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Full Length Research Paper

Traditional health practitioners' awareness training programme on TB, HIV and AIDS: a pilot project for the Khayelitsha area in Cape Town, South Africa

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Twenty (20) Traditional Health Practitioners (THPs) from Khayelitsha Township in Cape Town were being trained in tuberculosis (TB), Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS). Khayelitsha is among the biggest townships in the City of Cape Town Metro pole. The city is about 30 km south of Cape Town. Based on scientific research articles Khayelitsha has a high prevalence of TB cases. The THPs were randomly selected from different sections of the township after a pre-evaluation workshop. They attended the awareness training once a week for two months amounting to 8 days in total. The Indigenous Knowledge Systems [Health] Lead Programme (IKS) at Medical Research Council (MRC), South African National Tuberculosis Association (SANTA) and People Management Organisation (PMO) conducted the training at the IKS [Health] Lead Programmer's Resource Centre which is at MRC Delft Community Centre at Brentwood. The centre hosts numbers of activities for community programmes including school outreach programmes and conducts various scientific projects. THPs and the biomedical workers (BMWs) exchange information bases and knowledge levels at the centre. The THPs were being taught about clinical and laboratory diagnosis of TB and its mode of infection at National Health Laboratory Service (NHLS) situated at Old City Hospital Complex, Green Point, Cape Town. The purpose of the TB, HIV and AIDS training programme was to increase the awareness on TB, HIV and AIDS and also to train the THPs as TB Directly Observed Treatment (DOT) Supporters. The questionnaire was structured based on three themes and three factors. The themes were as follows: Section A: Particulars of the THP, Section B: Training on TB, HIV and AIDS and Section C: Public Health. The data collected during awareness training workshop was statistically analysed for significance using the statistical analysis system version 9.1. The results showed the importance and need of the TB, HIV and AIDS training programme as the THPs present in the programme felt that policy makers should think of a nationwide programme in this aspect to train all THPs in different regions of the country. It was being felt that successful participation by THPS in these types of awareness trainings would increase their knowledge, improve their practices and assist during consultations with their patients. Subsequently, THPs will be in a position to provide accurate information on TB, HIV and AIDS to their communities and they will utilize the new information and skills in their daily activities. The results of this project indicated that THPs complemented the activities of health providers at the community level and were eager to be trained as TB DOT supporters. This study further indicated that, properly trained THPs could be deployed in hospitals and clinics as TB DOT supporters. The THPs appreciated the training offered and they were keen to participate in public health activities in a meaningful pattern. The training showed no hostility between THPs and BMWs, but willingness to collaborate and learn from each other. It was being recommended that this training should cover a large population of THPs in the country.

Key words: Traditional health practitioners, TB, HIV and AIDS, training, TB DOT supporters.

INTRODUCTION

In the year 2005, Khayelitsha had experienced an enormous increase (97%) in TB prevalence. A total of 26,794 TB cases were treated in 2005 which was 23% of the TB burden in Cape Town where 1612 of every 100,000 peo-

ple were infected1. One clinic in Khayelitsha at one said to have had the same number of TB cases as the three entire districts in Cape Town. Site B Clinic alone registered over 2000 TB cases in 2005 (Health e: Widening gulf between Khayelitsha and Cape Town, http://www.health-e.org.za). Epidemiologists believe the AIDS epidemic is fuelling the TB epidemic. In Khayelitsha 74% of TB patients were HIV positive. A Site B clinic reported that nine out of ten (90%) TB patients were HIV positive (Health e: Widening gulf between Khayelitsha and Cape Town, http://www.health-e.org.za).

The Sub-Saharan region including South Africa is faced with the devastating effects of human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) along with its various complications like tuberculosis. Although many developing countries have implemented numerous initiatives and programmes to prevent the spread of these diseases, many communities are continuing to become infected and die needlessly due to lack of awareness and education regarding these diseases. In the Sub-Saharan region, the ratio of THPs to the population is estimated at 1:500 in contrast to the conventional medical doctor ratio, which is about 1:40 000 (http://www.thetauganda.org/training.php: Training and Capacity Building: THETA's basic training model. The paper accessed on 24 December 2006 at 9:00). The training workshop has been a platform for knowledge exchange as well as for empowering the THPs from the Khayelitsha with knowledge areas of TB and HIV and AIDS as competitive TB DOT supporters and to increase their competency in traditional practices and awareness campaigns.

