles to social and racial integration. It was evident from the discussions that the history of South Africa is still fresh in many students' minds, and the nature of housing at UCT appears to give the message that the university is still divided along racial lines. Students from different population groups attended different schools, hence did not have the chance to learn about and from each other. For some, university is the first time they interact with other young people from different backgrounds. One of

the major needs for students therefore is to have a sense of belonging when they come to UCT, as the SRC president put it, "To know that you can make friends, that you can have a good relationship with your lecturers (...)". There were in the group discussions, some bitter black students, who felt that white students are still the "enemy", because they had it all easy in the apartheid years while they (black students) have had to fight for what they have. Some of the black students also felt that they do not perform to the best of their ability in UCT, because they are hindered by not being able to write proper English, whereas this is easy for white students. In one group composed of only black students, participants had different opinions about racial integration on campus.

A: "White students just get through. I mean it's a fact that white students had better schooling//

B: "Ya, it's always the case, and for us, it's a struggle if you came from a school in the rural areas//

One black student differed with the rest of the group arguing that

D: "It is always black students who put white students under a microscope (...) its always black students who are complaining about white students".

A: "White students also do put Black students under a microscope (...)//

D: "I think it's just that blacks we are more stereotyped."

B: "But I mean, it's our history, you know, you have to fight for everything (...) You have to be twice as strong//

A: "I don't think it's a stereotype. You just feel like you don't belong here. I think you just feel disadvantaged. You feel undermined//

E: "(...) in schools, there is no real exposure to different cultures (...) so when you come to UCT, it's a matter of becoming us versus them and so from the very start I think that trust is not really there from the very beginning".

What emerged from this discussion is that black students compare themselves to their white counterparts, and feel that the social environment at UCT does not take their social needs and historical experiences into consideration. Memories of years of racial segregation are still fresh in many of the students' minds

Academic work was also identified as a reason for little social integration. Some students felt that they were at UCT to excel and to avoid being excluded then they do not have any time for socialising.

Social interaction in UCT was described variously, as "cold", "just not there" There was a feeling of emptiness expressed in all groups as far as social life is concerned. Most of the students felt that they had not really developed in socially. In 3c, participants discussed social integration in UCT as follows

E: "I don't think that socially I have really developed. When I leave UCT, I obviously feel like I have learnt something, I have the skills, you know of a graduate, but socially, I'm still me. It's just the person I was from home. I don't think it's the university which has made me what I am socially."

B: "And you can tell a person from UCT. The way they socialise you feel that this person is from UCT".

D: "I think it is more because of UCT wanting you to be a certain type of person//

Wanjiru: What kind of person?

E: UCT turns you into a "(...) kind of corporate machine that they want you to be"

B: "They are just cold, you know. They are not very social and//

E: UCT is very cold socially (...) it's very difficult but if you are moulded into a social person, then you are able to cope".

In 1a, participants felt that being at UCT was for them also a learning experience as they have encountered people from different cultures, with different views.

A: “Definitely we have developed. I have developed spiritually through His People and other places like that. That’s where you find solace when things are not going well//

E: “I think for me, I’m glad to be here, really, the best thing that ever happens to me in UCT is that I feel I’m challenged. But I don’t think UCT thinks of me as a person. My emotions are not considered, (...) but nevertheless, I feel that I’m challenged just to see the realities of my country. I live to make a difference and I want to make a difference to UCT, but UCT does not consider me in this way.”

C: “UCT its like you’ll go home and you have learnt some of life’s lessons. Its just being here in UCT its like a part of your course and in future you’ll know what to expect, you know that in future you’ll graduate and you’ll go out there, and in UCT, you just learn how to cope with situations. You know that situations change. You learn”

Being a Historically White University, one of the challenges that faces both students and the university managers is that of encouraging social and racial interaction and integration amongst students of different cultural backgrounds. At the moment, it appears that there is little social and racial integration at UCT as is evident in the discussions above. It appears to be a situation where black students compare themselves with their white counterparts, in terms of their performance and access to resources. What comes across from these discussions is that black students feel that the university has not given serious consideration to their specific needs. However, it is not only black students who are concerned about the lack of social and racial integration in UCT. As a white student in 1a put it, “the social life in UCT is so different. Everybody seems to be going around minding their own business and like you just said, the housing system is so obviously along racial lines, its pathetic

The lack of or little social and racial interaction impacts on wellbeing because the nature and quality of the students' social relations, and the social support available to them can have significant influence on their wellbeing. It can affect the way they are able to deal with and adapt to changing and difficult situations. This is linked to the broader environment, which provides a context for these relationships and support networks. On arrival to UCT, students sometimes do not know anyone or know their way around. For some first year students, this can be a very traumatising experience if they do not have the necessary social support to help them cope. According to the Residence Development Officer (RDO) in Tugwell, one of the undergraduate female residences, one of the major problems that students experience in their first year is loneliness. "They feel (...) overwhelmed by the university. Some are confused (...) but once a student gets into second year they basically don't need much support."

