Knowledge, Attitudes and Practises (KAP) on TB, HIV and Silicosis Among Key Populations Aged 15 and 59 years in Southern Africa

FINAL REPORT

Prepared for

Wits Health Consortium (WHC)

By **Select Research (Pvt) LTD**

Zimbabwe

May 2017

50 Pendennis Road, Mt Pleasant, Harare, Zimbabwe.
tovm@selectresearch.co.zw
+263772 697727

Table of Contents

List of Tables

List of Figures

Acronyms and Abbreviations

ADPP	Mozambique's Development Support from People to People
AIDS	Acquired Immune Deficiency Syndrome
AMIMO	Mozambique Miners' Association
ANOVA	Analysis of Variance
CB DOT	Community Based Direct Observation and Treatment
CDC	United States Disease Control and Prevention Centres
Cidade	City
DMR	Department of Mineral Resources
DOTS	Direct Observed Treatment Short-courses
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
IRB	Internal Review Board
IBBS	Integrated Biological and Behavioural Survey
INE	Mozambique's National Institute for Statistics
INSIDA	Mozambique's National Survey for Prevalence, Behavioural Risks and Information on HIV and AIDS
IOM	International Organization for Migration
I-TECH	International Centre for Training and Education on Health
MD	Medical Doctor
MLE&SS	Ministry of Labour, Employment and Social Security
MoH	Ministry of Health
MRCZ	Medical Research Council of Zimbabwe
MOHCW	Ministry of Health and Child Welfare
NTP	National Tuberculosis Program
OVC	Orphans and Vulnerable Children
PEPFAR	United States President's Plan For AIDS Relief
PLWHA	People living with HIV and AIDS
PGM	Platinum Group of Metals
STI	Sexually Transmitted Infection

PDA	Personal Digital Assistant
KAP	Knowledge, Attitude and Practice
WHC	Wits Health Consortium
PR	Principal Recipient
SB	Service Provider
TB	Tuberculosis
MDR-TB	Multidrug-Resistant TB
TIMS	TB in the Mining Sector Southern Africa programme
TCE	Total Control of the Epidemic
TEBA	The Employment Bureau of Africa
UBRAF	Unified Budget, Results and Accountability Framework
UCSF	University of California in San Francisco
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
URSA	University Research South Africa
USAID	United States Agency for International Development
USD	United States Dollars
XDR	Extreme-Drug Resistance
WHO	World Health Organization

Glossary

Employee: These are mineworkers currently in the employment of a mining company.

Medically Unfit Ex-Mineworker: These are any mineworkers who became medially unfit due to working within the mining industry. The person could have become medically unfit while working, or could have been unemployed and found medically unfit on an entry examination, or during a routine examination. The person could have become medically unfit to do his current employment in another industry, but is only in this classification if that person's cause of medical unfitness makes him unfit for employment as a mineworker**.**

Ex-Mineworkers: These are any persons previously classified as mineworkers, but not currently employed as mineworkers. Ex-mineworkers are classified into Unemployed, New Industry, Medically Unfit and Retired.

Migrant Worker: Migrant means coming from another area and out of the country to work in the mine location.

Mineworker: Anybody who has been working in the mining industry, and who has been involved in mining operations. It excludes people working in supply companies, or pure processing companies.

New Industry Ex-Mineworker: These are mineworkers who found employment in any industry outside of the primary mining industry. This could include mining related companies, manufacturers of mining supplies, and mining processing plants, excluded from primary mining activity. It could also be in any industry outside of mining.

Retired Ex-Mineworker: These are mineworkers who have retired from working as a mineworker at the retirement age prescribed by the mining company, typically around 65. Sometimes, voluntary early retirement programs, retrenchments etc. change the retirement age. However, these are persons not considered medically unfit, and also not unemployed with the idea to become employed again.

Unemployed Ex-Mineworker: This includes any mineworker, not classified as any of the other ex-mineworker sub-classifications, and not currently active as a mineworker. Unemployed can be re-employed at any stage. Any mineworker temporarily without an employment contract, from a mining company or labour broker, is considered unemployed.

Acknowledgements

First and foremost, Select Research would like to thank Wits Health Consortium (WHC) the Principal Recipients for the TIMS program for their support and technical advice. We would also like to extend our appreciation to the project sponsors, The Global Fund, they made it possible that all project tasks are well funded.

Further appreciation is extended to our country technical partners for assembling research assistant teams, planning and executing training and data collection. These include Field Africa Mozambique, University of Namibia, University of Malawi, University of Swaziland, University of Lesotho, Consumer Options Kenya, Development Data Zambia, Health Information Matrix South Africa and Institute of Development Management (IDM) Botswana.

We would also like to thank and express our appreciation to all the respondents, community people in the sampled areas who responded and participated in the survey in the respective countries. Without their cooperation, the survey would not have progressed as planned.

We also acknowledge the various country survey teams who worked tirelessly, some with very tight time schedules as they administered the interviews. Special thank you goes to the Supervisors who had the insurmountable task of leading the teams and ensure proper implementation of sampling procedures and quality checks. Their commitment is greatly appreciated.

Finally, we would like to say thank you to the following members of the core project team for their work in the preparation of the report:

Toverengwa Manene	Project Coordinator
Dr Munetsi Taputaira	Principal Investigator
Dr Joconiah Chirenda	Health Expert
Kennedy Bakasa	Systems Analyst
Dr Willard Tinago	Statistician
Tsitsi Sakupwanya	Literature Review consultant
Professor Mhloyi	External Technical Advisor.

Recommended Citation: Select Research TB in the Mining Sector in Southern Africa (TIMS) program, Knowledge, Attitudes and Practises (KAP) on TB, HIV and Silicosis Among key populations aged 15 and 59 years in Southern Africa, 2016.

EXECUTIVE SUMMARY

Introduction

This is a Knowledge, Attitude and Practices (KAP) study which was carried out in ten SADC countries to provide information to the TIMS project which is planning to design and implement interventions to combat TB, HIV and Silicosis among mine workers. A cross-sectional survey was carried out in ten SADC countries.

Goals and Objectives

The overall goal of this research was to provide a detailed understanding of the KAPs in terms of TB, Silicosis and HIV prevention care and treatment adherence and support amongst key populations in the mining sector in the 10 participating countries, namely Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia Tanzania and Zimbabwe. The specific objectives were to:

i) Assess the levels of knowledge of mining populations and surrounding communities on TB, HIV and Silicosis in the ten SADC countries;
ii) Describe the above populations' attitudes towards TB, HIV and Silicosis in ten SADC countries;
iii) Describe the populations practices on TB, HIV and Silicosis in ten SADC countries;
iv) Compare results of 1,2 and 3 across the ten SADC countries; and,
v) Make recommendations for IEC.

Findings

Demographic and Socio-Economic Characteristics

The study population comprises largely of young adults aged 15-40 years. About 65% of the sample at regional level was in this age group. Malawi and Tanzania had the youngest population with at least 70% comprising this age group, while Lesotho had an older population with 61% of its population aged 40-60 years. While 15% of the regional participants were aged 15-24, this proportion ranged from 4% in Botswana to 27% in

Tanzania; it was 27% in Tanzania. The sample is male dominated, with 71% comprising males at regional level, with proportions as high as 89% and 90% in Namibia and Mozambique respectively. The majority, 57%, of the respondents were married, albeit low in Namibia and Mozambique, 31% and 33%, respectively.

The population is predominately Christian, 83% at regional level, and ranging from 66% in Swaziland to 99% in Zambia. Education is moderate, with about 8% reporting no school at all at regional level, but ranging from 1% in Zimbabwe to 21% in Botswana.

Tuberculosis

Knowledge, Attitudes and Practices

Knowledge on TB was universal across the ten SADC countries as 100% of the participants in the study, regardless of employment category, had received information on TB. However, only 78% of the participants reported that they were aware of the main sources of TB information. This awareness ranged from 53% in Zimbabwe to 92% in Mozambique. Approximately 73% of the regional participants had correct knowledge on TB (signs and symptoms); the proportions ranged from 47% in Tanzania to 93% in Zimbabwe. Knowledge of how one can be infected by TB was moderate, 76%, and ranging from 55% in Malawi to 87% Zambia and South Africa. Knowledge on prevention was moderate, 66% at regional level; it ranged from 48% in Malawi to 84% in South Africa.

Knowledge about the existence of the link between HIV and TB is quite high, 88% at regional level. Knowledge on how TB can be treated was also high across countries in the region. About 94% of the regional participants knew how TB can be treated. This proportion ranged from 85% in Mozambique to 100% in Botswana and Zimbabwe.

Diagnosis of TB was reported as free by 76% of the participants at regional level. This proportion ranged from 52% in Tanzania to 93% in Lesotho. Free treatment of TB was reported by 76% of the regional participants, ranging from 52% in Tanzania to 93% in Lesotho, with no variability across population types.

About 82% of the respondents at regional level reported that TB was a serious health issue in mines. Interestingly, current mine workers were less likely to think that TB is a serious health issue compared to other population types. Perceived risk of getting infected by TB was high, 86% at regional level, ranging from 78% in Tanzania to 98% in Swaziland. Current mine workers were generally more likely to feel at risk of TB infection compared to other population groups.

Compassion towards people with TB was high, with 78% of the respondents at regional level feeling that they would feel compassionate towards people with TB. A high proportion of the respondents, 93% at regional level, reported that they would get support from family if they were to be on HIV or TB treatment. This proportion ranged from 85% in Mozambique to 100% in Botswana.

The data show very good health seeking behaviour with about 98% reporting that they would visit a health facility if they are found to have TB. There is minimal variability between countries and population types. Knowledge on when to seek treatment was consistently high, 99% at regional level, and across all countries.

MDR-TB

Knowledge

Knowledge about MDR-TB is fairly low with 18% reporting ever hearing about it at regional level. Such awareness ranged from 7% in Malawi and Zambia, respectively, to 69% in Swaziland. Approximately 63% of participants at regional level reported that the symptoms of MDR-TB and TB are the same.

A significant proportion of participants at regional level, 76%, reported that MDR-TB emanate from TB which would have become difficult to treat. The proportion reporting this causal relationship ranged from 62% in Zambia to 87% in Swaziland. And 59% of the regional participants reported that MDR-TB is caused by drugs which fail to work. This proportion ranged from 44% in Zambia to 70% in Lesotho.

Approximately 52% of the participants at regional level reported that MDR-TB result from taking wrong TB drugs. This proportion ranged from 32% in Zambia to 72% in Malawi.

About 74% of the participants at regional level reported that MDR-TB is caused by not taking TB drugs as instructed. The percentage reporting this cause ranged from 33% in Zambia to 65% in Malawi.

About 46% of the participants at regional level reported that MDR-TB cannot be cured. The proportion maintaining that MDR-TB cannot be cured ranged from 33% in Zambia to 71% in Lesotho.

HIV and AIDS

Knowledge, Attitudes and Practices

Both receipt of information and knowledge of the sources of such information on HIV and AIDS was universal, 100% across countries and population types. 92% of participants at regional level had correct knowledge on signs and symptoms of HIV and AIDS. This proportion ranged from 74% in Namibia to 98% in Zimbabwe.

Knowledge levels on ways of getting infected with HIV were quite high, about 96% at regional level, and ranging from 88% in Mozambique to 100% in Namibia and Zimbabwe, respectively. Knowledge on prevention of HIV infection was also quite high, 97% at regional level, and ranging from 93% in Mozambique to 99% in Botswana, South Africa, Zambia and Swaziland.

Approximately 83% of participants at regional level reported that HIV was a serious health problem in the mines. This proportion ranged from 68% in Malawi to 92% in Botswana and South Africa, respectively. About 17% of respondents at regional level reported that adherence to ART would cure HIV. This proportion ranged from 6% in Zambia to 45% in Botswana.

The proportion reporting having been tested within the past 12 months is moderate, about 66% at regional level, and ranging from 52% in Mozambique and Tanzania, respectively, to 86% in Swaziland.

When controlled for marital status, all the other marital groups, except those who were married or single, were likely to have taken an HIV test 12 months prior the survey. It is only in Tanzania where married participants were the most likely to report having been tested. Note that in Botswana and Namibia 100% of the divorced, widowed, separated and cohabiting reported having been tested. In Swaziland, 100% of the widowed, separated and co-habiting reported having had a test.

About 29% of participants at regional level reported that they had had sex with someone other than their spouse 12 months prior to the survey. This proportion ranged from 18% in Malawi to 42% in Lesotho. Controlling for marital status, divorced participants were more likely to report sex with partner other than usual partner in Lesotho, Malawi, Namibia, Swaziland and Zimbabwe. In Lesotho, South Africa and Tanzania, those who were separated were the most likely to report having sex with non-regular partner, while in Botswana, Mozambique and Zambia those who were co-habiting were most likely to report the same. Although married participants were never the most likely to report sex with non-regular partner, it is worth noting that the proportion of married participants reporting sex with non-regular partner ranged from 16% in Zimbabwe to 43% in Lesotho.

And approximately 12% of the participants at regional level reported non-use of a condom with a non-regular partner. This ranged from 5% in Mozambique to 31% in Malawi. The leading reason given by 28% of the respondents at regional level for non-condom use was that the partner refused. This proportion ranged from 26% in Zambia, Tanzania and Mozambique to 38% in Lesotho. Another 11% at regional level reported that they failed to use the condom; this proportion ranged from 2% in Malawi to 26% in Zambia.

Silicosis

Knowledge, Attitude and Practices

Knowledge on Silicosis is quite low especially compared to that of HIV and AIDS and TB. Only 21% of respondents at regional level reported knowledge of Silicosis. This proportion ranged from 2% in Malawi to 51% in Swaziland. Knowledge on the sources of information on Silicosis is even lower with only 9% reporting such knowledge at regional level. Such knowledge ranged from 1% in Malawi to 19% in Lesotho. Knowledge on signs and symptoms of Silicosis is also low, about 18% at regional level, and ranging from 1% in Malawi to 41% in Swaziland. Consistently, knowledge on causes for silicosis is also very low, about 17% at regional level, and ranging from about 0% in Malawi to 46% in Swaziland. And approximately 19% of the respondents at regional level were knowledgeable about preventive strategies against silicosis. This proportion ranged from 1% in Malawi to 45% in Swaziland.

About 18% of the respondents at regional level maintained that there was a link between Silicosis and TB. About 10% of the respondents at regional level reported that it can be cured. This proportion ranged from 1% in Malawi to 25% in Zambia.

Approximately 18 % of the population at regional level reported that silicosis was a serious problem in the mines. This proportion ranged from 1% in Malawi to 51% in Swaziland.

Approximately 90% of the participants agreed that regular medical tests were necessary. This proportion ranged from 76% in Mozambique to 99% in Zimbabwe. Approximately 83% of the participants maintained that mine workers must have fitness certificates. This proportion ranged from 68% in Mozambique to 97% in Lesotho, Malawi and Zimbabwe.

Information and Communication on TB, HIV and Silicosis

Sources of information which were reported as effective in reaching people were radio, health workers, television and newspapers. These were reported by 73%, 60%, 48% and 26%, respectively, at regional level. Radio was most preferred in all the countries except Mozambique where television was the most preferred source, and in Zambia and Zimbabwe where health workers were reported as the most effective source.

The most trusted sources of information were radio and health workers which were reported by 31% of the participants at regional level. The radio was the most trusted in all the countries except in Zambia and Zimbabwe where health workers were the most trusted, and in Mozambique where television was reported as the most trusted source of information.

The local language was reported by 85% of the respondents at regional level as the preferred language of communication; this preference ranged from 69% in Namibia to 100% in Malawi.

About 36% of the participants at regional level reported that good content and information would make posters and brochures interesting. And 34% of the participants reported that brochures and posters would be more interesting if they would be simple and easy to read.

Recommendations

- Given the mobility of populations across countries for varied reasons, it is necessary to develop and strengthen regional frameworks for coordination and collaboration for TB, HIV and Silicosis and other occupational diseases in the mining sector.
- Given the population composition in the mining sector, it is important to continue to increase information on prevention against HIV infection. Emphasis must be placed on condom use with non-regular partner.
- There is need to increase awareness and particularly correct knowledge, causes and preventive strategies against TB.
- Knowledge on how TB can be treated and health seeking behaviour is quite high and there is need to sustain it.
- The proportions reporting knowledge on TB Diagnosis and treatment are free to moderate across the region, there is therefore need to increase IEC on the costs related to both diagnosis and TB Treatment.
- Though results indicate that TB is viewed as a serious issue in the mining populations, current mine workers generally don't perceive their vulnerability to TB amongst them. There is therefore need to increase knowledge of TB vulnerability among Mine workers.
- There is need to increase knowledge on the correct point when to seek treatment. There is need to increase regular TB screening regularly in mines.
- Knowledge on MDR_TB was found to be very low among the mining populations. However, it was also noted that among those that new about it, there were high levels on the knowledge of the causes and symptoms of MDR_TB. It is therefore recommended that there should be increased IEC on MDR_TB to all population types in the mining sector concentrating on causes, prevention and treatment.
- There is need to increase knowledge on the synergy between MDR-TB and HIV.
- HIV Testing is fairly low in the mining populations, there is therefore need to increase awareness and knowledge on HIV testing, and provide readily available testing centres in and around the mines.

- Silicosis awareness levels are very low across all population types under study, there is need to increase awareness levels, knowledge on the causes and preventive methods.
- There is need for strengthening and monitoring legislation on the prevention and control of silicosis in all ten SADC countries, national occupational health institutions for the provision of technical support to the mining industry.
- There is need for increased funding towards research on silicosis. KAP studies on Silicosis should be conducted for both the general population and particularly for ex and current mine workers.
- Use of local languages should be encouraged in the dissemination of TB, HIV and Silicosis IEC materials in mining and surrounding communities; The packaging if the IEC materials must be user friendly of Radio, TV and Health workers.
- Legislation to enforce full participation of the mining sector is essential.

1. Introduction

1.1 Epidemiology of TB, HIV and Silicosis

1.1.1 Global

The World Health Organization Global TB report reported that TB now ranks alongside HIV as a leading cause of death worldwide, with 10.4 million people being estimated to have fallen ill with TB in 2015, of whom 5.9 million (56%) were men, while 3.2 million (44%) were women, and 1.0 million were children.[1] An estimated 11% of TB patients were HIV-positive, and TB remains the leading cause of death among people living with HIV (PLWHA), accounting for one in three HIV-related deaths.[2] The WHO estimates that only 6 million new cases of TB were reported to WHO in 2014, representing less than two-thirds of the estimated number of TB cases (WHO 2015). This under reporting remains a challenge, especially for high risk populations like those working in mining settings where workers often try not to report illnesses for fear of losing their benefits, and yet in dire need of treatment.

1.1.2 Regional

Africa is home to 16% of the world population, but carries 28% of the world TB burden. The continent has the world's highest per capita burden of TB, which was estimated to be 281 TB cases per 100,000 population in 2014, compared to the global average of 133 cases per 100,000 population (Figure 1.1).

[1] WHO Global TB report 2016
[2] WHO 2016

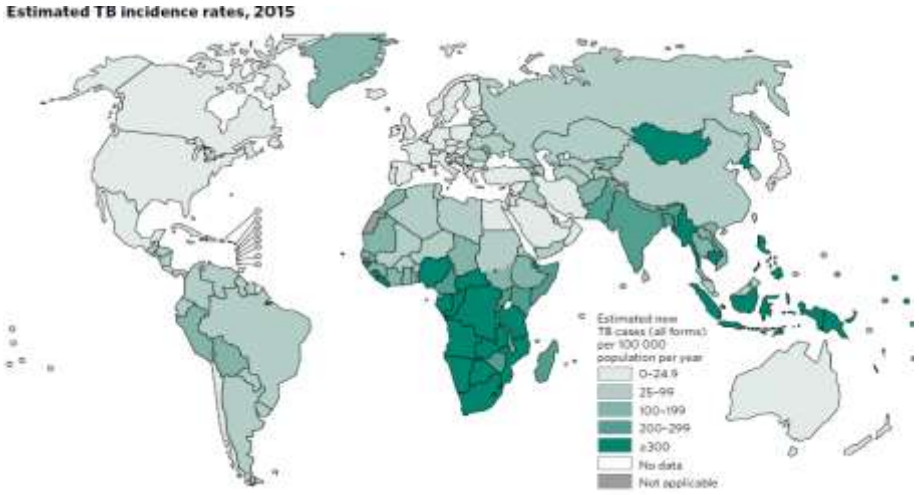

Figure 1. 1 Estimated TB incidence rates, 2015 (Global Tuberculosis report 2016)

In 2015, all SADC countries had estimated TB incidence rates above 300 cases per 100,000 populations (3), against the global decline to 128 per 100,000 in 20104. Most SADC Member States have TB/HIV co-infection rates of more than 50%, confirming the significant role of HIV in driving the incidence and prevalence of TB in these countries. (5) At the end of 2007, the SADC region had an estimated 12 million PLWHAs, accounting for about 36% of all PLWHA globally. Additionally, the region accounted for over a third of new infections and AIDS deaths per year (6).

Mining is one of the major economic activities in the SADC region. Silicosis, a respiratory disease caused by the inhalation of silica dust in mining environments, affect millions of workers engaged in hazardous dusty occupations in many countries. Silica-associated diseases remain an urgent health concern because silicosis increases the risk of TB by about a 30-fold. The risk is 2.8 to 39 times higher for the exposed compared to the non-exposed, depending on the severity of the silicosis. People exposed to silica, but without silicosis, have 3 times the risk of developing TB, compared with the non-exposed general population. Strong evidence of an epidemic of

[3] State of Tuberculosis in the SADC region 2012
[4] WHO 2010: 2011/2012 Tuberculosis Global Facts (launch of Global Tuberculosis Report 2011)
[5] SADC TB report 2010
[6] SADC HIV and AIDS strategy framework 2010-2015

silicosis has emerged in the last decade. The few studies on silicosis among mineworkers in the Southern African region (7) showed that in excess of thirty percent (30%) of former mineworkers are suffering from lung diseases, principally silicosis, arising from their employment in the mines. Evidence has shown that people infected with HIV have an additional increased risk of tuberculosis.

1.2 The IEC Situation Analysis for TB in Mines in the SADC Region, 2016-2017

1.2.1 Botswana

The NTP program Strategic Plan is called National Tuberculosis Control Program-Strategic Plan 2013-2017 (MOH, 2013). One of the gaps identified which the strategy is decentralisation of the TB program. On implementation, the strategy links with the TB Strategic Plan called the Tuberculosis Control Advocacy, Communication and Social Mobilisation (ACSM) Strategy 2013-2017 (MOH, 2013).

The Literature search did not reveal many IEC interventions for TB prevention and care in Botswana. However, those identified such as a Guide for TB Treatment (MOH, 2002) serve as both a guiding tool for health workers as well as for TB patients and their caregivers.

The interventions are cross-cutting; that is, they cover all sectors including the mining sector. However, mining has unique conditions with their health hazards that need relevant and appropriate IEC interventions

Gaps

Specific IEC interventions for the mining sector could not be established.

[7] The Libode study of 1998, Eastern Cape and the Thamaga study of 1997, Botswana.

1.2.2. Lesotho

Programme IEC is concerned with informing and creating awareness among the general public or specific populations about TB, empowering people to take action. It works to create an environment through which communities, particularly affected communities, can discuss, debate, organise, and communicate their own perspectives on TB with the aim of changing behaviours and catalysing social change.

NTP program has and still promotes the use of International Standards of TB Care (ISTC) during quarterly supervision and standards of diagnosis and treatment have been printed as posters and are displayed in all OPDs45. Advocacy, Communication and Social Mobilisation (ACSM) activities are carried out by all districts to raise awareness on TB and TB/HIV in the communities, with pamphlets and fliers on TB/HIV messages are printed through Global Fund round eight HIV grant. The country continues to commemorate World TB day each year with messages for the public on TB/HIV being relayed through the television and some radio stations.

Gaps

i) Information on TB amongst mining populations remains limited in Lesotho.
ii) The draft NTP policy does not address management of TB amongst mining populations of Lesotho.
iii) Migrant labour is still existent with many Basotho moving to South African mines for employment.

There are no coordinated health care services between Lesotho and South Africa from the mining companies that provide employment to the labour sending communities8. Information on mine workers, ex-mine workers, employers, trade unions and the government roles and responsibilities also remain limited in Lesotho.

8 Https://www.ncbi.nlm.nih.gov/books/NBK55584/ (accessed 4 October 2016)

1.2.3 Malawi

Health promotion and communication are recognised as major tools in the fight against TB and HIV in the National Tuberculosis Policy (NTP). The Ministry of Health in collaboration with the Ministry of Education aim at empowering school going children with knowledge on TB and HIV by incorporating health education lessons in the primary and secondary school curriculum. Posters are commonly used especially within health care settings. Radio, drama, television and other forms of one-way communication, such as brochures, leaflets and posters, visual and audio-visual presentations and electronic communication are also used to create TB awareness. Health education is provided as group sessions in the waiting areas of health facilities.

NGOs are supporting the government by creating awareness on TB by printing and distributing IEC materials and supporting advocacy activities. The KNCV Tuberculosis Foundation, works with the Malawian Ministry of Health, PEPFAR and USAID to stop TB (KNVC, 2016). It produces IEC materials and organizes health promotional activities. The NTCP and Guidelines for Infection Prevention and Control for TB including MDR-TB and XDR-TB guidelines all recognise the role of the community members in the fight against TB. Both documents advocate the empowering of the community through knowledge translation in order to enable community members initiate TB screening and also manage TB cases within their community. Health Surveillance Assistants (HSAs) play an important role in active case seeking.

Gaps

Malawi does not have IEC TB, HIV, and Silicosis control programs specific for the mining population.

1.2.4 Mozambique

M-health has been used as part of efforts to improve patient retention in care, while providing IEC. EGPAF, Absolute Return for Kids (ARK) and the University Eduardo Mondlane (UEM) recently piloted a cellphone text-based intervention to try and improve retention of patients in HIV and TB care in five health facilities in Maputo Province9. Another intervention was developed as part of a patient-centered approach promoted by USAID-funded TB-care, FHI360 and other members of the Mozambique team. CBO (community based officers) were trained in 25 districts on how to use the tools and supervise pilot activities. The tools included a patient charter and a TB/HIV literacy toolkit that was used as a health education tool. These tools were translated into Portuguese, from their original versions developed by FHI360 (Mozambique TB-CARE partner).

At health facilities, providers introduced The Charter to TB patients initiating treatment. The TB/ HIV Literacy Toolkit was used to help patients and their families understand their TB illness. Sessions were conducted individually and in groups at health facilities. At the community level, volunteers used The Charter and TB/HIV Literacy Toolkit during health education sessions with small groups and during home-based visits to support TB patients on treatment. This intervention increased patient awareness of the charter (20%), and healthcare workers found it to help patients understand the importance of adhering to treatment and protecting their family members from infection. Healthcare workers, volunteers and community leaders found the TB/HIV literacy toolkit useful because it covered all the necessary information regarding TB/HIV, including basics of TB prevention and treatment, and community beliefs and conceptions. An after study showed an increase (32%) in knowledge about TB transmission[10].

9 (Nhavoto, Grönlund, and Chaquilla 2015)

10 (USAID n.d.).

Gaps

i) Strategies to address HIV, TB and silicosis among mining populations in Mozambique do not seem to follow national or regional policy, rather, they seem to be organisation specific -such as TEBA and IOM. Such strategies are focusing only on TB and HIV, excluding silicosis.
ii) IEC materials are distributed only at peak times when mineworkers travel between Mozambique and South Africa. This makes such strategies to be episodic events twice a year, rather than ongoing events throughout the year.

1.2.5 Namibia

Advocacy, Communication and Social Mobilisation includes commemoration of TB awareness week and World TB day. There are planned activities for the implementation of the extended National Tuberculosis and Leprosy strategic plan to 2017 (in alignment with the MOHSS Strategic Plan). The alignment of the Research agenda to the updated National Strategic Framework (NSF) that emerged from the mid-term review conducted in 2013, prioritises the most relevant issues in the HIV and AIDS response as well as focus on areas that need further investigation, enhancing HIV and AIDS knowledge, skills and understanding. The updated NSF serves to focus Namibian research, monitoring and evaluation (RM&E) efforts on strengthening the national response to HIV and AIDS on both policy and programmatic levels. It therefore emphasises maximising the capacity of RM&E to produce and facilitate the use of strategic information within Namibia's current RM&E capacity and resource constraints (MOHSS, 2014).

Gaps

There is a gap on studies on TB, HIV and Silicosis in the mining sector for Namibia. The Literature search could not locate documented IEC studies on TB and Silicosis in Namibia.

1.2.6 South Africa

The Centre for Communication Impact (CCI) in partnership with University Research Co. LLC (URC), the government of South Africa funded by the United States Agency for International Development and PEPFAR, implemented a USAID TB Project from 2009-2014. The project operated in all 9 provinces with the overall goal being to aid the National Department of Health in reducing the impact of HIV/AIDS and TB, by improving TB and AIDS treatment and management. CCI provided technical support in the areas of Advocacy, Communication, Social Mobilisation and Capacity building interventions. Advocacy activities included community dialogues to ensure active participation from community leaders, traditional practitioners and the religious sector. The advocacy focused on TB control and prevention at district level, policy issues around treatment and access to TB/HIV services and Media Advocacy for regular coverage of TB/HIV issues.

Communication activities included the implementation of a national mass media campaign called "We Beat TB" on Radio, Television and outdoor mediums such as billboards and posters. Additional IEC mediums used were the TB Infection Advert and the TB Treatment Adherence Advert, both of which were offered in 7 of the official South African languages. CCI ensured the development and updating of IEC materials required in facilities and for social mobilisation, which involved awareness activities in communities and offering mobile counselling and testing services at events. A school outreach programme called KICK TB reached primary school children using the TB/HIV soccer ball and other materials. Capacity building includes training health promoters, provincial TB Control and Advocacy, Communication and Social Mobilisation personnel on Strategic Communication.

Gaps

A framework for the harmonised management of tuberculosis in the mining sector identifies specific challenges to TB prevention, treatment and care including[11]:

i) Migrant labourers default on their treatment regimens since access to treatment facilities is different across SADC region. This could add onto burden of TB MDR.

11A framework for the harmonised management of tuberculosis in the mining sector. 2014, page 11.

Incidence of TB in miners continues to rise, with increasing reports of MDR and XDR-TB, and incidence rates significantly higher than the general population[12].

ii) Contract and illegal employees are not entitled to health benefits -hence they are less likely to seek care and treatment for TB

iii) Absence of follow up of Ex-mineworkers who return to their home countries without health records impacts on the proper assessment and management of TB and its related risk factors, especially HIV and silicosis. This situation increases the risk of family members or close contacts contracting TB;

iv) Academic studies[13] identified weaknesses in training and support of staff at PHC clinics, pharmacies and laboratories.

1.2.7 Swaziland

The NTCP is involved in a number of advocacy, Communication and Social Mobilisation activities across the country. These include -sensitisation dialogues at Buhleni and Hlane Royal Residences on TB, TB/HIV and MDR-TB, during the Marula season (where the nation ritually celebrate the Marula fruit), providing progress update to key government officials, commemorating World TB day and participating in the International Trade Fair in the country.

In-service training for Health Care Workers on TB, TB infection prevention, control as well as the importance of TB surveillance. In 2014, such trainings were conducted in 17 health care facilities across the country. Regional Health Management Teams were also trained on TB/HIV Management. Further, the Swaziland Nursing Council, in collaboration with ICAP, is currently finalising an exercise of comprehensively integrating TB and HIV competences in curricula of all nurses training institution in the country. This is meant to strengthen delivery of TB and HIV services country-wide[14].

12 Evidence to Inform South African Tuberculosis policies (EVISAT) Project. A systematic review of the epidemiology of and programmatic response to TB in mine workers and the mining community in South Africa. Machingaidze S, Hippner P, Van Helden P, Nicol L. 2014.

13 Assessing care for patients with TB/HIV/STI infections in a rural district in KwaZulu-Natal. Loveday M, Scott V, McLoughlin J, Amien F, Zweigenthal V.

[14] UNAIDS. 2016. AIDSinfo. Data sheet. Extracted from http://aidsinfo.unaids.org, on September 26, 2016

Gaps

i) Insufficient knowledge about TB among the population and health workers[14],[15] -lack of knowledge, myths and misconceptions about the disease are prevalent[16]. Negative attitudes and poor practices regarding TB among the target population are buttressed by TB-related stigma. Some refuse to start treatment because of stigma.

ii) There are strong influence of traditional leaders and a belief in traditional medicines, which results in people delaying seeking care or defaulting on treatment, [17] [18] [19].

iii) Scanty baseline data to inform IEC programmes. The country has not defined characteristics of the target population in order to guide targeted interventions, particularly in the mining sector. The last national MDR Survey was done in 2009. However, plans to conduct another survey are underway [20].

iv) Non-evaluation at the end of treatment has also been cited as an existing gap [21]. The NTCP Monitoring and Evaluation plan 2015 -2019 remains at draft level[22].

v) There are limitations with respect to resources, both human (qualitatively and quantitatively) and financial, in order to fully implement the developed strategic plans[23]

vi) Coverages are low-only 38% of all health facilities in the country have been accredited as basic management units for TB, with the ability to initiate treatment.

[15] World Health Organisation. Global Report 2015. https://www.health-e.org.za/wp-content/u

[16] Instituto Nacional de Saúde, Instituto Nacional de Estatística, & ICF Macro. (2010). Inquérito Nacional de Prevalência, Riscos Comportamentais e Informação sobre o HIV

[17] LDHS 2009: 241

[18] State of Tuberculosis in the SADC region 2012

[19] WHO – 2015 Global Tuberculosis Report, Annex 2

[20] WHO 2015

[21] WHO 2015

[22] Instituto Nacional de Saúde, Instituto Nacional de Estatística, & ICF Macro. (2010). Inquérito Nacional de Prevalência, Riscos Comportamentais e Informação sobre o HIV

1.2.8 Tanzania

Community health workers help reach patients with limited access to TB services with different IEC materials although low community awareness on TB and Leprosy, stigma and discrimination to the TB and Leprosy patients remains a challenge. Some materials will only be accessible when field work begins. Nothing much on IEC was found online.

Gaps

No IEC programs specific for the mines could be located.

1.2.9 Zambia

Various strategies/IEC materials have been put in place in Zambia to provide information on integrating and decentralising services to the districts and health facility levels. Materials include the manual for The National Tuberculosis and Leprosy Programme. Statistics indicate that general knowledge of HIV among the population consistently rose to 97% by 2009. Among many other strategies, information, education and communication (IEC) strategies have contributed to awareness creation and increased knowledge among the general population. IEC materials have been produced and distributed so that people can easily and readily access information[24].

Gaps

This paper reviewed published data from Medline/Pubmed and Cochrane Library on the burden of TB in the mines, policies and programs for TB prevention and IEC interventions Zambia25. The review notes that there is very little done in Zambia with the regards to IEC interventions on TB which should be a primary preventive measure.

Other challenges have also been identified in the Zambia Country Report on Monitoring the Declaration of Commitment on HIV and AIDS and the Universal Access. These include lack of adequate information and insufficient data available on the actions of Sex Workers (SW) and Men having Sex with Men (MSM): There is limited information and data available due to the legal status of people that could be labelled as SW or MSM.

24 Zambia Country REPORT Monitoring the Declaration of Commitment on HIV and AIDS and the Universal Access

25 Medline/Pubmed and Cochrane Library

Most rural health centres depend on general hospitals for TB diagnosis. IEC for TB in PLHIV is not active in most rural areas. In addition, some rural health centres do not stock TB drugs. Poor integration of TB and HIV services in health facilities, leads to the need to address the challenges of how to effectively integrate HIV and TB services. This, in part, is due to inadequately trained health workers in TB/HIV management, lack of coordination between the TB and the HIV clinic staff, and lack of a strong referral system between the two sections.

1.2.10 Zimbabwe

In 2012, NTP developed Advocacy Communication and Social Mobilization (ACSM) guidelines to standardize communication and advocacy activities for TB control. To enhance political commitment to TB there have been efforts to engage with the Parliamentary Health Committee with the first engagement being made in 2015 and another engagement in July 2016 which saw the launch of the parliamentary caucus on TB. Health education is provided as group sessions in waiting areas of health facilities. The World TB Day commemorations are religiously organized and coordinated annually.

Tuberculosis is a highly stigmatized disease which negatively influences health seeking behaviour and may be a hindrance to adherence to TB treatment. These negative influences are often driven by poor knowledge of TB in the general population. To address these issues Zimbabwe has developed communication materials in various local languages that have been widely distributed with both TB and TB/HIV messages. In addition, communities are increasingly being engaged in the TB response though local civil society organizations. There is a Focal Point person at National Level responsible for Advocacy Communication and Social Mobilization and Community.

At the moment, there is no communications strategy for Tuberculosis. The strategy is still in development stages following a TB Knowledge Attitudes and Practices (KAP) survey which was conducted during the months of April/May 2016. The survey aimed to identify the baseline Knowledge, Attitudes and Practices (KAP) of Zimbabwean

communities towards TB. The survey data will be useful in the planning of an Advocacy, Communication and Social Mobilisation (ACSM) activities strategy, with the view of increasing awareness and community participation in TB control in Zimbabwe.

Gaps

i) There is a gap on studies and IEC on TB and Silicosis in the mining sector.
ii) Programs mostly focus on legal mines yet there are a lot of informal miners in the country.
iii) Inclusion of health workers in mining in IEC TB/HIV trainings not formalised.
iv) Small to Medium Mines & Artisanal are not members of the Chamber of Mines and most of them do not meet the minimum safety standards (lack of capital).
v) Ex-miners lack follow-up, save for Hwange Colliery.

1.3 TIMS Program

The SADC Ministers of Health declared TB in mines as a serious threat to the development of the region in 2012. As a response to the declaration, The Global Fund (GF) is funding a Tuberculosis in Mining Sector in Southern Africa (TIMS) project under the leadership of the Wits Health Consortium (WHC), a University of the Witwatersrand, Johannesburg (South Africa). The TIMS is being implemented as a regional TB programme in 10 countries within the sub region, namely: Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia, and Zimbabwe. The SADC region, through the SADC Declaration, have provided the statutory commitment to the program and helped galvanize the Global Fund to support a regional TB response in the mining sector.

TIMS is an innovative multi-stakeholder program involving representatives from the ten country-coordinating mechanisms (CCM), Ministries of Health, Mineral Resources and Labour, mining companies, current and ex-mineworkers' associations, labour unions, development agencies, civil society and research institutions through a Regional Coordinating Mechanism (RCM). The initiative will focus on creating a regionally coordinated response to the issue of tuberculosis and related illnesses in mineworkers, ex-mineworkers, their families and communities.

The program's major goal is to contribute towards the reduction of the TB burden in the key mining populations in Southern African countries. In order to inform the programming of the SADC regional TB programme, a baseline KAP survey which would feed into the information, education and communication (IEC) programmes to be implemented was carried out in the 10 participating SADC countries.

1.4 TB in the Mining Sector

TB has affected mine workers for over a century. Despite it being a treatable illness, prevalence rates are going up, and cure rates remain unacceptably low. Southern Africa has some of the highest rates of TB infection in the world, averaging 591 cases per 100 000 people compared to the global average of 126 cases per 100 000 people. The mining sector in Southern Africa accounts for the highest level of TB infections in the region. Some of the contributing factors to this are: prolonged exposure to silica dust, poor living conditions, high HIV prevalence, and poor access to health care.

TB and HIV are the world's widely recognized high burden infectious diseases. They do have a synergistic effect that poses a major challenge to the control efforts done to the diseases globally. The co-infection is particularly common in the developing world. Africa has high rates of the co-infection burden. Approximately 80% of the HIV-positive TB incident cases in 2009 were in the Africa region. Raising knowledge of communities on TB is found to be key action to help bring the TB disease under control. Community's interest and willingness to demand better quality health service for TB is facilitated by increased knowledge and positive attitudes of the community. Such would reduce onward transmission; improve health and saves lives. Lack of knowledge on TB negatively impacts on health seeking behavior, treatment and adherence with consequent persistent infectiousness, drug resistance, treatment failure, relapse and death. Not educating communities about TB is identified as one contributor to failure of TB control in Africa. Even though there are some KAP studies on TB done in different communities of the region, their data are outdated to inform new intervention programmes currently targeted for the ten countries. Hence this KAP was aimed at providing current information on KAP on TB, HIV and Silicosis.

The WHC Commissioned Select Research- an independent research Consultancy firm based in Harare, Zimbabwe, to conduct a population based study to assess the KAP on TB, HIV and silicosis amongst key populations that contribute to TB adherence, prevention and care-seeking behaviours. The KAP study was conducted in mining, peri-mining and labour-sending areas in the 10 countries. The results of this KAP study will be used to provide recommendations regarding potential intervention targets for IEC strategies amongst the key populations.

1.5 Programme Goals and Objectives

The overall goal was to provide a detailed understanding of the knowledge, attitudes and practices in terms of TB, Silicosis and HIV prevention care and treatment adherence and support amongst key populations in the mining sector in the 10 participating countries, namely: Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe. The specific objectives were to:

i) Assess the levels of knowledge of mining and surrounding populations on TB, HIV and Silicosis in ten SADC countries;
ii) Describe the above populations' attitudes towards TB, HIV and Silicosis in ten SADC countries;
iii) Describe the populations practices on TB, HIV and Silicosis in ten SADC countries;
iv) Compare results of 1,2 and 3 across the ten SADC countries; and,
v) Make recommendations for IEC.

1.6 Conceptual framework and instrument

The conceptual framework for this study is based on the 'cough-to-cure pathway'. The pathway defines 6 steps in the diagnosis and treatment of TB. This study covers the first step which deals with knowledge barriers as they affect the seeking of care (Figure 1.2).

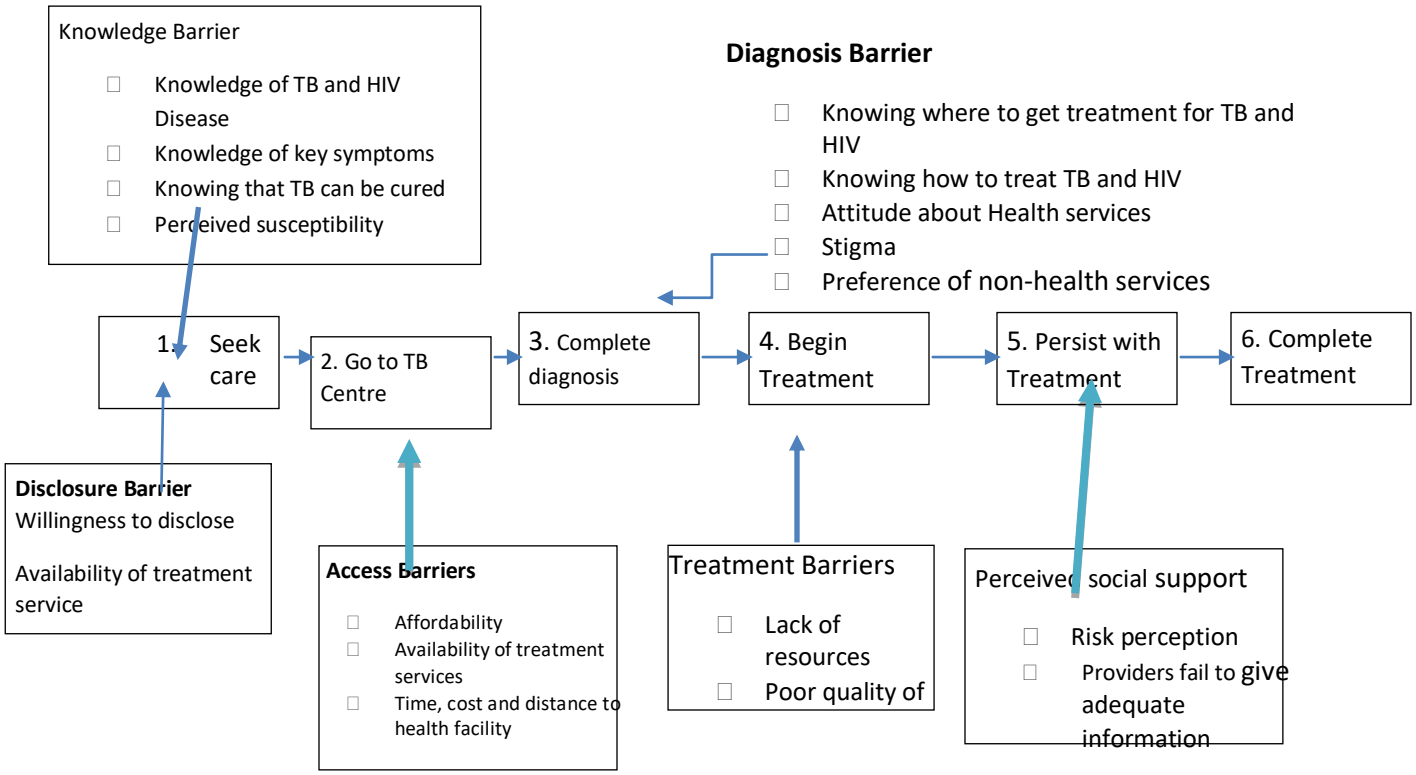

Figure 1. 2 Cough-to-cure pathway and questionnaire items

2. Methodology

2.1 Study design

The study was a population based cross-sectional household survey assessing knowledge, attitudes and practices on TB, HIV and Silicosis among mineworkers, ex-mineworkers and their families and surrounding communities. The study was regional, cutting across all the 10 countries namely South Africa, Tanzania, Namibia, Zimbabwe, Lesotho, Botswana, Swaziland, Mozambique, Zambia and Malawi among the mining communities. Prior to conducting the KAP study, a thorough literature review was done to identify existing relevant literature and gaps to be filled through this study. Data collection in all the countries was done simultaneously.

2.2 Study population

In each country, the study targeted people aged between 15 and 59 years. Specific study populations included:

- Current mineworkers, defined as any person who was working in a mine of any type (large, medium, small, artisanal, formal or informal) regardless of employment status (full time/ part time, contract, sub-contract or casual);
- Ex-mineworkers, defined as any person who previously worked in a mine, regardless of employment status, (whether full time/part time, contract, sub-contract or casual);
- Families of both current and ex-mineworkers, including spouses and children; and,
- Communities around the mines and communities in the labour-sending areas.

2.2.1 Inclusion Criteria

To be eligible for inclusion in this study, a person had to be:

- a man or woman aged 15 to 59 years;
- a member of a selected household for at least 12 months;
- present at the time of the interviewing process;
- a current mine worker, ex-mineworker, or family member of ex-mineworker or current mineworker; and should have,
- Consented to voluntarily participate in the survey.

