

## **Summary**

### **Introduction**

The Health Promoters South-Africa (HPSA) is a nonprofit organization dedicated to the promote health literacy in poor parts of South Africa. HPSA conducts workshops that deal with hygiene, healthy lifestyles, chronic diseases and disease prevention. HPSA currently has little insight into the impact of the workshops on the lives of former participants. The purpose of this study is to provide HPSA with insight into the effect of the workshops on the lives of former participants from the township of Khayamandi in South Africa.

### **Method**

This research is an evaluative quantitative study in which questionnaires were used to collect data to collect data.

### **Results**

Of the respondents, 61.3% expected to find a job and 19.4% indicated they would hopefully be able to begin practical experiences (practicals) after participating in the workshops. 74.2% of the participants were not able to find a practical position. Two respondents indicated that they currently have a job, the other participants do not have a job or are still looking. For 83.9% of the participants it has changed their health. For 54.8%, this is because of more knowledge they now have. Mental health has also improved for 30 participants by their own account.

### **Discussion and conclusion.**

Most participants had different expectations from the results of the workshops, viz. including finding practicals or a job. Despite these different expectations, the participants very satisfied. The conclusion is that the workshops changed their lives and it had a positive effect on the participants' health.

### **Recommendation**

It is recommended to continue with the workshops because of the positive effect. However, there is need for more guidance on finding practicals and work after the workshops. Accreditation with government certification (HWSETA) may increase the chances of this among participants. Until this is possible, HPSA can help with practical application of knowledge during classes at the workshops.

## Introduction

Health literacy skills are capacities that individuals can develop to obtain, process and understand information about health care and health promotion to obtain, process, and understand information in order to make decisions in everyday healthcare and health situations (Koh et al., 2013;

Kendir & Breton, 2020). There is an association between low health literacy and negative health outcomes, including reduced self-efficacy, worsened health status, increased mortality rates, and reduced quality of life (Zheng et al, 2018). The study by Van der Heide et al. (2013) also found that individuals with low health literacy are less healthy, manage chronic diseases less well, and have less knowledge about health (Van der Heide et al., 2013). From this it can be inferred that it is, is important for an individual to have health literacy.

Research has shown that there is a positive correlation between highly educated adults, better health and higher age expectancy compared to adults with lower levels of education (Zajacova & Lawrence, 2018). Education is an important component of good health (Hahn & Truman, 2015). It is strongly associated with better health and longer life. There are several reasons why a relationship exists between education and health. Education promotes health outcomes, it influences financial resources and knowledge and information that helps improve health (Fliesher et al., 2021).

Education is one of the main ways in which individuals can improve. Education not only strengthens cognitive skills, but also enables individuals to able to develop important social and cultural skills. (Parveen, 2019). As an educated individual's chances of finding a job are increased. In addition, one also learns more about healthy behaviors, a person can better follow health-related instructions and better care for themselves and family (Virginia Commonwealth University, 2015).

In South Africa, more than 55% of the population lives in poverty due to economic pressures, high unemployment rates and increasing consumer prices for energy and food (Teare et al, 2020). In the last quarter of 2022, 32.7% of the labor force was unemployed (Mukherjee, 2023).

The majority of these people in poverty are non-white Africans and those without education. Poor housing, polluted living environments and poor economic and social conditions can have detrimental health effects on communities (Teare et al, 2020).

According to research conducted by the World Health Organization (2014), 50% of South African population have low levels of health literacy. Low health literacy are a growing problem in the townships of South Africa. Townships are neighborhoods that were created during apartheid and where people without Western backgrounds live in poor conditions live. The townships continue to grow and face significant poverty, unemployment and overcrowding (Rogerson, 2018). Khayamandi is a township in Stellenbosch in South Africa. According to statistics in Khayamandi, the last officially reported number of inhabitants (in 2011) was 24,645; 29.4% of adults have no income. Table 1 shows that of residents 2.2% are not educated at all. Also, only 4.3% have had a higher education. The remaining residents are not educated beyond primary or secondary school. (Stats SA, 2011).