The university has one week orientation at the beginning of every academic year, during which new students are shown around the campus, offered assistance with registration in the various departments, introduced to various student clubs and societies, and to parts of Cape Town. However, this is not sufficient time for new students to get to know their way around. As a student in 1b put it, "I think orientation week is great. They do a lot and you get to know some of things that go on, but one week is not enough to even know all of UCT and where to go for example if you need help (...). For me, I was lucky I came very early (...) and so by orientation week I knew most of the places. The only problem is that when orientation week is over, the process is forgotten and its like everyone minds their own business." Students expressed that making friends in UCT was not easy, as there is little time between the orientation week and beginning of lectures.

UCT has a large student population, but amidst all this, it is quite easy for students to get lonely. Loneliness was also identified by Dr. Kevin Gough of the SHS and the social worker as one of the reasons for psychological problems that students experience. For many, it is the first time that they stay away from home and family for a long period of time. They find themselves in situations where they have to make certain decisions on their own. When students do not have a good social network, they often feel lost and this impacts negatively not only on their academic performance, but also on their overall personal and social development. According to Dr. Gough, this also leads to students suffering psychological problems. They go to the SHS with anxiety, headaches and other symptoms, emanating from loneliness.

Students spend about nine months of the year at UCT. According to a student in 2b, "(...) varsity is where we spend ninety per cent of our year. It is the place where you actually discover who you are and you learn to be an individual and to be with others. If you see your situation as that you come to UCT and you leave with a degree but no social life, no study of yourself and your individuality or relating to others, and if you are not exposed to skills to help you deal with these things, how are you supposed to develop? This is the place where I'm supposed to develop and I feel that I am developing academically, but really not as a person (...) writing essays and assignments seems more important"

Ideally UCT should be for students a 'home away from home'. It is clear from the discussions that students expect much more than academic knowledge from UCT. The university is where they hope to begin making some of their major life decisions. Social relationships that they get into while at the university are very significant to their wellbeing, because human beings are individuals, but are also part of (a) social group(s) on whose support they rely. In the first few weeks of being in UCT, getting around and making friends is not very easy for some of the

students. Again, the university's history as previously white university impacts on how the students fit into the institution. There are for example students who come to UCT from schools where English is not the sole medium of instruction and communication. The students feel that they are at a disadvantage, having to compete with students who had a better schooling background and English as their first language or medium of instruction in school.

According to the SRC president, one of the responsibilities and challenges facing this representative body is that of encouraging student unity, and particularly bridging the noticeable divide between white and black students. "... we need to generate debate about the kind of situation we want to see the kind of society we want to build the kind of UCT we want to build. (...). In the past the SRC actually created disunity amongst students by having two SRCs, one for white students and one for black students. We now need to go beyond that and build unity amongst students".

Social wellbeing is central to the WHO's definition of health. It appears that at UCT, neither the university nor the students make adequate efforts at enhancing social interaction and integration thereby social support networks. Promoting social interaction should be an important area for UCT. The university should, as called for in the principles of the NPH and the OC equip students with the skills to "engage with others in mutually supportive group interaction". It should expand the scope of the SHS to address the needs of a student as a whole person.

4.3 On transformation and wellbeing

UCT is currently undergoing a much-publicised process of transformation. Transformation, as I found out, does not have one specific meaning at UCT, but means different things to different

people. For some, changing the student body of UCT to reflect the demographics of the country is a priority. For others, it is changing the structures, processes and institutional culture of the university. Whilst some of the participants and informants thought that the change should be fast and radical, others saw it as a slow process that is and should take a long time and serious consideration for the future implications. Whatever the view, transformation in UCT was seen as a positive process that is well overdue.