2.2.2 Exclusion Criteria

- ❖ Don't meet the inclusion criteria;
- ❖ Has physical/mental/emotional disabilities which preclude ability to participate in the study;
- ❖ Non-consenting.

2.3 The Sample

The sample size was calculated using the following formula:

$$n = \frac{Z^2 p(1-p)}{d^2}$$

Where n = sample size;

Z = value corresponding to a given confidence level

p = percentage of the knowledge of TB symptoms

d = standard error, expressed as a decimal.

The following assumptions were used in the calculations:

- ❖ Z value of 1.96 for a confidence level of 95%-value commonly used;
- ❖ Default *p* value of 0.5;
- ❖ d value of 0.05
- ❖ Sample power of 80%[26].

The proportion knowing TB and HIV symptoms in each country was the "*p*" used, with a 95% confidence, 5% level of precision, and design effect of 1.5 and 15% non-response rate. Indications are that this parameter, knowledge of symptoms of TB across all countries, gives the largest minimum sample sizes. The resultant sample sizes per country are shown in Table 2.1.

[26] Standard Power used for most Population surveys moreso for KAP studies

Table 2. 1: Sample Sizes by Country

Country	Sample Size	Country	Sample Size
Botswana	210	South Africa	2,500
Lesotho	200	Swaziland	110
Malawi	970	Tanzania	2,300
Mozambique	1,400	Zambia	1,400
Namibia	210	Zimbabwe	1,200

2.3.1 Sampling Procedures

A multi-stage cluster sampling technique was employed in all the countries. In the first sampling stage, study locations were selected. In each country, recent statistics on mining localities was sought from the various relevant sources that could be accessed within the time limits of the study. This meant that different sources were used in each country. However, in each country, critical data that were required to inform the sampling process included:

- Major mining companies and the minerals mined;
- Provinces/ Districts within which the mines operated;
- Provincial/ District population;
- Mining populations for each mining concern identified.

With the above information, the first stage involved selection of mining localities according to the mineral being mined. Within each stratum, described by the mineral being mined, mines were listed and subsequently randomly selected based on Probability Proportionate to Size (PPS).

The second sampling stage was at household level; and systematic random selection of households was used. This entailed the selection of a starting household using a sampling interval n, which was the general population, X, divided by the sample size x. That is, suppose the sampling interval was 100, a random household, I, would be selected between 1 and 100. And suppose the 50th household was randomly selected, from whence on the subsequent households were the I +n$^{th.}$ that is, 50 + 100th

household, giving the 150th, 250th 350th households, etc. Where the dwelling units were in uniformly planned patterns, street intersections were selected as the first household using municipal or council maps. Where this was not possible, selection of the starting household was not uniform and followed the exhibited general settlement pattern, which might be along a main road, foothill or a river.

The third and final stage was the selection of the actual respondent in each selected household. One eligible respondent per household was interviewed. If a household had more than one eligible respondent, a Kish Grid method[27] was used to select one respondent.

2.3.2 Substitution

During data collection, if an absent eligible respondent was selected, one return visit was scheduled, and if the respondent was still absent, a replacement was made from those present during the second visit. The substitution was in two parts, first it was within the same household and secondly, if there was no eligible person in the household, then a substitution of the household was done. The next household was chosen as a replacement.

Since there are four distinct categories of key target populations, the study sample was quota controlled to ensure all quotas were proportionately represented in the sample.

[27] The **Kish grid** or **Kish selection grid** is a method for selecting members within a household to be interviewed. It uses a pre-assigned table of random numbers to find the person to be interviewed. It was developed by statistician Leslie Kish in 1949. It is a technique widely used in survey research. It's completed as follows:

First, everyone that fits the eligibility criteria, such as being over the age of 18, is gathered together. If there is only one person, that person is the primary survey respondent.

The interviewer collects the age and gender of everyone that is eligible for the survey.

Those in the household are placed in a selection grid.

The researchers then choose a respondent based on their place in the grid, using some form of random selection so that the person selected to take the survey didn't have some commonalities that caused them to introduce bias into the data.

2.3.3 Data Collection

A structured questionnaire was developed and programmed into the SurveyToGo- a mobile data collection system. This involved building in all logic checks and range rules to ensure clean data and smooth flow of the questionnaire. Questionnaires were translated into all native languages likely to be encountered in each country and incorporated into the system.

There were several advantages of using the SurveyToGo software. And among them is the fact that the server was centrally located giving the team enough control and monitoring of the data collection process across the region from one central point. The Survey-To-GO software is a data collection system which runs on Android operated devices like tablets and smartphones. This system was preferable because of the following benefits:

- Clean data, with logic checks built-in and Faster project turnaround time as data were exported direct into SPSS for analysis, (**no data capturing).**
- Reduced cost since data collection time was reduced and other functions like data editing, capturing, questionnaire printing were removed
- Automatically captures GPS coordinates for fieldwork monitoring and ensuring Uniformity since all data from all 10 countries was uploaded on a single server at Head Office in Harare.

2.3.4 Recruitment of Interviewers and training procedures

Data collection was handled by trained interviewers recruited from the respective countries. Training was administered by the Project Systems Analyst and the Project Coordinator, and it involved explanation of study objectives, ethical issues, sampling and standard operating procedures regarding data collection. After training, the processes and questionnaires were piloted. The piloting exercise included: sampling of respondents at household level (Kish Grid), conducting face-to-face interviews, feasibility of completing interviews, timing for questionnaire completion and uploading of interviews to the server.

2.3.4.1 Survey Instrument

A structured questionnaire was used to collect data on KAP, Silicosis and HIV and key behaviors, and on socio-demographic characteristics specified earlier. The tool collected information on exposure to TB behavioral communications with emphasis given to the type of channel and the specific messages recalled. The questionnaire was about 12 pages long and took about 20-30 minutes to complete. It was drafted in English and translated into local Languages. The instrument programmed in Survey To Go software for mobile use.

2.3.4.2 Pre-testing of Questionnaire

The questionnaires were pre-tested by conducting about 10 to 15 mock interviews with members of the target group. The pre-test was used to gather information on the following points: ease or difficulty of questions, comprehension, confidence in response, level of discomfort and social desirability.

2.3.4.3 Training of Interviewers

Interviewers were trained on Human Subjects protection by the local IRB, Medical Research Council which ever applies in the respective country. They were trained for 4 days through an interactive and practical approach. The first and second day of training included the objectives of the study, sampling strategy and ethics. The third and fourth days of training included training on questionnaire, enumeration skills, use of Tablets and data handling in the field. Mock interviews were conducted to fine-tune the interviewing skills.

2.3.4.4 Interview Procedure

Interviews were conducted at household level and respondents chose locations convenient to them. English, and any Local language was used for the interviews. However, analysis was done in English. Fieldwork supervision was done to ensure that privacy, confidentiality, interviewing techniques and sampling methodologies were adhered to by the local agency, with Select Research technical team carrying out spot checks during the course of the study. The Research Agency were responsible for undertaking data management and provide a clean, well-labelled SPSS data file.

Data collection was conducted starting with Malawi on the 21st of November 2016 and completed in Zimbabwe on the 3rd of March 2017.

2.4 Data Management

2.4.1 Data Entry, Cleaning and Validation

By using The SurveyToGo mobile data collection system, the survey instrument was transformed into an electronic form that serves both as a questionnaire and for instantaneous data entry. Skip patterns and filters, programs for internal consistency check, range check, and logical checks were pre-programmed. Data was cleaned and validated by supervisors during data collection. Data from all countries was downloaded to a central Data System in Harare at Select Research Offices. These data were transformed to SPSS format for Analysis.

All variables were fully labelled along with corresponding value codes in English. Data quality control measures include checking the data for internal consistency (in accordance with a scrutiny note), filter errors, appropriate coding for non-response or missing values, and values that fall out of range. The numbering of questions in this KAP survey was consistent with the other KAP studies to enable easy merging and uniformity, except where completely new questions are added to address certain indicators.

2.4.2 Data Confidentiality

All data collected from the survey were cleaned and stored by Select Research on computer hard drives at Select Research offices under lock and key. Field notes (all monitoring sheets, signed consent forms) are stored in the Select Research office, again under lock and key. Only research persons have access to the electronic data, which are stored on a password protected server.

2.5 Data Analysis Plans

Data quality was continually monitored from the stage where data collectors were recruited until the database was complete and ready for analysis. Training and pre-testing of tools ensured consistency and compliance with survey protocol as well as navigating through the SurveyToGo mobile data collection software. During data collection, the Co- PIs within their respective countries provided on-going supervision of data collection teams including checking for completeness and consistency. Checking of data completeness and consistency was done at the central server in Harare since all data was automatically upload on the central server. Data from SurveyToGo server was exported to SPSS statistical software for advanced statistical analysis.

The data analysis plan focused on key study objectives. The association between outcome and explanatory variables was assessed by logistic regression[28]. Given the multi-stage design and the stratification of the four communities a robust standard error was used in these analyses to adjust for clustering of data within a stratum.

2.6 Project Management and Implementation

2.6.1 Ethics Clearance

This study/research project could only be implemented after receiving written approval from country specific approval bodies. Given the varied requirements and procedures for ethics clearance across countries, the approvals were given at varied dates as shown in the table below.

[28] See dummy tables in annex 5

Table 2. 2 Approval Boards and Dates by Country

Country	Approval Board	Date issued
Botswana	Ministry Of Health: Health Research and development division	12th September 2016
Lesotho	National Health Research Ethics Committee	11th October 2016
Malawi	National Health Sciences Research Committee	12th October 2016
Mozambique	Ministeerio Da Saude: Comite Nacional De Bioetica Para A Saude	9th December 2016
Namibia	Ministry Of Health and Social Welfare	10th October 2016
South Africa	University Of Wits: Human Research Ethic Committee (Medical)	7th December 2016
Swaziland	Health Research Review Body	14th January 2017
Tanzania	National Institute for Medical Research	21st October 2016
Zambia	ERES Converge/ National Health Research Authority	2nd September 2016
Zimbabwe	Medical Research Council of Zimbabwe	9th October 2016

Basically, this study methodology was designed to address the following ethical principles: respect for persons, beneficence and justice consideration.

2.6.2 Project Team

Select Research put in place an experienced team of research experts to design implement and oversee the study. The core team was made of 5 five researchers with varying areas of specializations mainly TB Specialist, Statistician, Systems Analyst and Demographer. The project benefited from the technical expertise of external advisors with expertise in Heath Research.

Finally, Select Research appointed Co-Principal Investigators from the 9 other countries, who worked closely with Select Research Team to develop the study methodology including training and data collection (Table 2.3) These Co-PIs were also responsible for the desk research for their respective countries.

Table 2. 3 Co-Principal Researchers by Country

Name	Company	Country
Dr Eddie Marinda	Health Infor Matrix	South Africa
Mr George Cossa	Field Africa Mozambique	Mozambique
Dr Penehafo Angula	University Of Namibia	Namibia
Mr Tov Manene	Select Research	Zimbabwe
Dr Jumbe	University Of Malawi/ E & C Consultants	Malawi
Mr Charles Maibvise	University of Swaziland	Swaziland
Dr Isabel Nyangu	University Of Lesotho	Lesotho
Mr Tendayi Kureya	Development Data Zambia	Zambia
Dr. O. Seitio-Kgokgwe	University Of Botswana –Institute of Developmental Management	Botswana
Mary Majuma	Consumer Options	Tanzania

3. Findings

3.0 Introduction

This section presents results of the survey data. Frequency distributions and cross tabulations were used. The discussion is comparative, yet showing the full results of each country. In addition to the demographic and socio-economic characteristics of the sample, the following issues are discussed: knowledge, attitudes and practices with regards to TB, HIV and Silicosis. These issues are discussed pertaining to the individual health conditions in sequence.

3.1 Demographic ad Socio-economic Characteristics of the Participants

The study participants largely comprised of young adults, those aged between 15 and 40 years (Table 3.1). This age group constitute about 65% of the region's study participants. However, there is significant variability across countries. Malawi and Tanzania have the youngest participants with 72% and 74% respectively, of the participants aged less than 40 years. Note that these two countries have a significant proportion of their populations comprising youth, those aged 15-24, 20% and 27% in Malawi and Tanzania, respectively. While 15% of the regional participants were aged 15-24, this proportion ranged from 4% in Botswana to 27% in Tanzania. Lesotho had the oldest participants with 39% and 61% comprising those below and above 40 years, respectively.

Consistent with mining populations, the sample is biased towards males. Approximately 71% and 29% of the region's participants were male and female, respectively. Again, there is variability across countries. The proportion of males ranged from 60% in Tanzania to 89% and 90% in Namibia and Mozambique, respectively.

The majority of the participants, 57%, were married. Again, there are differentials across countries. The lowest proportions reporting marriage were in Namibia and Mozambique, 31% and 33%, respectively. The highest levels of marriage were reported in Malawi,

Zambia and Zimbabwe, 73%, 75% and 80%, respectively. While widowhood was about 3% at regional level, it ranged from 1% in Botswana and Namibia, to 16% in Lesotho. Co-habitation was about 4% regionally, it ranged from 0% in Zimbabwe to 6% and 12% in Malawi and Mozambique respectively.

It is interesting to note that the study population was predominately Christian. Approximately 83% of the region's population reported being Christian; this proportion ranged from 66% in Swaziland to 99% in Zambia. Lesotho, Malawi and Namibia also reported very high levels of Christianity: 91%, 95% and 98%, respectively. Another religion reported by 7% of the participants at regional level was Islam. This proportion ranged from 0% in Swaziland and Lesotho to 26% in Tanzania.

Education also varies across countries. While about 8% of the region reported having no school at all, this proportion ranged from about 1% in Zimbabwe to 21% in Botswana. It was about 12% and 19% in Lesotho and Malawi, respectively. Approximately 37% of the region's participants reported having elementary education. Elementary education ranged from 12% in Zimbabwe; to about 51% 53% 55% and 67% in Mozambique, Lesotho, Malawi and Tanzania, respectively. Thus, countries with a majority of their participants with elementary or less education were Tanzania (76%), Malawi (74%), Lesotho (66%) and Mozambique (63%).

The largest proportion of the regional participants, 44%, reported that they had high school. This proportion ranged from 20% in Tanzania to 75% in Zimbabwe. Proportions reporting higher education, which includes college, were in South Africa and Zimbabwe (20%) followed by Botswana (16%).

A majority of the participants, 51%, were current mine workers. However, this proportion ranged from 35% in Tanzania to 60% in Zimbabwe, Mozambique and Botswana, respectively. About 23% were family of former or current mine workers; this ranged from 9% in Namibia to 41% in Lesotho. Another 17% reported that they were ex-mine workers; and this proportion ranged from 12% in Zimbabwe to 33% in Namibia. Neighbouring communities comprised 9% of the regional participants; they ranged from 0% in Namibia and Zimbabwe respectively, to 22% in Tanzania.

Table 3.1: Percentage Distribution of Demographic and Socio-economic Characteristics of the Respondents by Country, 2016-2017

Background Characteristic	Botswana	Lesotho	Malawi	Mozambique	Namibia	Swaziland	South Africa	Tanzania	Zambia	Zimbabwe	Overall	
	%	%	%	%	%	%	%	%	%	%	%	N
Age												
15-24	4.4	10.5	20.3	12.2	9.0	6.3	7.5	26.9	11.1	13.8	15.1	1521
25-39	35.9	28.1	52.1	41.4	53.6	40.5	52.3	47.4	57.8	52.2	49.4	4970
40-59	59.2	61.4	27.5	37.8	37.4	53.2	40.2	25.7	31.1	33.7	34.3	3448
60+	0.5	0.0	0.1	8.6	0.0	0.0	0	0	0	0.3	1.2	126
Gender												
Male	80.6	62.9	63.8	89.8	89.1	70.3	71.9	59.7	75.5	71.1	71.5	7201
Female	19.4	37.1	36.2	10.2	10.9	29.7	28.1	40.3	24.5	28.9	28.5	2864
Marital Status												
Married	60.2	67.2	72.6	33.3	30.8	61.3	45.3	54.9	74.8	79.8	57.2	5758
Single	36.4	12.4	13.8	49.3	64.0	28.5	37.3	33.9	20.5	15.9	31.1	3127
Divorced	1.4	1.4	4.6	1.9	1.4	1.9	2.9	2.7	1.7	2.1	2.5	252
Widowed	1.0	16.2	2.5	1.9	1.0	5.7	2.2	3.2	1.5	1.4	2.5	256
Separated	0.0	1.4	0.4	1.2	0.0	1.3	1.0	3.0	0.6	0.7	1.3	131
Cohabiting	0.5	1.4	6.1	12.4	2.8	1.3	6.7	1.8	0.7	0.0	4.3	431
Other	0.5	0.0	0.0	0.0	0.0	0.0	4.6	0.5	0.2	0.1	1.1	110
Religion												
Christian	88.8	90.5	94.6	86.3	98.1	65.8	77.3	71.4	99.0	80.8	83.0	8353
Apostolic	0.5	7.1	2.3	3.7	0.0	5.1	9.9	0.1	0.1	12.2	4.4	445
Traditional	4.4	0.0	0.2	3.2	0.0	3.2	5.2	0.3	0.0	3.3	2.1	210
Muslim	1.0	0.0	2.8	2.6	0.5	0.0	0.9	25.9	0.6	2.7	7.3	730
Other	5.3	2.4	0.1	2.8	1.4	25.9	3.5	1.2	0.2	1.0	2.1	215
None	0.0	0.0	0.0	1.4	0.0	0.0	3.2	1.1	0.1	0.0	1.1	112
Completed Educational Level												
No school	20.9	11.9	19.2	10.5	3.3	6.3	6.5	8.6	1.4	0.9	7.7	776
Literacy classes only	0.0	0.9	0.0	1.3	0.0	0.0	0.8	0.6	0.1	0.0	0.5	53
Elementary/Primary	23.3	52.9	54.7	50.9	20.4	27.3	17.6	67.0	15.6	11.6	37.3	3754
High school/Secondary	39.3	31.4	23.1	34.9	64	58.2	54.8	20.1	63.3	74.8	43.9	4420
Higher Education	0.0	0.5	0.9	0.4	3.3	0.6	6.1	0.6	0.4	1.6	1.8	183
College/University	15.5	2.4	1.9	1.7	9.0	7.6	13.9	1.9	18.6	10.8	8.2	824
Other	1.0	0.0	0.2	0.3	0.0	0.0	0.3	1.2	0.6	0.3	0.6	55
Population type												
Current Mine worker	60.2	41.4	45.3	59.9	58.3	39.3	54.9	34.7	58.7	60.4	50.9	5117
Ex Mine worker	28.6	14.3	18.9	20.1	33.2	25.3	19.1	13.1	16.7	12.4	17.2	1732
Family of current/ex miner worker	10.7	40.5	31.0	18.0	8.5	34.1	11.6	30.4	22.5	26.9	22.8	2298
Neighbour/Community member	0.5	3.8	4.8	2.0	0.0	1.3	14.4	21.8	2.1	0.3	9.1	918

Total	100	100	100	100	100	100	100	100	100	100	100	10065

3.2 TB

3.2.1 Knowledge on TB

Knowledge on TB was universal across the SADC countries as 100% of the participants in the study reported that they had received information on TB except in Botswana, where 97% reported the same (Appendix Table 1A). There is no variability by population type. However, only 78% of the participants reported that they were aware of the main sources of TB information (Table 3.2.1). This awareness varied across countries. It ranged from 53% in Zimbabwe to 92% in Mozambique. About 89% and 90% of participants from Malawi and South Africa, respectively, reported awareness of the main sources of information. There is no explicit pattern of awareness by population type.

Table 3.2 1 Percentage distribution reporting main sources of Information

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Mine work	77.1	78.2	85.1	88.3	93.3	46.3	88.1	64.5	75.2	68.1	51.6
Ex-Mine worker	83.6	74.6	80.0	95.5	91.2	75.7	94.1	55.0	78.1	80.3	59.0
Family of current mine worker	76.7	81.8	80.0	86.0	87.7	*	93.2	83.3	81.2	58.4	53.2
Neighbour/Community member	78.9	*	*	95.6	96.4		86.3	*	72.7	70.0	*
Total	78.3	77.7	81.9	89.3	91.9	57.8	89.6	69.0	76.9	68.0	53.0

People who reported coughing for more than 2 weeks, night sweats and loss of weight as signs and symptoms of TB were categorized as having correct knowledge of TB. Approximately 73% of the regional population had correct knowledge on TB (Table 3.2.2). Again, there is variability across countries. The proportion reporting correct knowledge ranged from 47% in Tanzania to 93% in Zimbabwe.

Work experience is an important predictor of knowledge at regional level. For instance, while 77% of current mine workers had correct knowledge of TB symptoms, about 64% of the neighbouring communities had correct knowledge. However, this pattern is mixed across countries. In four of the ten countries: Lesotho, South Africa, Tanzania and Zimbabwe, current mine workers had the highest level of correct knowledge.

Table 3.2 2 Percentage Distribution of Correct Knowledge of TB by Country by Population Type

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Mine work	76.7	79.8	79.3	54.7	78.6	75.6	88.2	88.7	49.8	80.8	93.9
Ex-Mine worker	74.8	69.5	76.7	61.2	84.9	80.0	89.1	82.5	47.1	72.6	92.4
Family of current mine worker	66.0	86.4	74.1	48.6	72.3	*	86.3	88.9	46.3	71.7	91.4
Neighbour/Community member	63.7	*	*	86.7	78.6		88.0	*	44.5	100	*
Total	72.7	77.7	76.7	55.6	78.7	78.7	88.1	86.7	47.2	77.8	93

Asked if they knew of any one with TB, approximately 67% of the region's participants responded in the affirmative (Table 3.2.3). This knowledge ranged from 41% in Tanzania to 89% in Swaziland.

Ex-mine mine workers (73%) and current mine workers (71%) were most likely to know someone with, or had had TB at regional level. This pattern does not hold in most countries.

Table 3.2 3 Percentage Distribution of Knowledge of Someone with or had TB by Country by Population Type

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Mine work	70.8	75.8	88.5	74.4	75.5	79.7	68.1	93.5	53.8	66.6	85.1
Ex-Mine worker	72.5	62.7	90.0	77.5	78.5	78.6	70.0	85.0	54.9	79.1	81.3
Family of current mine worker	60.5	90.9	68.2	69.9	62.1	77.8	61.1	87.0	46.4	56.2	76.4
Neighbor/Community member	51.4	*	*	86.7	57.1	*	60.1	*	39.4	86.7	*
Total	67.0	73.8	79.5	74.2	73.3	79.1	66.5	88.6	40.6	66.8	82.2

Respondents were asked about how one can get infected with TB. People who reported the three ways of TB infection, namely: inhaling air coughed out by an infected person; working together with an infected person, and living in a crowded room were categorized as knowing how one can get infected with TB. Such knowledge is moderate, with the proportion reporting knowledge at regional level being 76% (Table 3.2.4). This knowledge ranged from 55% in Malawi to 87% in Zambia and South Africa, respectively. Zimbabwe, Swaziland and Mozambique also have high levels of knowledge, 86% 85% and 82% respectively.

At regional level, current mine workers and ex-mine workers have the highest levels of knowledge, 80% and 77%, respectively. On the other hand, neighbouring communities have the lowest level of knowledge, 69%. Again, these proportions are mixed across countries. While in five countries: Botswana, Lesotho, Namibia, Zimbabwe and South Africa, current mine workers were more knowledgeable, this relationship is mixed in the other five countries.

Table 3.2 4 Percentage Distribution of Knowledge on How One Can get TB by Country by Population Type

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Mine work	79.7	70.2	73.6	54.5	83.1	78.9	88.1	85.5	64.4	87.4	88.5
Ex-Mine worker	76.8	50.8	53.3	66.3	83.5	64.3	87.6	82.5	56.9	94.9	80.6
Family of current mine worker	71.2	54.5	71.8	43.8	78.3	*	84.6	87.0	65.5	78.4	84.4
Neighbour/Community member	69.1	*	*	84.4	78.6		82.8	*	57.8	93.3	*
Total	76.3	63.1	69.5	54.8	82.2	73.9	86.9	85.4	62.3	86.7	86.3

Among the many options participants were asked as possible ways of preventing TB, those who cited covering mouth and nose when coughing, and coughing under the arm pit were considered as having knowledge on ways of preventing TB. Knowledge of prevention at regional level is moderate, 66%. Such knowledge ranged between 48% in Malawi and 84% in South Africa (Table 3.2.5). About 77% of the participants in Mozambique and 72% in Zambia had such knowledge. Malawi, Swaziland, Tanzania Botswana, Zimbabwe and Namibia are below the regional level of knowledge.

Table 3.2 5 Percentage Distribution of Knowledge on Prevention by Country by Population Type

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Mine work	68.8	71.0	70.1	53.5	78.1	59.3	83.6	48.4	55.8	68.9	61.6
Ex-Mine worker	67.7	42.4	83.3	43.3	78.5	57.1	88.6	50.0	50.0	73.5	66.0
Family of current mine worker	61.1	59.1	65.9	36.0	73.9	0.0	83.3	53.7	55.1	74.6	57.6
Neighbour/Community member	63.8	0.0	0.0	88.9	78.6	0.0	78.4	0.0	51.0	93.3	0.0
Total	66.4	61.2	69.5	47.8	77.4	58.8	83.8	50.6	53.8	71.5	61.2

Asked if there was a link between TB and HIV, knowledge on this link was quite high. Approximately 88% of the regional population reported that there was a link between TB and HIV (Table 3.2.6). This knowledge ranged from 82% in Tanzania and Mozambique, respectively to 98% in Swaziland. Six of the ten countries had knowledge above the regional level; these were: Lesotho (92%), Namibia (93%), Zambia (96%), Zimbabwe (97%) Swaziland (98%), Malawi (89%) while four countries, Botswana, Mozambique, South Africa and Tanzania had levels lower than the regional levels, albeit above 80%. There was no systematic relationship between knowledge of the link between TB and HIV across population types.

Table 3.2 6 Percentage Distribution of Respondents Who Think There is a Link Between TB and HIV By Country by Type of Population

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Mine work	90.2	96.0	93.1	91.5	81.9	93.5	89.9	96.8	82.9	96.7	97.6
Ex-Mine worker	86.4	67.8	93.3	87.1	85.2	91.4	80.4	97.5	81.4	97.4	96.5
Family of current mine worker	86.4	86.4	90.6	84.9	79.4	*	88.9	100	80.5	91.4	96.5
Neighbour/Community member	82.5	*	*	93.3	85.7		77.7	*	83.3	93.3	*
Total	87.9	86.9	91.9	88.7	82.2	92.9	86.2	98.1	82.0	95.6	97.2

Respondents with the correct knowledge of TB treatment would either give DOTS or specific drugs given at health centres as the correct treatment for TB. Knowledge on how TB can be treated was quite high across countries in the region. While 92% of the regional respondents reported correctly on how TB can be treated, this proportion ranged from 84% in Mozambique to 98% in Zimbabwe (Table 3.2.7). Three countries: Botswana, Mozambique and Tanzania were below the regional average, but with levels above 80%.

At regional level, current and ex-mine workers had the highest level of knowledge on treatment, 93%. Mine workers were more knowledgeable in four countries: Botswana, Namibia, South Africa, and Zimbabwe.

Table 3.2 7 Percentage Distribution of Knowledge on How TB Can be Treated by Country by Type of Population

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Mine work	93.0	93.5	95.4	93.4	84	97.6	97.0	98.4	86.2	96.8	98.6
Ex-Mine worker	92.7	86.4	96.7	94.4	85.6	97.1	96.6	100	87.6	95.3	98.6
Family of current mine worker	90.0	90.9	94.1	92.8	84.6	*	94.4	92.6	85.8	90.5	95.5
Neighbour/Community member	89.1	*	*	93.3	78.6		96.6	*	84.5	93.3	*
Total	91.9	91.3	95.2	93.4	84.3	97.2	96.6	96.8	85.9	95.1	97.8

Diagnosis was thought to be free by about 76% of the participants at regional level (Table 3.2.8). This proportion ranged from 52% in Tanzania to 93% in Lesotho. Knowledge of four countries: Namibia, Tanzania, Zambia and Zimbabwe was below the regional average. There is no systematic relationship between perceptions on the cost of treatment and category of work across countries.

Table 3.2 8 Percentage Distribution of Knowledge on the Free TB diagnosis by Country by Population Type

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Mine work	78.2	78.2	93.1	87.6	90.5	65.9	87.8	88.7	55.0	70.6	77.4
Ex-Mine worker	76.8	96.6	100.0	92.7	91.9	77.1	92.2	75.0	48.7	53.0	71.5
Family of current mine worker	70.8	100.0	90.6	88.0	92.9		94.4	87.0	48.1	66.7	65.0
Neighbour/Community member	69.7		*	84.4	85.7		96.2		53.5	40.0	
Total	75.5	85.9	93.3	88.5	91.1	69.7	90.7	84.2	51.8	66.1	73.4

A fairly high proportion of participants reported that they think TB treatment is free. Approximately 76% of the participants at regional level reported that they thought that TB treatment was free in their respective countries (Table 3.2.9). This proportion ranged from 52% in Tanzania to 93% in Lesotho. In four countries: Namibia, Tanzania Zambia and Zimbabwe such a perception is below the regional average. There is no systematic variability of perceptions by population type.

Table 3.2 9 Percentage Distribution of Participants who reported that TB treatment is free

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Mine work	78.2	78.2	93.1	87.6	90.5	65.9	87.8	88.7	55.0	70.6	77.4
Ex-Mine worker	76.8	96.6	100.0	92.7	91.9	77.1	92.2	75.0	48.7	53.0	71.5
Family of current mine worker	70.8	100.0	90.6	88.0	92.9		94.4	87.0	48.1	66.7	65.0
Neighbour/Community member	69.7		*	84.4	85.7		96.2		53.5	40.0	
Total	75.5	85.9	93.3	88.5	91.1	69.7	90.7	84.2	51.8	66.1	73.4

3.2.2 Attitudes

Respondents were asked if TB was a serious health issue in mines or not. About 82% of the respondents at regional level reported that TB was a serious health issue in mines (Table 3.2.10). This proportion ranged from 61% in Malawi to 95% in South Africa. It was 91% in Lesotho and Swaziland, respectively. Five countries: Botswana, Malawi, Namibia, Zambia and Zimbabwe had proportions below the regional average. What is interesting to note is that current mine workers were less likely to think that TB is a serious health issue compared to other categories.

Table 3.2 10 Percentage Distribution of Respondents Who Think TB is a Serious Health Issue by Country by Type of Population

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Mine work	81.0	71.0	87.4	64.1	80.6	74.0	95.5	90.3	82.8	69.8	81.7
Ex-Mine worker	83.5	93.2	100.0	60.1	84.5	88.6	96.9	90.0	78.1	77.8	84.0
Family of current mine worker	79.5	86.4	89.4	65.8	81.4	*	95.7	92.6	82.0	71.1	76.8
Neighbour/Community member	85.4	*	*	11.1	89.3		91.4	*	87.8	93.3	*
Total	81.5	78.6	90.5	61.3	81.7	78.2	95.2	91.1	83.0	71.9	80.6

Respondents were asked about their perceived risk of TB infection. Perceived risk is quite high, with 86% of the respondents at regional level reporting being at risk of TB infection (Table 3.2.11). This proportion ranged from 78% in Tanzania to 98% in Swaziland. Proportions reporting perceived risk which were below the regional average are in Mozambique, Tanzania and Zambia. Current mine workers were generally more likely to feel at risk of TB infection compared to other population groups.

Table 3.2 11 Percentage distribution of Perceive Risk of TB infection

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Mine work	88.6	97.6	98.9	94.4	84.9	95.9	91.4	100	81.7	84.0	93.5
Ex-Mine worker	86.4	96.6	100	84.3	84.9	85.7	90.2	95.0	75.2	88.0	93.8
Family of current mine worker	79.0	86.4	89.4	83.6	79.8	*	83.3	96.3	72.3	72.7	85.4
Neighbour/Community member	83.9	*	*	93.3	82.1	*	88.3	*	79.8	93.3	*
Total	85.6	96.1	94.8	89.1	83.9	91.9	89.8	97.5	77.6	82.3	91.2

Respondents were asked if they would be compassionate to people with TB. There is generally a compassionate feeling towards people with TB, with approximately 73% of the respondents, at regional level, saying that they would feel compassionate towards people with TB (Table 3.2.12). Compassion ranged from 56% in Mozambique to about 93% and 90% in Swaziland and Lesotho, respectively. Three SADC countries: Mozambique, Tanzania, and Zambia are below the regional average.

In four countries: Botswana, Malawi, Swaziland, and Zimbabwe mine workers fair better than other population groups with regards to compassion towards TB patients.

Table 3.2 12 Percentage Distribution of Respondents Who Reported Feeling Companionate Towards People with TB by Country by Type of Population

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Mine work	74.1	87.9	87.4	86.2	54.0	82.9	74.7	96.8	69.2	76.5	85.2
Ex-Mine worker	72.3	83.1	90.0	85.4	63.7	75.7	73.4	90.0	65.4	63.7	84.0
Family of current mine worker	69.9	86.4	91.8	80.8	55.7	88.9	72.2	90.7	62.7	63.8	79.9
Neighbour/Community member	79.3	*	*	80.0	60.7	*	86.9	*	74.9	90.0	*
Total	73.3	86.4	89.5	84.1	56.4	81.0	75.9	93.0	68.0	71.8	83.7

Asked about their perception of potential family support should they be on TB or HIV treatment, 93% reported that they anticipated family support (Table 3.2.13). This proportion ranged from 85% in Mozambique to about 100% in Botswana. This proportion was about 98% in Zimbabwe, Swaziland, South Africa and Lesotho respectively. There are no meaningful differentials across population types.

Table 3.2 13 Percent Distribution of Respondents Who Reported Family Support Should They be on HIV or TB Treatment by Country

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Mine work	93.8	100.0	97.7	92.3	84.5	96.7	98.6	98.4	88.8	96.8	98.4
Ex-Mine worker	92.7	100.0	100.0	89.3	84.9	95.7	99.0	95.0	85.0	97.4	97.2
Family of current mine worker	91.2	95.5	96.5	93.8	83.8		98.3	98.1	85.0	95.2	96.2
Neighbour/Community member	91.6	*	*	100.0	89.3		95.5		88.2	96.7	
Total	92.8	99.5	97.6	92.6	84.5	96.7	98.2	97.5	87.0	96.6	97.7

3.2.3 Practice

The data show very good health seeking behavior with about 98% reporting that they would visit a health facility if they were found to have TB (Table 3.2.14). This proportion ranged from 90% in Botswana to 100% in Lesotho and Namibia. Proportions in three countries: Botswana, Mozambique, Swaziland and Tanzania were slightly below the regional average. There was minimal variability across population types.

Table 3.2 14 Percentage Distribution of Visiting a Health Facility if Found to Have TB By Country by Type of Population

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Mine work	97.4	85.5	100	97.9	94.8	99.2	99.6	98.4	96.9	97.3	99.0
Ex-Mine worker	98.4	98.3	100	99.4	97.2	100	98.2	97.5	97.4	99.1	100
Family of current mine worker	97.6	90.9	100	97.9	92.9	*	98.7	94.4	96.9	100	99.4
Neighbour/Community member	99.5	*	*	100.0	100.0	*	100.0	*	99.0	100	*
Total	97.8	89.8	100	98.3	95.0	99.5	99.3	96.8	97.4	98.3	99.2

Respondents were asked if they knew when to seek treatment. Those who reported that they would seek treatment after coughing for one week were considered as having the correct knowledge. Knowledge on when to seek treatment was almost universal, approximately 99% at regional level Table 3.2.15). This finding is true across countries.

Table 3.2 15 Percentage Distribution Reporting Correct Point at Which to Seek Help from a Health Facility if They Have Symptoms of TB

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Mine work	99.5	100.0	100.0	100.0	99.4	100.0	99.5	98.4	98.3	99.9	100.0
Ex-Mine worker	99.2	98.3	100.0	100.0	98.9	97.1	99.2	100.0	98.7	100.0	100.0
Family of current mine worker	99.1	100.0	100.0	99.7	97.2		100.0	100.0	99.0	98.7	99.7
Neighbour/Community member	99.6	*	*	100.0	96.4		100.0		99.4	100.0	
Total	99.4	99.5	100.0	99.9	98.9	99.1	99.6	99.4	98.8	99.6	99.9

The proportion of the participants who reported that they would advise someone with TB to seek treatment was rather low, 45% at regional level (Table 3.2.16). This proportion ranged from 18% in Mozambique to 74% in Botswana. Countries with proportions below the regional average were: Malawi, Mozambique, Namibia and Zambia. There are no discernible differentials across population types.

Table 3.2 16 Percent distribution of those who would encourage someone with TB to seek treatment

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Mine work	44.0	79.8	58.6	31.5	15.7	35.8	51.9	67.7	50.1	33.6	69.4
Ex-Mine worker	44.7	64.4	53.3	32.6	18.3	51.4	44.2	45.0	51.6	53.4	70.8
Family of current mine worker	40.8	63.6	74.1	28.1	23.7	*	43.2	70.4	48.1	7.0	66.9
Neighbour/Community member	57.2	*	*	64.4	10.7	*	63.6	*	58.8	6.7	*
Total	44.6	73.8	63.8	32.2	17.6	40.8	51.1	62.7	51.6	30.4	68.7

Asked if they could access HIV and TB treatment within their respective communities, about 81% of the participants responded in the affirmative at regional level (Table 3.2.17. This proportion ranged from 54% in Tanzania to 99% in Botswana. Only in Malawi and Tanzania is this proportion below the regional average, it was 69% and 54%, respectively.

Table 3.2 17 Percent Distribution able to access HIV and TB Treatment within Community

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Mine work	83.5	99.2	98.9	65.3	81.9	98.4	96.4	90.3	49.6	93.8	95.2
Ex-Mine worker	82.0	98.3	90.0	64.0	86.3	94.3	97.4	90.0	51.6	88.0	93.1
Family of current mine worker	79.4	100.0	97.6	77.4	82.2		97.4	96.3	54.1	96.2	95.2
Neighbour/Community member	74.0	*	*	73.3	85.7		93.1		61.0	90.0	
Total	81.4	99.0	96.7	69.2	82.9	97.2	96.2	92.4	53.7	93.3	94.9

3.3 MDR-TB Multi-Drug Resistant TB

Knowledge about MDR-TB is fairly low. The proportion which reported ever hearing about MDR-TB was only 18% at regional level (Table 3.3.1). This knowledge varied from 7% in Malawi and Zambia, respectively, to 69% in Swaziland.

Table 3.3. 1 Percentage distribution ever heard of MDR-TB

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
Currently a mine worker	19.1	27.4	16.1	8.0	29.0	23.6	16.4	74.2	22.7	7.9	20.6
Ex-mine worker	19.1	16.9	13.3	4.5	35.6	24.3	14.7	70.0	24.5	2.6	17.4
Family member of a current/ ex-mine worker	15.2	18.2	21.2	7.5	20.6	22.2	11.1	63.0	17.9	6.0	13.7
Neighbor/ Community Member	15.9	0.00	12.5	2.2	28.6		8.6	50.0	20.8	10.0	33.3
Total	17.9	23.3	17.6	6.9	28.8	23.7	14.3	69.0	21.0	6.6	18.4

Approximately 62% of participants at regional level reported that the symptoms of MDR-TB and TB are the same (Table 3.3.2). Four countries: Botswana, Lesotho, Namibia and Swaziland had proportions below the regional level.

Current mine workers were the most likely to report similarity of symptoms in five countries namely: Lesotho, Namibia, South Africa, Swaziland and Tanzania. The relationship is not clear in the other five countries.

Table 3.3. 2 Percentage Distribution Reporting Similarity of MDR-TB and TB Symptoms by Country by Population type

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
Currently a mine worker	64.4	58.8	71.4	55.9	59.6	48.3	69.8	52.2	71.7	60.0	68.3
Ex-mine worker	60.4	30.0		87.5	63.4	47.1	68.4	28.6	66.7	66.7	68.0
Family member of a current/ ex-mine worker	55.0	75.0	27.8	68.2	71.2	25.0	69.2	23.5	50.4	84.2	58.1
Neighbor/ Community Member	64.4				50.0		52.0		69.8	66.7	100.0
Total	61.9	54.2	40.5	63.1	61.8	46.0	67.9	36.7	65.0	65.6	66.4

A significant proportion of participants at regional level, 76%, reported that MDR-TB emanate from TB which would have become difficult to treat (Table 3.3.3). The proportion reporting this causal relationship ranged from 62% in Zambia to 87% in Swaziland. Four countries: Malawi, Mozambique, South Africa and Zambia have levels of such knowledge below the regional average.

There is no clear relationship between knowledge of this causal relationship and type of population.

Table 3.3. 3 Percentage distribution of participants who report that MDR-TB results from the difficulty of treating TB

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
Currently a mine worker	74.9	85.3	85.7	64.7	69.4	72.4	74.7	82.6	81.0	64.6	78.6
Ex-mine worker	79.5	70.0	75.0	87.5	77.2	94.1	77.2	89.3	80.0	83.3	72.0
Family member of a current/ ex-mine worker	75.4	100.0	77.8	77.3	71.2	75.0	69.2	91.2	71.7	52.6	88.4
Neighbor/ Community Member	76.0		100.0		62.5		72.0	100.0	80.2	33.3	
Total	75.9	83.3	81.1	70.8	71.4	80.0	74.5	87.2	78.3	62.4	79.4

Another 59% of the regional participants reported that MDR-TB is caused by drugs which fail to work (Table 3.3.4). This proportion ranged from 44% in Zambia, to 70% in Lesotho. Three countries: Namibia, South Africa and Zambia were below the regional average.

Ex-mine workers were the most likely to report this relationship in six countries excluding Lesotho, Malawi, South Africa and Swaziland.

Table 3.3. 4 Percentage distribution reporting that MDR-TB result from drugs not working

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
Currently a mine worker	59.4	64.7	71.4	55.9	58.0	51.7	58.8	60.9	63.0	52.3	60.7
Ex-mine worker	66.5	70.0	75.0	100.0	72.3	58.8	52.6	71.4	62.7	66.7	72.0
Family member of a current/ ex-mine worker	53.9	0.0	66.7	72.7	65.4	25.0	50.0	58.8	51.2	10.5	58.1
Neighbour/ Community Member	52.1		100.0	100.0	25.0		24.0	100.0	60.4	33.3	
Total	59.0	60.4	70.3	67.7	61.8	52.0	53.8	63.3	59.3	44.1	61.2

Approximately 52% of the participants at regional level reported that MDR-TB result from taking wrong TB drugs (Table 3.3.5). This proportion ranged from 32% in Zambia to 72% in Malawi. Five countries: Botswana, Namibia, Swaziland, Zambia and Zimbabwe were below the regional average.

In seven countries, excluding Lesotho, South Africa and Tanzania ex-mine workers were the most likely to report this cause.

Table 3.3. 5 Percentage distribution reporting that MDR-TB is caused by taking wrong TB drugs

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
Mine worker	50.3	26.5	64.3	67.6	53.5	37.9	54.4	34.8	57.6	35.4	44.8
Ex-mine worker	61.3	70.0	50.0	100.0	72.3	58.8	52.6	64.3	52.0	66.7	48.0
Family member of a current/ ex-mine worker	49.9	50.0	61.1	72.7	67.3	25.0	46.2	50.0	45.7	15.8	44.2
Neighbour/ Community Member	50.0		100.0		50.0		44.0		53.8		
Total	52.2	37.5	62.2	72.3	59.9	44.0	52.4	46.8	52.8	32.3	44.9

Approximately 74% of the participants at regional level reported that MDR-TB is caused by not taking TB drugs as instructed (Table 3.3.6). The percentage reporting this cause ranged from 45% in Zambia to 94% in Zimbabwe. Knowledge which is below the regional levels was reported in three countries: Lesotho, Mozambique and Zambia.

There is no systematic variation of this knowledge across population types.

Table 3.3. 6 Percentage distribution reporting that MDR-TB is caused by not taking TB drugs as instructed by country by type of population

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
Currently a mine worker	74.8	88.2	78.6	88.2	61.6	75.9	78.0	84.8	74.5	49.2	95.2
Ex-mine worker	74.9	60.0	75.0	100.0	66.3	70.6	78.9	85.7	73.3	83.3	92.0
Family member of a current/ ex-mine worker	73.1	50.0	61.1	77.3	75.0	75.0	76.9	82.4	71.7	21.1	93.0
Neighbor/ Community Member	71.9		100.0		62.5		56.0	100.0	77.4	33.3	100.0
Total	74.3	79.2	70.3	84.6	64.5	74.0	76.2	84.4	74.2	45.2	94.4

About 46% of the participants at regional level reported that MDR-TB cannot be cured (Table 3.3.7). The proportion maintaining that MDR-TB cannot be cured ranged from 30% in Zambia to 65% in Lesotho. Five countries: Mozambique, Namibia, South Africa Zambia and Zimbabwe were below the regional average. There is no discernible relationship between reporting of the non-curability of MDR-TB and type of population.

Table 3.3. 7 Percentage distribution reporting that MDR-TB cannot be cured by country by type of population

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
Currently a mine worker	43.3	64.7	71.4	44.1	41.6	20.7	36.8	39.1	55.4	33.8	40.7
Ex-mine worker	52.6	50.0	50.0	75.0	43.6	52.9	49.1	53.6	62.7	50.0	60.0
Family member of a current/ ex-mine worker	50.1	50.0	61.1	45.5	51.9	50.0	50.0	61.8	51.2	15.8	48.8
Neighbour/ Community Member	42.5		100.0	100.0	62.5		44.0	100.0	40.6		
Total	46.2	60.4	64.9	49.2	43.8	34.0	41.0	50.5	52.2	30.1	44.4

3.4 HIV and AIDS

3.4.1 Knowledge

Respondents were asked if they had ever received information on HIV, and if they were aware of the main sources of such information. Both receipt of information and knowledge of the sources were universal, 100% across countries and population types (Tables A2 and A3). This universality was also true across age groups (Tables A4 and A5), and marital groups (A6 and A7).

Respondents were asked about signs and symptoms of HIV infection. Those who mentioned at least three correct signs and symptoms were considered as knowledgeable. Such knowledge is quite high with about 92% of the respondents at regional level being knowledgeable (Table 3.4.1). This proportion ranged from 74% in Namibia to 98% in Zimbabwe. Five countries had proportions below the regional average, these were: Botswana, Lesotho, Namibia, Swaziland, and Tanzania.