Table 1: Education Level Residents Khayamandi (Stats SA, 2011).

| Group             | Percentage |
|-------------------|------------|
| No Schooling      | 2,2%       |
| Some Primary      | 11%        |
| Completed Primary | 5,3%       |
| Some Secondary    | 48,7%      |
| Matric            | 28,6%      |
| Higher Education  | 4,3%       |

Multiple studies have shown that people with lower health literacy have worse health outcomes, use more care, and that they perceive the quality of care they receive are perceived less well (Heijmans et al., 2016). South Africa is a country with great cultural and linguistic diversity and English is often chosen in health education. This can, however, lead to a language barrier that prevents patients from understanding the information given (Van Rensburg, 2020). There is high demand for care while there is a severe shortage of nurses. There is one nurse available for 218 patients. (Makgatho, 2022).

Improved health literacy could reduce utilization of care which could potentially reduce the pressure on nurses could potentially decrease. Health Promoters South-Africa (HPSA) is a nonprofit organization dedicated to promoting health literacy in the poor parts of South Africa. HPSA conducts workshops that cover hygiene, healthy lifestyles, chronic diseases and disease prevention. These workshops are conducted at Health Information Centers in townships around Cape Town (Health Promoters, s.d.). HPSA's workshops are taught in Xhosa (the local language) by former participants of the workshops. Approximately 20,000 participants obtain certificates annually. Health Promoters thereby hopes to prevent health problems for the participants, their families and friends (Health Promoters, s.d.). Through the provision of basic health education, HPSA strives to increase the improve participants' health literacy and life opportunities. By increasing understanding the impact of the workshops on participants' lives in terms of health, knowledge, skills and finding employment, HPSA may be able to adjust the workshops adjust as needed. Targeted and effective information transfer is critical for delivering high-quality workshops, also given the increasing complexity of the health care system and increasing expectation of active patient participation (Johnson, 2014).

HPSA hopes that participants will be able to apply their basic health knowledge gained apply in everyday life and increase the possibility of finding employment through the certificate that participants received after the workshops. At this time, however, HPSA has still little insight into the impact of the workshops on the lives of the former participants. HPSA should like to have more insight to get a clear picture of the actual impact of these workshops.

## **Purpose and Question.**

The purpose of this study is to give HPSA insight into the effect of the workshops (on basic knowledge of health) on the lives of former participants from Khayamandi township. Question statement: what is the effect of the HPSA workshops (on basic knowledge of health) on the lives of the former participants in Khayamandi township?

## **Method**

### **Research Design**

This study is an evaluative quantitative study in which questionnaires were used to collect data to collect data. (Bakker & van Buuren, 2014). This was chosen because for qualitative research it was not feasible to interview the number of people needed to investigate the effect.

### **Population**

Inclusion criteria required all participants to have participated in workshops from 2020 through 2023, have obtained a certificate and be at least 18 years old. Participants who were still in the process of attending the workshop or have not completed all of the workshop topics attended are excluded. There must be a minimum of 30 participants completing the questionnaire.

### **Data collection**

Data collection began with the administration of a pilot questionnaire distributed by HPSA to a group of fifteen current participants. This pilot consisted of simple English questions about what they thought of the workshops. This list was physically distributed on paper. Due to the language barrier (the township residents speak Xhosa and poor English), the pilot was primarily administered to determine whether the participants understood the questionnaire correctly. After analyzing the data, it was decided to include short and concise English questions in the questionnaire to ensure that participants understood the questions better and there was less chance of mis-interpretation. However, this limited the depth of questions about the impact of the workshops. The questions were asked in English so that the researcher did not have to translate the answers and here no errors could be made in this. To ensure that the participants were given questions that took into account the local culture, prior consultations were held with the Chief Executive Officer (CEO) and an employee of HPSA to check the questionnaire. For the survey, HPSA approached over 30 former participants from Khayamandi via Whatsapp messages. After the former participants consented, a Microsoft Forms link with the questionnaire was sent. Microsoft Forms is an online service where participants can complete the questionnaire online can complete the questionnaire on virtually any web browser or mobile device. The results can be sent, built-in analytics can be used to evaluate responses, and results can be exported after Excel (Microsoft, 2023).

The survey is a select sample in that HPSA approaches former participants who are sent a request sent a request to complete the online questionnaire. The researcher has no influence on the sample (Bakker & van Buuren, 2014). It is not possible to trace the person and this is made clear in the introduction of the questionnaire, it is also asked here to fill it out as honestly fill it out as honestly as possible.