One of the observable changes that have taken place in this process is the rapid change in student demography. The increased number of students from population groups other than white is very visible within the university. There are now also more international students from many countries around the world. Changes in the racial composition of the student body have also been accompanied by changes in the social class backgrounds of students who come to UCT. According to the informant from SADS, "We are probably having a lot more middle-class students, because it's the reality that UCT is one of the most expensive universities in the country". It is noticeable however, that the academic staff population on the other hand has remained largely as it was in the past, predominantly male, white middle-aged academics.

Some of the key informants expressed that transformation really has not occurred in the university. According to one informant who expressed that this is her personal opinion, "... there is really no transformation in UCT, save for changing the complexion of the student body. What has happened is that there are many changes occurring in the university, but the process of transformation still has a long way to go. (...) and I mean it's not something that will take a short while (...)" . According to the SRC president, "UCT is not changing fast enough (...). Our administration is not adapting a to all these changes. It encourages the change but you find that the very people who are to oppose these changes are the administration themselves. It's an issue of also safeguarding their own

interest. It has taken this university three or four years to agree on do we change the name of buildings that are representing apartheid. It's a very very slow process." According to students in 1a,

A: "I don't really know what has changed because I've only been in UCT this year, but I think it's a fact that UCT is still run by white people and there is a chance that these are the same people who ran UCT fifteen years ago. So the fact that now black students are coming to UCT hasn't really made any difference. For me, it's still so white. The lecturers are white and there are no role models for me."

D: "Would it make you feel better to see more black lecturers?"

A: "It would, I want to see people whom I can identify with. Right now in UCT, you don't find black professors, or even Indian for that matter, I can't identify with them and I just feel like I don't belong here."

D: "Ya but I mean for me it doesn't really matter because even though I'm white to me they are just lecturers and even if they were black, I mean they are all lecturers//

C: "That's why you can't understand what she's saying (...). Its different for us black people. You can't really understand because for you, that's the way it has always been but for me I want to be able to identify with the lecturers and be free to talk to them if I have a problem."

E: "I've been to all kinds of schools. I've always been to multi-racial schools and I've seen it all, so for me, its not a problem that the lecturers are white, as long as they do their work without looking at race as a factor you know what I mean."

B: "Why do we black students always see things in black and white?//

A: "The future is always determined by the past. I mean whatever happens now is determined by the past. If it hadn't happened that we were divided like that, maybe things would be different//

The SRC president also identified the lack of role models as one of the issues that the majority of students are concerned about. The SRC president explained that “ what is there is a culture that students failed to identify with. I’m referring specifically to black students, African Coloured and Indian. But more specifically it has alienated students from rural areas (...) majority of the lecturers in our departments and faculties are white and that creates problems for the relationship with students.” Some of the students do not seek assistance from their lecturers when experiencing problems or for other kinds of advice. A participant in one of the groups expressed that for black students, this is because “you feel as if this person doesn’t understand you”. Another participant said “when you raise an issue say you are not happy with something in the lecture, you know, if you are a black student, sometimes you are seen as a trouble maker”

Transformation is meant as a process of positive change. However, as revealed in the discussions, it can also be a very disturbing experience for some students, depending on how the changes that are taking place in the university affect them. For white students, transforming UCT has meant an end to admission on the basis of their skin colour. As the transformation officer said, "White students need to realise that transformation means that privileges will end, there will be more competition, not based on colour". Whilst this is a positive change, it may however impact negatively on wellbeing, as it now deprives some of the students of what has always been accorded to them. According to a student in 3c, “I don’t think that white students have ever known what it is to fail in this university. But black students have started complaining about this because sometimes you fail unfairly and you look at the work of a white student you just know its not fair. So now they are also failing and they don’t like it. (...) If the lecturer is black they will say he is racist.”

Transformation has also meant that priority issues for students in the university have changed. Previously, as the SRC president explained, “The issues that bothered white students were issues

such as parking space, entertainment and so on (...). With black students now the emphasis is on issues such as access to UCT, issues of women, gender issues, (...)"'. White students therefore feel alienated from this whole process. As the SRC president explained, "The white students I think there has been sentiments that begins to say white students do not want to see change happening in UCT. (...) But I think there's also a significant population of students from white student population who are adapting significantly to these changes and I think that also must be commended." This, according to the SRC president, is what transformation at UCT should be about "(...) changing to make Black Coloured and Indian students more comfortable, but not forgetting the white students too."

