Community Participation in Action for the Prevention of TB & HIV in South Africa

Photovoice
Community Participation in Action for the Prevention of TB & HIV in South Africa

Photovoice
Community Participation in Action for the Prevention of TB & HIV in South Africa

Photovoice

designed and printed by
Rush Print

www.livelihoods.org.za
CONTENTS

08 PROJECT OVERVIEW

10 PROFILES
Amien Abrahams
Amiena Abrahams
Chanice Moris
Charmaine Kena
Ighaan Davids
Melanie Dill
Moegamat Ra'ees Attwood
Priscilla Johnson
Sasha Anderson
Shaiyene Fritz
Shakeera Abrahams

14 “WHAT ACTIONS/THINGS MAKE LIFE BETTER FOR PEOPLE WHO HAVE TB OR ARE HIV POSITIVE IN YOUR COMMUNITY?”

24 “WHAT INCREASES THE SPREAD OF TB AND HIV IN YOUR COMMUNITY?”

36 INFORMATION ON TUBERCULOSIS

38 THE SUSTAINABLE LIVELIHOODS FOUNDATION (SLF)

39 PROJECT OUTCOMES
PROJECT OVERVIEW

Photovoice is a participatory method which enables people to represent and bring recognition to the places where they live and their priorities for change, by taking photographs. The Photovoice process provides participants with an opportunity to identify and record the day-to-day realities of their communities, as they see them, and thereby express their knowledge, opinions and ideas for betterment. By sharing their photographs with wide and diverse audiences, from family members to policy makers, the photographers can promote conversations both locally and globally about issues that may be hard to raise through dialogue alone.

The photographs presented in this booklet were taken in May 2015 by 14 young residents of the townships of Seawinds and Capricorn, in Cape Town. The photographers ranged in age from 11 to 33.

The Photovoice participants attended a 5-day workshop, during which they were engaged in learning about tuberculosis (TB), multi-drug resistant tuberculosis (MDR-TB), extensively drug resistant tuberculosis (XDR-TB) and human immuno-deficiency virus (HIV) infection. During the workshop process professional photographers and facilitators provided training in a variety of photography techniques. Each participant was then issued with a disposable camera and requested to take photographs that captured their visual responses to the questions “What increases the spread of TB and HIV in your community?” and “What actions/things make life better for people who have TB or are HIV positive in your community?” The photographs that were taken are the personal views of the Photovoice participants and do not in any way represent the views of USAID or SLF. The photographs represent an expression of the photographers’ perceptions around issues related to TB and HIV, and may not represent factual information on TB and HIV. They were, however, used to stimulate dialogue and engage with community members on issues related to TB and HIV.

A total of 131 photographs were taken over 4 days. All of the images were printed and reviewed collectively. Participants were asked to reflect on the pictures they had taken and to write captions describing what each of their photographs was showing.

The Photovoice process was co-facilitated by photographer Rizqah Dollie, and SLF staff members Nabeel Petesin and Bathulle Ntshingila, with assistance from Aqeel Hartley and Mikhail Frantz.

This initiative formed part of a wider project entitled Participation in Action for the Prevention of Tuberculosis and HIV in South Africa which focused on advocacy, communication and social mobilization. The project formed part of SLFs Participate. Engage and Prevent Tuberculosis (PEP-TB) initiative within the thematic field of Health Participation [http://www.livelihoods.org.za].

SLF are grateful to The Butterfly Art Project, The Hang Ten Pool Club and The Community Healing Network for helping us to find the imaginative young photographers who participated in this project and now share their perspectives on TB and HIV with you. This work was supported by USAID TB Care II.

This initiative formed part of a wider project entitled Participation in Action for the Prevention of Tuberculosis and HIV in South Africa which focused on advocacy, communication and social mobilization. The project formed part of SLFs Participate. Engage and Prevent Tuberculosis (PEP-TB) initiative within the thematic field of Health Participation [http://www.livelihoods.org.za].

SLF are grateful to The Butterfly Art Project, The Hang Ten Pool Club and The Community Healing Network for helping us to find the imaginative young photographers who participated in this project and now share their perspectives on TB and HIV with you. This work was supported by USAID TB Care II.
Amien
My name is Amien Abrahams. I'm 14 years old. I live in Capricorn. I like soccer, riding bicycle, taking photos, painting and watching movies. I love the Butterfly Art Project.

Amiena
My name is Amiena Abrahams. I'm 14 years old. I live in Capricorn. I love art and baking. I am part of the Butterfly Art Project.

