

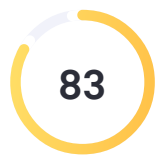
Project Documentation

by Xola Kenny Mdlalose

General metrics

25,981	3,670	256	14 min 40 sec	28 min 13 sec
characters	words	sentences	reading time	speaking time

Score



Writing Issues

168	42	126
Issues left	Critical	Advanced

This text scores better than 83% of all texts checked by Grammarly

Writing Issues

43	Correctness	
9	Incorrect noun number	<div><div></div></div>
1	Comma misuse within clauses	<div><div></div></div>
10	Improper formatting	<div><div></div></div>
5	Confused words	<div><div></div></div>
11	Mixed dialects of english	<div><div></div></div>
3	Misspelled words	<div><div></div></div>
1	Faulty subject-verb agreement	<div><div></div></div>

1	Incorrect verb forms	<div><div></div></div>
1	Wrong or missing prepositions	<div><div></div></div>
1	Closing punctuation	<div><div></div></div>
4	Clarity	
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unique words

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rare words

Word Length

5.6

Measures average word length

characters per word

Sentence Length

14.3

Measures average sentence length

words per sentence

Project Documentation

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VAAL UNIVERSITY OF TECHNOLOGY

FACULTY: Applied and Computer Sciences

DEPARTMENT: Computer Sciences

SUBJECT: Business Analysis 3.2

SUBJECT CODE: AIBUY3A

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YEAR: 2024

ASSESSMENT NAME:

AI Solution for business

ASSESSMENT DATE:

21 October 2024

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Declare that the contents of this project represent our own¹⁰ unaided work¹¹, and that the project has not previously been submitted for academic examination towards any qualification. Furthermore, it represents our own opinions and not necessarily those of the Vaal University of Technology.

Signed Mdlalose XK Date 20 Oct. 24

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AI for Health Education and Awareness: mobile applications and chatbots can be used to educate rural

Introduction and Relevance to the Theme

Theme Introduction

The goal of the Fourth Industrial Revolution, or 4IR for short, is to transform industries and improve lives by integrating cutting-edge technologies like artificial intelligence (AI). AI has a significant potential impact on South African healthcare, particularly in underprivileged rural areas.

The goal of this project is to create a chatbot with artificial intelligence to teach rural communities about healthcare. Using artificial intelligence (AI), the solution overcomes major obstacles including distance, a shortage of medical professionals, and low health literacy by providing accurate, timely, and culturally appropriate health information. This strategy not only fits in with the 4IR theme, but it also offers a useful application that improves community healthcare outcomes and access.

Business Objectives

The AI-powered health education and awareness initiative in South Africa aims to achieve several key business objectives. First, it seeks to improve health literacy by providing the public with tailored, easy-to-understand information on healthcare concerns, diseases, prevention, and health-enhancing activities. Second, it aims to improve accessibility to trustworthy information by facilitating access to accurate and timely health-related data that addresses the main regional health issues, considering South Africa's diverse population. Third, the initiative is focused on increasing preventive care by educating patients with the right information, enabling them to practice health prevention and reduce unnecessary diseases and medical costs. Fourth, it strives to improve health equity by bridging the health access gaps between urban and rural areas through digital access to health education resources and awareness programs, ensuring that everyone, regardless of location, has equal opportunities to be informed about essential health aspects. Lastly, the

initiative supports public health efforts by enabling government and non-government organizations to implement targeted public health initiatives through AI-driven insights and communication tools.

Business Success Criteria

The success of this initiative will be measured against several criteria.

Engagement metrics will be key, with an expected increase in user engagement, including the number of users, frequency of visits, and time spent on educational resources. Health outcomes will also be critical, with measurable improvements in public health indicators, such as a reduction in preventable illnesses and an increase in health check-ups and vaccinations. User satisfaction will be another important measure, with positive feedback anticipated regarding the relevance, accuracy, and usefulness of the information provided. Scalability is essential, with the platform's ability to adapt to different regions of South Africa, offering effective solutions to regional health problems. Finally, the success of partnerships will be evaluated, with strong collaboration between health professionals, governments, and NGOs expected to increase the platform's visibility and impact.