One of the issues that were discussed in the transformation issue is that of the culture of UCT. There is not one culture in UCT. What might be called the institutional culture is infact several and sometimes competing cultures. The culture of UCT was characterised variously as "white", "English speaking", "Christian", "heterosexual", "predominantly male", and "western". A recurrent theme in interviews with key informants was that while the university is admitting students from different backgrounds, it is not changing at an equal pace to ensure that they have a sense of belonging in the university. This according to the transformation officer is one of the priority areas for the university. "I mean, even something like the names of the buildings are alienating (...) and that's something we should be working towards, changing the names of the buildings so that we have names that people can identify with. Black students are being brought in and expected to adapt to the university culture, hence they have more courses, rather than changing the university culture". Discussions on changing the names of buildings in UCT are ongoing, but the process was described as "very slow". Transformation should not be about giving students more courses so that they can adapt. Rather, it should involve both individual and structural changes.

Transforming UCT involves changes in many aspects of the 'university culture(s)'. What emerged from the group discussions is that there are students in UCT who are very bitter with the past, and are eager to see an even faster process of transformation, and one which admits more black academics. In 1b, 2b, 3a, and 3b, black students felt that UCT does not provide them with lecturers with whom they can relate. This makes studying in UCT difficult for them because they are not able to easily forge relationships with, or approach their lecturers with various problems. Having been a tutor in the Sociology department, I observed that some students always approached black tutors, even though these were not their own tutors, because as they explained, they felt that a black tutor would understand them better than a white tutor. According to the SRC president however, the problem is not only one of not having white lecturers, but also that "...some people just tell themselves that they will not change. So we can change all the structures, but if an individual tells himself that they will not change, it's very difficult for the process (...)"

Another issue that arose in the discussions around the culture of UCT was about the kind of food that is offered in the university residences. Studies that were conducted by first year sociology students identified the lack of proper diet for both students living in university residence as well as those living in other residence out of the university. For university residence students, the research indicated that there is a lack of variation in meals offered in the residences. Students have no say in what was provided, "usually greasy foods". Students who were unable to have lunch in their respective dining halls due to the distance between the residences and lecture theatres or lack of sufficient time in between lectures got meal tickets, which they used to obtain meals in the various canteens at the university. However, most of the cafeterias in the university mainly "... serve greasy junk foods (fries, burgers, and pies)." While some hot meals are provided in various canteens, these are beyond the students' budgets. I visited the various cafeterias and found that lunch at one of the two places where hot meals are available was a minimum of ten rands. Students

only got R4.65 worth of meal tickets. Whilst this may be the worth of a meal in the residence, it is not enough for a proper meal on campus. As a result, it is a daily observation to see many students with meal tickets queued up at one of the campus cafeterias, for French fries and hot-dogs, which according to the first year studies “is not really enough food to last them until supper”. The first year studies noted that only one stall on the campus sold fruits did not accept meal vouchers, and is “far too expensive for the average student”. On the other hand, I found ‘junk’ food to be available all over campus, in the cafeterias, and vending machines located in various buildings at the university, and accessible at anytime of day or night when the buildings are open.

For students living outside of university residence, first year studies identified financial constraints were identified as the reason for poor diet. Towards the end of the month when money starts running out, these students have to do with bread for most of their meals. Proximity of the university to take-away cafes open until late was also identified as a reason for eating junk food.

In addition to the university not offering a wide variety of meals, the SRC president expressed concern at the lack of consideration in the residences for Moslem or other students in accordance with their religious beliefs. “They don’t have special food, you know like for Moslems, what they call halaal, or for Bhakti Yoga, I know there’s a place here on campus which sells this Bhakti Yoga food, but in the residences they don’t have this food, like say when a Moslem student is fasting, they need to eat at different times like in the night.” Studies by first year students also noted that the residences “do not cater for different cultures and different tastes.” According to the SRC president, “the food is different from what one would find in say a traditional set up, and it is described as “western”(…) and without much variety. According to the Tugwell RDO however, the residence offers balanced meals and a wide variety of food. The university makes every effort to

“provide well balanced meals. There is always a salad, and the choice of a sandwich or fruit pack if a student did not want the food on offer on any particular day.”