The questionnaire consists of different types of questions, open and multiple choice and is structured so that questions are added or skipped based on the answers given. There is no 'correct' answer and no points are awarded for any question. The content of the questionnaire includes questions about health, knowledge, skills and finding work after attending the workshops. Practicals were also asked. After attending the workshops and obtaining a certificate from HPSA, students can use the knowledge they have gained to take practical classes, also called practicals. This allows them to apply the knowledge in practice.

The practicals can be taken in hospitals, clinics, hospices and retirement homes. Prior to completing the questionnaire, the HPSA teacher explains, in the native Xhosa language, explains what the study is about. This was done to avoid any avoid any ambiguities regarding the survey. Also, this may cause less reluctance to fill out the questionnaire because participants will be more trust.

### **Data analysis**

Using Microsoft Forms, a questionnaire was created and all responses obtained are stored in an online database, ensuring anonymity of the respondents. The answers are presented in tables, graphs, percentages and words. Then descriptive statistics are used to analyze the responses. The data analysis looks at participants' responses about attending the workshops, finding a job and health. There are many open-ended questions in the questionnaire resulting in a variety of answers. Due to the participants' poor English, some some answers unclear or briefly described. In order to maintain an overview of the answers given, the open-ended questions were categorized by the researcher. In Appendix E, there is an elaboration of the complete answers given by participants.

After categorizing the answers, we looked at the number of participants who gave each category provided the answers. This is shown in the tables in the results and includes percentages of the quantities.

### **Results**

Table 2 shows the characteristics of the 31 respondents who completed the questionnaire for this study completed. All respondents were women and they attended the workshop in the township of

Khayamandi. The age of the participants is 48.4% between 20 and 29 years and 45.2% between the ages of 30-39. The remaining two participants were over the age of 40. The majority found the Health Promoters through friends and indicated finding a job, helping friends/family and little knowledge about health as reasons for attending the workshop.

### **Discussion**

#### **Significance of the results**

HPSA marks this study's first attempt to examine the impact of the workshops among participants. study. One striking aspect is that only women participated in these workshops and their ages ranged from 20 to 40. HPSA has indicated that occasionally occasionally men also participate, these are difficult to bring in. The main reasons for attending the workshops attended were to find a job afterwards (38.7%) and to gain more knowledge about health (35.5%). None of the participants reported attending the workshops because of the reason of not feeling healthy themselves.

In Table 3, which asked an open-ended question about expectations from the workshops, 19 of the 31 participants indicated that they hoped to find a job. When asked in Table 4 whether they expected to find a job after the workshops, none of the participants reported that they did not expect. This

shows that most participants expected to find a job. Ultimately 2 out of 31 (6.5%) got a job, but this is not specifically due to the HPSA workshops. The 58.1% who expected to find a job indicated that this was because after the workshops they were in able and willing to help people. This shows that there is a difference between the participants' expectations and the final outcome.

Despite the fact that finding work has not yet been successful for 29 of the 31 participants, the ratings for HPSA are high. A whopping 71% gave a ten, indicating that participants experienced the workshops as excellent. This high rating can be explained by the fact that many participants' health improved significantly after the workshops. A total of 83.9% indicated that their health had changed, including experiencing better health and

increased knowledge. 35.5% hoped to gain more knowledge about health, and for 54.8% this was the case. It is notable that for more than half of the participants, in particular, knowledge increase and less the application of the knowledge to daily life. Only a few indicate how their health has changed after the workshops.

Of the participants, eight of 31 (25.8%) took the practicals after the workshops. Of this group, half did the practicals at House Ebenezer and 25% at a hospital. One reason why some participants have not yet done the practicals is that 34.8% are still looking for a suitable place. In addition, 17% indicated that they needed a SETA certificate to take the practicals. For the feedback in Table 7, 12.9% indicated they wanted help finding practicals and 19.4% wanted help finding a job. That was a total of 10 participants.

Above all, 96.8% indicated that their lives changed after the workshops. For 36.7%, this was due to a healthy lifestyle that they now experience and for 30% it was because of the knowledge gained. Also the mental health of 30 participants improved. This is partly because 29% now know what good for their health and because 16.1% experience less stress or know better how to deal with it. coping. These positive changes in participants' health is not what they had indicated to expect when starting the workshops.