Although these programmes are widely used, community-based directly observed treatment (DOT) has been employed successfully in many communities in developing countries, where patients are allowed to choose their treatment supervisor with back-up knowledge or community health care worker or may take place at the clinic [Wilkinson, (1994). High compliance tuberculosis treatment programme in a rural community. Lancet: 343: 647-648] or instance, in the rural district of Hlabisa, South Africa TB patients successfully completed their treatment when supervised by Traditional Health Practitioners (THPs) compared to those supervised by nurses at clinics [Colvin et al. (2001). Integrating Traditional Healers into a Tuberculosis Control Programme in Hlabisa, South Africa. MRC Policy Brief No. 4]. Hence, the aim of this study was to empower the THPs from Khayelitsha with knowledge areas of TB and HIV and AIDS. Important objectives of the study were to train THPs as DOT supporters and to increase awareness of TB and HIV and AIDS to their communities.

Health services are burdened by more than 200,000 new TB patients each year, of which 60% are estimated to be infected with HIV (WHO. Global Tuberculosis Control: Surveillance, Planning, Financing. WHO Report 2003. Geneva, Switzerland: WHO, 2003; report no. WHO /CDS/TB/2003.316). Worldwide TB is responsible for the deaths of one in three of people living with AIDS (PLWA), making it the leading cause of death among people infected with HIV (5WHO. Global Tuberculosis Control: Surveillance, Planning, Financing. WHO Report 2003. Geneva, Switzerland: WHO, 2003; report no. WHO / CDS /TB/2003.316). Amongst the factors that have negative effects towards the fight against TB most impor-tant is non-adherence to treatment regimens. This non-compliance contributes to the increasing development of resistance of the mycobacterium against the medication.

In third world access to health care is difficult and there are not enough health care workers (WHO. Tuberculosis control in South Africa: joint programme review 1996. Geneva: World Health Organization, 1996. WHO / TB / 96.208). There is therefore a need to look at other approaches outside the clinic and hospital setting to make TB care more widely available. DOTS has been regarded as nationally and internationally recommended TB control strategy (WHO. Tuberculosis control in South Africa: joint programme review 1996. Geneva: World Health Organization, 1996. WHO/TB/96.208).

An important element of the strategy is the support and encouragement offered to TB patients for the entire treatment period, where patients are directly observed taking their medication at the clinic. The use of DOTS at the community level using the family or community structures and THPs has not been adequately explored (6WHO. Tuberculosis control in South Africa: joint programme review 1996. Geneva: World Health Organization, 1996. WHO/TB/96.208).

The World Health Organisation (WHO), reports that, there is a growing interest in the role of communities in TB control (WHO Report 2006: WHO/HTM/TB/2006.362 Global tuberculosis control - surveillance, planning financing). The members of the community therefore have to be trained as TB DOT supporters. Training and supervision will enable the THPs to provide support services to members of the community infected with the TB bacterium. THPs are regarded as community members who can make a valuable contribution if trained as TB DOT supporters because of the number of patients they provide advise. Patients have trust in THPs and confide in them. Other reasons of their acceptability are easy accessibility, economic viability, sharing of a common cultural platform and speaking the same language.

METHODOLOGY

Pre-evaluation workshop

Initially, the IKS Lead Programme extended the invitation for a pre-evaluation workshop to wide range of THPs from Khayelitsha considering their respective and selective healing approaches and techniques. 30 THPs were selected from different sections of Khayelitsha. Through the assistance of Khayelitsha community mem-

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bers, the target was on fully fledged well known THPs from the areas of Khayelitsha. A pre-evaluation workshop with THPs took place at MRC Delft facilities. Eight modules were identified together with the selected THPs as a need. These training modules included awareness training on TB and HIV and AIDS, which formed the basis for this report.

Awareness training workshops

Prior to the training being conducted, meetings were held between IKS Lead Programme, South African National Tuberculosis Association (SANTA), People Management Organisation, The Western Cape Networking AIDS Community of South Africa (WC NACOSA) and Tuberculosis Alliance DOTS Support Association (TADSA) to explain the purpose of the training, to plan the entire training workshops and to discuss other issues pertinent to the training. The People Management Organisation and SANTA were requested to be a part of the training programme as trainers for TB and HIV and AIDS. SANTA provided the training in TB. People Management Organisation provided the training in HIV and AIDS while IKS Lead Programme facilitated and coordinated the programme. WC NACOSA and TADSA contributed by assisting in planning and advising on how to conduct the training workshops.

After the pre-evaluation workshop, the THPs attended the awareness training once a week for two months amounting to 8 days in total. This workshop was conducted at the IKS [Health] Lead Programmer's Resource Centre which is at MRC Delft Community Centre at Brentwood. 20 of the 30 selected THPs attended the pre-evaluation workshop. After each session the THPs were given an opportunity to ask questions. They were also asked to form groups to discuss different topics on the themes and there was no process of selection followed. The groups were asked to present their topics of discussion to the class and each group selected its rapporteur. Other group members participated when the questions were raise by other THPs from other groups. The THPs were equipped and assimilate new knowledge in the areas of TB and HIV and AIDS in order to become effective and efficient TB DOT supporters.