As evidence from the study shows however, there are certain special food needs of students that appear to have been neglected, such as the needs of Moslem students. On the other hand, the university would not be in a position to cater for each student's specific taste or culture. The important issue however is to provide a variety of well-balanced meals. Studies by first year students revealed that many students “snack on chocolates, chips and the like during the day.” Students then end up blaming themselves for eating junk food, whereas the university does not really provide them with the options of healthy and affordable food from which to choose.

UCT has not been an exception to the dramatic changes that have occurred in South Africa in recent years. In order to promote wellbeing, the university should, based on the principles of HP, strive to prepare students to cope with challenges that face them in a rapidly changing society. This will be facilitated through the development of life skills, which was identified in the study as one of the necessary aspects of student life. Education should extend beyond the classroom.

4.4 In times of Crises

Difficulties in coping, whether with academic work or relationships, financial worry, family problems and lack of role models are some of the typical constraints to students' wellbeing in UCT. I found that there are several places and people to whom students who have such problems that affect their state of wellbeing can go for help. There are social workers, academic tutors, house committees, residence wardens, and part-time psychologists. However, as a staff member at the SADS explained, the problem is that “... at the moment its just a matter of saying these services are

available, so if you have xyz problem, your emotional, physical or whatever, go to such and such a place. This is not really then followed up...”

In focus group discussions, students were aware of several places and people that they could go to when faced with various difficulties. These include tutors, the student health services and the social worker. However, the participants felt that there is no facility in UCT that caters for emergencies such as stress and depression particularly during examination times, as one has to make an appointment to see either the doctor or psychologist at the health service. Moreover, the SHS has private psychologists whom according to the Dean of Students “cannot give maximum attention to students in need.”

Students who were not aware of or do not utilise the facilities available have found their own means of "dealing with stress", which include going to a bar or smoking. It was suggested in group 1b that since this appears to be the option many students choose, perhaps the university should open a pub on campus, and educate people to be responsible enough not to drink during lecture hours. This, as one student argued, could also be “a way of promoting health by educating people on the dangers of drinking and smoking.”

At the Tugwell residence, there is a peer-counselling programme. There is also a senior student on each of the corridors, whom students approach for assistance on various issues. According to the Tugwell RDO this was necessitated by the realisation that students tend to go to other students when they have problems.

All key informants expressed that a counselling centre is an urgent matter for UCT. At the moment, the university does not have a counselling centre per se, where students can go. “Where

do students go to?" asked the Dean of Students, who was concerned with the absence of such a facility in a university with such a high and diverse student population.

4.5 Other wellbeing concerns

Results from all the focus group discussions indicate that UCT excels in the area of promoting health, where sports and physical fitness facilities are concerned. Participants expressed satisfaction with the availability of sporting facilities in the university, which include swimming pools, gymnasiums, tennis, squash and soccer facilities. Studies by first year students however indicated that only few students utilise these facilities. The students cited laziness, unfitness and too much work as reasons why some students do not utilise sporting facilities. In Tugwell residence, the RDO explained that they have activities such as jogging, aerobics, walking and a weight watchers group, as part of their student development programme. The activities are voluntary and most are organised by students.

Cigarette smoking on campus and residences, was also identified as a wellbeing concern among students. At the Leslie building, there is a cafeteria and sitting area for student. During lunchtime, one is often met by a cloud of smoke in this area. I am not aware and did not attempt to investigate how many UCT students or even how many of the participants in the study were smokers. However, it appears that a significant number of UCT students are cigarette smokers. First year students who investigated smoking reported that the reasons for smoking included "high stress levels", "boredom", "for relaxation", "it looks cool to smoke", "to keep weight down" and "don't know". The studies indicated that students who smoke were aware of the health consequences of smoking such as lung cancer and heart disease. However, as one study found, the students "do not worry because cancer affects older people". Whilst this is largely true, the students appear not to

think that in future they too will be “older” and that the quality of their current lifestyle will influence the quality of their life in future.

I observed that there is a smoking ban in some of the buildings at the university. However, this is not enforced and it is not unusual to see staff and students smoking within these buildings. There are also a few posters on campus, pointing out the dangers of smoking. However, there are cigarette vending machines on the university premises, and places where students can buy loose cigarettes. Thus, even though the university may ban smoking in certain buildings, cigarettes are easily available on campus and students can smoke them outside. This only relocates the smoker to another place where they can smoke. Studies by first year students found that many of the students who smoke began the habit once they came to university, due to peer pressure “ (...) all my friends were smoking, and I decided to try it out. Now I’m hooked”. Some of the students had begun the habit before coming to UCT. From my observation of friends of mine who smoke, the sale of loose cigarettes on campus appears to be a major hindrance for quitters. They resist from buying a packet of cigarettes on their way to campus. However, loose cigarettes are on sale on campus and in between lectures, they convince themselves that they will buy a just one cigarette as a way of cutting down on smoking. One loose however leads to two, three and so on. Eventually it becomes more cost-effective to buy a packet of cigarettes and the quitting plan goes ‘down the drain’.