Current mine workers were most likely to have this knowledge compared to other population groups in all the ten SADC countries except in Namibia and South Africa.

Table 3.4. 1 Percentage Distribution of Knowledge of Signs and Symptoms of HIV Infection by Country by Type of Population

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Mine worker	93.7	91.9	87.4	93.0	95.1	69.1	93.2	90.3	92.6	95.3	98.3
Ex-Mine worker	92.3	78.0	73.3	94.4	92.6	81.4	96.4	82.5	89.9	94.4	97.9
Family of current mine worker	91.0	77.3	68.2	89.0	92.1	*	94.9	87.0	91.1	91.4	97.1
Neighbour/Community member	88.1	*	*	93.3	92.9	*	88.7	*	86.5	100	*
Total	92.3	86.4	77.6	92.0	94.0	73.9	93.4	86.7	90.5	94.4	97.9

Respondents were asked on how one can get infected. Those who reported at least three correct ways of getting infected were considered as knowledgeable. Knowledge levels on ways of getting infected are quite high, about 96% at regional level, and ranging from 88% in Mozambique to 100% in Namibia and Zimbabwe, respectively (Table 3.4.2). Only Mozambique and Tanzania were below the regional average.

There is minimal variability by type of population.

Table 3.4. 2 Percentage Distribution of Knowledge on How One can Get HIV Infected by Country by Type of Population

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Mine work	95.9	100.0	96.6	99.5	86.0	100	98.8	100	92.4	98.8	99.9
Ex-Mine worker	96.5	93.2	100	99.4	90.5	98.6	100.0	100	91.8	99.1	100
Family of current mine worker	95.3	100.0	92.9	98.3	89.7	*	97.0	96.3	92.1	99.0	99.4
Neighbour/Community member	93.5	*	*	100.0	82.1	*	95.5	*	92.0	100	*
Total	95.7	98.1	95.2	99.1	87.5	99.5	98.4	98.7	92.1	98.9	99.7

Participants who mentioned at least three correct preventive strategies were considered as knowledgeable. Knowledge on prevention was quite high, 97% at regional level, and ranging from 93% in Mozambique to 99% in Botswana, South Africa, Zambia and Swaziland (Table 3.4.3). Again, variability is minimal across population types.

Table 3.4. 3 Percentage Distribution of Knowledge on Prevention of HIV Infection by Country by Population Type

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Mine work	97.2	100.0	98.9	97.2	93.0	97.6	99.3	98.4	97.0	99.5	95.9
Ex-Mine worker	97.9	96.6	100	99.4	95.4	98.6	99.5	100	97.7	97.0	97.9
Family of current mine worker	97	100.0	91.8	96.2	89.3	*	98.7	100	97.9	99.4	98.7
Neighbour/Community member	96.5	*	*	100.0	100.0	*	95.9	*	96.5	100	*
Total	97.2	99.0	95.2	97.4	93.0	97.6	98.8	99.4	97.3	99.1	96.9

3.4.2 Attitudes

Respondents were asked whether or not HIV was a serious health issue among mine workers. Approximately 83% at regional level reported that HIV was a serious health problem (Table 3.4.4). This proportion ranged from 68% in Malawi to 92% in Botswana and South Africa, respectively. Five countries: Lesotho, Malawi, Swaziland, Zambia and Zimbabwe were below the regional average. There is no relationship between the perceived seriousness of HIV and type of population.

Table 3.4. 4 Percentage Distribution of those Perceiving HIV as a Seriousness Health Issue by Country by Population Type

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Mine work	81.6	91.1	69.0	70.7	80.1	85.4	92.0	79.0	88.4	70.5	78.2
Ex-Mine worker	85.2	93.2	83.3	65.2	83.5	92.9	94.6	55.0	83.3	93.2	80.6
Family of current mine worker	81.1	90.9	67.1	74.0	81.8	*	91.9	75.9	86.6	81.6	70.4
Neighbour/Community member	85.5	*	*	11.1	89.3	*	88.3	*	91.6	80.0	*
Total	82.5	91.7	68.6	67.8	81.3	87.2	91.9	72.2	87.9	77.0	76.4

About 17% of respondents at regional level reported that adherence to ART would cure HIV (Table 3.4.5). This proportion ranged from 6% in Zambia to 45% in Botswana. Current or ex-mine workers were more likely to report that adherence to ART would cure AIDS compared to other population types in seven countries excluding Botswana, Lesotho and Mozambique where neighbouring communities were more likely to report the same.

Table 3.4. 5 Percentage Distribution Reporting that Adherence to ART Cures HIV by Country by Population Type

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
Mine work	17.2	49.2	24.1	29.3	13.7	19.5	18.0	12.9	11.0	7.9	24.0
Ex-Mine worker	17.4	39.0	16.7	33.7	11.3	34.3	10.1	20.0	19.0	3.4	30.6
Family of current mine worker	16.5	36.4	15.3	26.4	11.9	16.7	17.5	18.5	16.5	5.1	20.4
Neighbour/Community member	10.3			40.0			12.8	16.5	10.1		23.8
Total	16.7	45.1	19.5	28.5	13.0	24.2	16.0	12.9	14.2	6.3	24.0

3.4.3 Practices

Respondents were asked if they had had an HIV test 12 months prior to the survey. The proportion reporting having been tested within the past 12 months is moderate, about 66% at regional level, and ranging from 52% in Mozambique and Tanzania, respectively, to 86% in Swaziland (Table 3.4.6). This proportion is lower than the regional average in Mozambique and Tanzania where it was 52%.

Current or ex-mine workers were more likely to report having been tested in six countries except in Botswana, Mozambique, Swaziland and Tanzania where neighbouring communities were the most likely to report the same compared to other population types.

Table 3.4. 6 Percentage Distribution of Testing Experience 12 Months Before the Survey by Country by Population Type

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
Mine work	70.9	90.3	83.9	66.4	56.7	82.9	86.0	88.7	50.6	72.6	79.7
Ex-Mine worker	60.4	49.2	43.3	70.8	44.4	64.3	77.3	80.0	48.4	50.4	76.4
Family of current mine worker	59.7	86.4	68.2	66.8	42.3	72.2	75.2	87.0	51.6	50.2	73.6
Neighbour/Community member	59.5		100.0	60.0	33.3		74.4	86.1	56.0	51.9	77.6
Total	65.7	78.2	71.4	67.1	51.6	75.8	80.8	88.7	52.0	63.5	79.7

When controlled for marital status, all the other marital groups, except those who were married or single, were likely to have taken an HIV test 12 months prior the survey (Table 3.4.7). It is only in Tanzania where married participants were the most likely to report having been tested. Note that in Botswana, Namibia and to some extent, Namibia, 100% of the divorced, widowed, separated and cohabiting reported having been tested. In Swaziland, 100% of the widowed, separated and co-habiting, and 100 of the separated and “other” reported having had a test.

Table 3.4. 7 Percentage Distribution of Testing Experience 12 Months Before the Survey by Country by Marital Status

	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
Married	69.03	69.35	75.18	67.06	51.28	72.31	83.62	86.60	58.46	66.16	79.87
Single	60.06	90.67	57.69	66.92	51.94	75.56	77.19	82.22	42.95	56.60	65.95
Divorced	64.68	100.00	33.33	72.09	44.44	100.00	79.31	66.67	53.97	45.83	80.00
Widowed	55.86	100.00	67.65	54.17	48.15	100.00	68.89	100.00	39.47	47.62	62.50
Separated	58.02		100.00	25.00	37.50		65.00	100.00	55.71	50.00	100.00
Co Habiting	65.89	100.00	66.67	71.93	54.29	100.00	83.09	100.00	41.46	70.00	
Total	65.67	78.16	71.43	67.06	51.63	75.83	80.77	86.08	51.97	63.51	77.58

Asked whether or not they had had sex with someone other than their usual spouse in the last 12 months, a fairly low proportion, 29% at regional level, reported in the affirmative. This proportion ranged from 18% in Malawi to 42% in Lesotho (Table 3.4.8). Current or ex-mine workers were more likely to report having had sex with someone other than usual spouse in eight countries excluding Botswana and Zimbabwe where family members and community members, respectively, were more likely to report the same.

Table 3.4. 8 Percentage Distribution of Having Had Sex with Partner Other than Usual Partner in Past 12 Months by Country by Population Type

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
Mine work	34.0	35.5	54.0	21.8	36.2	32.5	41.0	32.3	41.9	28.6	22.2
Ex-Mine worker	30.8	16.9	50.0	23.6	30.6	27.1	45.7	30.0	29.1	24.4	18.1
Family of current mine worker	19.4	40.9	27.1	9.6	24.9	22.2	26.9	20.4	24.6	12.4	9.9
Neighbour/Community member	32.4			20.0			30.8	27.2	36.7	22.2	18.4
Total	29.4	31.1	41.9	17.6	32.9	29.9	37.6	32.3	32.2	24.2	22.2

Controlling for marital status, divorced participants were more likely to report sex with partner other than usual partner in Lesotho, Malawi, Namibia, Swaziland and Zimbabwe (Table 3.4.9). In Lesotho, South Africa and Tanzania those who were separated were the most likely to report having sex with non-regular partner, while in Botswana, Mozambique and Zambia those who were co-habiting were most likely to report the same. Note that in none of the countries were married participants the most likely to report sex with non-regular partner; however, it is worth noting that the proportion of married participants reporting sex with non-regular partner ranged from 16% in Zimbabwe to 43% in Lesotho.

Table 3.4. 9 Percentage Distribution of Having Had Sex with Partner Other than Usual Partner in Past 12 Months by Country by Marital Status

	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
Married	24.51	25.00	43.26	14.64	32.77	16.92	32.64	22.68	27.75	21.54	16.25
Single	34.28	41.33	34.62	26.92	27.05	34.81	39.79	37.78	37.78	33.33	26.49
Divorced	34.92	33.33	100.00	30.23	37.04	66.67	34.48	66.67	33.33	29.17	36.00
Widowed	25.39		29.41	16.67	33.33		15.56	22.22	32.89	14.29	31.25
Separated	44.27		100.00		50.00		55.00		47.14	37.50	
Co Habiting	47.80	100.00	66.67	24.56	54.29	50.00	53.68		34.15	40.00	
Total	29.37	31.07	41.90	17.64	32.91	29.86	37.62	27.22	32.25	24.16	18.38

Respondents were asked if they used a condom the last time they had sex with a partner who was not their regular partner. Approximately 12% of the participants at regional level reported non-use of a condom; this ranged from 5% in Mozambique to 31% in Malawi (Table 3.4.10). Note that about 20% of participants in Tanzania also reported non-use. There is no systematic variation across population types.

Table 3.4. 10 Percentage Distribution of Non-use of Condom the Last Time Participants had Sex with Non-Regular Partner in the Last 12 Months by Country and Population Type

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Currently a mine worker	10.8	2.3	13.2	32.3	5.2	7.5	6.6	5.0	19.4	8.9	9.0
Ex-mine worker	10.3	20.0	15.4	26.2	6.9	5.3	5.1	25.0	19.1	1.8	11.5
Family member of a current\ ex-mine worker	12.0		5.6	28.6			7.9	18.2	15.4	20.5	6.5
Neighbour/ Community Member	21.9			66.7	12.5		15.4		25.3	14.3	
Total	11.8	4.7	11.3	30.7	5.0	6.3	7.1	14.0	19.6	9.1	8.9

Controlling for marital status, in Botswana, Namibia and Swaziland, those who were married were the most likely to report non-condom use with non-regular partner (Table 3.4.11). The findings are mixed in other countries.

Table 3.4. 11 Percentage Distribution of Non-use of Condom the Last Time Participants had Sex with Non-Regular Partner in the Last 12 Months by Country and Marital Status

	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
Married	12.25	6.45	10.87	32.00	5.19	27.27	7.02	18.18	18.26	8.41	7.95
Single	11.58	3.23	12.50	37.14	5.32	2.13	7.00	11.76	19.33	11.46	12.24
Divorced	13.64			23.08	20.00		5.00		23.81		11.11
Widowed	17.19		22.22	25.00			14.29		28.00		
Separated	17.24						9.09		27.27		
Co Habiting	4.85			14.29	3.16		4.11		7.14	25.00	
Total	11.81	4.69	11.27	30.72	4.96	6.35	7.10	13.95	19.63	9.14	8.88

Asked to give reasons for non-use, the leading reason given by 28% of the respondents at regional level was that the partner refused condom use (Table 3.4.11). This proportion ranged from 26% in Zambia, Tanzania and Mozambique to 38% in Lesotho. Another 11% at regional level reported that they failed to use the condom; this proportion ranged from 2% in Malawi to 26% in Zambia.

Table 3.4. 12 Percentage Distribution of Reasons for Non-use of Condom by Country

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	N=347	N=3	N = 8	N=51	N=23	N=4	N=54	N=6	N=148	N=31	N=19
	%	%	%	%	%	%	%	%	%	%	%
The sexual partner refused	28.2		37.5	35.3	26.1		29.6	33.3	26.4	25.8	31.6
Did not know how to use the condoms	11.2		12.5		8.7		1.9		14.9	25.8	26.3
Failed to use the condoms	12.1		25.0	2.0	30.4	25.0	1.9	33.3	12.8	16.1	21.1
Other[29]	43.2	100.0	25.0	62.7	21.7	75.0	57.4	33.3	39.2	32.3	21.1
Religious reasons	5.2				13.0		9.3		6.8		

[29] Don't like it, unplanned, Drunken Sex, Beautiful woman, careless, we both tested negative

3.5 Silicosis

3.5.1 Knowledge

Respondents were asked whether or not they had ever received information on Silicosis. Such knowledge is quite low especially compared to that of HIV and AIDS and TB. Only 21% of respondents at regional level reported knowledge of Silicosis (Table 3.5.1). This proportion ranged from 2% in Malawi to 51% in Swaziland.

Current and ex- mine workers are generally more knowledgeable about Silicosis compared to their other population types counterparts.

Table 3.5. 1 Percentage Distribution of Receipt of Information on Silicosis by Country by Population types

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Mine work	28.3	14.5	44.8	2.1	19.3	37.4	22.2	59.7	10.0	54.6	51.1
Ex-Mine worker	20.1	40.7	40.0	1.1	26.4	11.4	14.5	67.5	8.8	33.8	26.4
Family of current mine worker	9.7	18.2	34.1	1.4	9.9	*	5.1	27.8	9.3	6.0	15.3
Neighbour/Community member	6.8	*	*	0.0	25.0	*	4.8	*	6.3	13.3	*
Total	20.7	22.3	40.0	1.6	19.1	26.1	16.3	50.6	8.8	39.3	38.2

Knowledge on the sources of information on Silicosis is even lower with only 9% reporting such knowledge at regional level (Table 3.5.2). Such knowledge ranged from 1% in Malawi to 19% in Lesotho. Again, current and ex-mine workers are generally more knowledgeable about sources of information compared to other population types.

Table 3.5. 2 Percentage Distribution of Knowledge on Sources of Information on Silicosis by Country by Population Types

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Mine work	10.6	9.7	19.5	1.4	15.3	6.5	10.0	19.4	7.4	10.9	13.9
Ex-Mine worker	9.2	15.3	20.0	1.1	18.0	4.3	9.6	15.0	7.2	3.8	10.4
Family of current mine worker	5.9	9.1	17.6	1.0	7.5	*	4.3	13.0	6.6	1.9	8.3
Neighbour/Community member	4.8	*	*	0.0	17.9	*	3.4	*	4.9	6.7	*
Total	8.8	11.2	19.0	1.2	14.5	5.2	8.3	15.8	6.6	7.6	11.9

Respondents were asked about the signs and symptoms of Silicosis. Those who mentioned at least three correct symptoms were considered as knowledgeable. Again, such knowledge is low, about 18% at regional level, and ranging from 1% in Malawi to 41% in Swaziland (Table 3.5.3).

Consistently, current and ex-mine workers are more knowledgeable than other population types across countries.

Table 3.5. 3 Percentage Distribution of Knowledge on Sign and Symptoms of Silicosis

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Mine work	25.4	13.7	43.7	1.4	17.8	26.8	21.0	43.5	8.9	45.3	49.9
Ex-Mine worker	15.9	33.9	33.3	1.1	23.9	5.7	11.4	60.0	7.5	18.4	25.7
Family of current mine worker	8.5	18.2	29.4	0.7	8.7	*	4.7	22.2	8.0	4.1	15.3
Neighbour/Community member	5.3	*	*	0.0	21.4	*	4.1	*	4.9	10.0	*
Total	18.1	19.9	35.7	1.1	17.4	18.0	14.8	40.5	7.6	30.8	37.5

Causes of Silicosis were also enquired of the participants. Those who mentioned at least three correct causes were considered knowledgeable. Consistently, such knowledge is very low, about 17% at regional level, and ranging from about 0% in Malawi to 46% in Swaziland (Table 3.5.4).

Again, current and ex-mine workers are more knowledgeable than other population types across countries.

Table 3.5. 4 Percentage Distribution of Knowledge about Causes of Silicosis by Country by Population Type

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Mine work	23.0	11.3	19.5	0.2	16.1	19.5	17.0	50.0	6.9	47.0	45.7
Ex-Mine worker	16.9	23.7	23.3	0.0	22.9	8.6	12.1	67.5	5.9	30.8	25.0
Family of current mine worker	7.1	4.5	18.8	0.3	7.1	*	3.8	25.9	6.5	4.8	14.0
Neighbour/Community member	4.4	*	*	0.0	14.3	*	3.8	*	3.5	13.3	*
Total	16.6	14.1	20.0	0.2	15.8	14.2	12.7	46.2	5.9	34.1	34.5

Respondents who were able to mention at least three preventive strategies against Silicosis were considered knowledgeable. Approximately 19% of the respondents at regional level were knowledgeable about preventive strategies against silicosis (Table 3.5.5). This proportion ranged from 1% in Malawi to 45% in Swaziland.

Consistently, current or ex-mine workers were more likely to know preventive strategies against silicosis than other population types.

Table 3.5. 5 Percentage Distribution of Knowledge on Prevention of Silicosis By Country by Population Type

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Mine work	26.4	14.5	40.2	0.7	16.2	31.7	21.3	54.8	7.8	52.4	50.1
Ex-Mine worker	17.8	28.8	33.3	0.6	22.5	10.0	13.7	62.5	5.6	32.9	26.4
Family of current mine worker	7.2	9.1	22.4	0.3	9.1	*	4.7	20.4	5.5	3.5	15.0
Neighbour/Community member	4.7	*	*	0.0	21.4	*	4.1	*	3.7	10.0	*
Total	18.5	18.0	31.4	0.5	16.3	22.3	15.5	44.9	5.9	37.3	37.5

Asked whether or not there was a link between TB and Silicosis, about 18% of the respondents at regional level maintained that there was a link between the two. This proportion ranged between 1% in Malawi to 48% in Swaziland (Table 3.5.6). Four countries, namely: Malawi, Mozambique, South Africa and Tanzania have knowledge levels below the regional average.

Again, current and ex-mine workers were more knowledgeable than other population types.

Table 3.5. 6 Percentage Distribution of Respondents Reporting the Link Between Silicosis and TB by Country by Population Type

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Mine work	24.7	14.5	41.4	1.9	15.6	30.9	20.2	59.7	8.0	45.5	46.9
Ex-Mine worker	16.6	27.1	30.0	0.6	22.9	8.6	12.7	57.5	4.2	29.5	25.0
Family of current mine worker	7.6	9.1	29.4	0.7	7.5	*	4.7	25.9	6.6	3.8	13.4
Neighbour/Community member	5.0	*	*	0.0	17.9	*	3.8	*	4.7	3.3	*
Total	17.6	17.5	35.2	1.2	15.7	21.3	14.6	47.5	6.4	32.6	35.1

Respondents were asked if Silicosis can be cured or not. About 10% of the respondents at regional level reported that silicosis can be cured (Table 3.5.7). This proportion ranged from 1% in Malawi to 25% in Zambia.

Current and ex-mine workers were again more likely to report that Silicosis can be cured compared to other population types.

Table 3.5. 7 Percentage Distribution of Respondents Who Report that Silicosis Can be Cured

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Mine work	13.3	7.3	20.7	1.2	14.2	17.9	5.0	12.9	6.7	34.5	14.9
Ex-Mine worker	10.6	18.6	13.3	1.1	22.2	5.7	3.4	17.5	4.9	21.8	9.7
Family of current mine worker	4.9	13.6	14.1	0.3	6.3	*	1.7	9.3	5.8	3.2	6.4
Neighbour/Community member	3.7	*	*	0.0	17.9	*	1.7	*	3.7	6.7	*
Total	10.0	11.2	17.6	0.9	14.5	12.8	3.8	12.7	5.5	24.7	11.9

3.5.2 Attitudes

Asked whether or not Silicosis is a serious problem, 18 % of the population at regional level responded positively (Table 3.5.8). This proportion ranged from 1% in Malawi to 51% in Swaziland.

Current and Ex-mine workers were more likely to report the seriousness of Silicosis compared to other population groups across countries.

Table 3.5. 8 Percentage Distribution of Respondents Who Think Silicosis is a serious Disease by Country by Population Type

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Mine work	24.8	12.9	37.9	1.4	16.9	30.9	21.7	59.7	7.8	44.1	47.1
Ex-Mine worker	16.3	37.3	33.3	0.0	21.5	10.0	14.2	67.5	3.3	24.4	23.6
Family of current mine worker	7.2	13.6	28.2	0.7	7.9	*	4.7	27.8	5.5	4.4	11.8
Neighbour/Community member	5.9	*	*	0.0	25.0	*	4.5	*	5.7	6.7	*
Total	17.6	19.9	32.9	0.9	16.4	21.3	15.8	50.6	6.0	31.1	34.5

3.5.3 Practices

Participants were asked whether or not they agreed with the sentiment that workers should have medical tests done regularly. Approximately 90% of the participants agreed that regular medical tests were necessary (Table 3.5.9). This proportion ranged from 76% in Mozambique to 99% in Zimbabwe.

In seven countries except in Malawi, Mozambique and Namibia, neighbouring communities were more likely to report that mine workers should have regular tests compared to other population types.

Table 3.5. 9 Percentage Distribution Reporting that Miners Should have Medical Tests Done Regularly

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Currently a mine worker	90.5	95.2	96.6	95.8	74.9	99.2	97.2	98.4	85.7	95.4	99.4
Ex-mine worker	89.0	88.1	100.0	97.2	78.5	95.7	87.5	97.5	84.0	91.5	99.3
Family member of a current\ ex-mine worker	87.6	81.8	97.6	97.6	76.7	88.9	75.0	98.1	79.3	91.7	97.8
Neighbour/ Community Member	90.0	100.0	100.0	95.6	60.7		100.0	100.0	90.0	100.0	100.0
Total	89.5	91.7	97.6	96.6	75.7	97.2	94.8	98.1	84.5	94.0	99.0

Approximately 83% of the participants maintained that mine workers must have fitness certificates (Table 3.5.10). This proportion ranged from 68% in Tanzania to 97% in Lesotho, Malawi and Zimbabwe. There is no clear discernible pattern of relationships when controlling for population type.

Table 3.5. 10 Percentage Distribution Reporting that People who work in mines should have fitness certificate Insert Table

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Currently a mine worker	84.5	97.6	97.7	96.2	70.9	93.5	95.5	91.9	64.7	92.0	97.4
Ex-mine worker	85.4	89.8	100.0	96.6	76.1	91.4	92.9	95.0	72.9	89.7	95.8
Family member of a current\ ex-mine worker	79.1	86.4	95.3	96.9	75.9	94.4	66.7	88.9	60.1	85.1	95.2
Neighbour/ Community Member	81.9	100.0	100.0	97.8	57.1		92.9	100.0	80.2	96.7	100.0
Total	83.1	94.2	97.1	96.6	72.6	92.9	93.9	91.8	67.8	90.2	96.6

3.6 Information and Communication for TB, HIV and Silicosis

Respondents were asked about the sources of information that they thought were most effective in reaching people. The most popular sources were radio, health workers, television and newspapers. These were reported by 73%, 60%, 48% and 26%, respectively, at regional level (Table 3.6.1). Radio was most preferred in all the countries except Mozambique where television was the most preferred source, and in Zambia and Zimbabwe where health workers were reported as the most effective source.

Table 3.6. 1 Percentage Distribution of Most Effective Sources of Information in Reaching People by Country

Country	Newspapers and magazines	Radio	TV	Billboards	Brochures, posters and other printed materials	Health workers	Family, friends, neighbors and colleagues	Religious leaders	Teachers	Local leaders	Politicians	Other	Number of respondents
Botswana	23.8	84.5	47.6	6.8	8.3	57.3	11.2	2.9	18.0	6.3	2.9	30.6	206
Lesotho	33.8	88.1	31.4	1.4	8.6	67.6	23.8	2.4	11.4	21.4	1.0	9.0	210
Malawi	13.9	90.0	7.3	6.5	9.8	77.5	23.5	16.6	15.4	22.3	0.7	16.5	941
Mozambique	35.4	67.0	72.3	7.1	21.1	47.4	25.3	6.2	9.1	5.5	0.4	3.3	1410
Namibia	37.9	77.7	50.7	2.8	14.7	39.3	21.3	7.1	11.4	7.6	0.9	28.4	211
South Africa	37.7	70.2	60.5	9.6	20.0	60.8	18.9	3.7	14.6	1.1	0.4	2.4	2023
Swaziland	11.4	82.9	30.4	2.5	7.0	66.5	8.9	10.8	11.4	28.5	0.6	39.2	158
Tanzania	26.3	80.0	37.8	22.2	25.7	48.2	19.5	8.0	8.6	14.5	0.9	8.4	2339
Zambia	14.8	61.1	60.8	9.3	27.0	65.9	21.3	7.1	22.6	6.8	0.1	3.2	1403
Zimbabwe	16.0	62.4	43.0	8.3	32.0	77.5	11.3	10.6	16.9	1.8	0.3	19.8	1164
Total	26.0	72.7	48.4	11.2	22.1	59.9	19.7	7.6	13.8	8.8	0.6	9.2	10065

*Multiple response question asking for the three most effective sources

The most trusted sources of information were radio and health workers which were reported by 31% of the participants at regional level (Table 3.6.2). The radio was the most trusted in all the countries except in Zambia and Zimbabwe where health workers were the most trusted, and in Mozambique where television was reported as the most trusted source of information.

Table 3.6. 2 Percentage Distribution of the Most Trusted Source of Information by Country

Country	Newspapers and magazines	Radio	TV	Billboards	Brochures, posters & other printed materials	Health workers	Family, friends, neighbors & colleagues	Religious leaders	Teachers	Local leaders	Politicians	Number of respondents
Botswana	1.5	43.2	8.7	0.0	1.9	35.9	0.0	0.5	0.5	0.5	0.0	206
Lesotho	4.8	61.9	6.2	0.5	0.5	18.1	1.4	0.5	0.5	3.3	0.5	210
Malawi	0.7	48.8	0.7	0.4	0.6	39.0	0.7	1.5	0.4	1.4	0.0	941
Mozambique	11.3	19.7	31.2	3.8	2.8	24.3	4.0	1.3	0.3	0.6	0.0	1410
Namibia	7.6	29.9	18.5	0.0	17.1	3.8	1.4	1.4	4.7	1.4	0.0	211
South Africa	8.4	32.4	21.8	1.1	3.1	27.4	1.5	0.3	2.1	0.1	0.1	2023
Swaziland	0.6	45.6	7.0	0.6	0.0	25.9	0.6	1.3	0.6	4.4	0.0	158
Tanzania	2.5	41.1	10.5	3.8	4.6	21.5	3.3	2.1	1.8	4.4	0.1	2339
Zambia	2.4	20.8	22.2	1.8	7.0	36.8	3.7	1.4	2.6	0.5	0.0	1403
Zimbabwe	1.6	13.1	9.6	0.8	7.0	54.2	0.4	3.1	2.4	0.3	0.1	1164
Total	4.7	31.3	16.3	2.0	4.3	30.5	2.3	1.5	1.7	1.5	0.1	10065

Asked about the preferred language of communication, the local language was the most popular, reported by 85% of the respondents at regional level, and ranging from 69% in Namibia to 100% in Malawi (Table 3.6.3). English was preferred by 14% of the participants. Countries with relatively high proportions of English preference were Namibia (31%, Zambia and South Africa (28%) and Zimbabwe (19).

Table 3.6. 3 Percentage Distribution of Preferred Language by Country

	Own local language	English language	Non-response	Number of respondents
Botswana	91.7	7.8	0.5	206
Lesotho	90.5	3.8	5.7	210
Malawi	99.5	0.4	0.1	941
Mozambique	92.6	6.8	0.6	1410
Namibia	68.7	31.3	0.0	211
South Africa	71.6	28.4	0.0	2023
Swaziland	93.7	6.3	0.0	158
Tanzania	97.6	1.0	1.4	2339
Zambia	71.8	28.0	0.1	1403
Zimbabwe	80.6	19.4	0.0	1164
Total	85.4	14.1	0.6	10065

Participants were also asked about what would make posters and brochures interesting. The largest proportion at regional level, 36%, reported that good content and information would make posters and brochures interesting (Table 3.6.4). This perception was most reported in Namibia Swaziland, Tanzania, Mozambique and Zimbabwe. The other five countries, Botswana, Lesotho, Malawi, South Africa, and Zambia were most likely to report that brochures and posters would be more interesting if they would be simple and easy to read. This perception was reported by 34% of the participants at regional level.

Table 3.6. 4 Percentage Distribution of What would make Posters and Brochures Interesting by Country

Country	Colourful	Celebrity	Famous person	Simple, easy to read	Good content and information	Other	Number of respondents
Botswana	11.7	1.9	1.5	32.5	22.3	30.1	206
Lesotho	8.6	1.0	9.5	37.1	21.9	21.9	210
Namibia	21.3	6.2	3.3	19.4	44.5	5.2	211
Malawi	22.6	18.9	5.6	25.9	24.8	2.1	941
Mozambique	8.9	9.0	14.4	27.1	39.6	0.0	1410
South Africa	12.0	4.2	4.6	40.9	37.1	1.2	2023
Swaziland	7.0	0.6	3.2	27.8	48.1	13.3	158
Tanzania	13.8	8.0	9.8	26.3	37.5	4.6	2339
Zambia	2.8	4.9	5.8	51.6	34.5	0.4	1403
Zimbabwe	9.2	12.0	11.3	30.4	36.4	0.6	1164
Total	11.4	8.0	8.2	33.5	35.7	3.0	10065

Asked about where one first heard information about TB or HIV, the largest proportion at regional level, 48%, mentioned health workers (Table 3.6.5). The radio was reported by 47% of the participants. Note that the radio was the source believed to be most effective and trusted.

There is some variation across countries. Botswana and Tanzania reported the radio as the first source of information, while Mozambique reported television and Namibia and Zimbabwe both mentioned teachers. The other five countries: Lesotho, Malawi, South Africa, Swaziland and Zambia mentioned health workers as the first source of TB and HIV information.

Table 3.6. 5 Percentage Distribution of the First Source of Information on TB and HIV by Country

Country	Newspapers and magazines	Radio	TV	Billboards	Brochures, posters and other printed materials	Health workers	Family, friends, neighbors and colleagues	Religious leaders	Teachers	Other	Number of respondents
Botswana	14.1	56.8	24.8	7.8	11.2	48.1	16.0	2.9	28.2	9.7	206
Lesotho	14.3	55.7	11.9	1.0	2.4	62.9	45.7	1.4	13.3	11.9	210
Malawi	4.3	63.7	3.4	1.4	3.9	68.2	28.3	4.6	14.3	11.1	941
Mozambique	29.9	55.9	57.2	5.4	18.0	39.3	32.4	3.1	7.6	4.0	1410
Namibia	12.8	33.2	21.3	1.4	6.2	32.2	35.1	1.9	47.4	12.3	211
South Africa	28.9	53.6	47.4	8.4	19.8	63.0	29.7	2.5	29.5	4.2	2023
Swaziland	1.3	34.8	2.5	1.3	1.3	49.4	30.4	0.0	17.1	25.3	158
Tanzania	15.4	53.8	23.3	16.0	17.5	37.5	34.6	4.8	13.3	12.0	2339
Zambia	6.4	30.6	28.7	6.3	16.6	45.0	33.3	2.6	38.8	4.1	1403
Zimbabwe	11.6	20.4	13.0	7.0	15.9	43.2	38.0	5.6	49.7	9.0	1164
Total	17.1	47.3	30.0	8.2	15.5	48.3	32.7	3.6	24.7	7.9	10065

Multivariate Analysis

Unadjusted Logistic regression models were fitted to establish the association between selected knowledge of TB indicators, selected demographic variables and seeking care among the SADC mining communities 2016-2017.

The Cough to cure model was chosen as the theory of change mainly because of its approach which looks at behavioral change both at individual and community level. The model has six steps that range from seeking care right up to treatment completion. The model could not be applied in total as it required TB patient data and therefore only the health seeking behavior component could be assessed.

Socio-demographic

Though Socio-demographic variables are not part of the Cough-to-Cure pathway model, an assessment of how they impact on health seeking behaviour was done, and results show that when it comes to health seeking behaviour with regards to TB, most socio-demographic variables were not significant from a statistical point of view, and even for those that were, the odds ratio (OR) values are very small (Table 3.6.6).

Results of the model with Demographic variables are shown in table 3.6.6.

In Botswana, Lesotho, Malawi and Swaziland, age, marital status, religion and education are able to predict the health seeking behaviour of mining populations at 95% confidence levels. However, in Mozambique, education was found to be significant as those with Secondary and University levels of education were more likely to seek health care when they show signs and symptoms of TB compared with those with no education.

In Namibia only the “25-39” year age group was significant; note that age was not significant in any other country in the region.

In South Africa, all the socio-demographic variables, except age, are significant. Males are 1.38 times more likely to seek care when they show signs of TB compared to Females. Those with primary/elementary and secondary education were more likely to seek health care when they have signs of TB compared to those with no education.

Religion also plays a significant role in South Africa, where those who are Christians and, surprisingly, Apostolic Faith are more likely to seek health care compared to the traditionalists.

In Tanzania, education and religion were significant at 95% confidence level. Muslims and Christians are more likely to seek health care when having symptoms of TB compared to Traditionalists. Further, those with higher education were more likely to go for treatment than those with no education.

In Zambia only religion is significant and Christians, like in other countries where it was significant, are more likely to seek heath care compared to Traditionalists.

In Zimbabwe gender and education were significant, and results show that males in Zimbabwe are less likely to seek treatment than females. Also, those with higher levels of education were more likely to seek health care than those with no education.

Table 3.6. 6 Unadjusted logistic regression analysis for the association between selected demographic variables and seeking TB care among SADC Mining populations 2016-2017

	Botswana		Lesotho		Malawi		Mozambique		Namibia		South Africa		Swaziland		Tanzania		Zambia		Zimbabwe	
	OR	9C.I	OR	C.I.	OR	C.I.	OR	C.I	OR	CI	OR	CI	OR	CI	OR	CI	OR	CI		
Age Group[30]																				
25-39	0.10	0.01-1.06	0.47	0.11-2.03	0.67	0.21-2.22	0.77	0.54-1.10	0.08	0.01-0.70	0.72	0.48-1.08	0.41	0.03-5.46	0.94	0.73-1.22	1.29	0.58-2.89	1.27	0.56-2.85
40-59	0.16	0.02-1.51	0.29	0.06-1.29	0.50	0.13-1.90	0.80	0.55-1.18	0.23	0.03-1.96	0.84	0.55-1.26	0.08	0.01-1.10	0.90	0.66-1.22	1.80	0.73-4.48	0.88	0.34-2.28
60+							0.74	0.45-1.23												
Sex																				
Male	0.28	0.06-1.24	0.88	0.32-2.43	1.71	0.59-5.00	1.20	0.83-1.74	4.54	0.12-176	1.38	1.03-1.83	3.39	0.42-27.26	1.06	0.86-1.32	0.75	0.46-1.24	0.47	0.27-0.80
Education[31]																				
Primary/Elementary	1.26	0.14-11.25	0.92	0.24-6.57	0.38	0.13-1.16	0.50	0.35-1.71	2.50	0.06-1.04	0.35	0.22-0.56	1.50	0.08-27.89	0.59	0.43-0.81	0.55	0.16-1.86	0.17	0.04-0.64
Secondary	1.95	0.23-16.37	0.49	0.10-2.46	0.64	0.17-2.34	0.54	0.37-0.79	0.73	0.02-23.04	0.41	0.28-0.60	0.44	0.04-5.35	0.65	0.44-0.94	0.59	0.19-1.80	0.15	0.05-0.51
University	0.99	0.05-18.15					0.26	0.10-0.67			0.64	0.42-1.00			0.23	0.09-0.62	0.37	0.11-1.25	0.15	0.03-0.62
Religion[32]																				
Muslim			0.52	0.00	0.14	0.01-1.59	1.34	0.65-2.78			2.03	0.83-4.99	1.56	0.22-11.27	0.36	0.24-0.55			1.55	0.32-7.58
Christian	1.58	0.10-23.77	0.83	0.13-5.26	0.07	0.02-1.32	1.16	0.77-1.75	0.09	0.00-3.94	0.66	0.48-0.92	6.55	0.32-133	0.59	0.40-0.87	0.08	0.02-0.32	0.73	0.24-2.23

[30] Age Group was categories into 4 distinct groups, 15-24 "Youth", 25-39 "Young Adults , 40-59 "Adults and 60+ as retired adults. The "Youth" were used as the indicator category in SPSS i.e. as the reference category.

[31] Education to cover the various categories found in the region and standardizing them to more understood categories, education was coded into four educational levels, mainly, 'No Education" which was used as reference in the analysis, "Primary/Elementary", "Secondary" and University education whether undergraduate or Post graduate. Those with Literacy class, and non-conventional education were all coded into "Primary/Elementary" level of education.

[32] Religion had seven categories namely "Muslim', Hinduism, Buddhism, Christian, Apostolic Faith, Atheist and Traditional (ATR). In this analysis, Hinduism and Buddhism were coded as Muslim mainly because of their numbers about 20 in the region. Atheist and Traditional were also combined into one category and were the reference category.

Apostolic Faith			0.96	0.10-9.71	0.39	0.05-2.93	0.96	0.48-1.94			0.47	0.27-0.79			4.38	0.23-82.8			1.20	0.34-4.23
Marital Status[33]																				
Married	0.43	0.03-6.75	0.38	0.12-1.19	0.45	0.11-1.74	0.72	0.46-1.13	0.29	0.01-10.90	0.51	0.35-0.76	0.08	0.01-0.97	0.63	0.45-0.87	1.50	0.49-4.59	0.52	0.20-1.35
Single	0.12	0.01-2.16	0.39	0.07-2.37	0.23	0.03-1.63	0.98	0.62-1.53	0.70	0.02-26.01	0.58	0.39-0.87	0.04	0.00-0.64	0.77	0.53-1.11	1.43	0.44-4.58	1.02	0.33-3.14

[33] The six categories of Marital status were recoded into three categories that of “Married”, “Single” and those that were either Divorced, Widowed and Separated were put into one category which was subsequently used as the reference category.

Knowledge Indicators

The results of this model show that from a regional perspective all knowledge variables are significantly associated with health seeking behavior, with eight of these indicators having at least more than twice the likelihood of a person in the mining community to seek health care. Knowledge on reporting the correct point at which to seek help if they have TB symptoms and those who believe they can access TB services without fear of discrimination had odds ratios of between 1.97 and 1.45 respectively.

Table 3.6. 7 Unadjusted logistic regression models for the association between selected knowledge of TB indicators and seeking care among the SADC mining communities 2016-2017

	Risk factor for Seeking care																	
	Knowledge of the signs and symptoms of TB		Knowledge of how one can get TB		Knowledge of how to prevent TB		Knowledge of who can be infected with TB		Knowledge of how TB can be cured.		Know the time it takes to complete TB treatment		Who believe they can access TB services without fear of discrimination		Knowledgeable about where to get treatment for TB		Reporting correct point at which to seek help if they have TB symptoms	
	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
Botswana	1.74	0.90-3.37	1.16	0.67-2.06	1.19	0.67-2.08	0.76	0.26-2.17	2.82	1.02-7.84	1.76	0.99-3.14	2.36	0.67-8.33	-	-	-	-
Lesotho	3.57	1.81-7.02	1.43	0.79-2.59	2.74	1.49-5.01	3.35	1.23-9.10	5.52	1.14-26.68	3.32	1.70-6.48	2.47	0.99-6.17	0.63	0.11-3.54	-	-
Malawi	1.15	0.83-1.61	0.86	0.62-1.19	0.97	0.70-1.34	0.64	0.30-1.34	1.09	0.55-2.13	1.32	0.91-1.92	0.80	0.53-1.20	-	-	-	-
Mozambique	3.44	2.62-4.51	1.91	1.45-2.51	2.15	1.67-2.78	3.57	1.13-11.27	5.06	3.64-7.03	1.99	1.54-2.56	2.01	1.61-2.50	5.91	4.18-8.36	2.15	0.78-5.96
Namibia	0.76	0.38-1.50	1.30	0.70-2.41	1.84	1.05-3.22	2.51	0.58-10.79	0.72	0.13-4.02	1.18	0.67-2.07	1.02	0.48-2.15	0.28	0.03-2.46	-	-
South Africa	1.57	1.20-2.06	1.48	1.14-1.92	1.76	1.39-2.24	2.62	1.37-4.99	1.57	0.97-2.54	1.45	1.13-1.86	1.17	0.91-1.49	0.64	0.30-1.38	1.07	0.26-4.50
Swaziland	1.80	0.71-4.53	1.46	0.60-3.56	1.22	0.65-2.31	1.00	0.16-6.19	6.37	0.70-58.41	1.85	0.88-3.89	1.24	0.46-3.33	0.49	0.05-4.86	-	-
Tanzania	2.07	1.65-2.59	2.15	1.67-2.76	2.11	1.67-2.66	3.38	1.56-7.30	2.17	1.46-3.21	2.02	1.62-2.52	1.18	0.93-1.50	1.02	0.69-1.52	2.61	0.62-11.03
Zambia	1.55	1.20-1.99	1.87	1.36-2.57	0.93	0.74-1.18	2.50	0.64-9.69	1.59	0.97-2.61	1.26	1.02-1.56	1.22	0.98-1.52	0.67	0.26-1.75	4.27	0.48-38.32
Zimbabwe	1.33	0.84-2.09	1.03	0.74-1.44	1.24	0.98-1.57	0.58	0.25-1.32	3.56	1.42-8.94	1.48	1.17-1.87	1.81	1.35-2.43	2.09	0.38-11.47	-	-
Overall	3.06	2.78-3.37	2.26	2.05-2.49	2.03	1.86-2.21	2.25	1.73-2.93	3.02	2.54-3.85	2.65	2.44-2.88	1.45	1.32-1.59	2.27	1.85-2.79	1.97	1.14-3.41

In **Botswana**, only Knowledge on how TB can be cured was significantly associated with seeking health behavior, implying that in Botswana the odds of seeking health care was significantly increased by 2.8 times in those who had good knowledge on how TB is treated compared to those without good knowledge of how TB is treated. The other variables were non-significant.at 95% confidence level.

In Lesotho, correct knowledge on: the signs and symptoms, how to prevent TB, who can be infected with TB, how TB can be cured and the time it takes to complete TB treatment were significantly associated with health seeking behaviour. Those with knowledge on how TB can be cured had over 5 times odds of seeking health care than those without that knowledge. Those with knowledge of the signs and symptoms of TB, who can be infected with TB and the time it takes to complete TB treatment had more than three times odds of seeking health care compared to those without such knowledge.

In Malawi and Swaziland none of the variables were significantly associated with seeking health care.

In Mozambique, health seeking behaviour was associated with most of the knowledge indicators except knowledge on reporting correct point at which to seek help if they have TB symptoms. Those with knowledge of how TB can be cured and on where to get treatment for TB were 5 times more likely to seek health care compared with those without that knowledge. Also, those with knowledge of the signs and symptoms of TB and who can be infected with TB were more than three times more likely to seek health care compared with those without such knowledge. Other indicators associated with health seeking behaviour are: knowledge of how one can get TB, how to prevent TB, the time it takes to complete TB treatment and one believing that one can access TB services without fear of discrimination.

In Namibia, only knowledge on how to prevent TB was significantly associated with health seeking behavior. Results show that those with this knowledge had 2 times odds of seeking health care compared to those without the knowledge.

In South Africa, knowledge on: the signs and symptoms of TB, how one can get TB, how to prevent TB, the time it takes to complete TB treatment and who can be infected with TB were significantly associated with seeking health care. The odds of seeking health care were significantly increased by 50% in those with this knowledge compared with those without the knowledge.

In Tanzania, health seeking behaviour was associated with the following knowledge variables; knowledge of the signs and symptoms of TB, knowledge of how one can get TB, knowledge of how to prevent TB, knowledge of who can be infected with TB, knowledge of how TB can be cured and Knowledge of the time it takes to complete TB treatment.

In Zambia**,** health seeking behaviour was mostly associated with a) knowledge of the signs and symptoms of TB; how one can get TB and the time it takes to complete TB treatment.

In Zimbabwe health seeking behaviour in the mines is associated with three knowledge variables: knowledge of how TB can be cured; the time it takes to complete TB treatment and believing that one can access TB services without fear of discrimination. Those with Knowledge on how TB can be cured had 3 times odds of seeking health care compared with those without treatment knowledge.

As discussed above, the relationship between knowledge indicators and health seeking varied across the countries in the region. Each country had different significant factors associated with health seeking behavior as summarized in the table below.

Table 3.6. 8 Summary of Factors Associated with Health Seeking Behavior

Factor significantly associated with Seeking care	**Countries**
Knowledge of the signs and symptoms of TB	1. Lesotho 2. Mozambique 3. South Africa 4. Tanzania 5. Zambia
Knowledge of how one can get TB	1. Mozambique 2. South Africa 3. Tanzania 4. Zambia
Knowledge of how to prevent TB	1. Lesotho 2. Mozambique 3. Namibia 4. South Africa 5. Tanzania

Knowledge of who can be infected with TB	1. Lesotho 2. Mozambique 3. South Africa 4. Tanzania
Knowledge of how TB can be cured.	1. Botswana 2. Lesotho 3. Mozambique 4. Tanzania 5. Zimbabwe
Know the time it takes to complete TB treatment	1. Lesotho 2. Mozambique 3. South Africa 4. Tanzania 5. Zambia 6. Zimbabwe
Believing one can access TB services without fear of discrimination	1. Mozambique 2. Zimbabwe
Knowledgeable about where to get treatment for TB	1. Zimbabwe

4. Discussion and Recommendations

4.1 Discussion of Findings

The mining population was generally middle aged and thus still sexually active. This population was predominately male, a situation which enhances multiple sexual partnerships, especially if one considers that about 43% of the participants were not married. Education was still moderate, with significant proportions having elementary or no education at all.