Chanice
My name is Chanice Morris. I am 13 years old and I am from Capricorn, the Butterfly Art Project. I love playing softball, art, taking photos, watching movies and having fun.

Charmaine
Charmaine Keene. I am 32 years old. I stay in Overcome Heights. I am a mother of 3 lovely girls. I love being involved in workshops that can better our community.

Igshaan
My name is Igshaan Davids. I love me and you. That is good. I play for Hong Ten soccer club. I go to Zerilda Park.

Melanie
My name is Melanie Dill. I love CAPRI CORN! Originally from America, I came to serve Capricorn in 2010. I love art, baking, teaching and learning. I teach at the Butterfly Art Project.
Moegamat Ra'ees

My name is Moegamat Ra'ees Attwood. I am 12 years old. I come from Square Hill Primary School. I like to eat Cassbby. I play pool for a club named Hong Ten. I live in Hillview Avenue.

Priscilla


Sasha

Hi. I'm Sasha Anderson, a 22 year old female and a mother of a girl and a boy. I am from Overcome Heights. Rock on!

Shaiyene

My name is Shaiyene Fritz. I am 14 years old and I attend Creteview High School. I am a skater in pool and belong to the Hong Ten Pool Club. I have a crush on Zyan Modik.

Shakeera

My name is Shakeera Abrahams and I am 13 years and I live in Seawinds. I attend Capetown Primary School. I enjoy doing art and learning new things. I am a part of Butterfly Art Project.
“WHAT ACTIONS/THINGS MAKE LIFE BETTER FOR PEOPLE WHO HAVE TB OR ARE HIV POSITIVE IN YOUR COMMUNITY?”
"WHAT INCREASES THE SPREAD OF TB AND HIV IN YOUR COMMUNITY?"
Disposals by Moegamat Ra'ees

Dirt and Unsanitary Conditions Encourages Germs to Thrive by Priscilla

Over Population by Moegamat Ra'ees

Jy Kanne Jou Kind Saam Jou Yard Toe Vat Nie by Priscilla

Skullie by Moegamat Ra'ees

Mucky Streets With Stench of Urine by Priscilla
Heavy Drug Smoking Increases the Spread of TB by Sasha

Smoke That Pollutes the Air and Risks People with TB Getting Sicker by Shaiyene

Untitled by Shakeera

Wyn by Shakeera
Information on Tuberculosis

Tuberculosis (TB) is an infectious disease caused by mycobacteria. Although the lungs are the most frequent site of damage caused by TB, many other parts of the body can be affected including bones, the brain (causing TB meningitis) and the lymph glands (causing glandular TB).

Tuberculosis spreads through the air, by droplet infection. When an infectious TB patient exhales, coughs, sneezes or spits, tiny droplets of fluid containing TB mycobacteria are released into the air. These droplets can be breathed in through the noses or mouths of people who are close by.

It is easy to catch TB, and anyone can get it, but TB is not as contagious as the common cold, or 'flu.

TB can be cured.

**TB and HIV**

TB cannot 'turn into' HIV, and HIV cannot 'turn into' TB.

TB is caused by mycobacteria and HIV is a virus. A mycobacteria cannot turn into a virus, and a virus cannot turn into a mycobacteria, just like a banana cannot turn into an apple!

An HIV negative TB patient may never become HIV positive. If a person has TB and does not have HIV, he or she might still become HIV positive through - for example - having unprotected sex with someone who is HIV positive, or using HIV infected needles, but not just because they have TB.

People who are HIV positive have a bigger chance of getting TB than people who are HIV negative because the HIV virus damages the immune system and makes people more likely to get other infections, like TB.

TB can be cured in people who are HIV negative and HIV positive.

**Signs and symptoms of pulmonary tuberculosis (TB of the lungs):**

- Coughing for more than 3 weeks
- Constant fatigue (always tired)
- Unexplained weight loss
- Loss of appetite
- Fever
- Drenching night sweats
- Chest pains
- Coughing up blood (haemoptysis)

If you have any of the above signs or symptoms, you can get your sputum ("spit") tested at your local health clinic. A person who is diagnosed with TB will be prescribed treatment that has to be taken every day, for at least 6 months.

**Drug Sensitive TB and Multi Drug Resistant TB**

With regards to the response to treatment, there are 2 different types of TB.

i) **Drug sensitive TB** is treated with antibiotics. Treatment must be taken every day, and lasts for about 6 months.

Drug sensitive TB can be cured if a patient strictly takes his or her treatment every day, and finishes the course of antibiotics.

ii) **Multi drug resistant TB** is a very powerful type of TB that cannot be treated with the antibiotics that are used against sensitive TB.