The content of the training workshop

The THPs were equipped and assimilate new knowledge in the areas of TB and HIV and AIDS in order to become effective and efficient TB DOT supporters. The areas of the training given were:

i.) Nature of TB and HIV and AIDS diseases.
ii.) Cause of TB and HIV and AIDS.
iii.) Symptoms associated with TB and HIV and AIDS infection.
iv.) Knowledge whether TB and HIV and AIDS are curable.
v.) Knowledge regarding the spread of TB and HIV and AIDS.
vi.) Knowledge on how TB and HIV and AIDS can be prevented.
vi.) How THPs can become TB DOT supporters.

THP visit to the TB laboratories

The THPs visited the National Health Laboratory Service (NHLS) situated at Old City Hospital Complex, Green Point, Cape Town. It was a one day visit to the TB Laboratory section. They were given a one day lecture on TB particularly on how it was diagnosed and contracted and how the TB bacterium was identified in the laboratory. The knowledge acquired during this visit was assessed though informal group discussions.

The monitoring and evaluation of the training workshop

After the total training was completed monitoring and evaluation was conducted. The training workshops were monitored and evaluated through set of interviews to establish whether the participants were using the new knowledge on TB and HIV and AIDS during their daily activities and how this knowledge was enhancing and benefiting their daily traditional healing practices. The data collectors visited each an every household of the participant. The data was collected through the use of interviews and a questionnaire that was asking 30 specific questions. The questionnaire looked at both the qualitative and quantitative aspects and the questions in this questionnaire were based on the three arranged sections. The first section established the particulars of THPs, the second section covered information relating to the training and the third section dealt with Traditional Health Practitioner's views on public health. The questionnaires that were used were not handed over to THPs to respond to the questions, but were used as a guide by the data collectors during interviews. The interviews were based on the questionnaire hence the THPs did not have to read the questions by themselves. The data collectors did not influence the responses, each an every participant was sitting freely alone.

Results of monitoring and evaluation

The THPs appreciated the knowledge they acquired and discussed during the training workshop. They indicated that it added value to their traditional practice. About 30% of them admitted that they are applying the assimilated new information on TB, and HIV and AIDS to their daily traditional consultations with their patients and furthermore, the new information was assisting them to identify patients carrying the symptoms of the diseases. About 65% of the participants indicated that the new knowledge on TB and HIV and AIDS made them aware about the seriousness of TB and HIV and AIDS and that there should be immediate steps taken to prevent the spread of the diseases. Finally, the remaining 5% of the participants indicated that they paid attention only on the new information discussed on HIV and AIDS during the training workshop and hence had increased their knowledge on the disease

The participants felt that they had been empowered by the new information on TB, and HIV and AIDS during the training workshop and that the new knowledge had enhanced their confidence to improve the health of their patients through education and awareness of TB, and HIV and AIDS diseases

Regarding the benefits of the training workshop, 95% of the participants admitted that they had TB and HIV and AIDS patients for counseling and treatment and they were able to refer patients who required advanced treatment to conventional medical doctors. This demonstrated willingness by the THPs to collaborate with the biomedical doctors and to participate in the community DOT support for TB and HIV and AIDS. Of all the THPs, only 5% said they were able to educate and increase awareness of TB, HIV and AIDS patients and the community but would not be referring patients to the conventional medical doctors for treatment or management.

The results above showed that 20% of the THPs did not comment and another 30% requested to be trained on other issues since TB, HIV and AIDS training was very useful. This was followed by 20% who requested the tra-