Tuberculosis

Both the general awareness and correct knowledge on TB was universal across the ten SADC countries, regardless of employment category. On the other hand, knowledge on how one can be infected by TB and how one can prevent infection are still moderate, 76% and 66% respectively. Five countries: Botswana, Lesotho, Malawi Namibia and Tanzania had levels of knowledge on how one can get infected by TB below the regional average. And another six countries: Botswana, Malawi, Namibia Swaziland Tanzania and Zimbabwe were also under the regional average reporting knowledge on how one can prevent TB infection.

The proportions knowing that diagnosis and treatment of TB is free is still not universal, and so is the proportion reporting that TB was a serious health issue in mines. Interestingly, current mine workers are less likely to think that TB is a serious health issue compared to other population types, although they were generally more likely to feel at risk of TB infection compared to other population groups.

There is generally high reported compassion towards people with TB to the extent that people feel that they would get support from family if they were to be on HIV or TB treatment. These high levels of compassion would enhance people seeking diagnosis and treatment for TB. And the data show very good health seeking behavior with about 99% reporting that they would visit a health facility if they were found to have TB; consistently, knowledge on when to seek treatment is also universal.

General knowledge about MDR-TB is fairly low, with 18% reporting ever hearing about it at regional level. However, significant proportions of participants at regional level who know MDR-TB know the causes of MDR-TB namely: TB which has become difficult to treat; drugs which fail to work; taking wrong TB drugs and not taking TB drugs as instructed. This tends to suggest that those who know MDR-TB would have been educated on its causes.

HIV and AIDS

Awareness of HIV and AIDS is universal; and very high levels of correct knowledge on signs and symptoms of HIV and AIDS were reported, albeit with a few countries which are below the national average. Both modes of HIV infection and preventive strategies are high, above 90%. It is interesting to note however, that HIV is not universally considered a serious problem. About 17% of the participants did not think that HIV was a serious health issue among the mining population.

It interesting to note that sex with someone other than spouse is still significant. As noted earlier, this practice is enhanced by the gender imbalance in favour of males. While participants who were not married were more likely to report sex with a non-regular partner, significant proportions of married participants also had sex with non-regular partner. What becomes worrisome is that the proportion not using condoms in such sexual relationships also remains significant across marital groups.

Silicosis

Knowledge on Silicosis is quite low especially compared to that of HIV and AIDS and TB. Only 21% of respondents at regional level reported knowledge of Silicosis. It should be noted that such knowledge is almost non-existent in countries such as Malawi. Knowledge levels were highest among current and ex-mine workers. Consistently, knowledge on signs and symptoms of Silicosis remains low, and so is that on causes and prevention, indeed the link between Silicosis and TB.

Information and Communication on TB, HIV and Silicosis

Sources of information which were reported as effective in reaching people were radio, health workers, television and newspapers. Radio was most preferred in all the countries except Mozambique where television was the most preferred source, and in Zambia and Zimbabwe where health workers were reported as the most effective source. This preference is consistent with populations which do not like reading. Again, radio and health workers were the most trusted sources of information, while the local language was the preferred language of communication in all countries.

4.2 Recommendations

Recommendations are done for the region. Ideally, the aim at regional level is to eradicate TB, MDR-TB, HHIV and Silicosis. Thus, the starting point for each country is to at least reach the regional average and subsequently surpass it to achieve universality.

- Given the mobility of populations across countries for varied reasons, it is necessary to develop and strengthen regional frameworks for coordination and collaboration for TB, HIV and Silicosis and other occupational diseases in the mining sector.
- Given the population composition in the mining sector, it is important to continue to increase information on prevention against HIV infection. Emphasis must be placed on condom use with non-regular partner.
- There is need to increase awareness and particularly correct knowledge, causes and preventive strategies against TB.
- Knowledge on how TB can be treated and health seeking behaviour is quite high and there is need to sustain it.
- There is therefore need to increase IEC on the costs related to both diagnosis and treatment of TB.
- Though results indicate that TB is viewed as a serious issue in the mining populations, current mine workers generally don't perceive their vulnerability to TB. There is therefore need to increase knowledge of TB vulnerability among Mine workers.

- There is need to increase knowledge on the correct point when to seek treatment and regular TB screening in mines.
- It is recommended that there should be increased IEC on MDR_TB to all population types in the mining sector concentrating on causes, prevention and treatment.
- There is need to increase knowledge on the synergy between MDR-TB and HIV.
- HIV Testing is fairly low in the mining populations, there is therefore need to increase awareness and knowledge on HIV testing, and provide readily available testing centres in and around the mines.
- Silicosis awareness levels are very low across all population types under study, there is need to increase awareness levels, knowledge on the causes and preventive methods.
- There is need for strengthening and monitoring legislation on the prevention and control of silicosis in all ten SADC countries, national occupational health institutions for the provision of technical support to the mining industry.
- There is need for increased funding towards research on silicosis. KAP studies on Silicosis should be conducted for both the general population and particularly for ex and current mine workers.
- Use of local languages should be encouraged in the dissemination of TB, HIV and Silicosis IEC materials in mining and surrounding communities; The packaging if the IEC materials must be user friendly of Radio, TV and Health workers.
- Legislation to enforce full participation of the mining sector is essential.

Appendix A

WHC-TIMS_KAP-Survey Questionnaire

Introduction

Question ID	Question	Answer
1	SPEAK TO THE RESPONDENT: Hello. My name is . . . . and I am working for Select Research. We are interviewing people here in [name of PLACE] in order to obtain views and opinions on TB, Silicosis and HIV Treatment Behaviors among mining communities. This study is part of the regional TIMS –TB project for targeted interventions. Your answers are completely confidential. Your name will not be written on this form, and will never be used in connection with any of the information you tell me. You do not have to answer any questions that you do not want to answer, and you may end this interview at any time you want to. However, your honest answers to these questions will help us better understand what people think, say and do about certain kinds of behaviors which would help us design better TB control and promotional interventions to protect the health of (COUNTRY). We would greatly appreciate your help in responding to this study. It will take between 30 and 40 minutes to ask the questions. Would you be willing to participate?" We wish to learn about your knowledge, attitudes and practices regarding tuberculosis (TB). We hope to understand your needs and the best way to bring information to you, as well as barrier to seeking medical care. I certify that the nature and purpose, the potential benefits and possible risks associated with participating in this research have been explained to the volunteer.	

Identification

Question ID	Question	Answer
2	District	Fezie Dabi Gert sibande Nkangala Waterberg Bojanala Dr Kenneth Kaunda West Rand Lejweleputswa OR Tambo John Taolo Gaetsewe
3	Mining Locality Name	Fezie Dabi Gert sibande Nkangala

		Waterberg Bojanala Dr Kenneth Kaunda West Rand Lejweleputswa OR Tambo John Taolo Gaetsewe
4	Cluster location	Rural Urban Peri–Urban
5	Household Selection Status	Originally selected household Replacement
6	Ask: If a replacement: REASON FOR REPLACEMENT	Not at home after repeated visits No eligible respondent Refused Other (Specify)---

General and demographic questions

Question ID	Question	Answer
7	Age, in completed years	
8	Sex	Male Female
9	What is the highest level of education you have completed?	No school Elementary/Primary High school/Secondary Post matric - college/ university Post matric – higher education Religious schooling only Literacy classes only Other Specify ……
10	Race	White Black African Asian Coloured/mixed Other specify…..
11	Religion	Muslim Christian Buddhism Hinduism Apostolic faith Atheist Traditional (ATR) Other specify …
12	Marital Status	Married Never Married Divorced Widowed Separated

		Co Habiting Other (Specify) ....
13	Do you have own biological children?	Yes No
14	Type of dwelling	Temporary House (Shack, Plastic. Cardbord box) Permanent house (Brick, and mortar) Commuters (Fly-in, Fly-out) Dormitories/ High Residence/ Hotels Motel Styles/ Shared House Other specify...
15	How many rooms in the house	
16	Household size	
17	How long have you stayed in this community	Under 1 year 2-3 Years 4-5 years 0ver 6 years
18	Have you or any member of the family worked outside the country in Mining?	Yes No
19	Which country?	Botswana Lesotho Malawi Mozambique Namibia Swaziland Tanzania Zambia Zimbabwe Other (Specify)...
20	Have you or any member of the family worked for any other mining company?	Yes No Dont know
21	Which mining company?	Sibanye Harmony LonMin Exxaro Anglo Platinum Anglo Coal Impala Anglo Gold Ashanti Kumba De Beers Debswana

		Other Specify ...
22	What mining commodity were you mining?	Coal Gold Platinum Copper Diamond Other (Specify)
23	Which of the following best describes yourself?	Currently a Miner worker Ex-miner worker Family member of a current mineworker Family member of ex-mineworker Never worked Other specify…….
24	Why did you leave employment?	Medically boarded Fired Company closed Retired Left on my own accord Other specify …….
25	If medically boarded, what was the condition?	TB HIV Pneumoconiosis Silicosis Injury Other specify……
26	Which of the following best describes your current work status?	Full time worker Part-time worker Contract worker Causal Not Working Other specify……
27	How far do you live from the nearest health clinic or hospital (in kilometres)?	Less than 1 Km 1-2 Km 3-4 Km 5-10 Km More than 10 Km Dont Know
28	Are you aware if the following services are offered at the nearest Health centre?	
	Chest X-ray	*Yes* *No* *Dont KNow*
	HIV Testing (VCT)	*Yes* *No* *Dont KNow*

	Sputum Testing	*Yes* *No* *Dont KNow*
	General Treatment	*Yes* *No* *Dont KNow*

Health-Seeking Behaviour

Question ID	Question	Answer
29	Now we want to briefly talk about TB Testing? Have you ever been tested for TB?	Yes No Dont Know
30	Where were you tested for TB?	Private clinic Government clinic or hospital Mine Clinic Clinic run by an nongovernmental organization or church At work Other specify ….
31	What tests were performed? Multiple Response; PROBE	Chest-X-ray Sputum Smear Microscopy Blood Test Skin Test Other Specify ……
32	Did your partner also get tested at the same time?	Yes No
33	Would you encourage your partner to go for the same test?	Yes No
34	Where do you usually go if you are sick, or to treat a general health problem?	Private clinic Government clinic or hospital Traditional or homeopathic healer Clinic run by an nongovernmental organization or church Mine Clinic Other specify ....
35	How often do you generally seek health care at a clinic or hospital? (Check One)	Twice a year or more Once per year Less than once a year but at least twice in past 5 years Once in past 5 years Never in past 5 years Other specify.....
36	The last time you were unwell from cough, how long did it take you	less than a week more than 2 week

	before you decided to visit your nearest health facility to get the cough treated? (Check One)	More than a month
37	Why did it take you more than a week to visit your nearest health facility? Multiple response	Had no money for transport Had no money to pay for health services Did not think the cough was serious Received medication from elsewhere (specify).... Other (specify).....

Satisfaction with TB and HIV Services

Question ID	Question	Answer
38	Have you ever accessed TB services at your local health centre?	Yes No
39	Have you ever accessed HIV services at your health clinic?	Yes No
40	What do you think about the TB or HIV center services offered?	Excellent Very good Good Bad
41	What do you think about TB or HIV health care workers' attitudes toward people who come looking for services?	Positive/ Welcoming Negative/ Unwelcoming Neither positive nor negative
42	What do you think about TB or HIV center appearance, in terms of neatness?	Excellent Very good Good Bad
43	How long did you have to wait before being attended to, the last time you visited a Health centre? RECORD IN MINUTES	Dont Know
44	What worries you the most when you think about TB?	Likelihood of being HIV positive Likelihood of contracting the disease Not being able to get treatment TB may decrease you chance of employment Other specify….

TB knowledge and awareness

Question ID	Question	Answer
45	Where did you first learn about tuberculosis or TB? Multiple Responses	Newspapers and magazines Radio TV Billboards Brochures, posters and other printed materials Health workers Family, friends, neighbours and colleagues Religious leaders Teachers Other (please explain)....
46	In your opinion, how serious a disease is TB? (Tick one)	Very serious Somewhat serious Not very serious
47	How serious a problem do you think TB is in the Mines? (Tick one)	Very serious Somewhat serious Not very serious
48	Where should one go to find out if he or she has TB? (Tick one)	Private clinic Government clinic or hospital Traditional or homeopathic healer Clinic/Hospital/health centre run by the mine Clinic run by an nongovernmental organization or church Other specify....
49	What are the signs and symptoms of TB? (Multiple Response)	Rash Cough Cough that lasts longer than 3 weeks Coughing up blood Severe headache Nausea Weight loss Fever without clear cause that lasts more than 7 days Chest pain Shortness of breath Ongoing fatigue Do not know Night sweats Other specify…
50	How can a person get TB? (Multiple Response)	Through handshakes Through the air when a person with TB coughs or sneezes Through sharing dishes

		Through sexual intercourse Through eating from the same plate Living in the same house or working together with someone with TB Through touching items in public places (doorknobs, handles in transportation, etc.) Inhaling dust Living in a crowded household Dont know Other specify....
51	How can a person prevent getting TB? (Multiple Response)	Avoid shaking hands Covering mouth and nose when coughing or sneezing Avoid sharing dishes Washing hands after touching items in public places Closing windows at home Through good nutrition Coughing under armpit By praying Do not know Other specify ....
52	In your opinion, who can be infected with TB? (Multiple Response)	Anyone can contract TB Poor people Homeless people Alcoholics Drug users People living with HIV and AIDS People who have been in prison People who have been in Mines Other specify...
53	Can TB be cured?	Yes No Dont Know
54	How can someone with TB be cured? (Multiple Response)	Herbal remedies Home rest without medicine Praying Specific drugs given by health centre DOTS Do not know Other specify....
55	How long does it take in this COMMUNITY to be completely	2 months 3-4 Months

	treated from TB?	5-6 Months 7-8 Months 8-10 Months 11-12 Months Dont Know Other (Specify)...

Knowledge on TB Treatment

Question ID	Question	Answer
56	To what extent to do you agree or disagree with the following statements regarding treatment of TB. Use the scale 1 disagree strongly, 2 disagree, 3 Not sure, 4 disagree and 5 Agree strongly. TB can be cured especially when detected early	Disagree Strongly Disagree Not Sure Agree Agree Strongly
57	TB can be cured especially when treated early	Disagree Strongly Disagree Not Sure Agree Agree Strongly
58	Failure to adhere to treatment can lead to a more complicated type of TB known as MDR	Disagree Strongly Disagree Not Sure Agree Agree Strongly
59	One can stop taking the TB treatment because it has many side effects	Disagree Strongly Disagree Not Sure Agree Agree Strongly
60	One can stop taking the TB treatment anytime they feel better	Disagree Strongly Disagree Not Sure Agree Agree Strongly
61	Adhering and completion of TB treatment will cure TB	Disagree Strongly Disagree Not Sure Agree Agree Strongly
62	To increase the effectiveness of the medication it is advisable to combine it with traditional medicine	Disagree Strongly Disagree Not Sure Agree Agree Strongly

63	A room with a TB patient must be kept clean and well ventilated	Disagree Strongly Disagree Not Sure Agree Agree Strongly
64	If my medication gives me side effects I should stop taking immediately	Disagree Strongly Disagree Not Sure Agree Agree Strongly
65	If I live with a person on TB treatment I should be screened for TB regularly	Disagree Strongly Disagree Not Sure Agree Agree Strongly

TB Attitudes and care-seeking behaviour

Question ID	Question	Answer
66	Do you think you can get TB?	Yes No
67	Why do you think you can get TB? Multiple response	Have HIV infection Have been infected with TB bacteria in the last 2 years Have other health problems that make it hard for your body to fight disease Abuse alcohol or use illegal drugs Was not treated correctly for TB infection or TB disease in the past Anyone can get TB Took care of someone with TB Worked on mines Other specify…
68	Why do you think you cannot get TB? Multiple response	Am HIV negative Do not stay with anyone with TB Do not abuse alcohol or use illegal drugs Had TB and got treated Was vaccinated Other specify….
69	What would be your reaction if you were found to have TB?Multiple response	Fear Surprise Shame Embarrassment

		Sadness or hopelessness Other specify ....
70	Who would you talk to about your illness if you had TB? Multiple response	Doctor or other medical worker Spouse Parent Child(ren) Other family member Close friend Religious leader No one Other specify.....
71	What would you do if you thought you had symptoms of TB? Multiple response	Go to health facility Go to pharmacy Go to traditional healer Go the church leader Pursue other self-treatment options (herbs, etc.) Other specify....
72	If you had symptoms of TB, at what point would you go to the health facility? (Please check one)	When treatment on my own does not work When symptoms that look like TB signs last for 3–4 weeks As soon as I realize that my symptoms might be related to TB I would not go to the health facility
73	If you would not go to the health facility, what is the reason?	Not sure where to go Cost Difficulties with transportation Distance to clinic Do not trust medical workers Do not like attitude of medical workers Cannot leave work (overlapping work hours with medical facility working hours) Do not want to find out that something is really wrong Other specify...
74	How expensive do you think TB diagnosis is in this COMMUNINITY?	It is free of charge It is reasonably priced It is somewhat/moderately expensive It is very expensive Dont Know
75	How much is TB diagnosis in this COMMUNINITY? RECORD IN LOCAL CURRENCY	Dont Know

76	How expensive do you think TB treatment is in this community?	It is free of charge It is reasonably priced It is somewhat/moderately expensive It is very expensive Dont Know
77	How much is TB treatment in this COMMUNINITY? RECORD IN LOCAL CURRENCY	Dont Know
78	On the following statements, I would like to respond whether you say Yes or No to each one of them: I am able to get HIV and TB treatment from my health facility within my community?	Yes No
79	My family would support me if I was to be on HIV or TB treatment	Yes No

TB Attitudes and Stigma

Question ID	Question	Answer
80	Do you know people who have/had TB?	Yes No
81	Which statement is closest to your feeling about people with TB disease? (Read the following choices and check one answer)	I feel compassion and desire to help I feel compassion but I tend to stay away from these people It is their problem and I cannot get TB I fear them because they may infect me I have no particular feeling
82	In your community, how is a person who has TB usually regarded/treated? (Tick One)	Most people reject him or her Most people are friendly, but they generally try to avoid him or her The community mostly supports and helps him or her The government or national programs would take care of them Other specify...
83	Do you think that HIV positive people should be concerned about TB?	Yes No Dont Know
84	Why should HIV positive people be concerned with TB?	A person with HIV is more likely to develop TB Do not know

		Other specify...
85	Why should HIV positive people not be concerned with TB?	A person with HIV is not more likely than a person without HIV to develop TB Do not know Other specify....
86	Do you think that a person with TB should be concerned about HIV?	Yes No Dont Know
87	Why should people with TB be concerned with HIV?	A person with TB is more likely to be HIV positive Dont Know Other specify…
88	Why should people with TB not be concerned with HIV?	A person with TB is less likely to be HIV positive. Dont know Other specify…
89	Do you think TB would affect your social relations?	Yes No I dont know
90	Do you think TB would affect your work?	Yes No
91	On the following statements, I would like to respond whether you say Yes, No or Dont Know to each one of them: If on HIV or TB treatment I would not like people to know	Yes No I dont know
92	I can access TB services without fear of being discriminated	Yes No I dont know

TB Knowledge of sources of information

Question ID	Question	Answer
93	Do you feel well informed about TB?	Yes No Dont Know
94	Do you wish you could get more information about TB?	Yes No
95	What are the sources of information that you think can most effectively reach people like you with information on TB, TB/HIV? (Please choose the three most effective sources)	Newspapers and magazines Radio TV Billboards Brochures, posters and other printed materials

		Health workers Family, friends, neighbours and colleagues Religious leaders Teachers Politicians (MPs, councillors) Chiefs (Local leaders) Other specify....
96	What source of information do you trust the most?	Newspapers and magazines Radio TV Billboards Brochures, posters and other printed materials Health workers Family, friends, neighbours and colleagues Religious leaders Teachers Politicians (MPs, councillors) Chiefs (Local leaders) Other (specify).....
97	If you were to read a brochure or poster about TB, what would make it interesting to you?	Colorful Celebrity Famous person Simple, easy-to-read Good content and information Other specify...
98	What language do you prefer health Information to be packaged?	Own local language English language

MDR -: Knowledge and Awareness

Question ID	Question	Answer
99	Have you ever heard of MDR-TB	Yes No Dont Know
100	Where did you first learn about MDR-TB? (Multiple Responses)	1. Newspapers and magazines 2. Radio 3. TV 4. Billboards 5. Brochures, posters and other printed materials 6. Health workers

		7. Family, friends, neighbours and colleagues 8. Religious leaders 9. Teachers 10. Other specify...
101	To what extent do you agree or disagree with the following statements about MDR-TB:	
	MDR – TB is a serious cough than TB	*Disagree strongly* *Disagree* *Dont know* *Agree* *Agree strongly*
	Symptoms of MDR-TB are the same as those of TB	*Disagree strongly* *Disagree* *Dont know* *Agree* *Agree strongly*
	MDR–TB is as a result of TB difficult to be treated	*Disagree strongly* *Disagree* *Dont know* *Agree* *Agree strongly*
	MDR – TB is a result of taking wrong TB medicines	*Disagree strongly* *Disagree* *Dont know* *Agree* *Agree strongly*
	MDR-TB is a result of TB drugs not working	*Disagree strongly* *Disagree* *Dont know* *Agree* *Agree strongly*
	MDR-TB is contagious	*Disagree strongly* *Disagree* *Dont know* *Agree* *Agree strongly*
	MDR-TB is caused by travelling to another country	*Disagree strongly* *Disagree* *Dont know* *Agree* *Agree strongly*
	MDR-TB is caused by working in	*Disagree strongly*

	mines	*Disagree* *Dont know* *Agree* *Agree strongly*
	MDR-TB is caused by not taking TB drugs as instructed	*Disagree strongly* *Disagree* *Dont know* *Agree* *Agree strongly*
	MDR-TB is caused by HIV	*Disagree strongly* *Disagree* *Dont know* *Agree* *Agree strongly*
	MDR-TB is caused by dust/silicosis	*Disagree strongly* *Disagree* *Dont know* *Agree* *Agree strongly*
	MDR-TB is linked with HIV , Silicosis	*Disagree strongly* *Disagree* *Dont know* *Agree* *Agree strongly*
	MDR-TB cannot be cured	*Disagree strongly* *Disagree* *Dont know* *Agree* *Agree strongly*
	Social and Cultural factor cause treatment barriers in MDR-TB	*Disagree strongly* *Disagree* *Dont know* *Agree* *Agree strongly*

HIV Knowledge and Awareness

Question ID	Question	Answer
102	Now, we want to talk about your knowledge of HIV. Where did you first learn about HIV? Multiple Responses	Newspapers and magazines Radio TV Billboards

		Brochures, posters and other printed materials Health workers Family, friends, neighbours and colleagues Religious leaders Teachers Other (specify)....
103	How serious is HIV in this community?	Very serious Somewhat serious Not very serious
104	What are the symptoms of HIV? Multiple Responses	Fever Fatigue Rash Swollen glands Muscle aches Sore throat Weight loss Night sweats Sores in the mouth Loss of appetite Heart Ache TB Other specify…….
105	How can a person get HIV? Multiple Responses	Unprotected sex Mother to child at birth Breastfeeding Contaminated (Unsterilised) needles Contaminated blood transfusion If STI is left untreated Witchcraft Sex with sex workers Sex with promiscuous person Sex with unhygienic person Mosquito bites Sharing meals with infected person Sharing bathroom/toilet with infected Shaking hands Other specify…
106	How can a person be treated for HIV? Multiple Responses	Taking traditional herbs Prayer Going to hospital to get medicines

		Eating health food Getting tested for HIV to know one's status Others (Specify)...
107	How can a person prevent getting HIV? Multiple Responses	Using condoms Abstaining from Sex Both partners have no other partners Have fewer partners No casual sex Avoid injections with used needles Knowing one's HIV status Others (Specify)...
108	On the following statements, I would like to respond whether you say Yes, No or Dont Know to each one of them: A person with TB infection can also be HIV Positive?	Yes No Dont know
109	A person with HIV infection can also have TB?	Yes No Don't know
110	TB and HIV treatment can be taken together	Yes No Don't know
111	Can HIV be cured?	Yes No Don't know
112	HIV treatment can be taken for how long?	1 year 2 years Life time Other specify……
113	On the following statements, I would like to respond whether you say Yes, No or Dont Know to each one of them: One can stop taking the ART treatment anytime they feel better	Yes No Don't know
114	Adhering and completion of ART will cure HIV	Yes No Don't know
115	Did you have an HIV test in the last 12 months?	Yes No
116	Have you ever had sexual intercourse (slept) with someone who is not your usual partner?	Yes No Cant Say

117	In the last six months how many times did you have sexual intercourse with someone who is not your usual sexual partner?	Once 1-3 times 4-6 times More than 6 times
118	How many times did you use a condom the last time you had sexual intercourse with someone who is not your usual sexual partner?	All times Sometimes Not at all
119	What were the reasons for not using a condom at all times, the last time you had sexual intercourse with someone who is not your usual partner?	I trust the person She/he is my regular sexual partner as well Could not use condoms Condoms were not available Other (specify)
120	If you could not use the condoms, what were the reasons?	The sexual partner refused Did not know how to use the condoms Failed to use the condoms (specify reason) Religious reasons Other (specify)....

Silicosis Knowledge, Practice and Awareness

Question ID	Question	Answer
121	In this Section, we want to talk about a disease called Silicosis (phthisis). Have you ever heard of a disease called Silicosis (phthisis)?	Yes No Dont Know
122	Where did you first learn about Silicosis? Multiple Responses	Newspapers and magazines Radio TV Billboards Brochures, posters and other printed materials Health workers Family, friends, neighbours and colleagues Religious leaders Teachers Mine training Other specify .....

123	In your opinion, how serious is the silicosis disease? (Check one)	Very serious Somewhat serious Not very serious
124	How serious a problem do you think Silicosis is in the Mines? (Check one)	Very serious Somewhat serious Not very serious
125	Where should one go to find out if he or she has silicosis? (Check one)	Private clinic Government clinic or hospital Traditional or homeopathic healer Workman compensation bureau Clinic/Hospital/health centre run by the mine Clinic run by an nongovernmental organization or church Mine health facility Other specify....
126	Which of the following statements are correct on the symptoms and signs of Silicosis?	
	Shortness of breath when hurrying on level ground or walking up a slight hill?	*Yes* *No* *Dont know*
	Walk more slowly than other people of your own age on level ground because of breathlessness?	*Yes* *No* *Dont know*
	Stop walking for breath when walking at your own pace on level ground?	*Yes* *No* *Dont know*
	Stopping for breath when walking	*Yes* *No* *Dont know*
	Breathless upon dressing or undressing?	*Yes* *No* *Dont know*
	Smoking increases the chances of getting Silicosis	*Yes* *No* *Dont know*
127	On the following statements, I would like to respond whether you say Yes, No or Dont Know to each one of them: A person with silicosis can also have TB infection?	Yes No Dont Know
128	A person with TB can also have Silicosis?	Yes No

		Dont Know
129	TB and Silicosis treatment can be taken together	Yes No Dont Know
130	How can a person get silicosis? Multiple Response	Through handshakes Through the air when you inhale dust in mine Working in a dust environment Eating food in a dusty environment Living in the same house or working together with someone with silicosis Through touching items in public places (doorknobs, handles in transportation, etc.) Inhaling dust Living in a crowded household Dont know Other specify.....
131	How can a person prevent getting silicosis? Multiple Response	Using a mask Using mutton cloth Drinking milk Leaving work area Using a respirator Opening windows at home Using wet processes Taking precautions in dust areas By praying Using effective PPE Do not know Other (specify)....
132	Can Silicosis be cured?	Yes No Dont know
133	How can someone with silicosis be cured? Multiple Response	Herbal remedies Home rest without medicine Praying Specific drugs given by health centre DOTS Do not know Other specify....
134	What methods were/are used by the companies to control the dust at the	Ventilation Water dampening

	workplace? Multiple Response	Closed areas Rotation of staff Dont Know Others (Specify)...
135	What processes produced most dust at the workplace? Multiple Response	Blasting Lashing/ Washing Crushing Loading Drilling Winching
136	To what extent do you agree, disagree with the following statements? Use a scale provided, TB, Silicosis and HIV statements	
	Each person with active TB infects 15 others	*Disagree Strongly* *Disagree* *Dont Know* *Agree* *Agree Strongly*
	Miners have double risk of getting TB	*Disagree Strongly* *Disagree* *Dont Know* *Agree* *Agree Strongly*
	Miners with HIV have increased risk of getting TB	*Disagree Strongly* *Disagree* *Dont Know* *Agree* *Agree Strongly*
	Miners with Silicosis have higher risk of getting TB	*Disagree Strongly* *Disagree* *Dont Know* *Agree* *Agree Strongly*
	Miners with HIV and Silicosis have very high risk getting TB	*Disagree Strongly* *Disagree* *Dont Know* *Agree* *Agree Strongly*
137	People who work in mines should have medical tests done regularly	Disagree Strongly Disagree Dont Know Agree Agree Strongly

138	General Questions People who work in mines should have fitness certificates	Disagree Strongly Disagree Dont Know Agree Agree Strongly
139	The mine I work for/worked for/relative works/ worked for have policies on TB/HIV and silicosis	Disagree Strongly Disagree Dont Know Agree Agree Strongly
140	The mining company in this community regularly test its employees and their families on:	
	Chest x-rays	*Disagree Strongly* *Disagree* *Dont Know* *Agree* *Agree Strongly*
	Sputum examinations	*Disagree Strongly* *Disagree* *Dont Know* *Agree* *Agree Strongly*
	Blood tests	*Disagree Strongly* *Disagree* *Dont Know* *Agree* *Agree Strongly*
	HIV	*Disagree Strongly* *Disagree* *Dont Know* *Agree* *Agree Strongly*
141	Mine workers are continuously being taught on TB and HIV in this community	Disagree Strongly Disagree Dont Know Agree Agree Strongly
142	In this community mine workers are fired if found to be with HIV	Disagree Strongly Disagree Dont Know Agree Agree Strongly
143	In this community mine workers are	Disagree Strongly

	fired if found to be TB infected	Disagree Dont Know Agree Agree Strongly
144	In this community you are not compensated if suffering from TB	Disagree Strongly Disagree Dont Know Agree Agree Strongly
145	In this community you are not compensated if suffering from HIV	Disagree Strongly Disagree Dont Know Agree Agree Strongly
146	In this community you are not compensated if suffering from Silicosis	Disagree Strongly Disagree Dont Know Agree Agree Strongly
147	Designed By Kenny Bakasa (+263 77 243 2481)	Close

Appendix B: Proportion that have received Information on TB, HIV and Silicosis

Indicator: **Have received any information on TB**

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Mine work	100.0	98.4	100	100	100	100	100	100	100	100	100
Ex-Mine worker	99.7	91.5	100	100	100	100	100	100	100	100	100
Family of current mine worker	100.0	100.0	100	100	100	*	100	100	100	100	100
Neighbor/Community member	100.0	*	*	100	100		100	*	100	100	*
Total	99.9	96.6	100	100	100	100	100	100	100	100	100

Indicator: **Have received any information on HIV**

Population Type	Regional	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe
	%	%	%	%	%	%	%	%	%	%	%
Mine work	100	100.0	100	100	100	100	100.0	100	100	100	100
Ex-Mine worker	100	100.0	100	100	100	100	100.0	100	100	100	100
Family of current mine worker	100	100.0	100	100	100	*	100.0	100	100	100	100
Neighbour/Community member	100	*	*	100	100	*	100.0	*	100	100	*
Total	100	100.0	100	100	100	100	100.0	100	100	100	100

Appendix C: Regional tables for Knowledge, Attitude and Practice TB, HIV, Silicosis in Southern Africa, 2016-207

Table 1: Background characteristics by country, 2016-2017

Background Characteristic	Botswana	Lesotho	Malawi	Mozambique	Namibia	Swaziland	South Africa	Tanzania	Zambia	Zimbabwe	Overall	
	%	%	%	%	%	%	%	%	%	%	%	N
Age												
15-24	4.4	10.5	20.3	12.2	9.0	6.3	7.5	26.9	11.1	13.8	15.1	1521
25-39	35.9	28.1	52.1	41.4	53.6	40.5	52.3	47.4	57.8	52.2	49.4	4970
40-59	59.2	61.4	27.5	37.8	37.4	53.2	40.2	25.7	31.1	33.7	34.3	3448
60+	0.5	0.0	0.1	8.6	0.0	0.0	0	0	0	0.3	1.2	126
Gender												
Male	80.6	62.9	63.8	89.8	89.1	70.3	71.9	59.7	75.5	71.1	71.5	7201
Female	19.4	37.1	36.2	10.2	10.9	29.7	28.1	40.3	24.5	28.9	28.5	2864
Marital Status												
Married	60.2	67.2	72.6	33.3	30.8	61.3	45.3	54.9	74.8	79.8	57.2	5758
Single	36.4	12.4	13.8	49.3	64.0	28.5	37.3	33.9	20.5	15.9	31.1	3127
Divorced	1.4	1.4	4.6	1.9	1.4	1.9	2.9	2.7	1.7	2.1	2.5	252
Widowed	1.0	16.2	2.5	1.9	1.0	5.7	2.2	3.2	1.5	1.4	2.5	256
Separated	0.0	1.4	0.4	1.2	0.0	1.3	1.0	3.0	0.6	0.7	1.3	131
Cohabiting	0.5	1.4	6.1	12.4	2.8	1.3	6.7	1.8	0.7	0.0	4.3	431
Other	0.5	0.0	0.0	0.0	0.0	0.0	4.6	0.5	0.2	0.1	1.1	110
Religion												
Christian	88.8	90.5	94.6	86.3	98.1	65.8	77.3	71.4	99.0	80.8	83.0	8353
Apostolic	0.5	7.1	2.3	3.7	0.0	5.1	9.9	0.1	0.1	12.2	4.4	445
Traditional	4.4	0.0	0.2	3.2	0.0	3.2	5.2	0.3	0.0	3.3	2.1	210
Moslem	1.0	0.0	2.8	2.6	0.5	0.0	0.9	25.9	0.6	2.7	7.3	730
Other	5.3	2.4	0.1	2.8	1.4	25.9	3.5	1.2	0.2	1.0	2.1	215
None	0.0	0.0	0.0	1.4	0.0	0.0	3.2	1.1	0.1	0.0	1.1	112
Completed Educational Level												
No school	20.9	11.9	19.2	10.5	3.3	6.3	6.5	8.6	1.4	0.9	7.7	776
Literacy classes only	0.0	0.9	0.0	1.3	0.0	0.0	0.8	0.6	0.1	0.0	0.5	53
Elementary/Primary	23.3	52.9	54.7	50.9	20.4	27.3	17.6	67.0	15.6	11.6	37.3	3754
High school/Secondary	39.3	31.4	23.1	34.9	64	58.2	54.8	20.1	63.3	74.8	43.9	4420
Higher Education	0.0	0.5	0.9	0.4	3.3	0.6	6.1	0.6	0.4	1.6	1.8	183
College/University	15.5	2.4	1.9	1.7	9.0	7.6	13.9	1.9	18.6	10.8	8.2	824
Population type												
Current Mine worker	60.2	41.4	45.3	59.9	58.3	39.3	54.9	34.7	58.7	60.4	50.9	5117
Ex Mine worker	28.6	14.3	18.9	20.1	33.2	25.3	19.1	13.1	16.7	12.4	17.2	1732
Family of current/ex miner worker	10.7	40.5	31.0	18.0	8.5	34.1	11.6	30.4	22.5	26.9	22.8	2298
Neighbour/Community member	0.5	3.8	4.8	2.0	0.0	1.3	14.4	21.8	2.1	0.3	9.1	918
Total	100	100	100	100	100	100	100	100	100	100	100	10065

Table 2: Knowledge and awareness of TB amongst 10 SADC mining communities, 2016-2017

Characteristic	Percentage of the target population who: Have received any information on TB	Are aware of main sources of information on TB	Think TB is a serious health issues at mines	Know the signs and symptoms of TB	Know how one can get TB	Know how to prevent TB	Know who can be infected with TB	Think there is a link between TB and HIV	Think TB can be cured?	Know how TB can be cured.	Know the cost of TB treatment	Total respondents
Age group												
15-24	100.0	72.6	80.1	59.8	67.9	59.1	95.7	79.5	84.1	87.0	60.6	1521
25-39	100.0	78.1	81.1	74.7	78.4	68.3	97.6	88.3	91.1	92.9	74.2	4970
40-59	99.8	80.6	82.9	75.3	76.9	66.8	96.8	87.3	90.7	92.7	77.7	3448
60+	100.0	89.7	77.0	81.0	80.2	71.4	98.4	83.3	84.1	88.9	93.7	126
Marital status												
Married	99.9	77.1	80.0	72.6	75.6	64.8	97.0	87.9	91.0	92.5	72.2	5758
Single	99.9	79.3	85.4	72.7	76.9	69.5	97.4	84.8	87.8	90.3	74.3	3127
Divorced	100.0	79.4	81.0	72.6	73.4	58.7	96.8	83.3	87.7	92.5	70.2	252
Widowed	100.0	79.3	78.9	69.9	72.3	61.3	94.1	84.8	87.9	93.0	76.6	256
Separated	100.0	77.1	86.3	64.1	72.5	66.4	95.4	84.0	87.8	86.3	64.9	131
Co-habiting	100.0	83.3	71.7	74.9	82.6	68.9	97.0	87.0	90.0	94.0	86.8	431
Other	100.0	87.3	91.8	89.1	88.2	86.4	99.1	82.7	98.2	98.2	89.1	110
Education												
No school	99.6	82.9	76.4	56.3	57.5	51.2	93.6	75.1	78.9	82.1	74.0	776
Literacy class	100.0	84.9	96.2	66.0	73.6	77.4	96.2	83.0	81.1	86.8	90.6	53
Elementary/Primary	99.9	82.0	80.8	60.4	68.5	61.5	96.1	82.3	87.8	89.2	69.5	3754
High/Secondary	100.0	75.1	82.4	82.9	84.1	71.4	98.1	90.6	92.4	94.8	76.2	4420
College/University	100.0	72.6	83.3	87.1	85.3	74.9	99.0	94.5	95.3	96.7	73.9	824
Higher education	100.0	83.6	86.9	86.9	90.2	70.5	99.5	90.7	96.7	97.3	85.8	183
Other	100.0	74.5	78.2	74.5	70.9	63.6	94.5	85.5	85.5	92.7	72.7	55
Mining community												
Mine work	100.0	77.1	81.0	76.7	79.7	68.8	98.2	90.2	91.1	93.0	76.4	5117
Ex-Mine worker	99.7	83.6	83.5	74.8	76.8	67.7	96.5	86.4	90.8	92.7	74.9	1732

Family of current mine worker	100.0	76.7	79.5	66.0	71.2	61.1	96.0	86.4	86.9	90.0	68.7	2298
Neighbour/Community member	100.0	78.9	85.4	63.7	69.1	63.8	94.3	82.5	88.5	89.1	68.1	918
Total	99.9	78.3	81.5	72.7	76.3	66.4	97.0	87.9	89.8	91.9	73.6	10065

Table 2b: Knowledge and awareness of TB amongst 10 SADC mining communities, 2016-2017

	Percentage of the target population who						
Characteristics	Know the time it takes to complete TB treatment	Have ever been tested for TB	Know that early detection improve cure rate	Know that early treatment improve cure rate	Know the importance of adhering and completion of TB treatment to cure TB	Believe that TB treatment medication can be combine with traditional medicine	Total respondents
Age group							
15-24	37.9	19.1	82.4	86.1	81.3	13.6	1521
25-39	57.3	41.8	86.7	89.9	86.9	11.2	4970
40-59	63.4	57.5	86.3	89.5	86.4	13.7	3448
60+	78.6	61.1	53.2	74.6	84.9	24.6	126
Marital status							
Married	54.9	46.9	88.9	91.9	87.4	11.6	5758
Single	58.7	38.6	78.3	83.2	82.7	14.4	3127
Divorced	53.2	44.0	86.1	88.5	85.3	13.5	252
Widowed	55.1	44.9	85.2	87.9	83.2	16.0	256
Separated	59.5	29.8	83.2	91.6	88.5	16.0	131
Co-habiting	64.0	46.9	89.8	89.6	85.6	10.7	431
Other	75.5	43.6	98.2	99.1	96.4	6.4	110
Education							
No school	48.6	39.6	75.3	81.2	80.4	18.8	776
Literacy class	67.9	64.2	84.9	83.0	75.5	32.1	53
Elementary/Primary	50.9	35.6	82.9	86.5	85.4	14.4	3754
High/Secondary	61.2	49.4	88.3	91.3	86.6	10.2	4420

College/University	61.7	55.0	91.9	94.5	86.9	9.0	824
Higher education	83.6	51.4	86.3	91.8	95.6	17.5	183
Other	43.6	38.2	85.5	92.7	90.9	12.7	55
Mining community							
Mine work	62.4	52.0	85.7	89.3	86.6	12.1	5117
Ex-Mine worker	57.6	55.4	83.5	87.9	86.2	14.8	1732
Family of current mine worker	45.1	25.7	85.2	88.3	84.1	13.2	2298
Neighbour/Community member	52.8	23.4	88.8	90.5	85.2	9.8	918
Total	56.8	44.0	85.5	89.0	85.8	12.6	10065

Table 3: Knowledge and awareness of HIV amongst 10 SADC mining communities, 2016-2017

Characteristic	Percentage of the target population who										Total respondents
	Have received any information on HIV	Are aware of main sources of information on HIV	Think HIV is a serious health issues at mines	Know the signs and symptoms of HIV	Know how one can get HIV	Know how to prevent HIV	Think there is a link between HIV and TB	Think HIV can be cured?	Know how HIV can be treated	Know how long it takes to treat HIV	
Age group											
15-24	100.0	100.0	81.7	90.3	95.1	98.0	79.5	11.8	89.2	83.8	1521
25-39	100.0	100.0	83.7	93.1	96.7	98.0	88.3	11.6	90.8	88.5	4970
40-59	100.0	100.0	81.1	92.3	94.8	96.0	87.3	14.1	90.1	88.1	3448
60+	100.0	100.0	81.0	88.9	86.5	92.1	83.3	8.7	86.5	85.7	126
Marital status											
Married	100.0	100.0	80.9	92.3	96.0	96.9	87.9	12.8	90.9	87.7	5758
Single	100.0	100.0	85.5	92.7	95.2	98.0	84.8	11.3	89.6	87.8	3127
Divorced	100.0	100.0	80.6	93.3	97.6	96.8	83.3	10.7	88.5	86.5	252
Widowed	100.0	100.0	75.4	88.7	89.8	94.1	84.8	18.0	89.8	84.0	256
Separated	100.0	100.0	89.3	91.6	90.1	96.2	84.0	17.6	81.7	80.2	131
Co-habiting	100.0	100.0	81.2	91.2	97.4	97.9	87.0	13.7	90.5	88.9	431
Other	100.0	100.0	93.6	98.2	100.0	100.0	82.7	9.1	90.9	91.8	110
Education											
No school	100.0	100.0	80.3	87.8	89.3	93.2	75.1	18.8	84.1	77.1	776
Literacy class	100.0	100.0	96.2	92.5	94.3	94.3	83.0	22.6	86.8	88.7	53
Elementary/Primary	100.0	100.0	82.6	91.4	93.8	96.9	82.3	12.8	88.4	83.3	3754
High/Secondary	100.0	100.0	82.1	93.3	97.6	97.9	90.6	11.8	92.7	91.7	4420
College/University	100.0	100.0	83.7	94.8	98.8	98.9	94.5	9.0	92.6	94.5	824
Higher education	100.0	100.0	88.5	97.3	99.5	97.3	90.7	8.2	91.8	92.9	183
Other	100.0	100.0	80.0	90.9	98.2	98.2	85.5	9.1	78.2	78.2	55
Mining community											
Mine work	100	100	81.6	93.7	95.9	97.2	89.2	11.7	90.5	89.7	5117
Ex-Mine worker	100	100	85.2	92.3	96.5	97.9	86.4	15.6	91.2	87.7	1732

Family of current mine worker	100	100	81.1	91	95.3	97	84.7	11.7	89.2	84.5	2298
Neighbour/Community member	100.0	100.0	85.5	88.1	93.5	96.5	76.8	12.4	90.2	83.7	918
Total	100	100	82.5	92.3	95.7	97.2	86.6	12.4	90.3	87.6	10065

Table 4: Knowledge and awareness of Silicosis amongst 10 SADC mining communities, 2016-2017

	Percentage of the target population who									
Characteristic	Have received any information on Silicosis	Are aware of main sources of information on Silicosis	Think Silicosis is a serious health issues at mines	Know the signs and symptoms of Silicosis	Know how one can get Silicosis	Know how to prevent Silicosis	Think there is a link between Silicosis and TB	Think Silicosis can be cured?	Know how Silicosis can be treated	Total respondents
Age group										
15-24	10.1	4.6	7.6	9.1	7.6	7.6	8.0	5.5	4.6	1521
25-39	20.3	7.9	17.3	17.8	16.3	18.4	17.3	10.2	9.3	4970
40-59	26.0	11.7	22.5	22.5	21.1	23.8	22.4	11.7	10.8	3448
60+	18.3	12.7	16.7	15.9	15.1	15.9	14.3	14.3	12.7	126
Marital status										
Married	24.6	9.5	21.0	21.1	20.2	22.5	21.1	11.7	10.8	5758
Single	14.9	7.8	12.7	13.6	11.5	12.8	12.3	7.7	6.5	3127
Divorced	19.0	6.3	17.5	17.1	14.3	16.3	17.9	9.5	9.1	252
Widowed	23.4	12.5	16.0	19.5	17.2	19.9	18.8	10.5	9.0	256
Separated	15.3	8.4	13.7	14.5	11.5	12.2	12.2	6.1	6.1	131
Co-habiting	13.9	6.5	13.0	12.8	10.9	13.5	12.1	7.2	7.0	431
Other	10.0	3.6	7.3	9.1	7.3	8.2	9.1	5.5	4.5	110
Education										
No school	12.2	7.2	10.2	10.3	8.2	9.0	9.3	5.0	4.6	776
Literacy class	13.2	5.7	13.2	11.3	13.2	13.2	7.5	9.4	3.8	53
Elementary/Primary	13.7	7.2	11.1	11.5	10.6	11.5	11.4	7.3	6.7	3754
High/Secondary	24.7	9.1	21.3	21.9	20.5	22.8	21.1	11.7	10.7	4420
College/University	37.6	14.0	33.3	33.5	30.5	35.3	33.6	18.6	17.4	824
Higher education	26.2	13.1	24.0	23.0	18.6	23.5	23.5	7.1	4.9	183
Other	30.9	20.0	20.0	25.5	25.5	27.3	27.3	16.4	14.5	55
Mining community										