Requirements

Localization: A variety of regional languages and dialects must be supported by the AI system.

The AI system should support continuous learning from new data to improve its accuracy.

Data Privacy and Security: Ensuring the protection of users' ²³personal health data in compliance with relevant regulations.

The AI system must be able to process and analyse²⁴ data in real-time to provide fast and accurate information.

It should fit into existing QAQC-systems²⁵ (quality assurance and quality control). (Language, 2024)

Constraints

Infrastructure Limitations: In rural areas, there is a limited penetration of smartphones and internet connectivity.

Incomplete information can lead to misunderstanding.

AI algorithms with high-quality and diverse datasets is²⁶ required to learn and make accurate predictions.

Ethical and Legal Issues: There are ethical concerns about AI's impact on patient autonomy, informed consent, and confidentiality.

Regulatory and Policy Gaps: Existing regulations and policies may not fully address the complexities of AI in healthcare.

Risks

Data privacy concerns, potential biases in the AI model, and the reliability of the AI tool in diverse real-world scenarios.

The AI chatbot might provide incorrect or unsafe recommendations due to errors in data processing.

Reluctance to adopt new technology because of mistrust or a lack of digital literacy is known as adoption resistance.

Bias and inequality. There are risks involving bias and inequality in health-care²⁷ AI. AI systems learn from the data on which they are trained, and they can incorporate biases from those data.

Initial Assessment of Tools and Techniques

- AI and Machine Learning-to²⁸ personalize content, analyze user interaction, and predict health trends.
- NLP: This is to support several languages and understand the enquiring users in their various linguistic contexts.
- Mobile and Web Development: Responsive web platform development, accessible on mobile as well as the web.
- Data Analytics: For monitoring platform usage, measuring impact, and guiding public health initiatives.
- Cloud Computing: for scaling, data storage, and computing power needed for AI operations.

This AI-driven solution will be highly beneficial in solving the problem by providing scalable, personalized, and contextually relevant health information. It will empower individuals to take charge of their health, improve overall public health literacy, and support national healthcare goals.

Problem Definition

The lack of access to healthcare facilities, resources, and information presents major obstacles for both healthcare professionals and residents in rural South Africa. Residents of rural areas find it challenging to access timely medical care and education due to the great distances between healthcare centres²⁹ and these communities. The issue is further made worse by a lack of medical professionals, which puts too much strain on clinics and results in insufficient patient follow-ups. Poor health outcomes and high rates of avoidable diseases are caused by residents' frequent ignorance of basic health practices, illness prevention, and the availability of medical services.

These issues can be effectively resolved by an AI chatbot. This technology has the potential to bridge the gap that exists between rural populations and healthcare providers by offering personalized health education and on-demand assistance. By providing comprehensible and tailored health information, the chatbot can help people overcome literacy and language barriers. In addition, the system will offer 24/7 support by answering queries regarding health,³⁰ reminding users to take their prescriptions on time, and recommending when to get medical help.

By raising health awareness and promoting disease prevention, this AI solution can greatly benefit local governments' public health outcomes. Allowing residents to take care of minor health issues on their own frees up resources for more urgent cases, which eases the burden on the local healthcare facilities. Additionally, public health strategies can be informed by the data gathered from these interactions, which enables municipalities to respond to emerging health trends in their communities and allocate resources more effectively. A healthier populace and more effective healthcare service delivery are the results of this.

Machine Learning Approach

Machine learning is a specific type of AI that allows systems to learn from data and detect patterns without much human intervention. The primary problem to be addressed is how to provide personalized and accurate health information to individuals in rural areas using a Chatbot. This requires understanding the user's health profiles, preferences, and languages and delivering the right content at the right time. (Medical, 2024)

The Machine Learning will handle some of these tasks

Personalized content recommendations

Natural language Processing to enable the Chatbot to comprehend and generate human-like text in local languages

Predictive analytics to anticipate user needs based on interaction patterns.

Data Collection will be used to train and optimize the Chatbot and the following sources will be used.