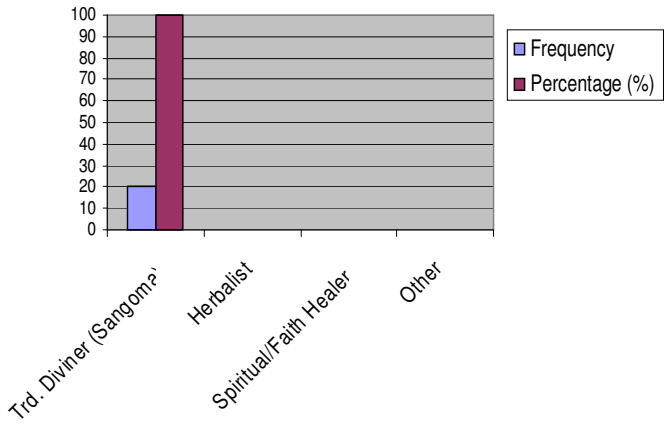


Figure 1. THPs who attended the training workshop

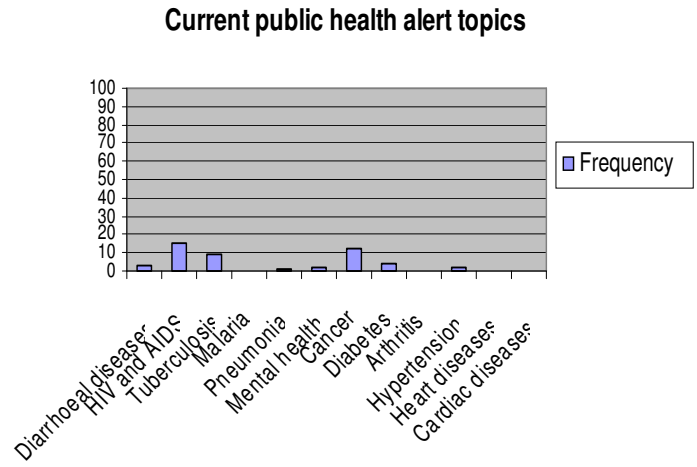


Figure 2. Public Health Alert topics

ining to be continued and that the MRC to train other THPs who were not involved in TB, HIV and AIDS awareness. 10% of the THPs commented that the training was sufficient and they did not want further training on TB, HIV and AIDS or other issues. On the other hand, 10% thought that the training was not sufficient and they wanted further training on TB, HIV and AIDS. 10% would like to get the certificates after completion for that specific training. In the light of the above results, 70 - 90% of the training was useful and THPs need to be continued. It was only the sangomas that came for the training (Figure 1). A sangoma is a traditional diviner and a diagnostician who can diagnose illnesses and their circumstances. Sangomas may or may not have knowledge of medicinal herbs and their specialty is that of divining within a supernatural context, through medium ship with the ancestral spirits (Bridging the Gap: Potential for a Health Care Partnership Between African Traditional Healers and Biomedical Personnel in South Africa South African Medical Research Council). Invitations were extend to herbalists, spiritual or faith healers to attend the training but they didn't respond to the invitation. The other types of THPS that did not come might be because the selection of the THPs was not balanced. The reason could be based upon the politics that prevails among THPs. The sangomas regard themselves as genuine traditional healers/diviners and diagnosticians. They regard their healing properties as purely associated to supernatural powers from ancestral spirits and the use of plant-based traditional medicines. Seemingly there is a conflict between types of THPs. In one of the workshops we conducted some sangomas mentioned that the herbalists (amaxhwele) were practising witchcraft, so they didn't want to mix with them. They also stressed that THPs like spiritual healers/faith healers and others were not really THPs.

The Zangoma were asked to organise others from Khayelitsha areas and it was easier for this group of THPs to organise those close to them and familiar to their group. We had learnt from this selection process that in the future a more inclusive selection criterion would be used.

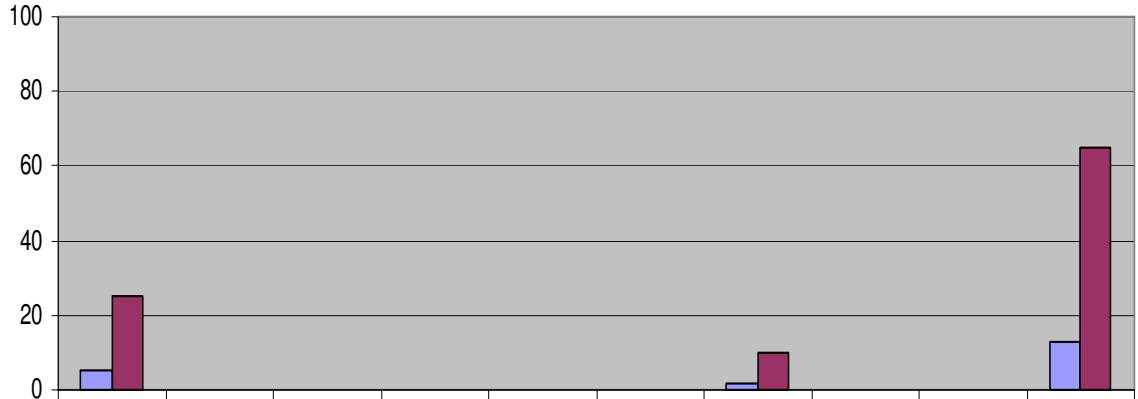
Figure 2, shows public health diseases the THPs would like to be trained on for future training workshop. The evaluation process revealed keen interest from the participants to receive further training.