Mine work	28.3	10.6	24.8	25.4	23.0	26.4	24.7	13.3	12.4	5117
Ex-Mine worker	20.1	9.2	16.3	15.9	16.9	17.8	16.6	10.6	9.4	1732
Family of current mine worker	9.7	5.9	7.2	8.5	7.1	7.2	7.6	4.9	4.2	2298
Neighbour/Community member	6.8	4.8	5.9	5.3	4.4	4.7	5.0	3.7	3.4	918
Total	20.7	8.8	17.6	18.1	16.6	18.5	17.6	10.0	9.2	10065

Table 5: Attitudes toward TB amongst the 10 SADC mining communities, 2016-2017

	Percentage of the target population										
Characteristic	Knowing people with/had TB	Reporting feeling compassion for someone with TB	Reporting positive treatment of someone with TB in their community	Who would talk about it if they are found to have TB	To ever access TB services at local health centre	To ever access HIV services at local health centre	Who think TB would affect their social relations	Who think TB would affect their work	who are not willing to let people know if they were on HIV or TB treatment	Who believe they can access TB services without fear of discrimination	Total respondents
Age group											
15-24	52.7	67.9	39.0	98.7	20.4	52.1	60.6	74.4	46.8	68.7	1521
25-39	67.0	73.8	42.9	99.0	35.5	65.8	61.0	76.9	50.1	74.9	4970
40-59	72.8	75.3	45.6	98.8	46.5	65.5	58.8	73.8	51.5	78.0	3448
60+	75.4	65.1	33.3	96.8	58.7	57.9	50.8	65.1	50.0	60.3	126
Marital status											
Married	69.6	76.2	46.0	99.2	37.7	67.5	60.1	76.6	50.2	76.6	5758
Single	62.1	69.6	37.4	98.5	38.5	61.2	62.1	73.2	50.8	71.9	3127
Divorced	66.3	66.7	39.3	98.8	35.3	56.3	59.1	72.6	46.4	73.4	252
Widowed	66.8	71.9	42.2	98.4	35.5	58.2	53.1	73.0	47.3	73.0	256
Separated	62.6	61.8	38.9	96.2	29.0	52.7	61.8	84.0	55.0	72.5	131
Co-habiting	70.1	66.1	47.1	97.2	31.6	42.0	52.0	77.3	41.5	71.0	431
Other	59.1	88.2	57.3	99.1	25.5	46.4	49.1	60.9	63.6	90.0	110
Education											
No school	61.1	72.8	44.5	99.0	35.6	51.7	51.5	72.6	43.2	72.3	776

Literacy class	79.2	58.5	30.2	98.1	39.6	49.1	60.4	66.0	62.3	66.0	53
Elementary/Primary	63.6	70.9	44.4	98.6	30.0	54.3	56.5	75.8	46.2	72.6	3754
High/Secondary	70.6	75.1	43.8	99.0	42.2	70.8	62.4	75.0	53.6	75.7	4420
College/University	68.1	77.2	36.9	98.8	45.3	77.7	72.6	79.6	54.9	80.5	824
Higher education	65.6	72.1	26.8	99.5	44.3	66.7	53.6	64.5	48.1	89.6	183
Other	67.3	63.6	43.6	100.0	25.5	65.5	70.9	92.7	49.1	61.8	55
Mining community											
Mine work	70.8	74.1	43.9	98.9	45.1	68.8	60.9	76.3	52.7	75.0	5117
Ex-Mine worker	72.5	72.3	42.2	99.0	39.7	63.5	61.4	77.4	48.5	78.1	1732
Family of current/ex mine worker	60.5	69.9	39.3	98.6	24.6	58.2	59.4	74.0	47.9	70.9	2298
Neighbour/Community member	51.4	79.3	50.2	98.7	20.9	47.2	54.4	69.3	43.8	77.1	918
Total	67.0	73.3	43.1	98.8	37.3	63.5	60.1	75.3	50.1	74.8	10065

Table 6: Practice-Treatment and Care Seeking of TB amongst 10 SADC mining communities, 2016-2017 by population type

	Practice treatment seeking		Practice care seeking						
Characteristic	Percentage of target population who know where to get treatment for TB	Percentage of target population who can encourage someone with TB to seek treatment	Percentage of target population who think they can get TB	Percentage of target population reporting visiting a health facility if they are found to have TB	Percentage of target population reporting correct point at which to seek help from a health facility if they have symptoms of TB	Percentage of target who think TB diagnosis and treatment is free of charge in the country	Percentage of the target population who are able to access HIV and TB treatment from health facility within community	Percentage of the target population who feel they would get support from family they were to be on HIV or TB treatment	Total respondents
Age group									
15-24	94.3	41.1	79.5	98.1	99.3	62.9	73.2	91.5	1521
25-39	96.1	43.8	87.3	98.2	99.5	76.2	81.8	93.4	4970
40-59	94.5	47.9	85.8	97.2	99.2	79.4	84.2	92.7	3448
60+	84.1	27.0	84.9	96.8	99.2	94.4	88.9	89.7	126
Marital status									
Married	95.4	47.1	85.8	98.0	99.6	74.3	81.5	93.4	5758
Single	94.5	38.2	84.5	97.9	99.2	75.8	82.0	92.8	3127
Divorced	95.2	45.2	87.3	97.2	99.2	71.8	76.6	92.5	252
Widowed	93.0	49.2	85.2	97.7	98.4	78.5	81.6	88.7	256
Separated	90.1	42.7	78.6	92.4	98.5	70.2	71.8	90.1	131
Co-habiting	97.4	44.3	90.5	96.8	99.1	87.5	78.0	87.9	431
Other	99.1	84.5	88.2	99.1	100.0	89.1	95.5	98.2	110
Education									
No school	89.8	37.5	76.9	96.0	98.3	75.3	76.5	88.3	776
Literacy class	84.9	28.3	88.7	94.3	94.3	90.6	81.1	84.9	53
Elementary/Primary	93.4	41.6	84.3	97.8	99.4	71.3	71.2	89.7	3754
High/Secondary	96.9	46.9	87.5	98.1	99.5	78.5	88.6	95.5	4420
College/University	98.9	52.2	89.0	98.1	99.9	75.0	92.4	97.5	824

Higher education	95.6	50.3	84.7	98.9	100.0	86.9	95.1	97.8	183
Other	98.2	50.9	90.9	96.4	98.2	74.5	65.5	83.6	55
Mining community									
Mine worker	95.1	44.0	88.6	97.4	99.5	78.2	83.5	93.8	5117
Ex-miner worker	95.0	44.7	86.4	98.4	99.2	76.8	82.0	92.7	1732
Family of current/ex mine worker	95.0	40.8	79.0	97.6	99.1	70.8	79.4	91.2	2298
Neighbour/Community member	96.0	57.2	83.9	99.5	99.6	69.7	74.0	91.6	918
Total	95.1	44.6	85.6	97.8	99.4	75.5	81.4	92.8	10065

APPENDIX D: Country Specific tables on Knowledge, Attitudes and Practice: TB, HIV Silicosis 2016-2017

Knowledge and awareness of TB

Table 7: Knowledge and awareness of TB amongst mining communities in Botswana, 2016-2017

	Percentage of the target population who											
Characteristic	Have received any information on TB	Are aware of main sources of information on TB	Think TB is a serious health issues at mines	Know the signs and symptoms of TB	Know how one can get TB	Know how to prevent TB	Know who can be infected with TB	Think there is a link between TB and HIV	Think TB can be cured?	Know how TB can be cured.	Know the cost of TB treatment	Total respondents
Age group												
15-24	*	*	*	*	*	*	*	*	*	*	*	9
25-39	100.0	79.7	75.7	79.7	67.6	60.8	98.6	91.9	81.1	86.5	85.1	74
40-59	94.3	75.4	81.1	75.4	60.7	60.7	88.5	83.6	90.2	93.4	82.0	122
60+	*	*	*	*	*	*	*	*	*	*	*	1
Marital status												
Married	96.0	79.8	78.2	77.4	61.3	62.1	88.7	83.1	86.3	93.5	79.0	124
Single	97.3	76.0	77.3	80.0	66.7	60.0	98.7	94.7	89.3	88.0	90.7	75
Divorced	*	*	*	*	*	*	*	*	*	*	*	3
Widowed	*	*	*	*	*	*	*	*	*	*	*	2
Separated												0
Co-habiting	*	*	*	*	*	*	*	*	*	*	*	1
Other	*	*	*	*	*	*	*	*	*	*	*	1
Education												
No school	93.0	81.4	86.0	69.8	46.5	51.2	81.4	76.7	81.4	86.0	88.4	43
Literacy class	*	*	*	*	*	*	*	*	*	*	*	0
Elementary/Primary	93.8	72.9	77.1	75.0	62.5	62.5	87.5	81.3	87.5	93.8	77.1	48
High/Secondary	98.8	74.1	72.8	80.2	74.1	66.7	97.5	95.1	86.4	91.4	86.4	81
College/University	100.0	87.5	84.4	90.6	56.3	59.4	100.0	90.6	93.8	93.8	84.4	32

Higher education	*	*	*	*	*	*	*	*	*	*	*	0
Other	*	*	*	*	*	*	*	*	*	*	*	2
Mining community												
Mine worker	98.4	78.2	71.0	79.8	70.2	71.0	97.6	96.0	91.9	93.5	75.8	124
Ex-Mine worker	91.5	74.6	93.2	69.5	50.8	42.4	78.0	67.8	78.0	86.4	94.9	59
Family of current mine worker	100.0	81.8	86.4	86.4	54.5	59.1	100.0	86.4	81.8	90.9	100.0	22
Neighbour/Community member	*	*	*	*	*	*	*	*	*	*	*	1
Total	96.6	77.7	78.6	77.7	63.1	61.2	92.2	86.9	86.9	91.3	84.0	206

Table 8: Knowledge and awareness of TB amongst mining communities in Botswana, 2016-2017

	Percentage of the target population who						
Characteristics	Know the time it takes to complete TB treatment	Have ever been tested for TB	Know that early detection improve cure rate	Know that early treatment improve cure rate	Know the importance of adhering and completion of TB treatment to cure TB	Believe that TB treatment medication can be combine with traditional medicine	Total respondents
Age group							
15-24	*	*	*	*	*	*	9
25-39	59.5	43.2	90.5	91.9	85.1	2.7	74
40-59	67.2	66.4	91.8	93.4	89.3	12.3	122
60+	*	*	*	*	*	*	1
Marital status							
Married	66.1	62.1	91.1	92.7	87.1	12.1	124
Single	61.3	49.3	90.7	92.0	89.3	2.7	75
Divorced	*	*	*	*	*	*	3
Widowed	*	*	*	*	*	*	2
Separated	*	*	*	*	*	*	0
Co-habiting	*	*	*	*	*	*	1
Other	*	*	*	*	*	*	1
Education							
No school	69.8	60.5	79.1	83.7	76.7	20.9	43
Literacy class	*	*	*	*	*	*	0
Elementary/Primary	81.3	66.7	95.8	97.9	91.7	8.3	48
High/Secondary	55.6	54.3	92.6	93.8	88.9	1.2	81
College/University	62.5	43.8	96.9	93.8	93.8	6.3	32
Higher education	*	*	*	*	*	*	0
Other	*	*	*	*	*	*	2
Mining community							

Mine work	64.5	57.3	96.0	96.0	92.7	2.4	124
Ex-Mine worker	62.7	64.4	81.4	86.4	81.4	22.0	59
Family of current mine worker	77.3	31.8	90.9	90.9	77.3	4.5	22
Neighbour/Community member	*	*	*	*	*	*	*1
Total	65.0	56.3	91.3	92.7	87.9	8.3	206

Table 9: Knowledge and awareness of TB amongst mining communities in Lesotho

	Percentage of the target population who											
Characteristic	Have received any information on TB	Are aware of main sources of information on TB	Think TB is a serious health issues at mines	Know the signs and symptoms of TB	Know how one can get TB	Know how to prevent TB	Know who can be infected with TB	Think there is a link between TB and HIV	Think TB can be cured?	Know how TB can be cured.	Know the cost of TB treatment	Total respondents
Age group												
15-24	100.0	86.4	77.3	50.0	54.5	45.5	81.8	77.3	63.6	86.4	77.3	22
25-39	100.0	81.4	89.8	71.2	69.5	57.6	88.1	96.6	86.4	96.6	91.5	59
40-59	100.0	81.4	93.0	83.7	72.1	79.1	93.0	95.3	92.2	96.1	95.3	129
60+												
Marital status												
Married	100.0	82.3	89.4	79.4	66.0	72.3	89.4	93.6	87.9	95.7	92.9	141
Single	100.0	80.8	88.5	53.8	73.1	50.0	100.0	92.3	76.9	96.2	84.6	26
Divorced	*	*	*	*	*	*	*	*	*	*	*	3
Widowed	100.0	79.4	97.1	82.4	88.2	79.4	88.2	100.0	97.1	97.1	97.1	34
Separated	*	*	*	*	*	*	*	*	*	*	*	3
Co-habiting	*	*	*	*	*	*	*	*	*	*	*	3
Other												0
Education												
No school	100.0	84.0	88.0	76.0	60.0	76.0	88.0	88.0	76.0	88.0	92.0	25

Literacy class	*	*	*	*	*	*	*	*	*	*	*	2
Elementary/Primary	100.0	83.8	95.5	75.7	73.0	68.5	90.1	94.6	89.2	96.4	93.7	111
High/Secondary	100.0	83.3	84.8	77.3	68.2	72.7	93.9	95.5	89.4	97.0	89.4	66
College/University	*	*	*	*	*	*	*	*	*	*	*	5
Higher education	*	*	*	*	*	*	*	*	*	*	*	1
Other	*	*	*	*	*	*	*	*	*	*	*	0
Mining community												
Mine worker	100	85.1	87.4	79.3	73.6	70.1	97.7	93.1	89.7	95.4	90.8	87
Ex-Mine worker	100	80.0	100	76.7	53.3	83.3	96.7	93.3	83.3	96.7	100	30
Family of current mine worker	100	80.0	89.4	74.1	71.8	65.9	83.5	90.6	87.1	94.1	90.6	85
Neighbour/Community member	*	*	*	*	*	*	*	*	*	*	*	8
Total	100	81.9	90.5	76.7	69.5	69.5	90.5	91.9	87.6	95.2	92.4	210

Table 10: Knowledge and awareness of TB amongst mining communities in Lesotho, 2016-2017

Characteristics	Percentage of the target population who						Total respondents
	Know the time it takes to complete TB treatment	Have ever been tested for TB	Know that early detection improve cure rate	Know that early treatment improve cure rate	Know the importance of adhering and completion of TB treatment to cure TB	Believe that TB treatment medication can be combine with traditional medicine	
Age group							
15-24	36.4	9.1	90.9	100.0	95.5	36.4	22
25-39	69.5	52.5	91.5	94.9	98.3	15.3	59
40-59	86.0	65.9	93.8	96.1	94.6	22.5	129
60+	*	*	*	*	*	*	0
Marital status							
Married	82.3	63.8	94.3	95.0	95.7	20.6	141
Single	50.0	30.8	92.3	100.0	96.2	30.8	26
Divorced	*	*	*	*	*	*	3
Widowed	76.5	50.0	94.1	100.0	97.1	23.5	34
Separated	*	*	*	*	*	*	3
Co-habiting	*	*	*	*	*	*	3
Other	*	*	*	*	*	*	0
Education							
No school	88.0	68.0	88.0	88.0	88.0	40.0	25
Literacy class	*	*	*	*	*	*	2
Elementary/Primary	72.1	55.9	93.7	96.4	95.5	22.5	111
High/Secondary	78.8	57.6	93.9	98.5	98.5	12.1	66
College/University	*	*	*	*	*	*	5
Higher education	*	*	*	*	*	*	1
Other	*	*	*	*	*	*	0
Mining community							
Mine work	75.9	71.3	93.1	95.4	95.4	25.3	87

Ex-Mine worker	90.0	80.0	93.3	93.3	90.0	30.0	30
Family of current mine worker	70.6	36.5	91.8	97.6	97.6	17.6	85
Neighbour/Community member	*	*	*	*	*	*	8
Total	76.2	56.2	92.9	96.2	95.7	21.9	210

Table 11: Knowledge and awareness of TB amongst mining communities in Malawi

	Percentage of the target population who											
Characteristic	Have received any information on TB	Are aware of main sources of information on TB	Think TB is a serious health issues at mines	Know the signs and symptoms of TB	Know how one can get TB	Know how to prevent TB	Know who can be infected with TB	Think there is a link between TB and HIV	Think TB can be cured?	Know how TB can be cured.	Know the cost of TB treatment	Total respondents
Age group												
15-24	100.0	86.4	58.1	45.0	44.0	44.5	94.8	90.1	83.8	89.5	86.4	191
25-39	100.0	88.2	60.8	57.3	56.7	50.0	95.9	92.7	91.8	93.9	87.6	490
40-59	100.0	93.4	64.5	59.8	59.1	46.3	96.9	96.1	92.7	95.4	89.2	259
60+	*	*	*	*	*	*	*	*	*	*	*	1
Marital status												
Married	100.0	91.5	64.0	57.2	56.1	52.0	96.5	93.1	92.4	94.1	87.3	683
Single	100.0	81.5	66.9	44.6	45.4	45.4	96.2	93.8	83.1	90.0	86.2	130
Divorced	100.0	86.0	53.5	65.1	60.5	44.2	95.3	88.4	90.7	97.7	86.0	43
Widowed	100.0	91.7	62.5	54.2	70.8	45.8	95.8	100.0	91.7	91.7	91.7	24
Separated	*	*	*	*	*	*	*	*	*	*	*	4
Co-habiting	100.0	80.7	21.1	54.4	52.6	7.0	93.0	91.2	84.2	89.5	98.2	57
Other	*	*	*	*	*	*	*	*	*	*	*	0
Education												
No school	100.0	91.7	59.1	43.1	44.2	27.1	91.7	89.5	86.2	91.2	86.7	181
Literacy class	*	*	*	*	*	*	*	*	*	*	*	0
Elementary/Primary	100.0	91.3	64.7	55.7	53.2	52.0	96.3	92.6	89.3	93.0	90.1	515

High/Secondary	100.0	84.3	57.1	61.3	65.4	55.3	98.2	96.3	95.4	95.4	83.4	217
College/University	*	*	*	*	*	*	*	*	*	*	*	18
Higher education	*	*	*	*	*	*	*	*	*	*	*	8
Other	*	*	*	*	*	*	*	*	*	*	*	2
Mining community												
Mine work	100	88.3	64.1	54.7	54.5	53.5	97.4	91.5	89.0	93.4	86.6	426
Ex-Mine worker	100	95.5	60.1	61.2	66.3	43.3	95.5	87.1	92.1	94.4	91.0	178
Family of current mine worker	100	86.0	65.8	48.6	43.8	36.0	93.5	84.9	91.1	92.8	88.0	292
Neighbour/Community member	100.0	95.6	11.1	86.7	84.4	88.9	100.0	93.3	93.3	93.3	84.4	45
Total	100	89.3	61.3	55.6	54.8	47.8	96.0	88.7	90.4	93.4	87.8	941

Table 12: Knowledge and awareness of TB amongst mining communities in Malawi, 2016-2017

Characteristics	Percentage of the target population who						Total respondents
	Know the time it takes to complete TB treatment	Have ever been tested for TB	Know that early detection improve cure rate	Know that early treatment improve cure rate	Know the importance of adhering and completion of TB treatment to cure TB	Believe that TB treatment medication can be combine with traditional medicine	
Age group							
15-24	15.2	7.9	89.5	90.1	87.4	5.2	191
25-39	25.1	17.8	95.9	96.3	92.9	5.5	490
40-59	25.9	29.3	96.5	97.3	94.2	5.8	259
60+	*	*	*	*	*	*	1
Marital status							
Married	24.3	21.5	95.3	95.6	92.7	4.2	683
Single	20.0	8.5	90.8	93.8	86.9	3.8	130
Divorced	18.6	9.3	97.7	93.0	90.7	9.3	43
Widowed	25.0	16.7	100.0	100.0	100.0	0.0	24
Separated	*	*	*	*	*	*	4
Co-habiting	21.1	21.1	93.0	94.7	94.7	24.6	57
Other	*	*	*	*	*	*	0
Education							
No school	23.2	18.8	93.4	95.0	91.2	6.1	181
Literacy class	*	*	*	*	*	*	0
Elementary/Primary	24.5	20.2	94.2	94.2	91.3	7.0	515
High/Secondary	20.3	15.7	96.8	97.7	94.0	1.8	217
College/University	*	*	*	*	*	*	18
Higher education	*	*	*	*	*	*	8
Other	*	*	*	*	*	*	2
Mining community							
Mine work	24.6	20.2	93.7	94.1	89.7	4.9	426

Ex-Mine worker	25.3	21.3	94.9	96.6	96.6	8.4	178
Family of current mine worker	20.2	17.1	96.2	96.2	92.1	5.1	292
Neighbour/Community member	22.2	8.9	95.6	95.6	97.8	2.2	45
Total	23.3	18.9	94.8	95.3	92.1	5.5	941

Table 13: Knowledge and awareness of TB amongst mining communities in Mozambique

Characteristic	Percentage of the target population who: Have received any information on TB	Are aware of main sources of information on TB	Think TB is a serious health issues at mines	Know the signs and symptoms of TB	Know how one can get TB	Know how to prevent TB	Know who can be infected with TB	Think there is a link between TB and HIV	Think TB can be cured?	Know how TB can be cured.	Know the cost of TB treatment	Total respondents
Age group												
15-24	100.0	93.0	87.2	70.9	83.1	76.7	100.0	81.4	82.6	83.1	89.5	172
25-39	100.0	93.0	83.6	83.0	85.1	83.2	99.1	86.1	86.0	85.4	90.6	584
40-59	100.0	90.8	78.8	76.2	79.4	72.4	98.5	77.9	79.5	82.6	90.1	533
60+	100.0	90.1	77.7	80.2	79.3	72.7	98.3	83.5	84.3	88.4	94.2	121
Marital status												
Married	100.0	92.8	77.7	76.8	78.5	71.1	98.3	71.3	74.7	76.8	84.9	470
Single	100.0	95.1	88.3	81.6	83.0	82.6	99.4	87.1	87.3	86.5	93.5	695
Divorced	100.0	92.6	92.6	77.8	81.5	66.7	100.0	66.7	74.1	85.2	88.9	27
Widowed	100.0	66.7	74.1	77.8	66.7	70.4	96.3	85.2	74.1	88.9	96.3	27
Separated	*	*	*	*	*	*	*	*	*	*	*	16
Co-habiting	100.0	80.6	65.7	73.1	90.9	77.7	98.9	93.7	92.0	96.0	94.9	175
Other	*	*	*	*	*	*	*	*	*	*	*	0
Education												
No school	100.0	86.5	64.2	69.6	76.4	66.9	99.3	70.3	66.2	70.9	88.5	148
Literacy class	*	*	*	*	*	*	*	*	*	*	*	18
Elementary/Primary	100.0	93.0	81.8	79.7	82.3	79.8	98.6	83.0	84.8	85.1	90.9	718
High/Secondary	100.0	92.5	85.2	80.7	84.6	77.9	99.4	84.0	85.8	86.6	90.7	493
College/University	100.0	95.8	100.0	66.7	79.2	79.2	100.0	83.3	83.3	87.5	87.5	24
Higher education	*	*	*	*	*	*	*	*	*	*	*	5
Other	*	*	*	*	*	*	*	*	*	*	*	4
Mining community												
Mine work	100	93.3	80.6	78.6	83.1	78.1	99.1	81.9	83.1	84	90.1	845
Ex-Mine worker	100	91.2	84.5	84.9	83.5	78.5	98.6	85.2	87.7	85.6	90.8	284

Family of current mine worker	100	87.7	81.4	72.3	78.3	73.9	98.8	79.4	77.1	84.6	92.5	253
Neighbour/Community member	100.0	96.4	89.3	78.6	78.6	78.6	100.0	85.7	85.7	78.6	85.7	28
Total	100	91.9	81.7	78.7	82.2	77.4	98.9	82.2	83.0	84.3	90.6	1410

Table 14: Knowledge and awareness of TB amongst mining communities in Mozambique, 2016-2017

	Percentage of the target population who						
Characteristics	Know the time it takes to complete TB treatment	Have ever been tested for TB	Know that early detection improve cure rate	Know that early treatment improve cure rate	Know the importance of adhering and completion of TB treatment to cure TB	Believe that TB treatment medication can be combine with traditional medicine	Total respondents
Age group							
15-24	70.9	39.0	47.7	64.0	80.2	23.3	172
25-39	82.7	55.5	54.3	66.8	81.0	17.1	584
40-59	74.5	61.2	58.3	67.4	76.4	20.3	533
60+	79.3	62.0	52.1	74.4	85.1	25.6	121
Marital status							
Married	80.4	58.3	56.4	74.9	76.2	21.7	470
Single	79.9	56.8	44.2	57.4	80.6	21.2	695
Divorced	74.1	66.7	66.7	74.1	81.5	18.5	27
Widowed	59.3	63.0	63.0	55.6	85.2	25.9	27

Separated	*	*	*	*	*	*	16
Co-habiting	66.9	46.3	88.6	85.7	82.3	8.0	175
Other	*	*	*	*	*	*	0
Education							
No school	64.9	48.0	46.6	59.5	69.6	16.2	148
Literacy class	*	*	*	*	*	*	18
Elementary/Primary	80.1	59.1	53.1	66.3	81.2	21.9	718
High/Secondary	79.3	55.0	59.2	71.0	79.5	18.3	493
College/University	70.8	29.2	62.5	79.2	83.3	4.2	24
Higher education	*	*	*	*	*	*	5
Other	*	*	*	*	*	*	4
Mining community							
Mine work	77.6	62.6	54.2	66.7	78.0	18.8	845
Ex-Mine worker	81.3	66.2	55.6	68.3	82.4	22.9	284
Family of current mine worker	74.7	25.3	57.3	68.8	81.8	19.0	253
Neighbour/Community member	78.6	39.3	42.9	60.7	75.0	25.0	28
Total	77.9	56.2	54.8	67.3	79.5	19.8	1410

Table 15: Knowledge and awareness of TB amongst mining communities in Namibia

Characteristic	Percentage of the target population who: Have received any information on TB	Are aware of main sources of information on TB	Think TB is a serious health issues at mines	Know the signs and symptoms of TB	Know how one can get TB	Know how to prevent TB	Know who can be infected with TB	Think there is a link between TB and HIV	Think TB can be cured?	Know how TB can be cured.	Know the cost of TB treatment	Total respondents
Age group												
15-24	*	*	*	*	*	*	*	*	*	*	*	19
25-39	100.0	62.8	79.6	82.3	75.2	62.8	99.1	95.6	94.7	99.1	69.0	113
40-59	100.0	55.7	77.2	73.4	70.9	60.8	93.7	93.7	93.7	97.5	64.6	79
60+	*	*	*	*	*	*	*	*	*	*	*	0
Marital status												
Married	100.0	61.5	78.5	84.6	73.8	63.1	96.9	95.4	92.3	96.9	63.1	65
Single	100.0	58.5	78.5	76.3	73.3	54.8	96.3	91.9	94.1	97.0	65.9	135
Divorced	100.0	0.0	33.3	100.0	66.7	33.3	100.0	100.0	100.0	100.0	33.3	3
Widowed	100.0	0.0	50.0	50.0	50.0	100.0	50.0	100.0	100.0	100.0	0.0	2
Separated												0
Co-habiting	*	*	*	*	*	*	*	*	*	*	*	6
Other	*	*	*	*	*	*	*	*	*	*	*	0
Education												
No school	*	*	*	*	*	*	*	*	*	*	*	7
Literacy class	*	*	*	*	*	*	*	*	*	*	*	0
Elementary/Primary	100.0	58.1	76.7	67.4	72.1	55.8	95.3	93.0	95.3	97.7	69.8	43
High/Secondary	100.0	57.0	83.0	82.2	71.9	60.0	95.6	91.9	94.8	97.8	63.7	135
College/University	*	*	*	*	*	*	*	*	*	*	*	19
Higher education	*	*	*	*	*	*	*	*	*	*	*	7
Other	*	*	*	*	*	*	*	*	*	*	*	0
Mining community												

Mine work	100	46.3	74.0	75.6	78.9	59.3	97.6	93.5	95.9	97.6	61.0	123
Ex-Mine worker	100	75.7	88.6	80.0	64.3	57.1	94.3	91.4	90.0	97.1	71.4	70
Family of current mine worker	*	*	*	*	*	*	*	*	*	*	*	18
Neighbour/Community member	*	*	*	*	*	*	*	*	*	*	*	0
Total	100	57.8	78.2	78.7	73.9	58.8	96.2	92.9	93.8	97.2	64.5	211

Table 16: Knowledge and awareness of TB amongst mining communities in Namibia, 2016-2017

Characteristics	Percentage of the target population who						Total respondents
	Know the time it takes to complete TB treatment	Have ever been tested for TB	Know that early detection improve cure rate	Know that early treatment improve cure rate	Know the importance of adhering and completion of TB treatment to cure TB	Believe that TB treatment medication can be combine with traditional medicine	
Age group							
15-24	*	*	*	*	*	*	19
25-39	62.8	61.1	94.7	95.6	89.4	6.2	113
40-59	67.1	65.8	94.9	98.7	73.4	3.8	79
60+	*	*	*	*	*	*	0
Marital status							
Married	67.7	66.2	93.8	96.9	80.0	4.6	65
Single	58.5	54.1	94.1	97.0	83.7	5.9	135
Divorced	*	*	*	*	*	*	3
Widowed	*	*	*	*	*	*	2
Separated	*	*	*	*	*	*	0
Co-habiting	*	*	*	*	*	*	6
Other	*	*	*	*	*	*	0
Education							
No school	*	*	*	*	*	*	7
Literacy class	*	*	*	*	*	*	0
Elementary/Primary	65.1	69.8	93.0	97.7	74.4	7.0	43
High/Secondary	60.0	53.3	96.3	97.8	88.1	4.4	135
College/University	*	*	*	*	*	*	19
Higher education	*	*	*	*	*	*	7
Other	*	*	*	*	*	*	0
Mining community							
Mine work	62.6	62.6	95.1	97.6	87.8	6.5	123

Ex-Mine worker	65.7	58.6	95.7	97.1	75.7	4.3	70
Family of current mine worker	*	*	*	*	*	*	18
Neighbour/Community member	*	*	*	*	*	*	0
Total	61.6	59.2	94.3	97.2	83.4	5.7	211

Table 17: Knowledge and awareness of TB amongst mining communities in South Africa, 2016-2017

Characteristic	Percentage of the target population who: Have received any information on TB	Are aware of main sources of information on TB	Think TB is a serious health issues at mines	Know the signs and symptoms of TB	Know how one can get TB	Know how to prevent TB	Know who can be infected with TB	Think there is a link between TB and HIV	Think TB can be cured?	Know how TB can be cured.	Know the cost of TB treatment	Total respondents
Age group												
15-24	100.0	81.7	96.7	81.7	83.0	79.7	96.7	75.2	87.6	89.5	85.0	153
25-39	100.0	88.6	95.3	89.2	88.4	84.5	98.3	88.1	94.3	97.7	90.0	1057
40-59	100.0	92.3	94.8	87.9	85.6	83.6	98.0	85.9	92.6	96.4	92.4	813
60+	*	*	*	*	*	*	*	*	*	*	*	0
Marital status												
Married	100.0	90.4	95.4	87.8	86.2	84.5	98.8	87.4	93.7	96.7	90.0	916
Single	100.0	86.7	95.2	87.8	86.2	82.5	97.5	85.5	92.3	96.2	93.0	754
Divorced	100.0	87.9	93.1	86.2	89.7	81.0	100.0	93.1	93.1	96.6	87.9	58
Widowed	100.0	93.3	91.1	88.9	82.2	73.3	91.1	80.0	91.1	97.8	95.6	45
Separated	100.0	95.0	100.0	85.0	95.0	100.0	100.0	90.0	95.0	100.0	80.0	20
Co-habiting	100.0	94.9	96.3	91.2	86.8	80.1	96.3	83.8	91.2	95.6	79.4	136
Other	100.0	94.7	93.6	91.5	96.8	95.7	100.0	80.9	97.9	98.9	94.7	94
Education												
No school	100.0	93.1	96.9	79.4	71.8	77.9	96.9	81.7	85.5	91.6	95.4	131
Literacy class	*	*	*	*	*	*	*	*	*	*	*	17
Elementary/Primary	100.0	90.1	96.6	85.9	85.4	83.4	97.7	85.6	93.8	97.5	94.1	355
High/Secondary	100.0	88.5	94.8	89.3	87.8	85.0	98.1	84.9	92.8	96.2	89.1	1109
College/University	100.0	90.4	94.7	89.0	89.0	83.7	97.9	92.6	96.1	98.9	87.2	282
Higher education	100.0	91.1	93.5	92.7	93.5	80.5	100.0	89.4	97.6	97.6	95.1	123
Other	*	*	*	*	*	*	*	*	*	*	*	6
Mining community												
Mine work	100	88.1	95.5	88.2	88.1	83.6	99.0	89.9	93.6	97.0	87.7	1111
Ex-Mine worker	100	94.1	96.9	89.1	87.6	88.6	98.7	80.4	94.3	96.6	92.2	387

Family of current mine worker	100	93.2	95.7	86.3	84.6	83.3	97.4	88.9	88.9	94.4	94.4	234
Neighbour/Community member	100.0	86.3	91.4	88.0	82.8	78.4	94.2	77.7	93.1	96.6	96.2	291
Total	100	89.6	95.2	88.1	86.9	83.8	98.1	86.2	93.1	96.6	90.6	2023

Table 18: Knowledge and awareness of TB amongst mining communities in South Africa, 2016-2017

	Percentage of the target population who						
Characteristics	Know the time it takes to complete TB treatment	Have ever been tested for TB	Know that early detection improve cure rate	Know that early treatment improve cure rate	Know the importance of adhering and completion of TB treatment to cure TB	Believe that TB treatment medication can be combine with traditional medicine	Total respondents
Age group							
15-24	69.3	35.9	83.7	86.3	75.8	6.5	153
25-39	86.5	60.2	88.3	91.8	86.6	12.3	1057
40-59	85.1	74.5	88.9	92.3	85.4	16.4	813
60+	*	*	*	*	*	*	0
Marital status							
Married	86.7	72.7	88.2	91.7	86.4	15.2	916
Single	83.2	55.4	87.1	90.8	83.3	13.1	754
Divorced	75.9	69.0	84.5	91.4	87.9	17.2	58
Widowed	82.2	62.2	88.9	88.9	77.8	13.3	45
Separated	90.0	65.0	80.0	90.0	75.0	5.0	20
Co-habiting	85.3	65.4	89.0	89.7	83.8	9.6	136
Other	80.9	45.7	98.9	100.0	96.8	5.3	94
Education							
No school	82.4	77.1	77.9	87.8	84.7	33.6	131
Literacy class	*	*	*	*	*	*	17
Elementary/Primary	89.0	71.5	90.7	91.8	81.1	9.6	355
High/Secondary	83.2	62.9	88.5	91.2	85.5	10.6	1109

College/University	81.9	56.4	90.8	94.7	86.5	15.6	282
Higher education	94.3	52.8	83.7	90.2	94.3	22.0	123
Other	66.7	83.3	66.7	100.0	83.3	16.7	6
Mining community							
Mine work	85.4	66.9	90.4	93.0	87.0	14.3	1111
Ex-Mine worker	85	74.9	82.7	88.1	81.9	14.5	387
Family of current mine worker	84.6	56.0	83.8	90.2	86.3	18.8	234
Neighbour/Community member	81.1	45.7	90.7	91.8	82.1	4.8	291
Total	84.6	64.1	88.2	91.5	85.3	13.5	2023

Table 19: Knowledge and awareness of TB amongst mining communities in Swaziland

Characteristic	Percentage of the target population who											Total respondents
	Have received any information on TB	Are aware of main sources of information on TB	Think TB is a serious health issues at mines	Know the signs and symptoms of TB	Know how one can get TB	Know how to prevent TB	Know who can be infected with TB	Think there is a link between TB and HIV	Think TB can be cured?	Know how TB can be cured.	Know the cost of TB treatment	
Age group												
15-24	*	*	*	*	*	*	*	*	*	*	*	10
25-39	100.0	68.8	89.1	82.8	87.5	46.9	96.9	96.9	95.3	93.8	71.9	64
40-59	100.0	70.2	91.7	89.3	86.9	53.6	96.4	100.0	96.4	100.0	84.5	84
60+	*	*	*	*	*	*	*	*	*	*	*	0
Marital status												
Married	100.0	70.1	89.7	88.7	84.5	49.5	97.9	99.0	96.9	99.0	80.4	97
Single	100.0	60.0	95.6	77.8	82.2	42.2	93.3	95.6	95.6	93.3	71.1	45
Divorced	*	*	*	*	*	*	*	*	*	*	*	3
Widowed	*	*	*	*	*	*	*	*	*	*	*	9
Separated	*	*	*	*	*	*	*	*	*	*	*	2
Co-habiting	*	*	*	*	*	*	*	*	*	*	*	2
Other	*	*	*	*	*	*	*	*	*	*	*	0
Education												
No school	*	*	*	*	*	*	*	*	*	*	*	*
Literacy class	*	*	*	*	*	*	*	*	*	*	*	*
Elementary/Primary	100.0	65.1	83.7	83.7	81.4	44.2	95.3	97.7	88.4	97.7	72.1	43
High/Secondary	100.0	68.5	95.7	91.3	84.8	55.4	96.7	97.8	97.8	95.7	79.3	92
College/University	*	*	*	*	*	*	*	*	*	*	*	12
Higher education	*	*	*	*	*	*	*	*	*	*	*	1
Other	*	*	*	*	*	*	*	*	*	*	*	0
Mining community												
Mine work	100	64.5	90.3	88.7	85.5	48.4	95.2	96.8	95.2	98.4	79	62

Ex-Mine worker	100	55.0	90.0	82.5	82.5	50.0	95.0	97.5	97.5	100	72.5	40
Family of current mine worker	100	83.3	92.6	88.9	87.0	53.7	100	100	94.4	92.6	83.3	54
Neighbour/Community member	*	*	*	*	*	*	*	*	*	*	*	2
Total	100	69.0	91.1	86.7	85.4	50.6	96.8	98.1	95.6	96.8	78.5	158

Table 20: Knowledge and awareness of TB amongst mining communities in Swaziland, 2016-2017

	Percentage of the target population who						
Characteristics	Know the time it takes to complete TB treatment	Have ever been tested for TB	Know that early detection improve cure rate	Know that early treatment improve cure rate	Know the importance of adhering and completion of TB treatment to cure TB	Believe that TB treatment medication can be combine with traditional medicine	Total respondents
Age group							
15-24	*	*	*	*	*	*	10
25-39	68.8	48.4	95.3	96.9	100.0	0.0	64
40-59	84.5	71.4	92.9	96.4	96.4	3.6	84
60+	*	*	*	*	*	*	0
Marital status							
Married	78.4	66.0	92.8	95.9	96.9	3.1	97
Single	71.1	44.4	95.6	97.8	97.8	4.4	45
Divorced	*	*	*	*	*	*	3
Widowed	*	*	*	*	*	*	9
Separated	*	*	*	*	*	*	2
Co-habiting	*	*	*	*	*	*	2
Other	*	*	*	*	*	*	0
Education							
No school	*	*	*	*	*	*	10
Literacy class	*	*	*	*	*	*	0
Elementary/Primary	76.7	62.8	86.0	93.0	95.3	4.7	43

High/Secondary	78.3	60.9	97.8	98.9	97.8	3.3	92
College/University	*	*	*	*	*	*	12
Higher education	*	*	*	*	*	*	1
Other	*	*	*	*	*	*	0
Mining community							
Mine work	74.2	69.4	95.2	96.8	100.0	1.6	62
Ex-Mine worker	80.0	77.5	87.5	92.5	95.0	5.0	40
Family of current mine worker	75.9	38.9	98.1	100.0	96.3	3.7	54
Neighbour/Community member	*	*	*	*	*	*	2
Total	76.6	60.1	94.3	96.8	97.5	3.2	158

Table 21: Knowledge and awareness of TB amongst mining communities in Tanzania

Characteristic	Percentage of the target population who: Have received any information on TB	Are aware of main sources of information on TB	Think TB is a serious health issues at mines	Know the signs and symptoms of TB	Know how one can get TB	Know how to prevent TB	Know who can be infected with TB	Think there is a link between TB and HIV	Think TB can be cured?	Know how TB can be cured.	Know the cost of TB treatment	Total respondents
Age group												
15-24	100.0	73.4	83.4	46.3	62.3	56.2	93.9	70.2	81.5	84.6	42.4	628
25-39	100.0	78.4	84.2	49.3	65.3	55.9	95.3	75.1	85.7	86.7	51.0	1110
40-59	100.0	77.7	80.4	44.3	56.9	47.4	94.8	77.0	89.0	85.9	51.1	601
60+	*	*	*	*	*	*	*	*	*	*	*	0
Marital status												
Married	100.0	76.6	83.5	44.7	61.0	52.4	94.8	76.8	87.4	86.4	48.9	1284
Single	100.0	79.2	83.5	50.5	66.6	57.6	95.1	71.8	82.2	85.3	47.7	794
Divorced	100.0	73.0	81.0	46.0	47.6	36.5	90.5	65.1	79.4	82.5	41.3	63
Widowed	100.0	77.6	69.7	44.7	52.6	40.8	94.7	67.1	84.2	88.2	44.7	76
Separated	100.0	65.7	85.7	51.4	62.9	58.6	95.7	78.6	88.6	82.9	55.7	70
Co-habiting	100.0	68.3	85.4	53.7	70.7	75.6	95.1	61.0	87.8	87.8	68.3	41
Other	*	*	*	*	*	*	*	*	*	*	*	11
Education												
No school	100.0	67.8	84.2	34.2	42.6	37.6	92.1	57.9	75.2	72.8	34.7	202
Literacy class	*	*	*	*	*	*	*	*	*	*	*	14
Elementary/Primary	100.0	76.0	83.1	42.1	60.0	50.4	94.4	73.7	86.2	85.5	47.5	1567
High/Secondary	100.0	82.1	81.9	64.6	76.8	68.4	97.0	81.9	87.6	92.1	54.2	469
College/University	100.0	84.4	84.4	86.7	82.2	80.0	100.0	82.2	84.4	91.1	77.8	45
Higher education	*	*	*	*	*	*	*	*	*	*	*	13
Other	100.0	82.8	86.2	72.4	62.1	65.5	89.7	82.8	79.3	86.2	65.5	29
Mining community												
Mine work	100	75.2	82.8	49.8	64.4	55.8	96.2	82.9	87.1	86.2	52.3	812
Ex-Mine worker	100	78.1	78.1	47.1	56.9	50.0	93.8	81.4	86.9	87.6	44.8	306

Family of current mine worker	100	81.2	82.0	46.3	65.5	55.1	94.5	80.5	82.7	85.8	44.9	711
Neighbour/Community member	100.0	72.7	87.8	44.5	57.8	51.0	93.7	83.3	85.7	84.5	50.6	510
Total	100	76.9	83.0	47.2	62.3	53.8	94.8	82.0	85.4	85.9	48.7	2339

Table 22: Knowledge and awareness of TB amongst mining communities in Tanzania, 2016-2017

Characteristics	Percentage of the target population who						Total respondents
	Know the time it takes to complete TB treatment	Have ever been tested for TB	Know that early detection improve cure rate	Know that early treatment improve cure rate	Know the importance of adhering and completion of TB treatment to cure TB	Believe that TB treatment medication can be combine with traditional medicine	
Age group							
15-24	28.0	11.9	84.9	87.4	78.8	16.2	628
25-39	35.9	16.8	86.9	88.7	85.1	15.0	1110
40-59	37.1	21.0	88.2	89.9	86.2	17.1	601
60+	*	*	*	*	*	*	0
Marital status							
Married	34.6	17.1	88.6	89.6	85.4	15.2	1284
Single	31.6	14.4	85.3	87.2	81.9	16.6	794
Divorced	31.7	17.5	79.4	84.1	77.8	17.5	63
Widowed	32.9	28.9	75.0	85.5	68.4	19.7	76
Separated	45.7	15.7	82.9	91.4	91.4	18.6	70
Co-habiting	53.7	17.1	92.7	95.1	87.8	9.8	41
Other	*	*	*	*	*	*	11
Education							
No school	28.7	14.9	75.2	79.2	76.7	21.8	202
Literacy class	*	*	*	*	*	*	14
Elementary/Primary	33.8	14.0	87.6	89.0	84.6	15.7	1567
High/Secondary	35.6	22.8	88.9	91.0	83.2	14.5	469
College/University	44.4	35.6	80.0	88.9	84.4	17.8	45
Higher education	*	*	*	*	*	*	13
Other	34.5	27.6	89.7	93.1	86.2	13.8	29
Mining community							
Mine work	38.8	21.1	88.7	90.9	85.6	16.6	812

Ex-Mine worker	31.7	18.6	85.0	86.9	81.4	20.3	306
Family of current mine worker	27.0	13.8	82.8	85.0	79.2	15.5	711
Neighbour/Community member	37.8	12.2	90.0	91.4	88.4	12.7	510
Total	34.1	16.6	86.7	88.7	83.7	15.9	2339

