

**EVALUATION OF AN HIV AND AIDS TRAINING  
PROGRAMME FOR FAITH HEALERS IN THE VHEMBE  
DISTRICT MUNICIPALITY OF LIMPOPO PROVINCE IN  
SOUTH AFRICA**

by

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## ABSTRACT

South Africa is facing challenges on how to effectively address the impact of the HIV and AIDS pandemic. Different institutions, such as government, non-governmental organisations (NGOs), the private sector and churches have joined forces in trying to combat the pandemic. It has been recognized that the sexual context in which HIV is most often contracted is troublesome for the church. Sex, sin, shame and stigma have caused many churches to remain publicly silent about HIV and AIDS. This stance, combined with the cultural taboos on open dialogue about sexual matters that exist in many cultures, has been an obstacle to disseminating messages about preventing and protecting people from HIV and AIDS.

The main aim of the study was to develop an HIV and AIDS training manual, and to evaluate the knowledge, attitudes and management of faith healers regarding HIV and AIDS, before and after they attended an HIV and AIDS training programme.

In this study, a quasi-experimental design was used. The population comprised the United African Apostolic Church members in the Vhembe District of Limpopo Province. A sample of 103 participants (faith healers) was selected using convenience sampling from the church population. The participants were divided into two groups: 45 participants were assigned to the control group and 58 participants were in the experimental group. Both groups received a pre- and post- assessment at times 1 and 2 (two months following the intervention). The experimental group received an intervention before the post assessment. Data were collected using a questionnaire made up of six sections. The same questionnaire was used to conduct the post-test. The training was conducted in two days, using an HIV and AIDS training manual. The training manual was divided into nine modules. Data were analysed using the software Statistical Package for the Social Sciences (SPSS).

There were two hypotheses that were formulated [(a) if faith healers receive HIV and AIDS training, they will be able and prepared to discuss issues around HIV and AIDS; (b) After training, faith healers will demonstrate factual knowledge on issues connected to HIV and AIDS]. The findings of the study did not support the first hypothesis. The second hypothesis was supported by the findings because the



experimental group had improved their knowledge on HIV and AIDS in their responses to some questions after the intervention. However, in some sections, I rated the participants' knowledge of HIV and AIDS issues both in the pre-test and post-test as "poor" and "adequate". In this study, poor knowledge refers to knowledge that was far below my expectation, whereas adequate knowledge refers to knowledge that I expected from participants. They showed adequate knowledge on HIV/AIDS/STI knowledge section. Their knowledge of risk perceptions, attitudes, and TB knowledge was found to be both poor and adequate for this group. For the section that focused on the characteristics of their practice and HIV/AIDS/STI management, their knowledge was also rated as poor. Whilst the experimental group showed some improvement in their knowledge in the post-test, a similar trend was also observed in the control group. The improvement of knowledge in the control group could be attributed to the following: Firstly, since most of the participants in the control group had been to school, it is possible that they could have already received some education on HIV and AIDS education. Secondly, it is possible that these participants could have read about HIV and AIDS elsewhere, given their level of education. Thirdly, it is also possible that even though the control group could have been exposed to HIV and AIDS campaigns similar to that of the experimental group, the former could have had a better recall of the information at post-test when compared to their counterparts in the experimental group due to their relatively better level of education. Fourthly, the interaction between the two groups in the community could have led them to share information and heighten their awareness of HIV and AIDS issues between the pre- and post-tests.

This study had several limitations, which may have contributed to the poor performance of the participants in the post-test. These include a shortage of literature in quantitative studies on HIV and AIDS. Some gaps were identified in the research methodology regarding the instrument, population, sample size, and duration of training. Based on the findings of the study, I identified nine areas where improvements could be made, and make seven recommendations for further research and practice.

Although the results of the study did not produce the expected outcome, there was an improvement in the knowledge of the participants of HIV and AIDS in some areas. I

believe the observed improvement will have a positive impact in preventing the spread of HIV.