The availability of cigarettes and junk food on campus constrains wellbeing. As a HP measure, the university should ban smoking and the sale of cigarettes on campus space. Further, it can influence policy on smoking and nutrition at a national level. For example, debates on The Tobacco Amendment Bill have been on going in the country. The university can support a commitment to wellbeing by enforcing the ban on smoking on campus.

4.6 Student participation in university governance and policy formulation

UCT has made provision for students to participate in the university governance through the SRC. The role of the SRC, as the president explained, is to “give leadership to the students on campus and also playing a very important role in terms of informing the policies of the university. It is the chief executive of other student organisations on campus, we have our student parliament which is where we invite all organisations, welfare societies and other stakeholders in the university to come and discuss policy”. However, students only sit in certain committees. They contribute their suggestions to various policies at the university. In some cases however, the university executives make decisions with no student consultation whatsoever. Such was the case with the "party policy" which banned all parties on campus.

As the student body changes, the nature of needs and problems at the university have changed too. So has the nature of student leadership. There are now a majority black students in the SRC. The SRC president attributed this to the lack of interest amongst white students, who have the feeling that a black dominated SRC does not represent them. There were differing opinions in the group discussions on the extent to which students feel represented by the SRC. Many of the students felt that failure of the university to meet some of their wellbeing needs results from having an SRC that does not articulate students problems. On the other hand, most of the students do not support the SRC, as evidenced in the low turnout for voting and other activities and events that are organised by the SRC.

Here is what students in 2a had to say on whether they felt represented in the governing structures of the university.

D: ““For me I feel that if we work together with the guys that are representing us then we would feel that we are represented. Like what the guys who were running for SRC said, that if we work with them and whatever they suggest to the management then we support them then we would be represented. But now, we cannot say that we are represented because we never even go to those guys. I mean look at the last elections. How many people voted?””

B: “In my understanding, the things that the SRC has been fighting for like academic exclusions, financial aid, we never know what they are doing//

D: “But do we ever participate in things which are done by the SRC? This year there were marches and everything. How many students took part in those marches?//

C: “but//

D: "No no. How many of us, even we black students, how many of us participate in SRC?"

A: “I think it’s a problem of cultures. Some people might feel that something is a problem and others will not think it’s a problem. Few people vote for the SRC so its like they are representing like thirty per cent of the students yet they are supposed to represent all of us”

C: “The problem is that even when they SRC asks people to go maybe they have a march or something, only very few students pitch up. We can’t really say that it’s their fault if we are not represented because we don’t support them”

In addition, students expressed concern at the diminished power and influence of the SRC on the university management. The SRC president expressed that the students' voice is taken less seriously because black students have articulated problems that are more complex, and "they are kind of seen as troublemakers". He also pointed out however that failure by students to participate in the student parliament, SRC elections and other SRC activities made the council’s job extremely difficult.

Asked what their responsibility, as UCT students was, many of the participants did not have a response. Some argued that they do not have the space within which to exercise their responsibility.

In one discussion, students had the following to say:

A: “My responsibility right now is nothing. I don’t feel like I have any responsibility because I am not happy with the courses that I’m doing. I’m not doing what I wanted to do (...). Some of the activities like the talks and seminars they exclude us as first year students, you don’t feel like you have any responsibility”

D: I don’t think you are excluded from seminars just because you are a first year. My responsibility however, is to participate in things like what the SRC is doing. If they call students for something, then we should go and support them.”

I observed however that there are students who have a sense of responsibility towards UCT. Though this may be unconscious, the students do not for instance litter the campus premises, hence ensuring that the physical environment is clean. On the other hand, there are times when the university has had to appeal to students to keep the campus premises clean and to resist from eating and drinking in the library. For students to participate and take responsibility for UCT however, they need to have a sense of belonging. The university should create conditions that promote this sense of wellbeing.