Table 23: Knowledge and awareness of TB amongst mining communities in Zambia

	Percentage of the target population who											
Characteristic	Have received any information on TB	Are aware of main sources of information on TB	Think TB is a serious health issues at mines	Know the signs and symptoms of TB	Know how one can get TB	Know how to prevent TB	Know who can be infected with TB	Think there is a link between TB and HIV	Think TB can be cured?	Know how TB can be cured.	Know the cost of TB treatment	Total respondents
Age group												
15-24	100.0	56.4	67.9	69.2	80.1	70.5	99.4	91.7	82.7	85.9	54.5	156
25-39	100.0	68.8	69.5	78.7	86.3	72.7	99.4	96.1	93.8	95.7	69.7	811
40-59	100.0	70.6	77.8	79.4	89.9	69.5	99.1	95.4	93.1	97.2	62.2	436
60+	*	*	*	*	*	*	*	*	*	*	*	0
Marital status												
Married	100.0	70.2	71.6	78.7	88.3	71.7	99.3	95.4	93.9	96.1	67.6	1049
Single	100.0	60.1	71.5	74.3	80.9	72.6	99.0	94.8	87.2	91.0	58.3	288
Divorced	100.0	70.8	87.5	79.2	91.7	62.5	100.0	95.8	91.7	100.0	50.0	24
Widowed	100.0	66.7	76.2	81.0	85.7	66.7	100.0	95.2	85.7	95.2	81.0	21
Separated	*	*	*	*	*	*	*	*	*	*	*	8
Co-habiting	*	*	*	*	*	*	*	*	*	*	*	10
Other	*	*	*	*	*	*	*	*	*	*	*	3
Education												
No school	*	*	*	*	*	*	*	*	*	*	*	19
Literacy class	*	*	*	*	*	*	*	*	*	*	*	2
Elementary/Primary	100.0	70.3	63.5	62.1	78.5	65.8	99.5	91.3	88.6	93.6	57.5	219

High/Secondary	100.0	68.0	73.2	80.5	89.7	71.7	99.2	96.7	92.3	95.6	68.9	887
College/University	100.0	67.0	76.2	83.5	83.9	75.5	99.6	96.9	96.2	96.2	62.5	261
Higher education	*	*	*	*	*	*	*	*	*	*	*	6
Other	*	*	*	*	*	*	*	*	*	*	*	9
Mining community												
Mine work	100	68.1	69.8	80.8	87.4	68.9	99.5	96.7	94.4	96.8	70.3	824
Ex-Mine worker	100	80.3	77.8	72.6	94.9	73.5	99.6	97.4	92.3	95.3	52.1	234
Family of current mine worker	100	58.4	71.1	71.7	78.4	74.6	98.4	91.4	87.9	90.5	66.0	315
Neighbour/Community member	100.0	70.0	93.3	100.0	93.3	93.3	100.0	93.3	83.3	93.3	40.0	30
Total	100	68.0	71.9	77.8	86.7	71.5	99.3	95.6	92.4	95.1	65.6	1403

Table 24: Knowledge and awareness of TB amongst mining communities in Zambia, 2016-2017

Characteristics	Percentage of the target population who						Total respondents
	Know the time it takes to complete TB treatment	Have ever been tested for TB	Know that early detection improve cure rate	Know that early treatment improve cure rate	Know the importance of adhering and completion of TB treatment to cure TB	Believe that TB treatment medication can be combine with traditional medicine	
Age group							
15-24	30.8	17.9	82.1	82.7	69.9	12.2	156
25-39	45.9	48.1	91.4	93.1	81.0	10.9	811
40-59	51.4	70.0	89.2	91.5	83.7	11.7	436
60+	*	*	*	*	*	*	0
Marital status							
Married	46.9	58.7	90.3	92.6	82.5	10.8	1049
Single	40.6	26.4	86.5	87.5	73.6	11.8	288
Divorced	58.3	58.3	95.8	91.7	75.0	16.7	24
Widowed	52.4	47.6	90.5	85.7	85.7	23.8	21
Separated	*	*	*	*	*	*	8
Co-habiting	*	*	*	*	*	*	10
Other	*	*	*	*	*	*	3
Education							
No school	*	*	*	*	*	*	19
Literacy class	*	*	*	*	*	*	2
Elementary/Primary	46.6	51.1	90.4	90.4	84.9	12.8	219
High/Secondary	46.1	48.3	89.1	91.4	79.7	12.6	887
College/University	46.0	64.0	92.7	93.9	81.2	4.6	261
Higher education	*	*	*	*	*	*	6
Other	*	*	*	*	*	*	9
Mining community							
Mine work	56.4	58.1	89.9	92.2	82.5	10.3	824

Ex-Mine worker	29.1	65.4	93.6	94.9	90.6	10.7	234
Family of current mine worker	31.4	27.6	87.3	87.9	71.7	14.3	315
Neighbour/Community member	40.0	13.3	76.7	80.0	43.3	10.0	30
Total	45.9	51.5	89.7	91.4	80.6	11.3	1403

Table 25: Knowledge and awareness of TB amongst mining communities in Zimbabwe

	Percentage of the target population who											
Characteristic	Have received any information on TB	Are aware of main sources of information on TB	Think TB is a serious health issues at mines	Know the signs and symptoms of TB	Know how one can get TB	Know how to prevent TB	Know who can be infected with TB	Think there is a link between TB and HIV	Think TB can be cured?	Know how TB can be cured.	Know the cost of TB treatment	Total respondents
Age group												
15-24	100.0	40.4	82.0	83.2	77.0	44.1	96.9	92.5	95.0	95.7	50.3	161
25-39	100.0	52.8	79.3	94.1	87.0	62.7	98.5	97.4	97.0	97.5	67.1	608
40-59	100.0	58.4	82.1	95.4	89.0	66.1	97.2	98.7	98.2	99.0	75.0	392
60+	*	*	*	*	*	*	*	*	*	*	*	3
Marital status												
Married	100.0	54.8	80.1	94.0	86.7	61.7	97.5	97.6	97.5	98.0	70.1	929
Single	100.0	39.5	83.2	86.5	82.7	54.6	98.9	94.1	94.6	96.8	54.6	185
Divorced	100.0	76.0	80.0	100.0	96.0	72.0	100.0	100.0	100.0	100.0	68.0	25
Widowed	100.0	68.8	81.3	100.0	87.5	81.3	100.0	100.0	100.0	100.0	68.8	16
Separated	*	*	*	*	*	*	*	*	*	*	*	8
Co-habiting	*	*	*	*	*	*	*	*	*	*	*	0
Other	*	*	*	*	*	*	*	*	*	*	*	1
Education												
No school	*	*	*	*	*	*	*	*	*	*	*	10
Literacy class	*	*	*	*	*	*	*	*	*	*	*	0
Elementary/Primary	100.0	70.4	85.9	90.4	84.4	66.7	99.3	97.8	95.6	98.5	63.7	135

High/Secondary	100.0	52.6	80.1	93.3	85.8	59.6	97.5	96.8	97.2	97.7	69.0	871
College/University	100.0	39.7	77.0	95.2	91.3	64.3	100.0	99.2	97.6	97.6	61.9	126
Higher education	100.0	42.1	84.2	84.2	94.7	68.4	100.0	94.7	100.0	100.0	63.2	19
Other	*	*	*	*	*	*	*	*	*	*	*	3
Mining community												
Mine work	100	51.6	81.7	93.9	88.5	61.6	97.9	97.7	97.6	98.6	71.4	703
Ex-Mine worker	100	59.0	84.0	92.4	80.6	66.0	97.2	97.2	96.5	98.6	66.7	144
Family of current mine worker	100	53.2	76.8	91.4	84.4	57.6	98.1	96.2	96.5	95.5	58.6	314
Neighbour/Community member	*	*	*	*	*	*	*	*	*	*	*	3
Total	100	53.0	80.6	93	86.3	61.2	97.9	97.2	97.2	97.8	67.4	1164

Table 26: Knowledge and awareness of TB amongst mining communities in Zimbabwe, 2016-2017

Characteristics	Percentage of the target population who						Total respondents
	Know the time it takes to complete TB treatment	Have ever been tested for TB	Know that early detection improve cure rate	Know that early treatment improve cure rate	Know the importance of adhering and completion of TB treatment to cure TB	Believe that TB treatment medication can be combine with traditional medicine	
Age group							
15-24	42.9	24.2	96.9	97.5	96.3	8.7	161
25-39	59.2	47.7	97.9	98.7	96.4	4.6	608
40-59	67.9	67.3	98.7	99.0	97.2	3.3	392
60+	*	*	*	*	*	*	3
Marital status							
Married	61.5	54.5	98.3	98.8	97.0	4.4	929
Single	49.2	30.3	96.8	97.8	94.6	7.6	185
Divorced	68.0	68.0	96.0	96.0	100.0	0.0	25
Widowed	*	*	*	*	*	*	16
Separated	*	*	*	*	*	*	8
Co-habiting	*	*	*	*	*	*	0
Other	*	*	*	*	*	*	1
Education							
No school	*	*	*	*	*	*	10
Literacy class	*	*	*	*	*	*	0
Elementary/Primary	60.0	51.9	94.1	97.8	97.0	3.7	135
High/Secondary	59.7	49.8	98.4	98.6	96.4	5.1	871
College/University	60.3	54.0	99.2	99.2	96.8	4.0	126
Higher education	*	*	*	*	*	*	19
Other	*	*	*	*	*	*	3
Mining community							
Mine work	61.7	56.9	98.0	98.7	96.7	3.7	703

Ex-Mine worker	59.0	68.8	99.3	99.3	99.3	4.2	144
Family of current mine worker	55.7	30.3	97.5	98.1	95.2	7.3	314
Neighbour/Community member	*	*	*	*	*	*	3
Total	59.9	51.0	98.0	98.6	96.6	4.7	1164

Knowledge and awareness of HIV

Table 27: Knowledge and awareness of HIV amongst mining communities in Botswana, 2016-2017

Characteristic	Percentage of the target population who										Total respondents
	Have received any information on HIV	Are aware of main sources of information on HIV	Think HIV is a serious health issues at mines	Know the signs and symptoms of HIV	Know how one can get HIV	Know how to prevent HIV	Think there is a link between HIV and TB	Think HIV can be cured?	Know how HIV can be treated	Know how long it takes to treat HIV	
Age group											
15-24	*	*	*	*	*	*	*	*	*	*	9
25-39	100.0	100.0	94.6	91.9	100.0	100.0	91.9	9.5	100.0	94.6	74
40-59	100.0	100.0	89.3	82.8	96.7	99.2	83.6	19.7	97.5	79.5	122
60+	*	*	*	*	*	*	*	*	*	*	1
Marital status											
Married	100.0	100.0	91.1	83.1	96.8	98.4	83.1	19.4	96.8	80.6	124
Single	100.0	100.0	93.3	92.0	100.0	100.0	94.7	9.3	100.0	94.7	75
Divorced	*	*	*	*	*	*	*	*	*	*	3
Widowed	*	*	*	*	*	*	*	*	*	*	2
Separated	*	*	*	*	*	*	*	*	*	*	0
Co-habiting	*	*	*	*	*	*	*	*	*	*	1
Other	*	*	*	*	*	*	*	*	*	*	1
Education											
No school	100.0	100.0	90.7	72.1	90.7	100.0	76.7	20.9	95.3	74.4	43
Literacy class	*	*	*	*	*	*	*	*	*	*	0
Elementary/Primary	100.0	100.0	89.6	85.4	100.0	97.9	81.3	27.1	97.9	75.0	48
High/Secondary	100.0	100.0	91.4	96.3	100.0	98.8	95.1	4.9	98.8	96.3	81
College/University	100.0	100.0	96.9	84.4	100.0	100.0	90.6	12.5	100.0	90.6	32
Higher education	*	*	*	*	*	*	*	*	*	*	0
Other	*	*	*	*	*	*	*	*	*	*	2
Mining community											
Mine work	100.0	100.0	91.1	91.9	100.0	100.0	96.0	11.3	98.4	94.4	124

Ex-Mine worker	100.0	100.0	93.2	78.0	93.2	96.6	67.8	23.7	96.6	61.0	59
Family of current mine worker	100.0	100.0	90.9	77.3	100.0	100.0	86.4	13.6	100.0	100.0	22
Neighbour/Community member	*	*	*	*	*	*	*	*	*	*	1
Total	100.0	100.0	91.7	86.4	98.1	99.0	86.9	15.0	98.1	85.4	206

Table 28: Knowledge and awareness of HIV amongst mining communities in Lesotho

Characteristic	Percentage of the target population who										Total respondents
	Have received any information on HIV	Are aware of main sources of information on HIV	Think HIV is a serious health issues at mines	Know the signs and symptoms of HIV	Know how one can get HIV	Know how to prevent HIV	Think there is a link between HIV and TB	Think HIV can be cured?	Know how HIV can be treated	Know how long it takes to treat HIV	
Age group											
15-24	100.0	100.0	45.5	59.1	95.5	90.9	77.3	22.7	95.5	81.8	22
25-39	100.0	100.0	74.6	72.9	93.2	96.6	96.6	15.3	94.9	93.2	59
40-59	100.0	100.0	69.8	82.9	96.1	95.3	95.3	18.6	97.7	89.1	129
60+	*	*	*	*	*	*	*	*	*	*	0
Marital status											
Married	100.0	100.0	70.9	80.1	95.7	96.5	93.6	18.4	96.5	89.4	141
Single	100.0	100.0	61.5	61.5	92.3	92.3	92.3	23.1	96.2	88.5	26
Divorced	*	*	*	*	*	*	*	*	*	*	3
Widowed	100.0	100.0	64.7	76.5	94.1	94.1	100.0	17.6	100.0	91.2	34
Separated	*	*	*	*	*	*	*	*	*	*	3
Co-habiting	*	*	*	*	*	*	*	*	*	*	3
Other	*	*	*	*	*	*	*	*	*	*	0
Education											
No school	100.0	100.0	80.0	76.0	100.0	96.0	88.0	28.0	100.0	96.0	25
Literacy class	*	*	*	*	*	*	*	*	*	*	2
Elementary/Primary	100.0	100.0	66.7	80.2	93.7	96.4	94.6	19.8	95.5	85.6	111
High/Secondary	100.0	100.0	66.7	74.2	95.5	97.0	95.5	12.1	100.0	93.9	66
College/University	*	*	*	*	*	*	*	*	*	*	5
Higher education	*	*	*	*	*	*	*	*	*	*	1
Other	*	*	*	*	*	*	*	*	*	*	0
Mining community											
Mine work	100	100	69.0	87.4	96.6	98.9	95.4	14.9	96.6	89.7	87
Ex-Mine worker	100	100	83.3	73.3	100	100	96.7	26.7	96.7	90.0	30

Family of current mine worker	100	100	67.1	68.2	92.9	91.8	90.6	16.5	96.5	91.8	85
Neighbour/Community member	*	*	*	*	*	*	*	*	*	*	8
Total	100	100	68.6	77.6	95.2	95.2	93.8	18.1	96.7	89.5	210

Table 29: Knowledge and awareness of HIV amongst mining communities in Malawi

	Percentage of the target population who										
Characteristic	Have received any information on HIV	Are aware of main sources of information on HIV	Think HIV is a serious health issues at mines	Know the signs and symptoms of HIV	Know how one can get HIV	Know how to prevent HIV	Think there is a link between HIV and TB	Think HIV can be cured?	Know how HIV can be treated	Know how long it takes to treat HIV	Total respondents
Age group											
15-24	100.0	100.0	69.1	91.1	98.4	98.4	90.1	10.5	99.0	82.7	191
25-39	100.0	100.0	69.8	90.8	99.6	97.3	92.7	20.0	94.5	81.8	490
40-59	100.0	100.0	62.9	95.0	98.8	96.9	96.1	26.3	99.6	81.9	259
60+	*	*	*	*	*	*	*	*	*	*	1
Marital status											
Married	100.0	100.0	68.5	92.5	99.4	96.5	93.1	20.1	96.9	82.6	683
Single	100.0	100.0	72.3	89.2	97.7	100.0	93.8	8.5	98.5	83.8	130
Divorced	100.0	100.0	69.8	88.4	100.0	100.0	88.4	18.6	93.0	81.4	43
Widowed	100.0	100.0	45.8	95.8	95.8	100.0	100.0	25.0	95.8	75.0	24
Separated	*	*	*	*	*	*	*	*	*	*	4
Co-habiting	100.0	100.0	54.4	94.7	100.0	100.0	91.2	36.8	96.5	77.2	57
Other	*	*	*	*	*	*	*	*	*	*	0
Education											
No school	100.0	100.0	70.2	89.0	98.3	95.0	89.5	30.4	96.1	69.1	181
Literacy class	*	*	*	*	*	*	*	*	*	*	0
Elementary/Primary	100.0	100.0	68.9	93.0	99.4	97.9	92.6	19.8	96.5	82.3	515

High/Secondary	100.0	100.0	63.1	92.2	99.1	98.6	96.3	11.1	98.6	91.2	217
College/University	*	*	*	*	*	*	*	*	*	*	18
Higher education	*	*	*	*	*	*	*	*	*	*	8
Other	*	*	*	*	*	*	*	*	*	*	2
Mining community											
Mine work	100	100	70.7	93.0	99.5	97.2	94.6	19.7	96.0	82.2	426
Ex-Mine worker	100	100	65.2	94.4	99.4	99.4	93.8	24.2	96.6	82.0	178
Family of current mine worker	100	100	74.0	89.0	98.3	96.2	90.8	19.9	97.6	82.2	292
Neighbour/Community member	100.0	100.0	11.1	93.3	100.0	100.0	91.1	2.2	100.0	80.0	45
Total	100	100	67.8	92.0	99.1	97.4	93.1	19.8	96.8	82.0	941

Table 30: Knowledge and awareness of HIV amongst mining communities in Mozambique

Characteristic	Percentage of the target population who										Total respondents
	Have received any information on HIV	Are aware of main sources of information on HIV	Think HIV is a serious health issues at mines	Know the signs and symptoms of HIV	Know how one can get HIV	Know how to prevent HIV	Think there is a link between HIV and TB	Think HIV can be cured?	Know how HIV can be treated	Know how long it takes to treat HIV	
Age group											
15-24	100.0	100.0	88.4	93.0	90.1	96.5	81.4	18.0	85.5	85.5	172
25-39	100.0	100.0	85.1	95.5	88.7	95.9	86.1	13.4	88.0	86.1	584
40-59	100.0	100.0	74.7	94.0	85.7	88.7	77.9	11.4	83.7	85.0	533
60+	100.0	100.0	81.8	88.4	86.0	92.6	83.5	8.3	86.8	86.8	121
Marital status											
Married	100.0	100.0	72.1	92.6	82.3	89.1	71.3	12.3	80.9	78.5	470
Single	100.0	100.0	88.3	96.0	89.1	95.4	87.1	14.0	88.2	88.6	695
Divorced	100.0	100.0	63.0	96.3	88.9	88.9	66.7	3.7	77.8	92.6	27
Widowed	100.0	100.0	85.2	81.5	88.9	88.9	85.2	18.5	77.8	96.3	27
Separated	*	*	*	*	*	*	*	*	*	*	16
Co-habiting	100.0	100.0	80.0	92.0	95.4	95.4	93.7	8.6	92.6	91.4	175
Other	*	*	*	*	*	*	*	*	*	*	0
Education											
No school	100.0	100.0	61.5	92.6	76.4	80.4	70.3	12.2	75.7	81.1	148
Literacy class	*	*	*	*	*	*	*	*	*	*	18
Elementary/Primary	100.0	100.0	81.1	94.3	88.2	93.9	83.0	10.9	86.8	85.1	718
High/Secondary	100.0	100.0	86.6	94.9	89.5	95.5	84.0	14.2	87.2	87.6	493
College/University	100.0	100.0	91.7	87.5	87.5	100.0	83.3	33.3	87.5	91.7	24
Higher education	*	*	*	*	*	*	*	*	*	*	5
Other	*	*	*	*	*	*	*	*	*	*	4
Mining community											
Mine work	100	100	80.1	95.1	86.0	93.0	81.9	12.3	85.7	84.3	845
Ex-Mine worker	100	100	83.5	92.6	90.5	95.4	85.2	13.7	90.1	88.4	284

Family of current mine worker	100	100	81.8	92.1	89.7	89.3	79.4	11.5	83.8	87.4	253
Neighbour/Community member	100.0	100.0	89.3	92.9	82.1	100.0	85.7	28.6	71.4	85.7	28
Total	100	100	81.3	94.0	87.5	93.0	82.2	12.8	86.0	85.7	1410

Table 31: Knowledge and awareness of HIV amongst mining communities in Namibia

Characteristic	Percentage of the target population who										Total respondents
	Have received any information on HIV	Are aware of main sources of information on HIV	Think HIV is a serious health issues at mines	Know the signs and symptoms of HIV	Know how one can get HIV	Know how to prevent HIV	Think there is a link between HIV and TB	Think HIV can be cured?	Know how HIV can be treated	Know how long it takes to treat HIV	
Age group											
15-24	100.0	100.0	73.7	68.4	100.0	100.0	73.7	5.3	100.0	94.7	19
25-39	100.0	100.0	91.2	77.0	99.1	97.3	95.6	18.6	95.6	92.0	113
40-59	100.0	100.0	84.8	70.9	100.0	97.5	93.7	20.3	98.7	89.9	79
60+	*	*	*	*	*	*	*	*	*	*	0
Marital status											
Married	100.0	100.0	90.8	73.8	100.0	96.9	95.4	16.9	96.9	96.9	65
Single	100.0	100.0	85.2	74.8	99.3	97.8	91.9	17.8	97.0	88.9	135
Divorced	*	*	*	*	*	*	*	*	*	*	3
Widowed	*	*	*	*	*	*	*	*	*	*	2
Separated	*	*	*	*	*	*	*	*	*	*	0
Co-habiting	*	*	*	*	*	*	*	*	*	*	6
Other	*	*	*	*	*	*	*	*	*	*	0
Education											
No school	100.0	100.0	100.0	85.7	100.0	100.0	85.7	14.3	100.0	100.0	7
Literacy class	*	*	*	*	*	*	*	*	*	*	0
Elementary/Primary	100.0	100.0	86.0	76.7	100.0	95.3	93.0	14.0	97.7	83.7	43
High/Secondary	100.0	100.0	88.1	68.1	99.3	97.8	91.9	19.3	97.0	92.6	135
College/University	*	*	*	*	*	*	*	*	*	*	19
Higher education	*	*	*	*	*	*	*	*	*	*	7
Other	*	*	*	*	*	*	*	*	*	*	0
Mining community											
Mine work	100	100	85.4	69.1	100	97.6	93.5	17.1	96.7	94.3	123
Ex-Mine worker	100	100	92.9	81.4	98.6	98.6	95.7	22.9	98.6	87.1	70

Family of current mine worker	*	*	*	*	*	*	*	*	*	*	18
Neighbour/Community member	*	*	*	*	*	*	*	*	*	*	0
Total	100	100	87.2	73.9	99.5	97.6	92.9	18.0	97.2	91.5	211

Table 32: Knowledge and awareness of HIV amongst mining communities in South Africa, 2016-2017

	Percentage of the target population who										
Characteristic	Have received any information on HIV	Are aware of main sources of information on HIV	Think HIV is a serious health issues at mines	Know the signs and symptoms of HIV	Know how one can get HIV	Know how to prevent HIV	Think there is a link between HIV and TB	Think HIV can be cured?	Know how HIV can be treated	Know how long it takes to treat HIV	Total respondents
Age group											
15-24	100.0	100.0	86.3	88.9	98.0	98.0	75.2	7.8	92.2	90.2	153
25-39	100.0	100.0	92.5	93.5	99.3	99.3	88.1	9.8	91.6	93.9	1057
40-59	100.0	100.0	92.3	94.1	97.2	98.2	85.9	12.8	88.9	92.0	813
60+	*	*	*	*	*	*	*	*	*	*	0
Marital status											
Married	100.0	100.0	93.2	93.3	98.0	98.8	87.4	10.9	90.6	93.2	916
Single	100.0	100.0	90.2	93.4	98.8	99.2	85.5	10.5	91.2	93.1	754
Divorced	100.0	100.0	87.9	96.6	98.3	94.8	93.1	8.6	89.7	87.9	58
Widowed	100.0	100.0	91.1	86.7	91.1	91.1	80.0	17.8	86.7	91.1	45
Separated	100.0	100.0	95.0	95.0	100.0	100.0	90.0	10.0	90.0	100.0	20
Co-habiting	100.0	100.0	93.4	91.2	99.3	99.3	83.8	11.8	83.1	89.7	136
Other	100.0	100.0	93.6	97.9	100.0	100.0	80.9	10.6	97.9	93.6	94
Education											

No school	100.0	100.0	90.8	90.8	91.6	95.4	81.7	21.4	80.2	85.5	131
Literacy class	*	*	*	*	*	*	*	*	*	*	17
Elementary/Primary	100.0	100.0	92.1	95.2	98.9	98.6	85.6	10.4	92.1	97.2	355
High/Secondary	100.0	100.0	91.7	92.2	98.9	98.9	84.9	10.6	92.4	92.2	1109
College/University	100.0	100.0	91.5	95.0	98.2	99.3	92.6	8.9	85.5	92.6	282
Higher education	100.0	100.0	94.3	96.7	99.2	100.0	89.4	7.3	95.1	94.3	123
Other	*	*	*	*	*	*	*	*	*	*	6
Mining community											
Mine work	100.0	100.0	92.0	93.2	98.8	99.3	89.9	9.9	89.6	93.4	1111
Ex-Mine worker	100.0	100.0	94.6	96.4	100.0	99.5	80.4	11.4	91.2	93.8	387
Family of current mine worker	100.0	100.0	91.9	94.9	97.0	98.7	88.9	11.5	85.0	90.6	234
Neighbour/Community member	100.0	100.0	88.3	88.7	95.5	95.9	77.7	13.4	97.9	91.1	291
Total	100.0	100.0	91.9	93.4	98.4	98.8	86.2	10.9	90.6	92.8	2023

Table 33: Knowledge and awareness of HIV amongst mining communities in Swaziland

Characteristic	Percentage of the target population who										Total respondents
	Have received any information on HIV	Are aware of main sources of information on HIV	Think HIV is a serious health issues at mines	Know the signs and symptoms of HIV	Know how one can get HIV	Know how to prevent HIV	Think there is a link between HIV and TB	Think HIV can be cured?	Know how HIV can be treated	Know how long it takes to treat HIV	
Age group											
15-24	100.0	100.0	50.0	100.0	100.0	100.0	90.0	20.0	100.0	80.0	10
25-39	100.0	100.0	76.6	84.4	98.4	100.0	96.9	6.3	98.4	93.8	64
40-59	100.0	100.0	71.4	86.9	98.8	98.8	100.0	20.2	100.0	97.6	84
60+	*	*	*	*	*	*	*	*	*	*	0
Marital status											
Married	100.0	100.0	72.2	83.5	99.0	99.0	99.0	16.5	100.0	95.9	97
Single	100.0	100.0	71.1	93.3	97.8	100.0	95.6	8.9	97.8	91.1	45
Divorced	*	*	*	*	*	*	*	*	*	*	3
Widowed	*	*	*	*	*	*	*	*	*	*	9
Separated	*	*	*	*	*	*	*	*	*	*	2
Co-habiting	*	*	*	*	*	*	*	*	*	*	2
Other	*	*	*	*	*	*	*	*	*	*	0
Education											
No school	*	*	*	*	*	*	*	*	*	*	10
Literacy class	*	*	*	*	*	*	*	*	*	*	0
Elementary/Primary	100.0	100.0	76.7	93.0	97.7	97.7	97.7	25.6	100.0	97.7	43
High/Secondary	100.0	100.0	68.5	81.5	98.9	100.0	97.8	10.9	98.9	92.4	92
College/University	*	*	*	*	*	*	*	*	*	*	12
Higher education	*	*	*	*	*	*	*	*	*	*	1
Other	*	*	*	*	*	*	*	*	*	*	0
Mining community											
Mine work	100	100	79.0	90.3	100	98.4	96.8	6.5	100	91.9	62
Ex-Mine worker	100	100	55.0	82.5	100	100	97.5	30.0	100	97.5	40

Family of current mine worker	100	100	75.9	87.0	96.3	100	100	13.0	98.1	96.3	54
Neighbour/Community member	*	*	*	*	*	*	*	*	*	*	2
Total	100	100	72.2	86.7	98.7	99.4	98.1	14.6	99.4	94.9	158

Table 34: Knowledge and awareness of HIV amongst mining communities in Tanzania

	Percentage of the target population who										
Characteristic	Have received any information on HIV	Are aware of main sources of information on HIV	Think HIV is a serious health issues at mines	Know the signs and symptoms of HIV	Know how one can get HIV	Know how to prevent HIV	Think there is a link between HIV and TB	Think HIV can be cured?	Know how HIV can be treated	Know how long it takes to treat HIV	Total respondents
Age group											
15-24	100.0	100.0	87.6	89.5	92.4	97.6	70.2	9.4	82.6	77.1	628
25-39	100.0	100.0	89.0	91.5	93.2	97.5	75.1	9.5	79.4	77.4	1110
40-59	100.0	100.0	86.2	89.5	89.9	96.5	77.0	11.8	78.5	77.7	601
60+	*	*	*	*	*	*	*	*	*	*	0
Marital status											
Married	100.0	100.0	88.8	89.0	92.3	96.9	76.8	10.7	79.8	77.1	1284
Single	100.0	100.0	87.4	92.4	93.1	98.0	71.8	8.6	81.0	78.1	794
Divorced	100.0	100.0	85.7	90.5	96.8	98.4	65.1	7.9	77.8	81.0	63
Widowed	100.0	100.0	73.7	93.4	78.9	92.1	67.1	15.8	82.9	69.7	76
Separated	100.0	100.0	92.9	91.4	85.7	98.6	78.6	17.1	72.9	74.3	70
Co-habiting	100.0	100.0	90.2	87.8	95.1	100.0	61.0	2.4	92.7	87.8	41
Other	*	*	*	*	*	*	*	*	*	*	11
Education											

No school	100.0	100.0	94.1	84.2	86.1	96.0	57.9	10.4	74.8	70.3	202
Literacy class	*	*	*	*	*	*	*	*	*	*	14
Elementary/Primary	100.0	100.0	88.0	89.0	91.8	97.5	73.7	10.2	82.2	77.3	1567
High/Secondary	100.0	100.0	84.0	97.0	95.1	96.8	81.9	10.4	76.1	80.4	469
College/University	100.0	100.0	88.9	97.8	97.8	97.8	82.2	6.7	75.6	82.2	45
Higher education	*	*	*	*	*	*	*	*	*	*	13
Other	100.0	100.0	89.7	93.1	96.6	100.0	82.8	3.4	65.5	75.9	29
Mining community											
Mine work	100	100	88.4	92.6	92.4	97.0	75.9	8.3	77.1	80.8	812
Ex-Mine worker	100	100	83.3	89.9	91.8	97.7	76.5	13.7	76.8	74.2	306
Family of current mine worker	100	100	86.6	91.1	92.1	97.9	72.4	9.4	81.2	73.6	711
Neighbour/Community member	100.0	100.0	91.6	86.5	92.0	96.5	73.1	11.8	85.1	79.2	510
Total	100	100	87.9	90.5	92.1	97.3	74.3	10.1	80.0	77.4	2339

Table 35: Knowledge and awareness of HIV amongst mining communities in Zambia

Characteristic	Percentage of the target population who										Total respondents
	Have received any information on HIV	Are aware of main sources of information on HIV	Think HIV is a serious health issues at mines	Know the signs and symptoms of HIV	Know how one can get HIV	Know how to prevent HIV	Think there is a link between HIV and TB	Think HIV can be cured?	Know how HIV can be treated	Know how long it takes to treat HIV	
Age group											
15-24	100.0	100.0	76.3	91.0	98.7	100.0	91.7	15.4	97.4	89.1	156
25-39	100.0	100.0	75.5	95.6	99.4	99.1	96.1	10.5	99.1	94.8	811
40-59	100.0	100.0	80.0	93.3	98.2	98.6	95.4	10.6	98.9	96.8	436
60+	*	*	*	*	*	*	*	*	*	*	0
Marital status											
Married	100.0	100.0	77.0	94.7	98.8	99.0	95.4	10.4	98.8	95.6	1049
Single	100.0	100.0	75.7	93.8	99.3	99.7	94.8	11.8	99.0	92.0	288
Divorced	100.0	100.0	87.5	91.7	100.0	100.0	95.8	20.8	100.0	95.8	24
Widowed	*	*	*	*	*	*	*	*	*	*	21
Separated	*	*	*	*	*	*	*	*	*	*	8
Co-habiting	*	*	*	*	*	*	*	*	*	*	10
Other	*	*	*	*	*	*	*	*	*	*	3
Education											
No school	*	*	*	*	*	*	*	*	*	*	19
Literacy class	*	*	*	*	*	*	*	*	*	*	2
Elementary/Primary	100.0	100.0	79.9	95.0	99.5	99.1	91.3	11.0	99.5	91.8	219
High/Secondary	100.0	100.0	76.3	94.0	98.8	98.9	96.7	11.5	98.9	94.8	887
College/University	100.0	100.0	76.6	94.6	99.6	99.6	96.9	8.0	99.2	98.5	261
Higher education	*	*	*	*	*	*	*	*	*	*	6
Other	*	*	*	*	*	*	*	*	*	*	9
Mining community											
Mine work	100	100	70.5	95.3	98.8	99.5	96.0	12.5	99.3	96.0	824
Ex-Mine worker	100	100	93.2	94.4	99.1	97.0	97.0	11.1	97.4	99.1	234

Family of current mine worker	100	100	81.6	91.4	99.0	99.4	92.7	7.3	98.7	88.6	315
Neighbour/Community member	100.0	100.0	80.0	100.0	100.0	100.0	93.3	10.0	100.0	93.3	30
Total	100	100	77.0	94.4	98.9	99.1	95.4	11.0	98.9	94.8	1403

Table 36: Knowledge and awareness of HIV amongst mining communities in Zimbabwe

	Percentage of the target population who										
Characteristic	Have received any information on HIV	Are aware of main sources of information on HIV	Think HIV is a serious health issues at mines	Know the signs and symptoms of HIV	Know how one can get HIV	Know how to prevent HIV	Think there is a link between HIV and TB	Think HIV can be cured?	Know how HIV can be treated	Know how long it takes to treat HIV	Total respondents
Age group											
15-24	100.0	100.0	74.5	96.3	100.0	99.4	92.5	15.5	92.5	96.9	161
25-39	100.0	100.0	78.5	97.9	99.5	97.4	97.4	10.5	96.1	96.1	608
40-59	100.0	100.0	74.2	98.7	100.0	95.2	98.7	14.3	94.6	94.4	392
60+	*	*	*	*	*	*	*	*	*	*	3
Marital status											
Married	100.0	100.0	76.2	98.1	99.8	96.3	97.6	12.6	95.5	95.4	929
Single	100.0	100.0	76.8	96.8	99.5	99.5	94.1	11.9	91.9	97.3	185
Divorced	100.0	100.0	76.0	100.0	100.0	96.0	100.0	8.0	100.0	92.0	25
Widowed	*	*	*	*	*	*	*	*	*	*	16
Separated	*	*	*	*	*	*	*	*	*	*	8
Co-habiting	*	*	*	*	*	*	*	*	*	*	0
Other	*	*	*	*	*	*	*	*	*	*	1
Education											

No school	*	*	*	*	*	*	*	*	*	*	10
Literacy class	*	*	*	*	*	*	*	*	*	*	0
Elementary/Primary	100.0	100.0	70.4	97.0	99.3	95.6	97.8	19.3	94.1	91.9	135
High/Secondary	100.0	100.0	77.8	97.8	99.8	97.1	96.8	12.7	94.8	95.8	871
College/University	100.0	100.0	76.2	99.2	100.0	96.8	99.2	4.8	100.0	96.8	126
Higher education	*	*	*	*	*	*	*	*	*	*	19
Other	*	*	*	*	*	*	*	*	*	*	3
Mining community											
Mine work	100	100	78.2	98.3	99.9	95.9	97.7	11.1	95.4	95.9	703
Ex-Mine worker	100	100	80.6	97.9	100	97.9	97.2	18.8	97.9	95.1	144
Family of current mine worker	100	100	70.4	97.1	99.4	98.7	96.2	13.1	93.0	94.9	314
Neighbour/Community member	*	*	*	*	*	*	*	*	*	*	3
Total	100	100	76.4	97.9	99.7	96.9	97.2	12.5	95.1	95.5	1164

Knowledge and awareness of Silicosis

Table 37: Knowledge and awareness of Silicosis amongst mining communities in Botswana, 2016-2017

	Percentage of the target population who									
Characteristic	Have received any information on Silicosis	Are aware of main sources of information on Silicosis	Think Silicosis is a serious health issues at mines	Know the signs and symptoms of Silicosis	Know how one can get Silicosis	Know how to prevent Silicosis	Think there is a link between Silicosis and TB	Think Silicosis can be cured?	Know how Silicosis can be treated	Total respondents
Age group										
15-24	*	*	*	*	*	*	*	*	*	9
25-39	9.5	6.8	9.5	8.1	6.8	8.1	9.5	8.1	6.8	74
40-59	29.5	13.1	27.0	26.2	18.0	23.8	22.1	13.1	12.3	122
60+	*	*	*	*	*	*	*	*	*	1
Marital status										
Married	30.6	16.1	27.4	26.6	20.2	24.2	22.6	15.3	14.5	124
Single	8.0	2.7	8.0	8.0	2.7	6.7	8.0	5.3	4.0	75
Divorced	*	*	*	*	*	*	*	*	*	3
Widowed	*	*	*	*	*	*	*	*	*	2
Separated	*	*	*	*	*	*	*	*	*	0
Co-habiting	*	*	*	*	*	*	*	*	*	1
Other	*	*	*	*	*	*	*	*	*	1
Education										
No school	39.5	16.3	34.9	34.9	25.6	25.6	23.3	16.3	16.3	43
Literacy class	*	*	*	*	*	*	*	*	*	0
Elementary/Primary	22.9	10.4	20.8	20.8	12.5	18.8	16.7	12.5	10.4	48
High/Secondary	13.6	8.6	11.1	11.1	9.9	13.6	13.6	7.4	7.4	81
College/University	21.9	12.5	21.9	21.9	12.5	18.8	21.9	12.5	9.4	32
Higher education	*	*	*	*	*	*	*	*	*	0
Other	*	*	*	*	*	*	*	*	*	2
Mining community										
Mine work	14.5	9.7	12.9	13.7	11.3	14.5	14.5	7.3	7.3	124

Ex-Mine worker	40.7	15.3	37.3	33.9	23.7	28.8	27.1	18.6	16.9	59
Family of current mine worker	18.2	9.1	13.6	18.2	4.5	9.1	9.1	13.6	9.1	22
Neighbour/Community member	*	*	*	*	*	*	*	*	*	1
Total	22.3	11.2	19.9	19.9	14.1	18.0	17.5	11.2	10.2	206

Table 38: Knowledge and awareness of Silicosis amongst mining communities in Lesotho

	Percentage of the target population who									
Characteristic	Have received any information on Silicosis	Are aware of main sources of information on Silicosis	Think Silicosis is a serious health issues at mines	Know the signs and symptoms of Silicosis	Know how one can get Silicosis	Know how to prevent Silicosis	Think there is a link between Silicosis and TB	Think Silicosis can be cured?	Know how Silicosis can be treated	Total respondents
Age group										
15-24	18.2	4.5	9.1	18.2	4.5	4.5	18.2	9.1	9.1	22
25-39	42.4	23.7	37.3	33.9	20.3	33.9	37.3	20.3	18.6	59
40-59	42.6	19.4	34.9	39.5	22.5	34.9	37.2	17.8	17.8	129
60+	*	*	*	*	*	*	*	*	*	0
Marital status										
Married	39.7	17.7	33.3	35.5	21.3	33.3	35.5	18.4	17.7	141
Single	34.6	15.4	23.1	34.6	15.4	23.1	34.6	11.5	11.5	26
Divorced	*	*	*	*	*	*	*	*	*	3
Widowed	50.0	26.5	41.2	41.2	20.6	35.3	41.2	20.6	20.6	34
Separated	*	*	*	*	*	*	*	*	*	3
Co-habiting	*	*	*	*	*	*	*	*	*	3
Other	*	*	*	*	*	*	*	*	*	0
Education										
No school	44.0	24.0	32.0	44.0	24.0	36.0	36.0	24.0	24.0	25

Literacy class	*	*	*	*	*	*	*	*	*	2
Elementary/Primary	39.6	20.7	34.2	34.2	21.6	32.4	35.1	18.0	18.0	111
High/Secondary	39.4	15.2	33.3	36.4	16.7	30.3	34.8	13.6	13.6	66
College/University	*	*	*	*	*	*	*	*	*	5
Higher education	*	*	*	*	*	*	*	*	*	1
Other	*	*	*	*	*	*	*	*	*	0
Mining community										
Mine work	44.8	19.5	37.9	43.7	19.5	40.2	41.4	20.7	20.7	87
Ex-Mine worker	40.0	20.0	33.3	33.3	23.3	33.3	30.0	13.3	13.3	30
Family of current mine worker	34.1	17.6	28.2	29.4	18.8	22.4	29.4	14.1	14.1	85
Neighbour/Community member	*	*	*	*	*	*	*	*	*	8
Total	40.0	19.0	32.9	35.7	20.0	31.4	35.2	17.6	17.1	210

Table 39: Knowledge and awareness of Silicosis amongst mining communities in Malawi

	Percentage of the target population who									
Characteristic	Have received any information on Silicosis	Are aware of main sources of information on Silicosis	Think Silicosis is a serious health issues at mines	Know the signs and symptoms of Silicosis	Know how one can get Silicosis	Know how to prevent Silicosis	Think there is a link between Silicosis and TB	Think Silicosis can be cured?	Know how Silicosis can be treated	Total respondents
Age group										
15-24	2.1	1.0	1.6	1.0	0.5	1.0	1.0	1.0	0.5	191
25-39	0.8	0.6	0.2	0.4	0.0	0.0	0.6	0.2	0.2	490
40-59	2.7	2.3	1.5	2.3	0.4	1.2	2.3	1.9	1.9	259
60+	*	*	*	*	*	*	*	*	*	1
Marital status										
Married	1.3	1.0	0.6	1.0	0.1	0.4	1.0	0.9	0.0	683
Single	3.8	2.3	3.1	1.5	0.8	0.8	3.1	0.8	0.0	130
Divorced	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	43
Widowed	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	24
Separated	*	*	*	*	*	*	*	*	*	4
Co-habiting	1.8	1.8	0.0	1.8	0.0	1.8	0.0	1.8	0.0	57
Other	*	*	*	*	*	*	*	*	*	0
Education										
No school	1.1	1.1	0.6	0.0	0.0	0.0	0.0	0.0	0.0	181
Literacy class	*	*	*	*	*	*	*	*	*	0
Elementary/Primary	1.7	1.2	0.8	1.2	0.0	0.6	1.4	1.2	1.0	515
High/Secondary	1.8	1.4	1.4	1.8	0.9	0.9	1.8	0.9	0.9	217
College/University	*	*	*	*	*	*	*	*	*	18
Higher education	*	*	*	*	*	*	*	*	*	8
Other	*	*	*	*	*	*	*	*	*	2
Mining community										
Mine work	2.1	1.4	1.4	1.4	0.2	0.7	1.9	1.2	1.2	426
Ex-Mine worker	1.1	1.1	0.0	1.1	0.0	0.6	0.6	1.1	0.6	178

Family of current mine worker	1.4	1.0	0.7	0.7	0.3	0.3	0.7	0.3	0.3	292
Neighbour/Community member	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	45
Total	1.6	1.2	0.9	1.1	0.2	0.5	1.2	0.9	0.7	941

Table 40: Knowledge and awareness of Silicosis amongst mining communities in Mozambique

	Percentage of the target population who									
Characteristic	Have received any information on Silicosis	Are aware of main sources of information on Silicosis	Think Silicosis is a serious health issues at mines	Know the signs and symptoms of Silicosis	Know how one can get Silicosis	Know how to prevent Silicosis	Think there is a link between Silicosis and TB	Think Silicosis can be cured?	Know how Silicosis can be treated	Total respondents
Age group										
15-24	17.4	14.0	11.6	17.4	15.1	12.8	13.4	11.0	9.3	172
25-39	19.2	14.6	17.0	17.6	14.7	16.3	15.6	15.1	13.4	584
40-59	19.9	15.0	17.1	17.6	17.4	17.6	16.7	15.0	14.1	533
60+	18.2	12.4	17.4	15.7	14.9	15.7	14.9	14.0	12.4	121
Marital status										
Married	21.7	15.3	18.5	18.7	19.1	19.1	17.9	17.9	16.8	470
Single	18.4	15.7	15.4	17.3	15.0	14.7	14.5	12.8	10.6	695
Divorced	37.0	22.2	37.0	33.3	25.9	29.6	33.3	25.9	25.9	27
Widowed	14.8	7.4	7.4	14.8	14.8	14.8	14.8	14.8	14.8	27
Separated	*	*	*	*	*	*	*	*	*	16
Co-habiting	13.7	7.4	13.1	13.7	9.7	13.7	12.0	10.9	10.9	175
Other	*	*	*	*	*	*	*	*	*	0
Education										
No school	12.2	8.8	10.1	9.5	10.8	10.8	10.8	9.5	8.8	148
Literacy class	*	*	*	*	*	*	*	*	*	18

Elementary/Primary	17.1	13.1	15.7	15.3	14.8	14.8	14.2	13.0	12.1	718
High/Secondary	24.3	17.8	19.3	23.3	19.5	20.5	19.9	18.5	16.0	493
College/University	25.0	25.0	20.8	25.0	8.3	25.0	12.5	20.8	16.7	24
Higher education	*	*	*	*	*	*	*	*	*	5
Other	*	*	*	*	*	*	*	*	*	4
Mining community										
Current mine worker	19.3	15.3	16.9	17.8	16.1	16.2	15.6	14.2	12.8	845
Ex-Mine worker	26.4	18.0	21.5	23.9	22.9	22.5	22.9	22.2	20.8	284
Family of current mine worker	9.9	7.5	7.9	8.7	7.1	9.1	7.5	6.3	4.7	253
Neighbour/Community member	25.0	17.9	25.0	21.4	14.3	21.4	17.9	17.9	17.9	28
Total	19.1	14.5	16.4	17.4	15.8	16.3	15.7	14.5	13	1410

Table 41: Knowledge and awareness of Silicosis amongst mining communities in Namibia