### **Critical consideration**

A solid point of the study is that there was a joint discussion with the CEO and the Dutch director discussed an appropriate method of data collection. The questions should be tailored to the language and perceptions of the subjects (Bakker & Van Buuren, 2019). An English questionnaire, because otherwise the data cannot be analyzed by the researcher. A weakness is that the language barrier causes the depth of the questions to be limited and it is not always possible to ask further questions to avoid confusion. The explanations surrounding the research were told in Xhosa narrated by the teacher. Despite the simply worded questions, it was found during the analysis that the participants did not understand every question correctly. When asked the question, "If you have a job, do you think Health Promoters helped with this and why?" several participants indicated that they have a job while previous responses indicated that only two participants currently have a job. The explanation here resulted in several confusing answers, showing that participants misinterpreted the question. It was therefore decided not to add this question to the results. Under several open-ended questions, unclear or incorrect English phrases were also completed. This may also have caused completed responses to be misunderstood by the researcher and therefore understood by the researcher and were therefore incorrectly categorized in the results.

After reading the answers, it is debatable whether the answers were filled out completely honestly. There are several responses that show that participants had a different expectation of the outcome of the workshops or indicate that there were opportunities for improvement. Nevertheless, these participants a high rating. Implications to practice The study provided HPSA with valuable insight into the effect of the workshops on the lives of the participants. This allows them to better understand the effectiveness of their programs and to make possible adjustments to give the certificate even greater value to the participants. Based on the results and advice, HPSA can now make targeted improvements.

## **Conclusion**

Based on the results, it can be concluded that the workshops have an effect on the lives of the participants, especially in the area of health. The findings show that 83.9% of the participants indicated that their health has changed as a result of the workshops. This effect is mainly attributed to the increased knowledge they gained. Applying the knowledge by, for example, exercising more or eating healthy (13%) appears less prominent in the responses. Almost all participants (96.8%) indicated that their mental health has changed. It is noteworthy that this change does not correspond to the original expectations of the participants. In terms of expectations, it appears that 61.3%

of the participants indicated that they expected to find a job and 19.4% indicated that they expect to start practicals after attending the workshops. Only 6.5% of the participants indicated that they were currently employed, but a significant number (58.1%) believed that they could find a job after the workshops because they now feel like helping others and are willing to do so. The conclusion must be that these expectations from the workshops do not match the final results, but that it still had a great effect on the lives of the participants.

In addition, it appears that 74.1% of participants have not yet taken the practicals. The main reasons for this are not yet having found a suitable place or lack of sufficient time. Some participants also indicated that they need a SETA certificate in order to be able to participate in the practicals.

## **The Opinion**

As a result of the survey results, it was found that there is an actual effect on the lives of the participants through the HPSA workshops. Major impacts on health revealed, it is therefore recommended that the workshops be continued. The survey results also show that many participants expect to find a job after obtaining the workshops or starting practicals. If this fits with the goal of HPSA, it is recommended that more guidance be offered to participants after the workshops, especially in seeking the practicals and/or a job. It would be valuable if HPSA obtains accreditation with HWSETA, as this gives the certificate more recognition and makes it easier for students to find practicals and be employable after the course. This may increase the chances of participants to find employment after practicals. If HPSA is unable to provide practicals support for finding practicals or a job after the workshops, it is very important that participants be clearly informed be provided. If so, it would be advisable to devote more attention during classes to job application techniques and how participants can present themselves effectively. This may chances of finding a job even without the practicals or SETA certification.

Many participants indicate that their knowledge has been increased, but little is yet reflected in the

application of this knowledge. The workshops consist mainly of theory lessons. It would participants possibly help to have more interaction in the lessons, by including different knowledge questions, practical explanations and practical actions in the lesson. In this way, the participants can better apply the knowledge in daily life.

In addition, HPSA could consider the possibility of expanding this study further by also distributing the questionnaires in Xhosa to a larger group of respondents. The questionnaires could now include more in-depth questions and this would give HPSA an even better understanding into participants' expectations after the workshops and the actual effects that have occurred.