The participants wished to be involved in the mainstream primary health care service delivery system, where they could offer their traditional services to patients. 15 participants indicated they would like to get involved in HIV, AIDS prevention initiatives, and programmes because they felt they knew something about the disease. 75% of the THPs had interest in cancer, TB preventive and management programmes. The results in Figure 2 showed that other participants would like to get involved in other public health diseases indicated elsewhere. This enthusiasm indicated that the THPs were becoming aware of the national burden due to HIV and AIDS and other related diseases. They would like their services to be recognized and wanted to be involved with biomedical personnel during treatment and management programmes.

The THPs were asked to indicate whom they would help after they had been trained in HIV and AIDS or any of the topics they had chosen. The majority (65%) indicated that they could help members of the community, 25% said they would help patients and 10% said they wanted to help researchers. The results in Figure 3 showed that the THPs would mainly help the community.

DISCUSSION

The majority of the THP participants were Zangomas. This could be as a result of the selection process used. The selection process was done by a female sangoma and she could have had a bias to select Zangomas that were close to her and those that she interacted with most



	Patients	Nurses	Doctors	Students	School children	Scientists	Researchers	Politicians	THP's	Any community
Frequency	5	0	0	0	0	0	2	0	0	13
Percentage (%)	25	0	0	0	0	0	10	0	0	65

Figure 3. Assistance rendering

and felt comfortable with. The second reason could have been as a result of cultural factors especially in the study area of Khayelitsha where men chauvinism prevailed.

Our findings, however, were in line with findings in Bridging the Gap where it was found that 90% of Zangomas were females whereas 90% of herbalists were males. The Zangomas and herbalists were in the majority of all THPs.

The training was conducted during the week and during working hours and this meant that all the participants of this training were unemployed or self employed. Male THPs therefore could not be available for this training probably because they were at work.

The results of this study suggested that the THPs from the Khayelitsha area had been equipped with basic knowledge on TB, and HIV and AIDS and the training workshop had been evaluated successfully to provide a basis for improvements for future training workshops. This was evident on the knowledge gained by the participants and the further enthusiasm in them to educate and to increase awareness of these diseases to their patients as well as to the general community.

The findings during the interview process was that, although the participants referred their patients to conventional medical doctors for advanced medical treatment, the majority of the participants still felt that patient referral system should come from both side of the parties, not only from the THPs themselves.

Conclusion and Recommendation

Participants of TB, HIV and AIDS awareness training completed questionnaires, which helped the researchers to evaluate the effectiveness and relevance of the course as well as additional and future needs. The data reflected the value of the TB, HIV and AIDS awareness training programme, as it was being considered of tremendous importance by the THPs. It highlights the need of training THPs in different diseases and providing them with the knowledge that would improve their practices, assisted people generally as well as patients during consultations. The training enabled THPs to provide information on HIV and AIDS to their communities, utilized new information and learnt skills. It was clear that THPs should be recruited as TB DOT supporters. Subsequent questionnaire showed that THPs would like to be trained as voluntary workers in different public health domains. This reflected the commitment and devotion they had in assisting the people at large.

The results of the evaluation of the training workshop indicated that the THPs considered the training to be useful (Table 1) and hence the recommendation was that this training be expanded systematically and would be offered to all THPs in the country. A more inclusive selection criterion in the training programs should be developed, proposed and recommended which would be useful to all THPs at the national level.

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The acknowledgement was further extended to:

Table 1. Additional comments from the THPs after the workshop.

Comments	Frequency	Percentage (%)
MRC had to train other THPs who were not involved on TB, HIV & AIDS awareness training because the training was very useful	6	30
The training was not sufficient, they wanted further training on TB, HIV and AIDS	2	10
Got trained and given certificates for that specific training	2	10
Since TB, HIV & AIDS training was very useful they were requesting to be trained on other issues	6	30
Training was sufficient, the trained ones didn't want further training on TB, HIV and AIDS	3	15
No comment	1	5

i.) The Western Cape Networking AIDS Community of South Africa (WC NACOSA), Tuberculosis Alliance DOTS Support Association (TADSA) for the useful assistance they had rendered
ii.) The Biostatistics Unit at Medical Research Council for analysing the data
iii.) The TB Laboratories at National Health Laboratory Service (NHLS) for allowing the trainees (THPs) and trainers to use and access their microbiology laboratories
iv.) The THPs who attended the training, for their time and enthusiasm to be a part of this programme and making it work
v.) Lastly, the IKS [Health] Lead Programme acknowledged contribution to the project and this included authors whose works were cited in the project
report.

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