	Percentage of the target population who									
Characteristic	Have received any information on Silicosis	Are aware of main sources of information on Silicosis	Think Silicosis is a serious health issues at mines	Know the signs and symptoms of Silicosis	Know how one can get Silicosis	Know how to prevent Silicosis	Think there is a link between Silicosis and TB	Think Silicosis can be cured?	Know how Silicosis can be treated	Total respondents
Age group										
15-24	21.1	5.3	10.5	21.1	10.5	21.1	21.1	21.1	21.1	19
25-39	29.2	5.3	25.7	23.0	14.2	23.9	25.7	15.0	13.3	113
40-59	22.8	5.1	17.7	10.1	15.2	20.3	15.2	7.6	7.6	79
60+	*	*	*	*	*	*	*	*	*	0
Marital status										
Married	30.8	4.6	29.2	18.5	18.5	27.7	24.6	15.4	13.8	65
Single	22.2	5.9	16.3	17.8	11.1	18.5	18.5	11.9	11.1	135
Divorced	*	*	*	*	*	*	*	*	*	3
Widowed	*	*	*	*	*	*	*	*	*	2
Separated	*	*	*	*	*	*	*	*	*	0
Co-habiting	*	*	*	*	*	*	*	*	*	6
Other	*	*	*	*	*	*	*	*	*	0
Education										
No school	*	*	*	*	*	*	*	*	*	7
Literacy class	*	*	*	*	*	*	*	*	*	0
Elementary/Primary	18.6	4.7	18.6	9.3	18.6	18.6	14.0	9.3	9.3	43
High/Secondary	25.9	5.9	20.7	17.8	13.3	22.2	21.5	11.9	10.4	135
College/University	*	*	*	*	*	*	*	*	*	19
Higher education	*	*	*	*	*	*	*	*	*	7
Other	*	*	*	*	*	*	*	*	*	0
Mining community										
Current mine worker	37.4	6.5	30.9	26.8	19.5	31.7	30.9	17.9	16.3	123
Ex-Mine worker	11.4	4.3	10.0	5.7	8.6	10.0	8.6	5.7	5.7	70

Family of current mine worker	*	*	*	*	*	*	*	*	*	18
Neighbour/Community member	*	*	*	*	*	*	*	*	*	0
Total	26.1	5.2	21.3	18.0	14.2	22.3	21.3	12.8	11.8	211

Table 42: Knowledge and awareness of Silicosis amongst mining communities in South Africa, 2016-2017

	Percentage of the target population who									
Characteristic	Have received any information on Silicosis	Are aware of main sources of information on Silicosis	Think Silicosis is a serious health issues at mines	Know the signs and symptoms of Silicosis	Know how one can get Silicosis	Know how to prevent Silicosis	Think there is a link between Silicosis and TB	Think Silicosis can be cured?	Know how Silicosis can be treated	Total respondents
Age group										
15-24	6.5	2.0	5.2	5.2	3.3	5.9	5.2	2.6	2.6	153
25-39	16.1	7.9	15.8	15.2	12.2	15.3	14.7	4.2	3.2	1057
40-59	18.3	10.0	17.8	16.1	15.0	17.5	16.2	3.6	2.6	813
60+	*	*	*	*	*	*	*	*	*	0
Marital status										
Married	19.9	10.7	19.4	17.9	15.8	19.1	17.5	4.1	2.9	916
Single	12.2	6.5	11.5	11.4	8.8	11.4	10.9	3.8	3.2	754
Divorced	24.1	6.9	24.1	20.7	15.5	20.7	24.1	5.2	3.4	58
Widowed	26.7	11.1	26.7	22.2	24.4	26.7	24.4	4.4	4.4	45
Separated	25.0	5.0	25.0	25.0	25.0	25.0	25.0	5.0	5.0	20
Co-habiting	14.0	6.6	14.0	13.2	12.5	14.0	13.2	1.5	1.5	136
Other	5.3	2.1	5.3	5.3	3.2	4.3	5.3	2.1	1.1	94
Education										
No school	16.0	10.7	16.0	14.5	10.7	14.5	15.3	3.1	2.3	131
Literacy class	*	*	*	*	*	*	*	*	*	17
Elementary/Primary	16.1	6.5	15.2	14.6	13.0	15.8	14.6	3.1	2.3	355
High/Secondary	14.9	6.9	14.8	13.7	11.9	14.2	13.1	3.2	2.7	1109
College/University	19.9	13.1	18.1	17.4	13.8	18.1	18.1	6.4	5.0	282
Higher education	19.5	12.2	19.5	18.7	15.4	18.7	17.9	5.7	2.4	123
Other	*	*	*	*	*	*	*	*	*	6
Mining community										
Current mine worker	22.2	10.0	21.7	21.0	17.0	21.3	20.2	5.0	4.1	1111
Ex-Mine worker	14.5	9.6	14.2	11.4	12.1	13.7	12.7	3.4	1.6	387

Family of current mine worker	5.1	4.3	4.7	4.7	3.8	4.7	4.7	1.7	1.3	234
Neighbour/Community member	4.8	3.4	4.5	4.1	3.8	4.1	3.8	1.7	1.7	291
Total	16.3	8.3	15.8	14.8	12.7	15.5	14.6	3.8	2.9	2023

Table 43: Knowledge and awareness of Silicosis amongst mining communities in Swaziland

	Percentage of the target population who									
Characteristic	Have received any information on Silicosis	Are aware of main sources of information on Silicosis	Think Silicosis is a serious health issues at mines	Know the signs and symptoms of Silicosis	Know how one can get Silicosis	Know how to prevent Silicosis	Think there is a link between Silicosis and TB	Think Silicosis can be cured?	Know how Silicosis can be treated	Total respondents
Age group										
15-24	30.0	10.0	30.0	30.0	20.0	20.0	30.0	20.0	20.0	10
25-39	39.1	12.5	39.1	32.8	34.4	32.8	35.9	10.9	9.4	64
40-59	61.9	19.0	61.9	47.6	58.3	57.1	58.3	13.1	13.1	84
60+	*	*	*	*	*	*	*	*	*	0
Marital status										
Married	57.7	17.5	57.7	43.3	53.6	53.6	56.7	12.4	12.4	97
Single	35.6	13.3	35.6	35.6	28.9	26.7	31.1	15.6	13.3	45
Divorced	*	*	*	*	*	*	*	*	*	3
Widowed	*	*	*	*	*	*	*	*	*	9
Separated	*	*	*	*	*	*	*	*	*	2
Co-habiting	*	*	*	*	*	*	*	*	*	2
Other	*	*	*	*	*	*	*	*	*	0
Education										
No school	*	*	*	*	*	*	*	*	*	10
Literacy class	*	*	*	*	*	*	*	*	*	0
Elementary/Primary	55.8	16.3	55.8	41.9	55.8	51.2	53.5	23.3	23.3	43
High/Secondary	48.9	16.3	48.9	40.2	43.5	43.5	44.6	10.9	9.8	92
College/University	*	*	*	*	*	*	*	*	*	12
Higher education	*	*	*	*	*	*	*	*	*	1
Other	*	*	*	*	*	*	*	*	*	0
Mining community										
Current mine worker	59.7	19.4	59.7	43.5	50.0	54.8	59.7	12.9	12.9	62
Ex-Mine worker	67.5	15.0	67.5	60.0	67.5	62.5	57.5	17.5	17.5	40

Family of current mine worker	27.8	13.0	27.8	22.2	25.9	20.4	25.9	9.3	7.4	54
Neighbour/Community member	*	*	*	*	*	*	*	*	*	2
Total	50.6	15.8	50.6	40.5	46.2	44.9	47.5	12.7	12.0	158

Table 44: Knowledge and awareness of Silicosis amongst mining communities in Tanzania

	Percentage of the target population who									
Characteristic	Have received any information on Silicosis	Are aware of main sources of information on Silicosis	Think Silicosis is a serious health issues at mines	Know the signs and symptoms of Silicosis	Know how one can get Silicosis	Know how to prevent Silicosis	Think there is a link between Silicosis and TB	Think Silicosis can be cured?	Know how Silicosis can be treated	Total respondents
Age group										
15-24	7.3	4.3	4.9	6.5	4.8	4.3	5.6	5.1	3.8	628
25-39	9.0	6.8	6.5	8.0	6.3	6.3	6.5	5.5	4.3	1110
40-59	10.0	8.7	6.3	7.8	6.3	6.8	7.0	6.0	5.0	601
60+	*	*	*	*	*	*	*	*	*	0
Marital status										
Married	9.4	7.1	6.6	7.6	5.9	5.7	6.8	5.5	4.6	1284
Single	7.7	5.4	5.7	7.3	5.9	6.0	5.8	5.5	4.0	794
Divorced	1.6	0.0	0.0	0.0	0.0	0.0	1.6	0.0	0.0	63
Widowed	13.2	13.2	2.6	11.8	7.9	11.8	7.9	7.9	3.9	76
Separated	11.4	8.6	8.6	11.4	7.1	7.1	5.7	4.3	4.3	70
Co-habiting	7.3	7.3	4.9	7.3	4.9	4.9	7.3	7.3	7.3	41
Other	*	*	*	*	*	*	*	*	*	11
Education										
No school	5.9	4.5	3.5	5.4	3.0	3.0	4.0	2.0	1.5	202
Literacy class	*	*	*	*	*	*	*	*	*	14

Elementary/Primary	6.4	5.1	4.1	5.1	4.0	4.0	4.2	3.6	2.9	1567
High/Secondary	14.9	10.0	10.7	13.2	11.5	10.7	11.5	10.9	8.7	469
College/University	24.4	20.0	24.4	24.4	17.8	17.8	22.2	17.8	13.3	45
Higher education	*	*	*	*	*	*	*	*	*	13
Other	31.0	20.7	20.7	31.0	24.1	31.0	31.0	24.1	20.7	29
Mining community										
Current mine worker	10.0	7.4	7.8	8.9	6.9	7.8	8.0	6.7	5.4	812
Ex-Mine worker	8.8	7.2	3.3	7.5	5.9	5.6	4.2	4.9	2.9	306
Family of current mine worker	9.3	6.6	5.5	8.0	6.5	5.5	6.6	5.8	4.5	711
Neighbour/Community member	6.3	4.9	5.7	4.9	3.5	3.7	4.7	3.7	3.3	510
Total	8.8	6.6	6.0	7.6	5.9	5.9	6.4	5.5	4.4	2339

Table 45: Knowledge and awareness of Silicosis amongst mining communities in Zambia

	Percentage of the target population who									
Characteristic	Have received any information on Silicosis	Are aware of main sources of information on Silicosis	Think Silicosis is a serious health issues at mines	Know the signs and symptoms of Silicosis	Know how one can get Silicosis	Know how to prevent Silicosis	Think there is a link between Silicosis and TB	Think Silicosis can be cured?	Know how Silicosis can be treated	Total respondents
Age group										
15-24	12.8	1.9	11.5	9.0	11.5	10.9	9.0	7.7	6.4	156
25-39	38.2	6.8	29.0	29.2	33.3	36.4	30.7	24.7	24.3	811
40-59	50.9	11.2	42.0	41.5	43.6	48.4	44.5	31.0	30.3	436
60+	*	*	*	*	*	*	*	*	*	0
Marital status										
Married	43.1	8.8	33.5	33.5	37.1	41.2	36.2	27.4	26.7	1049
Single	24.3	3.8	21.2	19.4	22.2	22.6	18.1	13.9	13.5	288
Divorced	45.8	8.3	41.7	45.8	37.5	41.7	45.8	37.5	37.5	24
Widowed	*	*	*	*	*	*	*	*	*	21
Separated	*	*	*	*	*	*	*	*	*	8
Co-habiting	*	*	*	*	*	*	*	*	*	10
Other	*	*	*	*	*	*	*	*	*	3
Education										
No school	*	*	*	*	*	*	*	*	*	19
Literacy class	*	*	*	*	*	*	*	*	*	2
Elementary/Primary	42.5	4.6	29.7	32.0	36.5	39.3	36.5	24.7	24.2	219
High/Secondary	35.5	6.2	28.3	28.0	31.2	33.8	29.1	22.3	21.9	887
College/University	50.2	14.6	43.3	41.0	43.3	49.8	43.3	33.0	32.6	261
Higher education	*	*	*	*	*	*	*	*	*	6
Other	*	*	*	*	*	*	*	*	*	9
Mining community										
Current mine worker	54.6	10.9	44.1	45.3	47.0	52.4	45.5	34.5	33.7	824
Ex-Mine worker	33.8	3.8	24.4	18.4	30.8	32.9	29.5	21.8	20.9	234

Family of current mine worker	6.0	1.9	4.4	4.1	4.8	3.5	3.8	3.2	3.2	315
Neighbour/Community member	13.3	6.7	6.7	10.0	13.3	10.0	3.3	6.7	6.7	30
Total	39.3	7.6	31.1	30.8	34.1	37.3	32.6	24.7	24.2	1403

Table 46: Knowledge and awareness of Silicosis amongst mining communities in Zimbabwe

	Percentage of the target population who									
Characteristic	Have received any information on Silicosis	Are aware of main sources of information on Silicosis	Think Silicosis is a serious health issues at mines	Know the signs and symptoms of Silicosis	Know how one can get Silicosis	Know how to prevent Silicosis	Think there is a link between Silicosis and TB	Think Silicosis can be cured?	Know how Silicosis can be treated	Total respondents
Age group										
15-24	19.3	4.3	17.4	19.3	18.0	19.3	16.8	4.3	4.3	161
25-39	36.5	9.2	33.6	35.9	33.1	35.5	34.0	11.3	10.9	608
40-59	49.0	19.4	43.4	47.7	43.6	48.5	44.4	16.1	14.3	392
60+	*	*	*	*	*	*	*	*	*	3
Marital status										
Married	41.0	13.0	37.6	40.2	36.7	40.2	37.6	13.0	12.1	929
Single	26.5	5.4	22.7	25.9	24.3	26.5	24.3	4.3	4.3	185
Divorced	28.0	16.0	24.0	28.0	28.0	28.0	24.0	20.0	20.0	25
Widowed	*	*	*	*	*	*	*	*	*	16
Separated	*	*	*	*	*	*	*	*	*	8
Co-habiting	*	*	*	*	*	*	*	*	*	0
Other	*	*	*	*	*	*	*	*	*	1
Education										
No school	*	*	*	*	*	*	*	*	*	*
Literacy class	*	*	*	*	*	*	*	*	*	0

Elementary/Primary	33.3	14.1	27.4	33.3	31.1	32.6	32.6	10.4	10.4	135
High/Secondary	34.4	10.9	31.3	33.6	30.5	34.0	31.0	11.3	10.1	871
College/University	63.5	14.3	57.9	62.7	61.9	61.1	59.5	19.0	19.0	126
Higher education	*	*	*	*	*	*	*	*	*	19
Other	*	*	*	*	*	*	*	*	*	3
Mining community										
Current mine worker	51.1	13.9	47.1	49.9	45.7	50.1	46.9	14.9	13.8	703
Ex-Mine worker	26.4	10.4	23.6	25.7	25.0	26.4	25.0	9.7	9.0	144
Family of current mine worker	15.3	8.3	11.8	15.3	14.0	15.0	13.4	6.4	6.1	314
Neighbour/Community member	*	*	*	*	*	*	*	*	*	3
Total	38.2	11.9	34.5	37.5	34.5	37.5	35.1	11.9	11.1	1164

Attitudes towards TB

Table 47: Attitudes toward TB amongst the mining communities in Botswana, 2016-2017

	Percentage of the target population										
Characteristic	Knowing people with/had TB	Reporting feeling compassion for someone with TB	Reporting positive treatment of someone with TB in their community	Who would talk about it if they are found to have TB	To ever access TB services at local health centre	To ever access HIV services at local health centre	Who think TB would affect their social relations	Who think TB would affect their work	who are not willing to let people know if they were on HIV or TB treatment	Who believe they can access TB services without fear of discrimination	Total respondents
Age group											
15-24	*	*	*	*	*	*	*	*	*	*	9
25-39	77.0	81.1	62.2	100.0	39.2	94.6	75.7	85.1	47.3	90.5	74
40-59	69.7	90.2	63.1	100.0	62.3	81.1	63.1	80.3	40.2	96.7	122
60+	*	*	*	*	*	*	*	*	*	*	1
Marital status											

Married	70.2	90.3	62.9	100.0	54.8	79.8	62.9	76.6	41.1	97.6	124
Single	78.7	81.3	64.0	100.0	49.3	94.7	72.0	89.3	44.0	90.7	75
Divorced	*	*	*	*	*	*	*	*	*	*	3
Widowed	*	*	*	*	*	*	*	*	*	*	2
Separated	*	*	*	*	*	*	*	*	*	*	0
Co-habiting	*	*	*	*	*	*	*	*	*	*	1
Other	*	*	*	*	*	*	*	*	*	*	1
Education											
No school	62.8	90.7	60.5	100.0	62.8	76.7	51.2	79.1	44.2	95.3	43
Literacy class	*	*	*	*	*	*	*	*	*	*	0
Elementary/Primary	72.9	87.5	62.5	100.0	68.8	87.5	64.6	81.3	29.2	97.9	48
High/Secondary	77.8	87.7	60.5	100.0	43.2	90.1	72.8	82.7	46.9	92.6	81
College/University	84.4	78.1	68.8	100.0	40.6	87.5	75.0	84.4	53.1	93.8	32
Higher education	*	*	*	*	*	*	*	*	*	*	0
Other	*	*	*	*	*	*	*	*	*	*	2
Mining community											
Current mine worker	75.8	87.9	59.7	100.0	52.4	91.1	72.6	83.9	50.8	93.5	124
Ex-Mine worker	62.7	83.1	61.0	100.0	59.3	74.6	55.9	81.4	23.7	98.3	59
Family of current/ex mine worker	90.9	86.4	77.3	100.0	36.4	86.4	63.6	72.7	50.0	90.9	22
Neighbour/Community member	*	*	*	*	*	*	*	*	*	*	1
Total	73.8	86.4	62.1	100.0	52.4	85.9	67.0	82.0	42.7	94.7	206

Table 48: Attitudes toward TB amongst mining communities in Lesotho

Characteristic	Percentage of the target population										Total respondents
	Knowing people with/had TB	Reporting feeling compassion for someone with TB	Reporting positive treatment of someone with TB in their community	Who would talk about it if they are found to have TB	To ever access TB services at local health centre	To ever access HIV services at local health centre	Who think TB would affect their social relations	Who think TB would affect their work	who are not willing to let people know if they were on HIV or TB treatment	Who believe they can access TB services without fear of discrimination	
Age group											
15-24	50.0	95.5	68.2	100.0	22.7	63.6	40.9	63.6	40.9	86.4	22
25-39	78.0	84.7	66.1	96.6	47.5	83.1	74.6	76.3	45.8	88.1	59
40-59	85.3	90.7	82.2	96.9	45.7	73.6	69.0	73.6	54.3	90.7	129
60+	*	*	*	*	*	*	*	*	*	*	0
Marital status											
Married	83.0	89.4	78.7	97.9	48.9	78.7	70.2	76.6	52.5	90.1	141
Single	61.5	88.5	65.4	96.2	26.9	61.5	69.2	65.4	34.6	92.3	26
Divorced	*	*	*	*	*	*	*	*	*	*	3
Widowed	82.4	94.1	79.4	94.1	38.2	70.6	55.9	64.7	52.9	85.3	34
Separated	*	*	*	*	*	*	*	*	*	*	3
Co-habiting	*	*	*	*	*	*	*	*	*	*	3
Other	*	*	*	*	*	*	*	*	*	*	0
Education											
No school	76.0	92.0	80.0	100.0	68.0	92.0	76.0	88.0	68.0	92.0	25
Literacy class	*	*	*	*	*	*	*	*	*	*	2
Elementary/Primary	83.8	88.3	73.9	97.3	39.6	72.1	64.0	68.5	47.7	91.0	111
High/Secondary	72.7	89.4	77.3	98.5	43.9	74.2	71.2	75.8	45.5	84.8	66
College/University	*	*	*	*	*	*	*	*	*	*	5
Higher education	*	*	*	*	*	*	*	*	*	*	1
Other	*	*	*	*	*	*	*	*	*	*	0
Mining community											

Current mine worker	88.5	87.4	79.3	98.9	51.7	73.6	69.0	74.7	41.4	92.0	87
Ex-Mine worker	90.0	90.0	86.7	100.0	46.7	66.7	86.7	90.0	76.7	96.7	30
Family of current/ex mine worker	68.2	91.8	69.4	95.3	37.6	80.0	61.2	68.2	51.8	88.2	85
Neighbour/Community member	*	*	*	*	*	*	*	*	*	*	8
Total	79.5	89.5	76.2	97.1	43.8	75.2	67.6	73.3	50.5	89.5	210

Table 49: Attitudes toward TB amongst mining communities in Malawi

	Percentage of the target population										
Characteristic	Knowing people with/had TB	Reporting feeling compassion for someone with TB	Reporting positive treatment of someone with TB in their community	Who would talk about it if they are found to have TB	To ever access TB services at local health centre	To ever access HIV services at local health centre	Who think TB would affect their social relations	Who think TB would affect their work	who are not willing to let people know if they were on HIV or TB treatment	Who believe they can access TB services without fear of discrimination	Total respondents
Age group											
15-24	61.3	79.6	51.3	100.0	8.4	49.7	42.9	60.7	41.9	80.1	191
25-39	76.7	85.3	56.1	100.0	9.0	46.7	42.7	66.7	37.1	83.1	490
40-59	79.2	84.9	58.3	100.0	7.3	49.0	47.1	71.0	38.6	81.9	259
60+	*	*	*	*	*	*	*	*	*	*	1
Marital status											
Married	76.9	82.7	57.4	100.0	8.6	53.3	45.5	68.1	38.4	83.0	683
Single	66.9	83.1	59.2	100.0	7.7	40.8	45.4	64.6	40.8	83.8	130
Divorced	79.1	93.0	48.8	100.0	4.7	34.9	44.2	67.4	41.9	76.7	43
Widowed	75.0	87.5	45.8	100.0	8.3	45.8	41.7	62.5	50.0	87.5	24
Separated	*	*	*	*	*	*	*	*	*	*	4
Co-habiting	59.6	94.7	38.6	100.0	10.5	12.3	24.6	54.4	28.1	70.2	57

Other	*	*	*	*	*	*	*	*	*	*	0
Education											
No school	63.5	85.1	51.9	100.0	12.2	45.3	40.9	70.2	30.4	78.5	181
Literacy class	*	*	*	*	*	*	*	*	*	*	0
Elementary/Primary	76.9	83.3	56.5	100.0	6.4	53.4	45.0	66.8	39.8	80.2	515
High/Secondary	76.0	84.8	57.6	100.0	8.8	41.0	43.8	63.1	39.2	89.4	217
College/University	*	*	*	*	*	*	*	*	*	*	18
Higher education	*	*	*	*	*	*	*	*	*	*	8
Other	*	*	*	*	*	*	*	*	*	*	2
Mining community											
Current mine worker	74.4	86.2	61.5	100.0	9.2	47.2	43.9	65.7	35.7	85.0	426
Ex-Mine worker	77.5	85.4	43.8	100.0	7.9	49.4	46.1	76.4	37.6	83.7	178
Family of current/ex mine worker	69.9	80.8	53.8	100.0	8.2	45.5	35.6	58.6	38.7	74.0	292
Neighbour/Community member	86.7	80.0	60.0	100.0	4.4	66.7	88.9	88.9	66.7	100.0	45
Total	74.2	84.1	55.7	100.0	8.4	48.0	43.9	66.6	38.5	82.0	941

Table 50: Attitudes toward TB amongst mining communities in Mozambique

Characteristic	Percentage of the target population										Total respondents
	Knowing people with/had TB	Reporting feeling compassion for someone with TB	Reporting positive treatment of someone with TB in their community	Who would talk about it if they are found to have TB	To ever access TB services at local health centre	To ever access HIV services at local health centre	Who think TB would affect their social relations	Who think TB would affect their work	who are not willing to let people know if they were on HIV or TB treatment	Who believe they can access TB services without fear of discrimination	
Age group											
15-24	64.0	58.7	26.7	97.7	57.0	72.1	57.0	62.2	45.3	61.6	172
25-39	74.0	55.3	28.8	99.1	60.6	70.7	59.9	76.0	49.8	62.7	584
40-59	75.2	55.0	28.0	99.2	57.4	60.8	55.5	70.0	49.2	63.0	533
60+	75.2	64.5	33.9	96.7	58.7	56.2	52.1	66.1	51.2	59.5	121
Marital status											
Married	72.3	53.0	28.9	99.4	56.0	63.4	53.4	69.1	45.1	58.1	470
Single	72.2	59.3	25.8	99.0	69.1	78.1	59.3	67.5	53.1	64.6	695
Divorced	70.4	44.4	18.5	96.3	55.6	55.6	51.9	63.0	51.9	51.9	27
Widowed	70.4	66.7	29.6	96.3	40.7	44.4	37.0	59.3	51.9	59.3	27
Separated	81.3	43.8	18.8	100.0	62.5	68.8	75.0	87.5	56.3	68.8	16
Co-habiting	80.6	55.4	41.7	97.1	28.6	28.6	61.7	93.1	42.9	66.9	175
Other	*	*	*	*	*	*	*	*	*	*	0
Education											
No school	63.5	53.4	28.4	99.3	52.0	48.0	39.9	56.1	37.8	58.8	148
Literacy class	*	*	*	*	*	*	*	*	*	*	18
Elementary/Primary	76.7	55.3	27.6	99.3	60.0	64.3	58.2	73.3	49.4	63.4	718
High/Secondary	71.0	58.2	29.6	98.2	59.6	72.6	60.0	72.4	50.5	62.5	493
College/University	58.3	66.7	33.3	100.0	41.7	70.8	62.5	83.3	50.0	62.5	24
Higher education	*	*	*	*	*	*	*	*	*	*	5
Other	*	*	*	*	*	*	*	*	*	*	4
Mining community											

Current mine worker	75.5	54.0	27.5	99.3	63.1	67.6	56.9	72.3	45.9	61.3	845
Ex-Mine worker	78.5	63.7	29.9	98.9	64.1	66.9	59.5	71.8	53.5	69.4	284
Family of current/ex mine worker	62.1	55.7	30.4	96.8	38.7	58.9	54.5	67.2	54.9	57.7	253
Neighbour/Community member	57.1	60.7	35.7	100.0	57.1	67.9	67.9	67.9	50.0	67.9	28
Total	73.3	56.4	28.7	98.8	58.8	65.9	57.2	71.2	49.1	62.4	1410

Table 51: Attitudes toward TB amongst mining communities in Namibia

Characteristic	Percentage of the target population										Total respondents
	Knowing people with/had TB	Reporting feeling compassion for someone with TB	Reporting positive treatment of someone with TB in their community	Who would talk about it if they are found to have TB	To ever access TB services at local health centre	To ever access HIV services at local health centre	Who think TB would affect their social relations	Who think TB would affect their work	who are not willing to let people know if they were on HIV or TB treatment	Who believe they can access TB services without fear of discrimination	
Age group											
15-24	*	*	*	*	*	*	*	*	*	*	19
25-39	81.4	86.7	57.5	97.3	54.0	80.5	77.0	82.3	46.9	84.1	113
40-59	78.5	77.2	46.8	97.5	69.6	83.5	59.5	70.9	45.6	81.0	79
60+	*	*	*	*	*	*	*	*	*	*	0
Marital status											
Married	87.7	78.5	60.0	98.5	64.6	81.5	64.6	76.9	50.8	81.5	65
Single	76.3	81.5	50.4	96.3	50.4	77.8	73.3	80.0	45.9	84.4	135
Divorced	*	*	*	*	*	*	*	*	*	*	3
Widowed	*	*	*	*	*	*	*	*	*	*	2
Separated	*	*	*	*	*	*	*	*	*	*	0
Co-habiting	*	*	*	*	*	*	*	*	*	*	6
Other	*	*	*	*	*	*	*	*	*	*	0
Education											
No school	*	*	*	*	*	*	*	*	*	*	*
Literacy class	*	*	*	*	*	*	*	*	*	*	*
Elementary/Primary	69.8	69.8	46.5	93.0	67.4	88.4	51.2	72.1	48.8	86.0	43
High/Secondary	81.5	85.2	54.1	99.3	52.6	77.8	75.6	80.7	43.7	84.4	135
College/University	*	*	*	*	*	*	*	*	*	*	*
Higher education	*	*	*	*	*	*	*	*	*	*	*
Other	*	*	*	*	*	*	*	*	*	*	*
Mining community											

Current mine worker	79.7	82.9	56.9	97.6	58.5	88.6	66.7	74.0	49.6	84.6	123
Ex-Mine worker	78.6	75.7	44.3	97.1	57.1	70.0	71.4	84.3	42.9	78.6	70
Family of current/ex mine worker	*	*	*	*	*	*	*	*	*	*	18
Neighbour/Community member	*	*	*	*	*	*	*	*	*	*	0
Total	79.1	81.0	53.1	97.2	56.4	79.6	70.1	78.2	47.9	83.9	211

Table 52: Attitudes toward TB amongst the mining communities in South Africa, 2016-2017

Characteristic	Percentage of the target population										Total respondents
	Knowing people with/had TB	Reporting feeling compassion for someone with TB	Reporting positive treatment of someone with TB in their community	Who would talk about it if they are found to have TB	To ever access TB services at local health centre	To ever access HIV services at local health centre	Who think TB would affect their social relations	Who think TB would affect their work	who are not willing to let people know if they were on HIV or TB treatment	Who believe they can access TB services without fear of discrimination	
Age group											
15-24	48.4	66.7	37.3	100.0	37.3	58.2	54.2	58.8	49.7	75.8	153
25-39	64.6	74.3	41.1	98.9	52.5	67.3	54.6	60.6	55.4	84.7	1057
40-59	72.4	79.8	39.7	97.9	64.2	72.3	54.4	61.6	59.9	84.6	813
60+	*	*	*	*	*	*	*	*	*	*	0
Marital status											
Married	69.3	78.2	39.8	98.1	62.4	72.5	55.9	63.4	60.9	86.4	916
Single	64.3	76.5	36.3	99.2	52.4	65.4	54.5	58.0	53.6	81.6	754
Divorced	60.3	58.6	27.6	98.3	60.3	77.6	55.2	51.7	55.2	81.0	58
Widowed	75.6	75.6	40.0	100.0	68.9	75.6	51.1	68.9	46.7	88.9	45
Separated	65.0	45.0	55.0	100.0	65.0	85.0	80.0	80.0	55.0	85.0	20
Co-habiting	66.9	61.8	53.7	96.3	46.3	65.4	49.3	63.2	42.6	73.5	136
Other	56.4	87.2	60.6	100.0	26.6	48.9	43.6	54.3	69.1	94.7	94
Education											
No school	77.1	77.9	38.9	99.2	66.4	68.7	55.7	66.4	64.9	84.0	131
Literacy class	*	*	*	*	*	*	*	*	*	*	17
Elementary/Primary	67.3	80.3	38.6	96.3	66.2	74.1	50.7	56.9	51.3	87.0	355
High/Secondary	64.7	74.4	43.8	98.6	52.2	65.2	54.2	59.8	58.0	81.8	1109
College/University	67.7	80.1	37.9	100.0	58.2	79.1	63.8	68.1	57.8	85.8	282
Higher education	63.4	67.5	20.3	100.0	46.3	64.2	45.5	59.3	49.6	91.9	123
Other	*	*	*	*	*	*	*	*	*	*	6
Mining community											

Current mine worker	68.1	74.7	43.0	98.6	61.5	75.2	60.5	65.3	59.7	86.0	1111
Ex-Mine worker	70.0	73.4	38.8	97.9	55.3	63.6	54.5	64.6	55.0	80.6	387
Family of current/ex mine worker	61.1	72.2	25.2	98.7	51.7	61.5	44.4	53.4	55.1	84.6	234
Neighbour/Community member	60.1	86.9	43.6	99.3	39.9	56.0	39.5	45.0	49.5	80.1	291
Total	66.5	75.9	40.2	98.6	56.1	68.6	54.5	60.9	56.8	84.0	2023

Table 53: Attitudes toward TB amongst mining communities in Swaziland

	Percentage of the target population										
Characteristic	Knowing people with/had TB	Reporting feeling compassion for someone with TB	Reporting positive treatment of someone with TB in their community	Who would talk about it if they are found to have TB	To ever access TB services at local health centre	To ever access HIV services at local health centre	Who think TB would affect their social relations	Who think TB would affect their work	who are not willing to let people know if they were on HIV or TB treatment	Who believe they can access TB services without fear of discrimination	Total respondents
Age group											
15-24	*	*	*	*	*	*	*	*	*	*	10
25-39	90.6	92.2	48.4	93.8	28.1	71.9	62.5	67.2	51.6	85.9	64
40-59	89.3	95.2	66.7	98.8	40.5	77.4	58.3	73.8	42.9	91.7	84
60+	*	*	*	*	*	*	*	*	*	*	0
Marital status											
Married	87.6	93.8	59.8	97.9	36.1	75.3	62.9	69.1	44.3	93.8	97
Single	88.9	91.1	62.2	91.1	24.4	62.2	53.3	71.1	55.6	82.2	45
Divorced	*	*	*	*	*	*	*	*	*	*	3
Widowed	*	*	*	*	*	*	*	*	*	*	9
Separated	*	*	*	*	*	*	*	*	*	*	2
Co-habiting	*	*	*	*	*	*	*	*	*	*	2

Other	*	*	*	*	*	*	*	*	*	*	0
Education											
No school	*	*	*	*	*	*	*	*	*	*	10
Literacy class	*	*	*	*	*	*	*	*	*	*	0
Elementary/Primary	83.7	90.7	55.8	97.7	39.5	74.4	58.1	69.8	46.5	88.4	43
High/Secondary	89.1	93.5	62.0	94.6	29.3	72.8	58.7	75.0	46.7	90.2	92
College/University	*	*	*	*	*	*	*	*	*	*	12
Higher education	*	*	*	*	*	*	*	*	*	*	1
Other	*	*	*	*	*	*	*	*	*	*	0
Mining community											
Current mine worker	93.5	96.8	62.9	93.5	33.9	69.4	67.7	74.2	50.0	90.3	62
Ex-Mine worker	85.0	90.0	60.0	100.0	37.5	70.0	60.0	75.0	45.0	90.0	40
Family of current/ex mine worker	87.0	90.7	55.6	96.3	33.3	81.5	51.9	66.7	44.4	85.2	54
Neighbour/Community member	*	*	*	*	*	*	*	*	*	*	2
Total	88.6	93.0	59.5	96.2	34.2	74.1	60.1	71.5	47.5	88.6	158

Table 54: Attitudes toward TB amongst mining communities in Tanzania

Characteristic	Percentage of the target population										Total respondents
	Knowing people with/had TB	Reporting feeling compassion for someone with TB	Reporting positive treatment of someone with TB in their community	Who would talk about it if they are found to have TB	To ever access TB services at local health centre	To ever access HIV services at local health centre	Who think TB would affect their social relations	Who think TB would affect their work	who are not willing to let people know if they were on HIV or TB treatment	Who believe they can access TB services without fear of discrimination	
Age group											
15-24	43.2	66.4	40.6	98.1	10.8	35.4	61.6	81.4	45.9	66.9	628
25-39	49.4	69.1	43.6	98.4	11.6	43.5	62.4	86.7	46.2	68.3	1110
40-59	53.7	67.6	48.8	97.5	12.1	32.3	60.2	87.4	43.8	71.5	601
60+	*	*	*	*	*	*	*	*	*	*	0
Marital status											
Married	50.0	70.2	46.5	98.6	12.0	43.4	61.1	85.6	44.6	70.0	1284
Single	46.0	64.9	40.4	97.5	11.2	33.4	62.7	84.3	47.4	67.8	794
Divorced	52.4	61.9	39.7	98.4	7.9	25.4	63.5	92.1	36.5	68.3	63
Widowed	43.4	53.9	34.2	98.7	15.8	31.6	59.2	84.2	40.8	56.6	76
Separated	54.3	67.1	41.4	94.3	7.1	31.4	62.9	88.6	57.1	70.0	70
Co-habiting	56.1	85.4	68.3	97.6	9.8	34.1	53.7	85.4	43.9	73.2	41
Other	*	*	*	*	*	*	*	*	*	*	11
Education											
No school	42.1	67.3	45.5	97.0	12.4	34.2	63.9	85.6	38.6	62.4	202
Literacy class	*	*	*	*	*	*	*	*	*	*	14
Elementary/Primary	48.9	69.0	46.6	98.1	10.2	36.1	57.9	85.0	44.9	69.7	1567
High/Secondary	50.5	66.3	38.2	98.7	14.7	45.8	70.4	86.6	51.2	68.9	469
College/University	53.3	64.4	33.3	91.1	17.8	51.1	80.0	84.4	44.4	68.9	45
Higher education	*	*	*	*	*	*	*	*	*	*	13
Other	65.5	55.2	24.1	100.0	13.8	58.6	75.9	100.0	48.3	55.2	29
Mining community											

Current mine worker	53.8	69.2	44.2	97.9	12.1	39	59.6	87.9	47	70.6	812
Ex-Mine worker	54.9	65.4	39.2	98.4	14.4	40	65	87	44	69	306
Family of current/ex mine worker	46.4	62.7	37.6	98.0	10.5	38.7	66.1	85.5	48.9	62.9	711
Neighbour/Community member	40.6	74.9	56.1	98.2	10.4	36.1	56.9	80.4	39.0	73.9	510
Total	48.8	68.0	44.1	98.1	11.5	38.4	61.7	85.4	45.5	68.7	2339

Table 55: Attitudes toward TB amongst mining communities in Zambia

Characteristic	Percentage of the target population										Total respondents
	Knowing people with/had TB	Reporting feeling compassion for someone with TB	Reporting positive treatment of someone with TB in their community	Who would talk about it if they are found to have TB	To ever access TB services at local health centre	To ever access HIV services at local health centre	Who think TB would affect their social relations	Who think TB would affect their work	who are not willing to let people know if they were on HIV or TB treatment	Who believe they can access TB services without fear of discrimination	
Age group											
15-24	53.8	63.5	12.8	100.0	14.1	78.2	91.0	91.0	44.9	61.5	156
25-39	66.2	73.2	26.5	99.8	31.4	80.3	83.1	90.9	55.0	66.7	811
40-59	72.5	72.0	28.9	100.0	49.1	83.7	83.0	86.2	57.1	68.6	436
60+	*	*	*	*	*	*	*	*	*	*	0
Marital status											
Married	70.2	73.6	27.5	100.0	39.6	83.0	83.9	88.8	55.3	68.4	1049
Single	54.2	68.4	20.8	100.0	18.1	74.7	86.8	92.0	53.5	59.4	288
Divorced	66.7	58.3	29.2	100.0	41.7	79.2	83.3	91.7	50.0	70.8	24
Widowed	*	*	*	*	*	*	*	*	*	*	*
Separated	*	*	*	*	*	*	*	*	*	*	*
Co-habiting	*	*	*	*	*	*	*	*	*	*	*
Other	*	*	*	*	*	*	*	*	*	*	*
Education											
No school	*	*	*	*	*	*	*	*	*	*	*
Literacy class	*	*	*	*	*	*	*	*	*	*	*
Elementary/Primary	60.7	65.8	32.9	100.0	34.7	79.5	77.6	78.1	47.9	58.9	219
High/Secondary	71.1	73.4	25.0	99.9	34.0	80.4	84.8	91.2	57.7	66.0	887
College/University	57.5	73.2	20.3	99.6	40.2	85.4	87.7	92.7	52.1	77.0	261
Higher education	*	*	*	*	*	*	*	*	*	*	*
Other	*	*	*	*	*	*	*	*	*	*	*
Mining community											

Current mine worker	66.6	76.5	28.0	99.8	44.9	80.5	80.3	88.6	65.8	60.6	824
Ex-Mine worker	79.1	63.7	34.2	100.0	19.2	82.1	86.3	92.3	44.9	79.1	234
Family of current/ex mine worker	56.2	63.8	14.9	100.0	22.9	81.6	91.1	89.2	34.6	72.1	315
Neighbour/Community member	86.7	90.0	10.0	100.0	13.3	86.7	90.0	93.3	30.0	83.3	30
Total	66.8	71.8	25.7	99.9	35.0	81.1	84.0	89.5	54.5	66.7	1403

Table 56: Attitudes toward TB amongst mining communities in Zimbabwe

	Percentage of the target population										
Characteristic	Knowing people with/had TB	Reporting feeling compassion for someone with TB	Reporting positive treatment of someone with TB in their community	Who would talk about it if they are found to have TB	To ever access TB services at local health centre	To ever access HIV services at local health centre	Who think TB would affect their social relations	Who think TB would affect their work	who are not willing to let people know if they were on HIV or TB treatment	Who believe they can access TB services without fear of discrimination	Total respondents
Age group											
15-24	65.8	69.6	49.7	98.8	23.0	64.0	59.6	73.9	55.3	62.1	161
25-39	82.7	84.2	61.8	99.3	48.2	86.3	49.8	77.0	53.0	79.8	608
40-59	88.0	88.5	64.8	100.0	63.0	85.5	46.2	70.2	57.4	88.5	392
60+	*	*	*	*	*	*	*	*	*	*	3
Marital status											
Married	84.6	86.2	62.6	99.8	53.1	85.8	47.7	74.4	54.4	82.9	929
Single	70.3	71.9	53.0	98.4	29.2	67.0	62.7	75.7	56.8	67.0	185
Divorced	76.0	72.0	68.0	100.0	60.0	88.0	56.0	68.0	52.0	84.0	25
Widowed	*	*	*	*	*	*	*	*	*	*	16
Separated	*	*	*	*	*	*	*	*	*	*	8
Co-habiting	*	*	*	*	*	*	*	*	*	*	0

Other	*	*	*	*	*	*	*	*	*	*	1
Education											
No school	*	*	*	*	*	*	*	*	*	*	10
Literacy class	*	*	*	*	*	*	*	*	*	*	0
Elementary/Primary	79.3	84.4	62.2	100.0	49.6	80.0	46.7	69.6	57.8	78.5	135
High/Secondary	82.3	83.7	62.7	99.4	50.5	84.5	48.6	74.2	54.0	80.5	871
College/University	85.7	82.5	50.8	99.2	44.4	76.2	61.1	78.6	56.3	79.4	126
Higher education	*	*	*	*	*	*	*	*	*	*	19
Other	*	*	*	*	*	*	*	*	*	*	3
Mining community											
Current mine worker	85.1	85.2	61.2	99.3	54.6	86.2	50.9	76.5	53.9	81.9	703
Ex-Mine worker	81.3	84.0	70.1	100.0	58.3	83.3	47.9	72.2	57.6	84.0	144
Family of current/ex mine worker	76.4	79.9	57.3	99.7	35.4	75.8	48.4	70.1	55.4	75.2	314
Neighbour/Community member	*	*	*	*	*	*	*	*	*	*	3
Total	82.2	83.7	61.1	99.5	49.7	83.0	49.9	74.2	54.7	80.3	1164

Practice treatment seeking and care seeking

Table 57: Practice-Treatment and Care Seeking of TB amongst mining communities in Botswana, 2016-2017

	Practice treatment seeking		Practice care seeking						
Characteristic	Percentage of target population who know where to get treatment for TB	Percentage of target population who can encourage someone with TB to seek treatment	Percentage of target population who think they can get TB	Percentage of target population reporting visiting a health facility if they are found to have TB	Percentage of target population reporting correct point at which to seek help from a health facility if they have symptoms of TB	Percentage of target who think TB diagnosis and treatment is free of charge in the country	Percentage of the target population who are able to access HIV and TB treatment from health facility within community	Percentage of the target population who feel they would get support from family they were to be on HIV or TB treatment	Total respondents
Age group									
15-24	*	*	*	*	*	*	*	*	9
25-39	100.0	73.0	95.9	87.8	100.0	86.5	100.0	100.0	74
40-59	100.0	75.4	96.7	90.2	100.0	84.4	99.2	99.2	122
60+	*	*	*	*	*	*	*	*	1
Marital status									
Married	99.2	76.6	98.4	87.9	99.2	82.3	99.2	99.2	124
Single	100.0	69.3	93.3	93.3	100.0	90.7	98.7	100.0	75
Divorced	*	*	*	*	*	*	*	*	3
Widowed	*	*	*	*	*	*	*	*	2
Separated	*	*	*	*	*	*	*	*	0
Co-habiting	*	*	*	*	*	*	*	*	1
Other	*	*	*	*	*	*	*	*	1
Education									
No school	100.0	58.1	93.0	97.7	100.0	88.4	97.7	100.0	43
Literacy class	*	*	*	*	*	*	*	*	0
Elementary/Primary	97.9	75.0	100.0	93.8	97.9	79.2	100.0	97.9	48
High/Secondary	100.0	77.8	93.8	84.0	100.0	88.9	98.8	100.0	81
College/University	100.0	84.4	100.0	90.6	100.0	87.5	100.0	100.0	32
Higher education	*	*	*	*	*	*	*	*	0
Other	*	*	*	*	*	*	*	*	2
Mining community									
Current mine worker	100.0	79.8	97.6	85.5	100.0	78.2	99.2	100.0	124

Ex-miner worker	98.3	64.4	96.6	98.3	98.3	96.6	98.3	100.0	59
Family of current/ex mine worker	100.0	63.6	86.4	90.9	100.0	100.0	100.0	95.5	22
Neighbour/Community member	*	*	*	*	*	*	*	*	1
Total	99.5	73.8	96.1	89.8	99.5	85.9	99.0	99.5	206

Table 58: Practice-Treatment and Care Seeking of TB amongst mining communities Lesotho, 2016-2017

	Practice treatment seeking		Practice care seeking						
Characteristic	Percentage of target population who know where to get treatment for TB	Percentage of target population who can encourage someone with TB to seek treatment	Percentage of target population who think they can get TB	Percentage of target population reporting visiting a health facility if they are found to have TB	Percentage of target population reporting correct point at which to seek help from a health facility if they have symptoms of TB	Percentage of target who think TB diagnosis and treatment is free of charge in the country	Percentage of the target population who are able to access HIV and TB treatment from health facility within community	Percentage of the target population who feel they would get support from family they were to be on HIV or TB treatment	Total respondents
Age group									
15-24	95.5	68.2	77.3	95.5	100.0	81.8	90.9	95.5	22
25-39	98.3	66.1	96.6	100.0	100.0	91.5	100.0	98.3	59
40-59	96.9	62.0	96.9	100.0	100.0	96.9	96.1	97.7	129
60+	*	*	*	*	*	*	*	*	0
Marital status									
Married	96.5	59.6	96.5	100.0	100.0	93.6	97.9	98.6	141
Single	100.0	73.1	92.3	100.0	100.0	88.5	92.3	100.0	26
Divorced	*	*	*	*	*	*	*	*	3
Widowed	97.1	79.4	97.1	100.0	100.0	97.1	94.1	94.1	34
Separated	*	*	*	*	*	*	*	*	3
Co-habiting	*	*	*	*	*	*	*	*	3
Other	*	*	*	*	*	*	*	*	0
Education									