Health Data: User inputs, such as symptoms, health conditions, and demographic information, collected³¹ through the application.

User Interaction Data: How users interact with the app

Language Data: Text datasets in local languages and dialects for training NLP models.

Public Health Data: Datasets from health organizations to understand common health issues in rural areas.

The machine learning model will be trained on a diverse dataset that will include common health queries, symptoms, and responses. This dataset will continuously be updated with new data collected from user interactions, allowing the AI to improve over time. A set of machine learning algorithms that will be used are.

Natural Language Processing – to develop conversational agents that can interact with users in their preferred language, providing real-time health advice, answering questions, and guiding them through health practices.

Recommendation System- To provide personalized health advice and educational content based on user history and preferences.

Predictive Analytics – To predict health trends and offer relevant information to users.

This model will be deployed in the mobile application, optimized for performance and scalability. The system will incorporate continuous learning mechanisms, where user feedback and new data are used to update and improve the models over time.

Data

1. Demographic Data:

Articulation: This data provides insight into the geographic distribution and socio-economic profile of the population. For example, census data reveals that South Africa has a diverse population with significant urban-rural divides and varied age, gender, and socioeconomic profiles. This information is essential for tailoring health education materials to specific demographic needs.

Example: In urban areas with higher socioeconomic status, educational content may focus on advanced health topics, while rural areas might need basic health education and information on accessing care.

2. Health Indicators:

Articulation: Health indicators, such as disease prevalence rates and preventive care metrics, identify critical health issues and current preventive care practices. For instance, national surveys like those from the South African National Health and Nutrition Examination Survey (NHANES) reveal high prevalence rates of conditions such as hypertension or diabetes.

Example: If data shows high hypertension rates in a specific region, educational materials on hypertension management and prevention can be prioritized for that area.

3. Healthcare Access Data:

Articulation: Data on health facility locations and service utilization rates highlight areas with limited access to healthcare services. Healthcare facility maps and GIS data provide a visual representation of where healthcare facilities are concentrated and where gaps exist.

Example: Areas with fewer health facilities may benefit from mobile clinics or telehealth services, supported by targeted educational campaigns to increase awareness and utilization of available services.

4. Educational Resource Utilization:

Articulation: Evaluating current health education resources and user engagement metrics helps identify gaps and areas for improvement. Platform analytics reveal which materials are most accessed and how users interact with educational content.

Example: If data indicates low engagement with materials on preventive care, this might suggest the need for more engaging or accessible formats, such as

interactive online tools or community workshops.

5. Public Health Outcomes:

Articulation: Health improvement metrics and cost analysis provide insight into the effectiveness of health interventions. Public health reports demonstrate how educational initiatives have impacted health outcomes and the economic benefits of preventive care.

Example: A report showing reduced incidence of a disease following the implementation of a specific educational campaign can validate the approach and guide future initiatives.

6. User Feedback and Satisfaction:

Articulation: Surveys and ratings provide direct insights into the effectiveness and relevance of health education materials. Qualitative feedback offers detailed user perspectives on the strengths and weaknesses of existing resources.

Example: Positive feedback on a particular educational campaign might indicate successful communication strategies, while suggestions for improvement can inform the development of future materials.

7. AI and Machine Learning Data:

Articulation: Algorithm performance metrics and content relevance scores help assess the effectiveness of personalized recommendations and the alignment of AI-generated content with user needs.

Example: High accuracy in personalized health recommendations based on user data suggests that AI tools are effectively tailoring content, leading to increased user engagement and satisfaction.

Model Evaluation

To make sure our AI chatbot is working well and helping people in rural South Africa with healthcare education, we will check its performance using a few important measures:

Accuracy: We will see how often the chatbot gives the right answers to health questions. For example, if users ask about symptoms or treatments for diseases, we will compare the chatbot's responses to trusted medical information. If the chatbot gives mostly correct answers, it means it is accurate.

Precision and Recall:

Precision will check how often the chatbot's answers are useful and correct compared to all the answers it gives. For instance, if the chatbot suggests ways to prevent diseases, precision will see how many of these suggestions are right. Recall will look at how well the chatbot covers all the important health topics. We want to make sure the chatbot answers a wide range of questions without missing important details.