4.7 Student Wellbeing, policy formulation and implementation

Students' wellbeing is a central issue for the UCT. Plans and policies that are implemented are geared towards making the university a better place for students to live and learn. After all, the university exists by definition because of the presence of students. However, the student, in UCT, is seen largely as a learner, present in the university to acquire academic qualifications. One of the

questions I posed to all the key informants was on their definition of a student. Some of the answers were “here to get educated, a person with physical, emotional and social needs”. “I know that we should define a student as a whole person with emotional, physical and other needs, but I think what’s happening at the moment is that a student is not defined holistically”. Whilst they were all of the view that a student should be defined holistically by addressing all aspects of the student’s life, this was not often the case, as focus is largely on pursuing academic excellence. As one informant explained, “we need to look at the student as a whole, holistic person, to look at the academic, the physical, cultural, e.t.c. At the moment I think there’s too much focus on the academic, and even though there is focus on other areas, it isn’t really looking at the student holistically”.

On whether wellbeing is an agenda in the university’s policies, the informant from the SADS said, “I can’t even remember the last time we looked at this (...). Wellbeing is not like the central purpose really, it isn’t explicit, but it depends on what the policy is”. Implicit in the university’s policies however, is the wellbeing of students. Policies are about making UCT a better place to live and learn which implicitly then is about enhancing students’ wellbeing, even though this is often not explicitly considered. An example was given of the ‘party policy’, which banned all parties on campus because “(...) there were parties, then there were fights, and there was alcohol abuse (...). Proactive thinking didn’t guide the policy and that’s something that the university in many of its policies it’s not proactive (. .)”. Students were not involved in the process of passing this policy. According to this key informant, the policy was adopted more in the interest of UCT, to make sure that the university was not liable for injuries or accidents that occurred once students had drunk. The policy was not implemented with students’ wellbeing as the fundamental reason. However, implicit in this policy is the safety of students, in terms of alcohol abuse and other related injuries. The ban on parties however, has not deterred students from drinking. They now drink off campus,

and walk or drive back to their residences, which exposes them to injuries that may result from intoxication such as road-related accidents.

In recent years, the need for a holistic view of students at UCT has increased. There are efforts at improving students' wellbeing. There is at the moment a "Wellness Forum", which is concerned with making suggestions for services to be rendered which cater for students physical, emotional, mental and social wellbeing. The forum consists of individuals from various non-academic departments, who are involved in student affairs at various levels. These include staff from the SADS, RDOs, and some staff members of the SHS and other interested persons. According to the Tugwell RDO, the forum emerged out of the increased awareness and need for looking at students beyond the classroom. The forum is not a formal structure and cannot make any decisions. However, it does indicate the increased awareness at the university of the need to address all facets of a student's life. In addition, the positions of Residence Development Officers (RDOs) came about as a result of a shift in emphasis from being concerned only about students wellbeing as learners, to concern with all aspects of a student, emotional, cultural, intellectual, spiritual, occupational, physical and also more focus on student development.

There are other efforts at the university to improve student wellbeing. Just as is the case in the non-academic departments however, these are isolated efforts, each department concentrating on their own affairs. At the Tugwell Residence, there is a programme called "Tugwellness". According to the RDO, "Tugwellness" arose out of the shift in emphasis, "not only being concerned about student wellbeing, but student development". Tugwellness is about "looking at the whole student, their emotional, intellectual, the physical, occupational, making them aware that there are opportunities (...) It's basically to help students know themselves, to have self esteem". The programme involves students in organising and co-ordinating activities, such as aerobics, jogging

and other forms of exercise. It also involves talks and seminars on issues ranging from spiritual development, to how to deal with relationships, academic seminars, and informing students about job opportunities and cultural events. The main purpose of the programme as the RDO explained, is to "create an environment of wellness, where students feel safe and happy (...), where they grow in all aspects".

The university also appointed a Dean of Students during 1998, who had already begun a process of investigating the needs of students in as far as skills beyond the classroom are concerned, in particular life skills. She identified research into this as one of the initiatives she would carry out in the near future. Towards the completion of this study, I learnt from Dr. Gough that the SHS at was at the request of the Dean of Students making preliminary plans to conduct research into students' non-academic needs in UCT. The aim was to find out whether there is a need gap in lifeskills at UCT.