If a patient with drug sensitive TB doesn’t take TB treatment every day, or stops taking TB treatment early, the mycobacteria that remain in the body can become stronger; they can become drug resistant.

Drug resistant TB can also be spread in the same way as drug sensitive TB – through the air, by droplet infection. A person can catch drug-resistant TB through the air even if they have never had TB before, and whether they are HIV negative or HIV positive.

Drug resistant TB is treated with very strong medicines that can have bad side effects. Treatment has to be taken every day for at least 2 to 3 years, and includes injections as well as tablets. A patient with multi drug resistant TB may have to be admitted to hospital.

There is still a lot more drug sensitive TB than drug resistant TB in South Africa, but drug resistant TB is a growing and frightening problem. It is more important now than ever before to get tested for TB.

**TB medication and alcohol**

TB patients should avoid drinking alcohol at any time whilst on TB treatment. TB medication and alcohol can both damage the liver and cause liver problems. Drinking while taking TB medication increases the risk of getting serious liver disease.

**Children and TB**

Any child up to 14 years of age who has been in contact with a TB patient within a 12 month period should be taken to a clinic or health centre and tested for TB.

TB testing in children includes a skin test (a very small injection into the skin of the lower, inner arm). The health worker will also ask some general questions about the child’s health, and do a clinical examination which includes weighing the child.

Only those children who are found to have TB symptoms after the clinical examination will be asked to give a sputum (spit) sample and should also have a chest x-ray done, as further tests for TB.

Young children who are under the age of 5 and have been in contact with a TB patient within a 12 month period should undergo all of the above, but even if they are absolutely free of any signs or symptoms of TB, these very young children need to take prophylaxis (preventative therapy – an antibiotic called isoniazid) for 6 months.

Young children do not always cough if they have TB. This is because small lungs don’t produce a lot of sputum to be coughed up. So sometimes adults don’t realize that children have TB and don’t take them for treatment.

Don’t wait – a child needs to be taken to the clinic for a TB test if he or she has:

- been near someone that has TB
- become less playful than usual
- a long-lasting fever
- lost weight
- lost appetite

And always remember, TB patients really need support from their family members and friends. Support is just as important as treatment, and can really help a person to get better much faster!
The Sustainable Livelihoods Foundation (SLF)

The emergent city is the growing South African reality. We deal with the complexities that arise from this transition. At SLF, our mission is to enhance possibilities for the realisation of human potential in the emergent city. Our vision is a future of inclusive, thriving urban communities.

The SLF has 4 intersecting themes that we operate within, including: 1. Citizen Action; 2. Ecology & Society; 3. Health Participation and; 4. Informality.

1. Citizen Action
   We aim to understand how ordinary citizens act against violence and social conflict and contribute towards more meaningful experiences of citizenship.

2. Ecology & Society
   We explore the links between people, livelihoods and the natural environment, so as to best foster the philosophy of sustainable development.

3. Health Participation
   We foster and support public health through innovative engagement and research strategies.

4. Informality
   We aim to understand, interact with, and devise pragmatic programmes and policy for improving the function of the informal economy of southern Africa.

For more information on TB visit:
http://www.nacosa.org.za/media/71402/tb_smartcard_eng.pdf (English)

PROJECT OUTCOMES

The photographers and facilitators have developed a portable exhibition of 40 photographs taken through this Photovoice initiative. The exhibition was presented at TB and HIV-awareness raising events held in Capricorn on the 23 May 2015 and Seawinds on the 01 June 2015 that were attended by over 300 community members. The exhibition will travel and be presented at additional venues and events within and outside the community, as requested by our partnering organisations.

From left to right: Gill Black (Project Director), Nabeel Petersen (Project Manager), Bathabile G. Nshingila (Process Facilitator)

DISCLAIMER

This Project was made possible by the support of the American people through the United States Agency for International Development (USAID). The contents of this booklet are the sole responsibility of The Sustainable Livelihoods Foundation (SLF) and do not necessarily reflect the views of USAID or the United States Government.
PHOTOGRAPHERS
Arvien Abrahams
Arrieta Abrahams
Charlice Morej
Charmaine Kari
Igshaar Davids
Jaynie Oliver
Melanie Bili
Moqamart Raeees Attwood
Priscilla Jollison
Rasha Anderson
Shayene Fylz
Shaketa Abrahams

PROJECT TEAM
Gill Black
Nabeel Petersen
Bathule G. Hasingla
Rozawn Dole
+neel Hartley
Mikol Piuntz