User Satisfaction: We will ask users for their opinions on the chatbot. We will find out if they think the information is helpful, easy to understand, and relevant to their health needs. If users are happy with the chatbot, it means it is doing a good job.

Health Outcome Improvements: Over time, we will track changes in the community's health to see if the chatbot is making a difference. We will look for fewer cases of preventable diseases and more health check-ups and vaccinations. If these health indicators improve, it shows the chatbot is helping people stay healthier.

Time Series Analysis

Time series analysis will be applied to monitor changes in health outcomes over time. This analysis will involve collecting and analysing³² data on healthcare-related events, such as the prevalence of certain diseases or the frequency of specific symptoms over time.

Additionally, time series data on user engagement and health literacy levels will be used to assess the long-term impact of the AI solution. This will allow for the identification of seasonal or periodic trends in health behaviours³³, enabling proactive adjustments to the educational content.

Also ensuring that the information provided by the application is not only accurate but also contextually relevant, enhancing its effectiveness in improving public health outcomes. (Wilson, 2019)

Solution Techniques

NLP for Multilingual Support:

To accommodate South Africa's diverse population, we can use Natural Language Processing (NLP) techniques like language translation, recognizing names and entities, and analysing³⁴ sentiment. This would enable the system to handle multiple regional languages such as Zulu, Xhosa, and Afrikaans. It would ensure that content is provided in these languages and understood accurately, including local dialects.

How to Improve the AI

We can fine-tune pre-trained models like BERT or GPT with data specific to South African languages to enhance language comprehension. The system can

also continuously improve by learning from user feedback, correcting mistakes, and adapting to real-world language use.

Personalization with Machine Learning:

Machine learning can help personalize content by suggesting health information based on user preferences, behaviour³⁵, and health history.

Techniques like collaborative filtering and content-based filtering can recommend useful health tips, prevention measures, and care options.

How to Improve the AI

We can segment users into groups based on demographics, health concerns, or online behaviour³⁶ using clustering algorithms like K-means. Predictive models, such as decision trees or neural networks, can then anticipate health risks based on user profiles, making content more relevant and timely.

Data Analytics for Impact Tracking:

Data analytics can monitor how users engage with the platform and measure health outcomes. This can be visualized on dashboards that show key insights and help assess the platform's effectiveness.

How to Improve the AI

By processing user behaviour³⁷ data in real-time³⁸ using models like streaming analytics, we can offer immediate insights and make adjustments as needed. Machine learning algorithms can also detect unusual patterns or spikes in specific health-related searches, allowing us to intervene early.

AI-Generated Health Content and Trend Prediction:

AI can help create customized health content tailored to each user's reading level, preferred language, and specific health needs. Additionally, machine

learning models can predict public health trends, helping organizations plan and respond effectively.

How to Improve the AI

Reinforcement learning can help the system generate more engaging and effective content by learning from user interactions. Deep learning models can analyse³⁹ large amounts of health data to make better predictions about health outcomes and potential disease outbreaks.

Cloud-based Scalability and Accessibility:

To ensure the platform is available on both mobile and web, especially in rural areas, cloud computing can be used to scale efficiently and handle heavy user traffic.

How to Improve the AI

Distributed learning on the cloud can speed up the training and deployment of machine learning models, making the system more efficient. Edge computing can also help process AI models locally in areas with poor internet connectivity, reducing reliance on centralized cloud resources.

Natural Language Processing, Speech Recognition, or Speech Synthesis

NLP and speech recognition are very important for making the AI-powered chatbot useful for healthcare education in rural South Africa. These tools help

break down communication barriers, allowing the platform to work well for people who speak different languages or dialects, especially in areas where there are many local languages.

Relevance to the Project: The chatbot helps people get better healthcare information, which fits with the 4th Industrial Revolution's goal of using technology like AI to improve healthcare access. NLP helps the chatbot understand and respond to user questions in a natural way⁴⁰, making sure the information is clear and useful for each person's needs. This is essential for improving health knowledge and fairness in areas where people may not have easy access to healthcare.

