# Engaging hidden providers of care for PMTCT:
## the case of Apostolic traditional Birth Attendants (AtBAs) in Zimbabwe

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## BACKGROUND

- Membership to the Apostolic faith has been found to be a major predictor of non-use of maternal healthcare services required for effective prevention of mother to child transmission of HIV (PMTCT).[1]
- In Zimbabwe, 38% of women identify as Apostolic.[2] Some Apostolic groups reject modern medical knowledge and therapeutics and have developed their own Apostolic health system that works in isolation and often in confrontation with the formal healthcare system.[1]

**Figure 1. Some apostolic women choose to await delivery and give birth under AtBA supervision in 'birth camps'** *Taken with permission by A.McLellan

- Due to this isolation this population can be hard to engage. Non-institutional deliveries conducted by unskilled attendants have been shown to increase both the rates of maternal and neonatal mortality as well as HIV transmission from mother to child.
- Little is known about the number, distribution or practices of Apostolic traditional Birth Attendants (AtBAs) in Zimbabwe.

## OBJECTIVE

- To explore the existing forms of engagement between District Health Authorities and the AtBAs in Mashonaland Central province.

## METHODS

- In this exploratory qualitative study, health authorities in 8 Districts of Mashonaland Central Province were interviewed regarding their knowledge and location of AtBAs operating in their respective district.
- Large scale physical maps supplied by United Nations Office for the Coordination of Humanitarian Affairs (OCHA) for each district in Mashonaland Central were used in the mapping process (Figure 1)
- From March to May, 2013 the research team worked with the District Health Authorities in identifying and mapping known AtBAs in each District.
- For each identified AtBA, a structured questionnaire was used to capture information regarding knowledge of collaboration between the AtBA and the formal healthcare system.

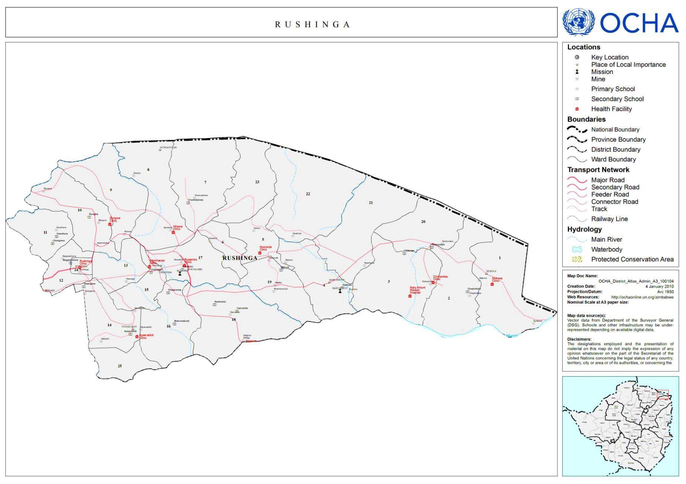


**Figure 2. Sample District Map used for mapping**

- All information was provided under strict confidentiality. Results were analysed descriptively.

## RESULTS

### Mapping Results

- The District Community Nurse was the health professional most familiar with existence and location of AtBAs.
- Health care worker perceptions about engaging in a mapping exercise of AtBAs and other known non-users of health services were variable (ranging from highly interested to resistant).
- A total of 37 AtBAs were identified in the province, with an average of 5 AtBAs (range 2-14) known to each District (Table 1).

## RESULTS continued

### Collaboration with AtBAs

- Districts that reported using collaborative approaches in working with Apostolic communities identified more AtBAs than districts that used more interventionist approaches.
- There was a general perception that more AtBAs existed than were known to health care workers, findings which were confirmed in snowball sampling between AtBAs (see Abstract X and Y).
- Health authorities reported no formal collaborative relationship with the vast majority of AtBAs identified.
- Little was known about AtBA practices, particularly for AtBAs from the conservative Johanne Marange Apostolic faith group.

**Table 1. Number of AtBAs identified in each District Sampled**

| District | Number Midwives Identified |
|---|---|
| Mazowe | 5 |
| Shamva | 3 |
| Centenary | 2 |
| Mbire | 3 |
| Mt. Darwin | 2 |
| Rushinga | 3 |
| Guruve | 5 |
| Bindura | 14 |
| **TOTAL** | **37** |

- Health care workers recognised the need for more direct engagement with Apostolic traditional birth attendants and religious leaders as part of efforts to improve maternal and child health, including PMTCT.

***'It is not about destroying religion, but understanding and engaging with Apostolic communities.'***
- District Nursing Officer

## CONCLUSIONS

- Opportunities exist for greater collaboration between Apostolic faith communities and the formal health system to improve HIV testing, treatment, and PMTCT.
- In the immediate term, we advocate for use of harm reduction approaches for further engagement with these hard to reach providers with the aim of negotiating risk reductions.
- Future research should seek to demonstrate the impact of acceptable engagement and collaborating with leaders, AtBAs, and followers of the Apostolic faith in Zimbabwe upon PMTCT service uptake and health outcomes.

### What is harm reduction and how does it apply to PMTCT?

- Harm reduction is a public health approach for "meeting people where they are" rather than judging where they should be.
- It is a strategy that aims to reduce the risk and harms associated with unsafe behaviours.
- For women who refuse skilled birth attendance, harm reduction approaches would involve incorporating acceptable evidence-based, feasible, and low cost interventions that save maternal and neonatal lives and reduce the risk of PMTCT: TBA education, infection control equipment, promotion of exclusive breastfeeding.

## LIMITATIONS

- As an exploratory qualitative study, these findings are not intended to be representative to all health care settings in Zimbabwe.
- We acknowledge that the Apostolic faith is comprised of a heterogeneous mix of inter-faith groups, with different doctrine and rules regarding engagement with the formal health system.

## REFERENCES

[1]Maguranyanga B. (2011). Apostolic religion, health and utilisation of maternal and child health services in Zimbabwe. Research report. Collaborating Centre for Operational Research and Evaluation, UNICEF, and M Counsulting Group.

[2]Zimbabwe National Statistics Agency (ZIMSTAT). Zimbabwe Demographic and Health Survey (2010-2011 ZDHS). Harare: ZIMSTAT, March 2012.

## MORE INFORMATION

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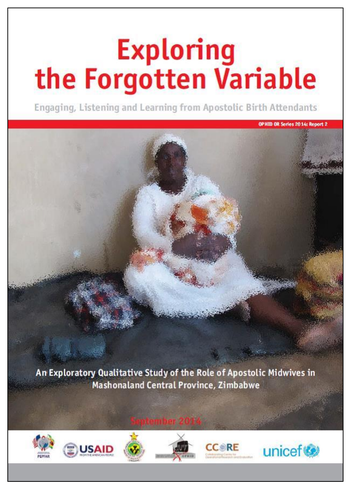


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