I did not come across any studies that measure the impact of various UCT policies on students' wellbeing. The key informants that I interviewed were also not aware of any such studies. As one informant explained, "In my view, we have policy, and people will complain or discuss about how it's affecting them, only then do we start to try to look at other alternatives, but no, there isn't really any structure of measuring impact. If impact is measured, then it's in a very adhoc way. The university reacts to something only when people complain." Further, respondents explained that many of the policies are based on complaints presented to the various departments or committees, or matters discussed in various working groups. All key informants expressed the need for research on students well being in order to identify areas that the university should address.

Drawing together the findings presented here, fourteen factors that influence students' wellbeing are identified. These have been discussed earlier and will be listed in point form here

- Pressure to succeed.
- Cost of studying and living at UCT.
- Unequal distribution of resources.
- Unbalanced workload due to lack of coordination between academic departments.
- Lack of interaction between academic and non-academic departments.
- Lack of interaction between non-academic departments.
- Difficulty of making transition from school to university, hence students spend the first term settling in.
- Lack of social interaction and integration in the residences due to the nature of the housing system.
- Black students feel alienated because they have no role models (black academics).
- The university culture and names of the buildings are alienating to some students.
- Where healthy meals are available on campus they are too expensive whereas junk food is readily available all over campus.
- Special food needs of certain student in the residences are not catered for.
- There is no counselling centre at the university.
- Cigarettes are readily available on campus premises.

These factors are not mutually exclusive. Neither are they exhaustive of factors that influence students' wellbeing at UCT. They provide a framework within which the university can begin thinking of promoting students' wellbeing. The overall goal should be to ensure that students have a sense of physical, social and psychological wellbeing. The overriding principle should be placing wellbeing as a priority agenda in the formulation and implementation of the university's plans and

policies. In accordance with the principles of the OC, the university policies should 'support in word and action' the creation of an environment that promotes wellbeing.

Whereas there are efforts at promoting students' wellbeing at UCT, at the moment, the university cannot be said to be a health promoting setting. It is however shortsighted to think of UCT as a setting where promoting wellbeing will be everyone's interest. On the contrary, as has been shown in this study, the university is a complex setting, with complex social relations and many contradicting points of view. Any attempts to creating a health promoting UCT would need to take into consideration these complexities.

CHAPTER FIVE CONCLUSIONS AND RECCOMENDATIONS

5.1 Conclusions

This study employed a HP approach to UCT as an exploratory attempt to create a framework within which we can begin thinking of the university as a health promoting setting. The study aimed at identifying student wellbeing needs, and factors within the university that influence this state. Hopefully, findings of this study will increase awareness of factors that compromise wellbeing at UCT.

The study focused only on students' wellbeing. The groups that were excluded from the study include academic administrative, manual, and other staff, and those who provide various services at the university. Further, the study focused only on sociology undergraduate students. Thus, the study makes no claim to external validity beyond the sociology undergraduate students. The findings of this study cannot be generalised to the entire student body at UCT.

Qualitative methods of data collection were employed to achieve the objectives of the study. These have been met, but are in no way a conclusive picture of student wellbeing at UCT. The study did not find any major differences in students' experiences of life at UCT depending on the year of study.

What this study has attempted to do, is to sound out some ideas that could be followed up in future research. The results of this study are relevant to the development of UCT as a health promoting university.

5.2 Suggestions for future research

- Qualitative studies are useful where an investigation of ‘meaning’ is sought. However, where representativity is the objective, large quantitative surveys are useful for making generalisations. There may/may not be differences in terms of social class, age and other demographic characteristics between the sociology undergraduate students and the typical UCT student. Findings of this study generated some key wellbeing issues at UCT. Future research on wellbeing could inform policy by conducting a study of a cross-section of students from different departments at the university.
- From the findings of this study, variables can be generated that could be used for a broader study into wellbeing, investigating more social, psychological and physical factors of wellbeing beyond those explored in this study.
- Research on health promoting universities is relatively new. This being a first attempt at looking at UCT as a health promoting university, results of this study could be compared between departments by conducting further exploratory studies in other departments.
- Future research could address the impact of the university’s policies on students’ wellbeing. Social and psychological wellbeing is particularly areas that could be addressed in future research.
- Areas identified in this study can be used in research to address strategies for improving social interaction at UCT
- There is need for more research on the available facilities and services in different departments at the university. This could highlight areas of duplication and assist in adopting a holistic approach to students’ wellbeing.

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