Speech Recognition and Synthesis: These features allow people to talk to the chatbot using their voice, which is helpful for people who may not be able to read or write well. The chatbot can also speak back to them, giving them the information they need in an easy-to-understand way. This makes it accessible for more people⁴¹, especially those in rural areas.

How It Can Be Achieved: Using existing tools like Google's Tensor Flow, Microsoft Azure Cognitive Services, or OpenAI's models, this technology can be built to support many South African languages. These tools are already able to handle different languages and can be customized for local needs. With cloud computing, the system can scale up and handle lots of users while adapting to new health trends. This setup will continue to improve as more people use it, ensuring it stays up-to-date and useful for the community's changing needs.

Deep Learning

Deep learning is a type of advanced machine learning where computers learn by processing lots of data through layers of connected "neurons" (like our

brains).

For the AI chatbot focused on health education in South Africa, deep learning can make the system smarter and more helpful.

Deep Learning Techniques:

Convolutional Neural Networks (CNNs): Used for recognizing and analysing⁴² images, like medical scans or X-rays.

Recurrent Neural Networks (RNNs): Good for tasks involving text and speech, like understanding what users are typing or saying.

Long Short-Term Memory Networks (LSTM): A type of RNN that helps with understanding speech or text over time, like translating languages or summarizing health information.

Generative Adversarial Networks (GANs): These can create new, realistic data (e.g., generating images) or improve existing data by filling in gaps.

Transfer Learning: This allows the system to use knowledge from other trained models to learn faster, so it doesn't need as much new data to be accurate.

Applications for the Project:

Health Content Generation: Deep learning can create personalized health tips, videos, or articles for users, making the information more relevant to each person.

Disease Diagnosis: The system can learn to diagnose health problems by analysing⁴³ medical images like X-rays, helping people get earlier detection of diseases.

Predictive Analytics: It can predict health outcomes (like how a disease might develop) based on data from users and help doctors plan treatments.

Natural Language Processing (NLP): The chatbot can understand and respond to users' questions in different languages using deep learning, improving the conversation quality.

Speech Recognition: Deep learning helps the chatbot understand spoken words, so people can talk to it instead of typing, making it more accessible.

Why It's Important for the Project

By using deep learning, the chatbot can be more accurate, offer better health advice, and even help with diagnosing diseases. It also allows the chatbot to understand different languages and voices, making it easier for more people to use. Overall, it will improve the health education experience for rural communities⁴⁴

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1.	names → name	Incorrect noun number	Correctness
2.	names → name	Incorrect noun number	Correctness
3.	names → name	Incorrect noun number	Correctness
4.	names → name	Incorrect noun number	Correctness
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8.	names → name	Incorrect noun number	Correctness
9.	names → name	Incorrect noun number	Correctness
10.	own	Wordy sentences	Clarity
11.	work,	Comma misuse within clauses	Correctness
12.	. Introduction	Improper formatting	Correctness
13.	. Constraints	Improper formatting	Correctness
14.	. Problem	Improper formatting	Correctness
15.	. Machine	Improper formatting	Correctness
16.	. Data	Improper formatting	Correctness
17.	. Model	Improper formatting	Correctness
18.	. Time	Improper formatting	Correctness
19.	. Solution	Improper formatting	Correctness
20.	. Natural	Improper formatting	Correctness

21.	synthesis → Synthesis	Confused words	Correctness
22.	. Deep	Improper formatting	Correctness
23.	personal	Wordy sentences	Clarity
24.	analyse → analyze	Mixed dialects of English	Correctness
25.	QAQC-systems → QAQC systems	Misspelled words	Correctness
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35.	behaviour → behavior	Mixed dialects of English	Correctness
36.	behaviour → behavior	Mixed dialects of English	Correctness
37.	behaviour → behavior	Mixed dialects of English	Correctness
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39.	analyse → analyze	Mixed dialects of English	Correctness

40.	in a natural way → naturally	Wordy sentences	Clarity
41.	for → to	Wrong or missing prepositions	Correctness
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47.	sciencedirect → ScienceDirect	Misspelled words	Correctness