No school	96.0	52.0	96.0	100.0	100.0	92.0	100.0	100.0	25
Literacy class	*	*	*	*	*	*	*	*	2
Elementary/Primary	98.2	63.1	95.5	100.0	100.0	94.6	95.5	98.2	111
High/Secondary	95.5	68.2	93.9	100.0	100.0	90.9	97.0	98.5	66
College/University	*	*	*	*	*	*	*	*	5
Higher education	*	*	*	*	*	*	*	*	1
Other	*	*	*	*	*	*	*	*	0
Mining community									
Mine worker	96.6	58.6	98.9	100.0	100.0	93.1	98.9	97.7	87
Ex-miner worker	100.0	53.3	100.0	100.0	100.0	100.0	90.0	100.0	30
Family of current/ex mine worker	96.5	74.1	89.4	100.0	100.0	90.6	97.6	96.5	85
Neighbour/Community member	*	*	*	*	*	*	*	*	8
Total	97.1	63.8	94.8	100.0	100.0	93.3	96.7	97.6	210

Table 59: Practice-Treatment and Care Seeking of TB amongst mining communities Malawi, 2016-2017

Characteristic	Practice treatment seeking		Practice care seeking						
	Percentage of target population who know where to get treatment for TB	Percentage of target population who can encourage someone with TB to seek treatment	Percentage of target population who think they can get TB	Percentage of target population reporting visiting a health facility if they are found to have TB	Percentage of target population reporting correct point at which to seek help from a health facility if they have symptoms of TB	Percentage of target who think TB diagnosis and treatment is free of charge in the country	Percentage of the target population who are able to access HIV and TB treatment from health facility within community	Percentage of the target population who feel they would get support from family they were to be on HIV or TB treatment	Total respondents
Age group									
15-24	98.4	23.0	85.9	98.4	100.0	86.9	73.3	93.2	191
25-39	99.8	32.4	90.4	98.6	100.0	88.8	66.1	91.2	490
40-59	98.8	38.6	88.8	97.7	99.6	89.2	71.8	94.6	259
60+	*	*	*	*	*	*	*	*	1
Marital status									
Married	99.4	35.7	91.4	98.2	99.9	88.0	70.4	95.6	683
Single	99.2	18.5	84.6	97.7	100.0	86.9	83.8	93.8	130
Divorced	100.0	39.5	88.4	100.0	100.0	86.0	62.8	93.0	43
Widowed	95.8	50.0	87.5	95.8	100.0	91.7	75.0	91.7	24
Separated	*	*	*	*	*	*	*	*	4
Co-habiting	98.2	10.5	75.4	100.0	100.0	98.2	22.8	52.6	57
Other	*	*	*	*	*	*	*	*	0
Education									
No school	97.8	29.3	80.7	97.8	99.4	88.4	74.6	92.3	181
Literacy class	*	*	*	*	*	*	*	*	0
Elementary/Primary	99.6	34.8	90.1	99.0	100.0	90.7	69.3	92.8	515
High/Secondary	99.5	30.9	93.1	96.8	100.0	83.9	64.5	94.5	217
College/University	*	*	*	*	*	*	*	*	18
Higher education	*	*	*	*	*	*	*	*	8
Other	*	*	*	*	*	*	*	*	2
Mining community									
Mine worker	99.1	31.5	94.4	97.9	100.0	87.6	65.3	92.3	426
Ex-miner worker	98.3	32.6	84.3	99.4	100.0	92.7	64.0	89.3	178

Family of current/ex mine worker	100.0	28.1	83.6	97.9	99.7	88.0	77.4	93.8	292
Neighbour/Community member	100.0	64.4	93.3	100.0	100.0	84.4	73.3	100.0	45
Total	99.3	32.2	89.1	98.3	99.9	88.5	69.2	92.6	941

Table 60: Practice-Treatment and Care Seeking of TB amongst mining communities Mozambique, 2016-2017

	Practice treatment seeking		Practice care seeking						
Characteristic	Percentage of target population who know where to get treatment for TB	Percentage of target population who can encourage someone with TB to seek treatment	Percentage of target population who think they can get TB	Percentage of target population reporting visiting a health facility if they are found to have TB	Percentage of target population reporting correct point at which to seek help from a health facility if they have symptoms of TB	Percentage of target who think TB diagnosis and treatment is free of charge in the country	Percentage of the target population who are able to access HIV and TB treatment from health facility within community	Percentage of the target population who feel they would get support from family they were to be on HIV or TB treatment	Total respondents
Age group									
15-24	86.6	12.8	82.6	98.8	99.4	90.7	84.9	89.5	172
25-39	88.4	13.0	87.5	96.4	99.1	90.8	83.9	86.8	584
40-59	81.1	22.3	80.1	91.9	98.1	91.0	79.9	79.4	533
60+	84.3	25.6	85.1	96.7	100.0	94.2	88.4	89.3	121
Marital status									
Married	74.7	20.0	75.7	93.6	99.4	84.9	74.9	77.7	470
Single	89.1	10.8	88.1	96.5	99.1	94.2	88.3	88.8	695
Divorced	85.2	22.2	66.7	92.6	96.3	96.3	77.8	77.8	27
Widowed	85.2	18.5	85.2	92.6	92.6	96.3	92.6	81.5	27
Separated	*	*	*	*	*	*	*	*	16
Co-habiting	97.1	38.3	92.6	94.9	97.7	95.4	83.4	88.6	175
Other	*	*	*	*	*	*	*	*	0
Education									
No school	73.6	19.6	68.9	90.5	97.3	89.2	76.4	73.0	148
Literacy class	*	*	*	*	*	*	*	*	18

Elementary/Primary	85.1	18.8	85.2	95.5	99.4	91.2	82.6	84.3	718
High/Secondary	87.6	15.4	85.8	95.3	98.8	91.7	84.8	88.0	493
College/University	91.7	20.8	87.5	100.0	95.8	87.5	79.2	91.7	24
Higher education	*	*	*	*	*	*	*	*	5
Other	*	*	*	*	*	*	*	*	4
Mining community									
Mine worker	84.0	15.7	84.9	94.8	99.4	90.5	81.9	84.5	845
Ex-miner worker	86.6	18.3	84.9	97.2	98.9	91.9	86.3	84.9	284
Family of current/ex mine worker	86.2	23.7	79.8	92.9	97.2	92.9	82.2	83.8	253
Neighbour/Community member	89.3	10.7	82.1	100.0	96.4	85.7	85.7	89.3	28
Total	85.0	17.6	83.9	95.0	98.9	91.1	82.9	84.5	1410

Table 61: Practice-Treatment and Care Seeking of TB amongst mining communities Namibia, 2016-2017

	Practice treatment seeking		Practice care seeking						
Characteristic	Percentage of target population who know where to get treatment for TB	Percentage of target population who can encourage someone with TB to seek treatment	Percentage of target population who think they can get TB	Percentage of target population reporting visiting a health facility if they are found to have TB	Percentage of target population reporting correct point at which to seek help from a health facility if they have symptoms of TB	Percentage of target who think TB diagnosis and treatment is free of charge in the country	Percentage of the target population who are able to access HIV and TB treatment from health facility within community	Percentage of the target population who feel they would get support from family they were to be on HIV or TB treatment	Total respondents
Age group									
15-24	*	*	*	*	*	*	*	*	19
25-39	99.1	34.5	92.0	99.1	100.0	73.5	97.3	97.3	113
40-59	94.9	55.7	89.9	100.0	97.5	70.9	96.2	94.9	79
60+	*	*	*	*	*	*	*	*	0
Marital status									
Married	96.9	49.2	92.3	98.5	100.0	73.8	96.9	95.4	65
Single	97.0	37.8	91.1	100.0	98.5	68.9	97.0	97.0	135

Divorced	*	*	*	*	*	*	*	*	3
Widowed	*	*	*	*	*	*	*	*	2
Separated	*	*	*	*	*	*	*	*	0
Co-habiting	*	*	*	*	*	*	*	*	6
Other	*	*	*	*	*	*	*	*	0
Education									
No school	*	*	*	*	*	*	*	*	7
Literacy class	*	*	*	*	*	*	*	*	0
Elementary/Primary	90.7	53.5	93.0	100.0	97.7	74.4	97.7	93.0	43
High/Secondary	98.5	37.0	91.9	99.3	100.0	67.4	96.3	97.8	135
College/University	*	*	*	*	*	*	*	*	19
Higher education	*	*	*	*	*	*	*	*	7
Other	*	*	*	*	*	*	*	*	0
Mining community									
Mine worker	99.2	35.8	95.9	99.2	100.0	65.9	98.4	96.7	123
Ex-miner worker	94.3	51.4	85.7	100.0	97.1	77.1	94.3	95.7	70
Family of current/ex mine worker	*	*	*	*	*	*	*	*	18
Neighbour/Community member	*	*	*	*	*	*	*	*	0
Total	97.2	40.8	91.9	99.5	99.1	69.7	97.2	96.7	211

Table 62: Practice-Treatment and Care Seeking of TB amongst mining communities in South Africa, 2016-2017

	Practice treatment seeking		Practice care seeking						
Characteristic	Percentage of target population who know where to get treatment for TB	Percentage of target population who can encourage someone with TB to seek treatment	Percentage of target population who think they can get TB	Percentage of target population reporting visiting a health facility if they are found to have TB	Percentage of target population reporting correct point at which to seek help from a health facility if they have symptoms of TB	Percentage of target who think TB diagnosis and treatment is free of charge in the country	Percentage of the target population who are able to access HIV and TB treatment from health facility within community	Percentage of the target population who feel they would get support from family they were to be on HIV or TB treatment	Total respondents
Age group									
15-24	97.4	56.9	82.4	99.3	98.7	85.0	93.5	97.4	153
25-39	98.3	51.3	90.2	99.1	99.8	90.1	96.2	98.5	1057
40-59	98.5	49.8	90.7	99.5	99.5	92.5	96.8	97.9	813
60+	*	*	*	*	*	*	*	*	0
Marital status									
Married	98.7	49.2	89.8	99.3	99.6	90.0	96.7	98.4	916
Single	98.1	48.1	88.2	99.2	99.5	93.1	95.8	97.7	754
Divorced	96.6	50.0	91.4	100.0	100.0	87.9	94.8	96.6	58
Widowed	100.0	44.4	91.1	100.0	100.0	95.6	97.8	97.8	45
Separated	95.0	55.0	100.0	100.0	100.0	85.0	100.0	100.0	20
Co-habiting	96.3	55.1	94.9	98.5	100.0	79.4	92.6	98.5	136
Other	100.0	90.4	90.4	100.0	100.0	94.7	100.0	100.0	94
Education									
No school	95.4	40.5	87.0	96.2	99.2	95.4	94.7	97.7	131
Literacy class	*	*	*	*	*	*	*	*	17
Elementary/Primary	98.9	38.9	91.3	100.0	99.4	94.1	96.9	97.5	355
High/Secondary	99.0	56.1	89.7	99.5	99.7	89.3	95.4	98.0	1109
College/University	97.9	53.5	92.6	99.3	100.0	87.2	97.9	99.3	282
Higher education	95.1	49.6	82.9	99.2	100.0	95.1	99.2	99.2	123
Other	*	*	*	*	*	*	*	*	6
Mining community									
Mine worker	98.2	51.9	91.4	99.6	99.5	87.8	96.4	98.6	1111
Ex-miner worker	97.9	44.2	90.2	98.2	99.2	92.2	97.4	99.0	387

Family of current/ex mine worker	98.3	43.2	83.3	98.7	100.0	94.4	97.4	98.3	234
Neighbour/Community member	99.3	63.6	88.3	100.0	100.0	96.2	93.1	95.5	291
Total	98.3	51.1	89.8	99.3	99.6	90.7	96.2	98.2	2023

Table 63: Practice-Treatment and Care Seeking of TB amongst mining communities Swaziland, 2016-2017

	Practice treatment seeking		Practice care seeking						
Characteristic	Percentage of target population who know where to get treatment for TB	Percentage of target population who can encourage someone with TB to seek treatment	Percentage of target population who think they can get TB	Percentage of target population reporting visiting a health facility if they are found to have TB	Percentage of target population reporting correct point at which to seek help from a health facility if they have symptoms of TB	Percentage of target who think TB diagnosis and treatment is free of charge in the country	Percentage of the target population who are able to access HIV and TB treatment from health facility within community	Percentage of the target population who feel they would get support from family they were to be on HIV or TB treatment	Total respondents
Age group									
15-24	*	*	*	*	*	*	*	*	10
25-39	98.4	59.4	98.4	95.3	100.0	78.1	89.1	95.3	64
40-59	96.4	64.3	96.4	97.6	98.8	90.5	94.0	98.8	84
60+	*	*	*	*	*	*	*	*	0
Marital status									
Married	96.9	62.9	95.9	95.9	99.0	85.6	89.7	97.9	97
Single	100.0	53.3	100.0	97.8	100.0	77.8	95.6	97.8	45
Divorced	*	*	*	*	*	*	*	*	3
Widowed	*	*	*	*	*	*	*	*	9
Separated	*	*	*	*	*	*	*	*	2
Co-habiting	*	*	*	*	*	*	*	*	2
Other	*	*	*	*	*	*	*	*	0
Education									
No school	*	*	*	*	*	*	*	*	10
Literacy class	*	*	*	*	*	*	*	*	0

Elementary/Primary	97.7	51.2	95.3	100.0	100.0	79.1	88.4	97.7	43
High/Secondary	96.7	62.0	97.8	95.7	98.9	85.9	95.7	96.7	92
College/University	*	*	*	*	*	*	*	*	12
Higher education	*	*	*	*	*	*	*	*	1
Other	*	*	*	*	*	*	*	*	0
Mining community									
Mine worker	96.8	67.7	100.0	98.4	98.4	88.7	90.3	98.4	62
Ex-miner worker	95.0	45.0	95.0	97.5	100.0	75.0	90.0	95.0	40
Family of current/ex mine worker	100.0	70.4	96.3	94.4	100.0	87.0	96.3	98.1	54
Neighbour/Community member	*	*	*	*	*	*	*	*	2
Total	97.5	62.7	97.5	96.8	99.4	84.2	92.4	97.5	158

Table 64: Practice-Treatment and Care Seeking of TB amongst mining communities Tanzania, 2016-2017

	Practice treatment seeking		Practice care seeking						
Characteristic	Percentage of target population who know where to get treatment for TB	Percentage of target population who can encourage someone with TB to seek treatment	Percentage of target population who think they can get TB	Percentage of target population reporting visiting a health facility if they are found to have TB	Percentage of target population reporting correct point at which to seek help from a health facility if they have symptoms of TB	Percentage of target who think TB diagnosis and treatment is free of charge in the country	Percentage of the target population who are able to access HIV and TB treatment from health facility within community	Percentage of the target population who feel they would get support from family they were to be on HIV or TB treatment	Total respondents
Age group									
15-24	92.5	51.1	75.5	97.1	98.9	45.1	52.7	87.9	628
25-39	91.6	51.9	78.8	97.5	98.8	54.7	54.3	87.1	1110
40-59	90.7	51.6	77.4	97.7	98.7	53.4	53.7	85.9	601
60+	*	*	*	*	*	*	*	*	0
Marital status									
Married	92.1	52.1	78.6	98.1	99.1	52.1	54.7	86.8	1284
Single	91.4	51.1	75.9	97.2	98.6	50.4	51.0	87.7	794
Divorced	90.5	47.6	81.0	93.7	98.4	41.3	47.6	88.9	63
Widowed	84.2	40.8	73.7	97.4	97.4	50.0	57.9	77.6	76
Separated	88.6	51.4	74.3	91.4	97.1	61.4	55.7	88.6	70
Co-habiting	100.0	75.6	85.4	97.6	100.0	73.2	75.6	92.7	41
Other	*	*	*	*	*	*	*	*	11
Education									
No school	86.1	48.0	67.3	97.0	97.5	36.6	56.4	85.6	202
Literacy class	*	*	*	*	*	*	*	*	14
Elementary/Primary	92.2	51.0	78.2	97.4	99.0	50.4	52.1	86.9	1567
High/Secondary	91.5	54.8	79.1	98.1	98.7	58.2	57.6	88.1	469
College/University	97.8	44.4	77.8	91.1	100.0	82.2	62.2	88.9	45
Higher education	*	*	*	*	*	*	*	*	13
Other	96.6	58.6	89.7	96.6	100.0	69.0	51.7	75.9	29
Mining community									
Mine worker	90.9	50.1	81.7	96.9	98.3	55.0	49.6	88.8	812
Ex-miner worker	91.5	51.6	75.2	97.4	98.7	48.7	51.6	85.0	306

Family of current/ex mine worker	90.9	48.1	72.3	96.9	99.0	48.1	54.1	85.0	711
Neighbour/Community member	93.9	58.8	79.8	99.0	99.4	53.5	61.0	88.2	510
Total	91.6	51.6	77.6	97.4	98.8	51.8	53.7	87.0	2339

Table 65: Practice-Treatment and Care Seeking of TB amongst mining communities Zambia, 2016-2017

	Practice treatment seeking		Practice care seeking						
Characteristic	Percentage of target population who know where to get treatment for TB	Percentage of target population who can encourage someone with TB to seek treatment	Percentage of target population who think they can get TB	Percentage of target population reporting visiting a health facility if they are found to have TB	Percentage of target population reporting correct point at which to seek help from a health facility if they have symptoms of TB	Percentage of target who think TB diagnosis and treatment is free of charge in the country	Percentage of the target population who are able to access HIV and TB treatment from health facility within community	Percentage of the target population who feel they would get support from family they were to be on HIV or TB treatment	Total respondents
Age group									
15-24	97.4	15.4	74.4	98.7	99.4	55.1	91.0	91.7	156
25-39	98.9	30.8	85.7	98.9	99.5	70.0	93.8	97.4	811
40-59	98.9	34.9	78.9	97.0	100.0	62.8	93.1	96.8	436
60+	*	*	*	*	*	*	*	*	0
Marital status									
Married	98.8	31.0	82.4	98.3	99.7	68.3	93.9	96.9	1049
Single	98.3	26.7	80.6	99.0	99.3	58.3	91.7	95.5	288
Divorced	100.0	33.3	95.8	100.0	100.0	50.0	95.8	95.8	24
Widowed	*	*	*	*	*	*	*	*	21
Separated	*	*	*	*	*	*	*	*	8
Co-habiting	*	*	*	*	*	*	*	*	10
Other	*	*	*	*	*	*	*	*	3
Education									
No school	*	*	*	*	*	*	*	*	19
Literacy class	*	*	*	*	*	*	*	*	2
Elementary/Primary	98.6	31.5	80.4	100.0	100.0	58.0	90.9	95.0	219
High/Secondary	98.8	26.0	82.6	98.1	99.5	69.4	94.5	97.2	887
College/University	100.0	45.2	83.1	97.7	100.0	62.5	92.7	97.7	261
Higher education	*	*	*	*	*	*	*	*	6

Other	*	*	*	*	*	*	*	*	9
Mining community									
Mine worker	98.8	33.6	84.0	97.3	99.9	70.6	93.8	96.8	824
Ex-miner worker	98.3	53.4	88.0	99.1	100.0	53.0	88.0	97.4	234
Family of current/ex mine worker	99.0	7.0	72.7	100.0	98.7	66.7	96.2	95.2	315
Neighbour/Community member	96.7	6.7	93.3	100.0	100.0	40.0	90.0	96.7	30
Total	98.7	30.4	82.3	98.3	99.6	66.1	93.3	96.6	1403

Table 66: Practice-Treatment and Care Seeking of TB amongst mining communities Zimbabwe, 2016-2017

Characteristic	Practice treatment seeking		Practice care seeking						Total respondents
	Percentage of target population who know where to get treatment for TB	Percentage of target population who can encourage someone with TB to seek treatment	Percentage of target population who think they can get TB	Percentage of target population reporting visiting a health facility if they are found to have TB	Percentage of target population reporting correct point at which to seek help from a health facility if they have symptoms of TB	Percentage of target who think TB diagnosis and treatment is free of charge in the country	Percentage of the target population who are able to access HIV and TB treatment from health facility within community	Percentage of the target population who feel they would get support from family they were to be on HIV or TB treatment	
Age group									
15-24	98.1	59.6	82.6	98.8	100.0	57.8	95.7	97.5	161
25-39	99.7	66.6	92.9	99.3	99.8	72.9	94.1	96.5	608
40-59	99.7	75.5	92.3	99.2	100.0	80.4	95.9	99.5	392
60+	*	*	*	*	*	*	*	*	3
Marital status									
Married	99.7	70.9	92.0	99.2	100.0	76.0	94.4	97.6	929
Single	98.4	56.2	85.9	98.9	99.5	60.5	96.8	97.3	185
Divorced	100.0	68.0	100.0	100.0	100.0	76.0	100.0	100.0	25
Widowed	*	*	*	*	*	*	*	*	16
Separated	*	*	*	*	*	*	*	*	8
Co-habiting	*	*	*	*	*	*	*	*	0
Other	*	*	*	*	*	*	*	*	1
Education									
No school	*	*	*	*	*	*	*	*	10
Literacy class	*	*	*	*	*	*	*	*	0
Elementary/Primary	99.3	67.4	93.3	98.5	100.0	70.4	94.8	96.3	135
High/Secondary	99.4	69.2	90.9	99.3	99.9	75.3	95.4	97.7	871
College/University	100.0	65.1	92.1	99.2	100.0	64.3	92.9	98.4	126
Higher education	*	*	*	*	*	*	*	*	19

Other	*	*	*	*	*	*	*	*	3
Mining community									
Mine worker	99.7	69.4	93.5	99.0	100.0	77.4	95.2	98.4	703
Ex-miner worker	100.0	70.8	93.8	100.0	100.0	71.5	93.1	97.2	144
Family of current/ex mine worker	98.7	66.9	85.4	99.4	99.7	65.0	95.2	96.2	314
Neighbour/Community member	*	*	*	*	*	*	*	*	3
Total	99.5	68.7	91.2	99.2	99.9	73.4	94.9	97.7	1164

Appendix E: Regional and Country Specific tables on Sources of Information

Table 67: Where first learnt about TB or tuberculosis amongst mining communities in Botswana

Characteristic	Newspaper	Radio	TV	Billboards	Brochures, posters and other printed materials	Health workers	Family, friends, neighbour and colleagues	Religious leaders	Teachers	Other	Number of respondents
Age group											
15-24	33.3	55.6	55.6	11.1	0.0	44.4	11.1	0.0	33.3	0.0	9
25-39	14.9	58.1	20.3	10.8	20.3	52.7	17.6	2.7	45.9	6.8	74
40-59	12.3	55.7	24.6	4.9	5.7	45.9	15.6	3.3	16.4	12.3	122
60+	*	*	*	*	*	*	*	*	*	*	1
Marital status											
Married	11.3	56.5	27.4	8.9	9.7	49.2	15.3	4.0	23.4	10.5	124
Single	18.7	58.7	21.3	6.7	14.7	48.0	18.7	1.3	37.3	6.7	75
Divorced	*	*	*	*	*	*	*	*	*	*	3
Widowed	*	*	*	*	*	*	*	*	*	*	2
Separated	*	*	*	*	*	*	*	*	*	*	0
Co-habiting	*	*	*	*	*	*	*	*	*	*	1
Other	*	*	*	*	*	*	*	*	*	*	1
Education											
No school	0.0	58.1	16.3	4.7	2.3	46.5	18.6	2.3	2.3	11.6	43
Literacy class	*	*	*	*	*	*	*	*	*	*	0
Elementary/Primary	8.3	52.1	29.2	4.2	6.3	41.7	16.7	2.1	10.4	18.8	48
High/Secondary	23.5	56.8	32.1	11.1	14.8	45.7	16.0	3.7	44.4	6.2	81
College/University	15.6	62.5	12.5	9.4	21.9	65.6	12.5	3.1	50.0	3.1	32
Higher education	*	*	*	*	*	*	*	*	*	*	0
Mining community											
Current mine worker	18.5	62.1	27.4	10.5	13.7	49.2	17.7	3.2	38.7	6.5	124
Ex-Mine worker	1.7	49.2	20.3	3.4	3.4	39.0	18.6	3.4	3.4	15.3	59
Family of current/ex mine worker	18.2	50.0	18.2	4.5	18.2	63.6	0.0	0.0	36.4	13.6	22
Other	*	*	*	*	*	*	*	*	*	*	1
Total	14.1	56.8	24.8	7.8	11.2	48.5	16.0	2.9	28.2	9.7	206

Table 68: Where first learnt about TB or tuberculosis amongst mining communities in Lesotho

Characteristic	Newspaper	Radio	TV	Billboards	Brochures, posters and other printed materials	Health workers	Family, friends, neighbour and colleagues	Religious leaders	Teachers	Other	Number of respondents
Age group											
15-24	9.1	45.5	31.8	4.5	0.0	40.9	45.5	0.0	40.9	0.0	22
25-39	13.6	54.2	8.5	0.0	1.7	57.6	45.8	1.7	22.0	5.1	59
40-59	15.5	58.1	10.1	0.8	3.1	69.0	45.7	1.6	4.7	17.1	129
60+	*	*	*	*	*	*	*	*	*	*	0
Marital status											
Married	14.2	53.2	12.1	1.4	2.1	68.1	49.6	0.7	10.6	14.2	141
Single	15.4	61.5	15.4	0.0	0.0	42.3	23.1	0.0	42.3	3.8	26
Divorced	0.0	66.7	0.0	0.0	0.0	33.3	66.7	0.0	0.0	0.0	3
Widowed	17.6	58.8	8.8	0.0	5.9	64.7	47.1	2.9	0.0	8.8	34
Separated	*	*	*	*	*	*	*	*	*	*	3
Co-habiting	*	*	*	*	*	*	*	*	*	*	3
Other	*	*	*	*	*	*	*	*	*	*	0
Education											
No school	4.0	60.0	4.0	0.0	0.0	64.0	48.0	0.0	0.0	16.0	25
Literacy class	*	*	*	*	*	*	*	*	*	*	2
Elementary/Primary	12.6	56.8	15.3	0.9	0.9	66.7	55.9	1.8	6.3	12.6	111
High/Secondary	22.7	56.1	9.1	1.5	6.1	62.1	30.3	1.5	30.3	6.1	66
College/University	*	*	*	*	*	*	*	*	*	*	5
Higher education	*	*	*	*	*	*	*	*	*	*	1
Other	*	*	*	*	*	*	*	*	*	*	0
Mining community											
Current mine worker	14.9	58.6	10.3	1.1	2.3	63.2	47.1	0.0	16.1	16.1	87
Ex-Mine worker	20.0	73.3	13.3	0.0	6.7	66.7	30.0	0.0	3.3	16.7	30
Family of current/ex mine worker	12.9	48.2	12.9	1.2	1.2	63.5	50.6	3.5	14.1	7.1	85
Other	*	*	*	*	*	*	*	*	*	*	8
Total	14.3	55.7	11.9	1.0	2.4	62.9	45.7	1.4	13.3	11.9	210

Table 69: Where first learnt about TB or tuberculosis amongst mining communities in Malawi

Characteristic	Newspaper	Radio	TV	Billboards	Brochures, posters and other printed materials	Health workers	Family, friends, neighbour and colleagues	Religious leaders	Teachers	Other	Number of respondents
Age group											
15-24	3.1	61.8	4.7	0.5	0.5	62.3	31.4	3.1	28.3	8.9	191
25-39	4.5	63.7	3.5	1.0	4.3	67.8	25.3	3.9	13.3	14.3	490
40-59	4.6	64.9	2.3	2.7	5.8	73.4	31.7	6.6	6.2	6.6	259
60+	*	*	*	*	*	*	*	*	*	*	1
Marital status											
Married	3.5	63.7	2.9	1.5	5.1	72.8	27.7	5.0	11.3	11.4	683
Single	3.1	65.4	4.6	0.0	0.8	53.1	26.2	3.1	33.1	13.1	130
Divorced	2.3	58.1	0.0	0.0	2.3	60.5	34.9	4.7	7.0	9.3	43
Widowed	4.2	70.8	4.2	0.0	0.0	75.0	37.5	0.0	8.3	4.2	24
Separated	*	*	*	*	*	*	*	*	*	*	4
Co-habiting	17.5	57.9	7.0	5.3	0.0	50.9	29.8	5.3	17.5	5.3	57
Other	*	*	*	*	*	*	*	*	*	*	0
Education											
No school	2.8	58.0	1.1	1.1	1.1	68.0	40.9	4.4	4.4	8.3	181
Literacy class	*	*	*	*	*	*	*	*	*	*	0
Elementary/Primary	2.7	64.1	2.7	1.7	5.0	73.8	26.8	5.4	9.9	10.9	515
High/Secondary	7.8	67.3	6.5	0.5	2.3	59.9	21.2	3.2	30.0	14.3	217
College/University	*	*	*	*	*	*	*	*	*	*	*
Higher education	*	*	*	*	*	*	*	*	*	*	*
Other	*	*	*	*	*	*	*	*	*	*	*
Mining community											
Current mine worker	4.2	66.0	3.5	0.9	3.3	65.7	27.7	5.4	17.6	11.3	426
Ex-Mine worker	6.2	72.5	3.9	1.7	7.3	73.6	28.1	5.1	8.4	10.1	178
Family of current/ex mine worker	3.4	53.4	3.1	1.7	1.4	65.1	29.5	3.4	15.4	13.0	292
Other	2.2	73.3	2.2	2.2	13.3	91.1	26.7	2.2	0.0	0.0	45
Total	4.3	63.7	3.4	1.4	3.9	68.2	28.3	4.6	14.3	11.1	941

Table 70: Where first learnt about TB or tuberculosis amongst mining communities in Mozambique

Characteristic	Newspaper	Radio	TV	Billboards	Brochures, posters and other printed materials	Health workers	Family, friends, neighbour and colleagues	Religious leaders	Teachers	Other	Number of respondents
Age group											
15-24	35.5	59.3	74.4	1.7	12.8	32.0	32.6	2.3	19.8	1.2	172
25-39	33.6	58.4	64.9	3.3	17.1	38.4	30.8	2.4	10.1	3.1	584
40-59	24.8	52.2	46.3	8.6	21.0	41.3	33.6	3.2	2.4	5.8	533
60+	27.3	55.4	43.8	6.6	16.5	45.5	34.7	7.4	0.8	4.1	121
Marital status											
Married	24.7	47.9	54.0	10.4	26.2	45.3	33.8	3.0	3.6	5.7	470
Single	41.0	64.6	68.8	2.7	13.4	37.4	23.9	2.9	12.4	1.6	695
Divorced	11.1	37.0	33.3	7.4	33.3	48.1	33.3	7.4	3.7	7.4	27
Widowed	18.5	48.1	29.6	0.0	3.7	33.3	44.4	11.1	0.0	11.1	27
Separated	*	*	*	*	*	*	*	*	*	*	16
Co-habiting	5.7	48.0	28.0	2.3	13.7	30.3	58.3	2.9	1.1	7.4	175
Other	*	*	*	*	*	*	*	*	*	*	0
Education											
No school	24.3	56.1	45.3	9.5	12.2	22.3	29.1	6.1	2.0	2.7	148
Literacy class	*	*	*	*	*	*	*	*	*	*	18
Elementary/Primary	30.5	59.1	52.8	6.0	17.8	41.2	33.3	3.2	3.9	3.9	718
High/Secondary	31.6	52.9	67.1	3.9	20.5	41.6	32.3	1.8	14.2	4.5	493
College/University	29.2	37.5	79.2	0.0	16.7	33.3	8.3	0.0	12.5	4.2	24
Higher education	*	*	*	*	*	*	*	*	*	*	5
Other	*	*	*	*	*	*	*	*	*	*	4
Mining community											
Current mine worker	30.7	61.1	61.1	5.0	16.8	37.5	30.7	3.1	6.3	3.6	845
Ex-Mine worker	32.7	55.3	49.6	6.7	18.7	46.1	33.1	5.6	6.3	6.3	284
Family of current/ex mine worker	22.1	39.1	51.8	5.5	22.1	37.2	39.5	0.8	11.5	3.2	253
Other	50.1	57.1	67.9	3.6	10.7	42.9	14.3	0.0	25.0	0.0	28
Total	29.9	55.9	57.2	5.4	18.0	39.3	32.4	3.1	7.6	4.0	1410

Table 71: Where first learnt about TB or tuberculosis amongst mining communities in Namibia

Characteristic	Newspaper	Radio	TV	Billboards	Brochures, posters and other printed materials	Health workers	Family, friends, neighbour and colleagues	Religious leaders	Teachers	Other	Number of respondents
Age group											
15-24	*	*	*	*	*	*	*	*	*	*	19
25-39	17.7	35.4	23.0	0.9	8.8	36.3	34.5	0.9	46.9	12.4	113
40-59	6.3	32.9	21.5	2.5	2.5	30.4	35.4	3.8	43.0	7.6	79
60+	*	*	*	*	*	*	*	*	*	*	0
Marital status											
Married	10.8	33.8	29.2	1.5	4.6	32.3	30.8	1.5	46.2	7.7	65
Single	13.3	34.1	19.3	1.5	7.4	34.1	39.3	1.5	45.2	14.8	135
Divorced	*	*	*	*	*	*	*	*	*	*	3
Widowed	*	*	*	*	*	*	*	*	*	*	2
Separated	*	*	*	*	*	*	*	*	*	*	0
Co-habiting	*	*	*	*	*	*	*	*	*	*	6
Other	*	*	*	*	*	*	*	*	*	*	0
Education											
No school	*	*	*	*	*	*	*	*	*	*	7
Literacy class	*	*	*	*	*	*	*	*	*	*	0
Elementary/Primary	14.0	39.5	32.6	0.0	0.0	27.9	37.2	2.3	30.2	7.0	43
High/Secondary	11.9	30.4	15.6	1.5	6.7	32.6	35.6	1.5	54.8	12.6	135
College/University	*	*	*	*	*	*	*	*	*	*	19
Higher education	*	*	*	*	*	*	*	*	*	*	7
Other	*	*	*	*	*	*	*	*	*	*	0
Mining community											
Current mine worker	12.2	28.5	19.5	0.0	5.7	20.3	31.7	0.0	56.9	13.0	123
Ex-Mine worker	12.9	47.1	24.3	2.9	8.6	50.0	45.7	5.7	24.3	10.0	70
Family of current/ex mine worker	*	*	*	*	*	*	*	*	*	*	18
Neighbour/Community member	*	*	*	*	*	*	*	*	*	*	0
Total	12.8	33.2	21.3	1.4	6.2	32.2	35.1	1.9	47.4	12.3	211

Table 72: Where first learnt about TB or tuberculosis amongst mining communities in South Africa

Characteristic	Newspaper	Radio	TV	Billboards	Brochures, posters and other printed materials	Health workers	Family, friends, neighbour and colleagues	Religious leaders	Teachers	Other	Number of respondents
Age group											
15-24	22.2	35.9	55.6	7.8	20.3	46.4	25.5	3.3	63.4	1.3	153
25-39	29.8	52.3	47.2	9.9	22.6	61.2	28.9	2.5	34.8	5.0	1057
40-59	28.9	58.7	46.1	6.5	16.0	68.4	31.4	2.5	16.1	3.7	813
60+	*	*	*	*	*	*	*	*	*	*	0
Marital status											
Married	28.6	56.0	46.4	8.2	18.8	64.6	31.6	2.1	21.7	4.0	916
Single	29.2	50.8	48.5	7.7	17.9	57.6	23.7	2.1	35.1	2.8	754
Divorced	22.4	46.6	51.7	3.4	22.4	65.5	25.9	3.4	17.2	3.4	58
Widowed	22.2	64.4	40.0	2.2	4.4	73.3	33.3	4.4	15.6	2.2	45
Separated	20.0	75.0	55.0	0.0	15.0	45.0	30.0	0.0	30.0	0.0	20
Co-habiting	34.6	54.4	46.3	15.4	28.7	67.6	44.9	5.1	39.0	6.6	136
Other	29.8	46.8	48.9	13.8	38.3	80.9	37.2	5.3	59.6	16.0	94
Education											
No school	39.7	55.7	48.1	7.6	10.7	65.6	29.8	5.3	3.8	2.3	131
Literacy class	*	*	*	*	*	*	*	*	*	*	17
Elementary/Primary	27.0	61.4	44.5	4.5	13.2	64.2	33.5	2.5	16.1	1.7	355
High/Secondary	26.3	53.3	48.4	9.5	22.2	62.2	30.1	1.9	34.3	5.5	1109
College/University	32.3	46.1	46.5	9.2	21.6	64.5	23.0	4.3	40.4	3.5	282
Higher education	35.8	50.4	48.8	9.8	21.1	60.2	30.1	0.8	31.7	0.0	123
Other	*	*	*	*	*	*	*	*	*	*	6
Mining community											
Current mine worker	27.5	48.8	44.1	10.6	22.2	64.3	29.0	2.3	30.2	5.6	1111
Ex-Mine worker	36.4	65.1	54.8	7.5	20.4	62.5	31.8	3.6	24.8	3.6	387
Family of current/ex mine worker	34.6	56.8	54.3	6.0	17.1	61.5	38.5	2.6	29.9	1.7	234
Other	19.6	54.3	44.7	3.1	11.7	59.8	22.3	1.7	32.3	1.7	291
Total	28.9	53.6	47.4	8.4	19.8	63.0	29.7	2.5	29.5	4.2	2023

Table 73: Where first learnt about TB or tuberculosis amongst mining communities in Swaziland

Characteristic	Newspaper	Radio	TV	Billboards	Brochures, posters and other printed materials	Health workers	Family, friends, neighbour and colleagues	Religious leaders	Teachers	Other	Number of respondents
Age group											
15-24	*	*	*	*	*	*	*	*	*	*	10
25-39	0.0	35.9	4.7	3.1	0.0	42.2	37.5	20.3	0.0	20.3	64
40-59	2.4	35.7	1.2	0.0	2.4	56.0	25.0	9.5	0.0	32.1	84
60+	*	*	*	*	*	*	*	*	*	*	0
Marital status											
Married	2.1	34.0	2.1	1.0	1.0	48.5	29.9	0.0	11.3	26.8	97
Single	0.0	26.7	0.0	2.2	0.0	44.4	33.3	0.0	33.3	22.2	45
Divorced	*	*	*	*	*	*	*	*	*	*	3
Widowed	*	*	*	*	*	*	*	*	*	*	9
Separated	*	*	*	*	*	*	*	*	*	*	2
Co-habiting	*	*	*	*	*	*	*	*	*	*	2
Other	*	*	*	*	*	*	*	*	*	*	0
Education											
No school	*	*	*	*	*	*	*	*	*	*	10
Literacy class	*	*	*	*	*	*	*	*	*	*	0
Elementary/Primary	2.3	34.9	0.0	0.0	0.0	48.8	34.9	0.0	4.7	27.9	43
High/Secondary	0.0	32.6	2.2	1.1	1.1	50.0	28.3	0.0	21.7	27.2	92
College/University	*	*	*	*	*	*	*	*	*	*	12
Higher education	*	*	*	*	*	*	*	*	*	*	1
Other	*	*	*	*	*	*	*	*	*	*	0
Mining community											
Current mine worker	1.6	32.3	3.2	1.6	1.6	41.9	25.8	0.0	19.4	29.0	62
Ex-Mine worker	0.0	35.0	0.0	0.0	2.5	40.0	27.5	0.0	17.5	35.0	40
Family of current/ex mine worker	1.9	37.0	3.7	1.9	0.0	63.0	38.9	0.0	14.8	14.8	54
Other	*	*	*	*	*	*	*	*	*	*	2
Total	1.3	34.8	2.5	1.3	1.3	49.4	30.4	0.0	17.1	25.3	158

Table 74: Where first learnt about TB or tuberculosis amongst mining communities in Tanzania

Characteristic	Newspaper	Radio	TV	Billboards	Brochures, posters and other printed materials	Health workers	Family, friends, neighbour and colleagues	Religious leaders	Teachers	Other	Number of respondents
Age group											
15-24	13.5	53.3	23.1	16.4	18.2	33.6	33.4	5.4	22.3	13.9	628
25-39	17.6	54.1	26.9	16.4	19.5	38.7	35.0	4.2	11.7	10.7	1110
40-59	13.5	53.7	16.8	14.8	13.1	39.4	35.1	5.2	6.7	12.5	601
60+	*	*	*	*	*	*	*	*	*	*	0
Marital status											
Married	14.1	54.1	20.6	14.5	15.7	38.6	34.0	4.4	10.8	12.9	1284
Single	18.8	55.3	28.0	19.5	22.2	37.2	33.9	5.7	19.4	10.1	794
Divorced	15.9	57.1	27.0	14.3	14.3	28.6	47.6	0.0	4.8	9.5	63
Widowed	10.5	44.7	21.1	10.5	9.2	40.8	30.3	10.5	10.5	14.5	76
Separated	8.6	44.3	22.9	17.1	15.7	28.6	40.0	1.4	4.3	15.7	70
Co-habiting	9.8	46.3	17.1	9.8	12.2	36.6	48.8	4.9	4.9	14.6	41
Other	*	*	*	*	*	*	*	*	*	*	11
Education											
No school	4.0	46.0	11.9	6.4	5.0	37.6	46.0	6.4	6.4	13.9	202
Literacy class	*	*	*	*	*	*	*	*	*	*	14
Elementary/Primary	13.6	53.3	20.1	13.5	16.1	37.2	35.0	3.4	9.8	12.1	1567
High/Secondary	24.9	58.6	36.2	26.0	25.4	36.9	29.9	8.1	25.8	10.2	469
College/University	28.9	51.1	42.2	37.8	40.0	44.4	26.7	8.9	33.3	15.6	45
Higher education	*	*	*	*	*	*	*	*	*	*	13
Other	10.3	62.1	27.6	17.2	24.1	51.7	34.5	3.4	17.2	13.8	29
Mining community											
Current mine worker	15.9	53.8	26.0	18.2	18.6	37.1	33.1	3.1	10.1	12.9	812
Ex-Mine worker	19.6	55.9	28.1	13.7	13.4	32.7	32.0	8.2	8.5	14.4	306
Family of current/ex mine worker	15.9	58.6	23.2	18.3	18.3	38.0	35.9	6.2	18.3	10.1	711
Other	11.6	45.7	16.3	10.6	17.3	40.6	36.9	3.5	14.1	11.8	510
Total	15.4	53.8	23.3	16.0	17.5	37.5	34.6	4.8	13.3	12.0	2339

Table 75: Where first learnt about TB or tuberculosis amongst mining communities in Zambia

Characteristic	Newspaper	Radio	TV	Billboards	Brochures, posters and other printed materials	Health workers	Family, friends, neighbour and colleagues	Religious leaders	Teachers	Other	Number of respondents
Age group											
15-24	14.1	31.4	36.5	3.2	10.3	31.4	26.9	3.2	59.6	2.6	156
25-39	7.0	34.4	32.1	6.9	15.3	46.5	35.5	3.3	41.4	3.3	811
40-59	2.5	23.4	19.5	6.2	21.3	47.2	31.4	0.9	26.4	6.2	436
60+	*	*	*	*	*	*	*	*	*	*	*
Marital status											
Married	5.0	31.2	27.9	6.7	17.1	48.8	34.1	2.3	34.2	4.4	1049
Single	11.1	30.6	32.3	5.6	13.2	34.4	30.6	3.8	56.3	2.8	288
Divorced	4.2	29.2	20.8	8.3	29.2	29.2	50.0	0.0	37.5	0.0	24
Widowed	*	*	*	*	*	*	*	*	*	*	21
Separated	*	*	*	*	*	*	*	*	*	*	8
Co-habiting	*	*	*	*	*	*	*	*	*	*	10
Other	*	*	*	*	*	*	*	*	*	*	3
Education											
No school	*	*	*	*	*	*	*	*	*	*	19
Literacy class	*	*	*	*	*	*	*	*	*	*	2
Elementary/Primary	3.7	32.9	22.8	1.8	6.4	41.1	30.6	3.2	31.5	1.4	219
High/Secondary	7.2	32.1	30.7	7.1	17.7	44.8	37.0	2.5	38.0	4.2	887
College/University	6.1	24.9	28.0	8.0	23.8	48.7	23.4	2.3	47.5	6.5	261
Higher education	*	*	*	*	*	*	*	*	*	*	6
Mining community											
Current mine worker	3.8	32.6	27.2	8.0	20.9	46.0	34.1	2.2	33.5	0.0	824
Ex-Mine worker	0.9	17.9	19.7	4.7	13.2	62.8	35.0	1.7	23.1	0.0	234
Family of current/ex mine worker	17.1	33.0	37.5	3.2	8.6	28.6	26.7	4.4	62.2	0.0	315
Other	10.0	50.0	46.7	3.3	10.0	53.3	66.7	0.0	60.0	6.7	30
Total	6.4	30.6	28.7	6.3	16.6	45.0	33.3	2.6	38.8	0.0	1403

Table 76: Where first learnt about TB or tuberculosis amongst mining communities in Zimbabwe

Characteristic	Newspaper	Radio	TV	Billboards	Brochures, posters and other printed materials	Health workers	Family, friends, neighbour and colleagues	Religious leaders	Teachers	Other	Number of respondents
Age group											
15-24	2.5	9.3	8.7	3.1	9.9	31.7	30.4	2.5	59.6	5.6	161
25-39	13.5	20.7	14.6	8.4	17.4	43.9	37.2	6.9	56.4	7.2	608
40-59	12.5	24.2	12.2	6.4	15.8	47.2	42.1	4.8	35.5	13.3	392
60+	*	*	*	*	*	*	*	*	*	*	3
Marital status											
Married	12.5	20.9	12.6	7.5	16.7	44.9	39.4	5.6	46.8	9.6	929
Single	5.4	13.0	11.9	3.8	10.3	30.8	29.7	3.8	64.3	5.9	185
Divorced	24.0	36.0	32.0	8.0	28.0	68.0	36.0	12.0	64.0	8.0	25
Widowed	*	*	*	*	*	*	*	*	*	*	16
Separated	*	*	*	*	*	*	*	*	*	*	8
Co-habiting	*	*	*	*	*	*	*	*	*	*	0
Other	*	*	*	*	*	*	*	*	*	*	1
Education											
No school	*	*	*	*	*	*	*	*	*	*	10
Literacy class	*	*	*	*	*	*	*	*	*	*	0
Elementary/Primary	8.1	30.4	11.9	6.7	16.3	58.5	49.6	5.2	31.1	8.1	135
High/Secondary	13.2	19.9	14.7	7.3	16.5	43.6	38.0	6.3	50.2	8.6	871
College/University	4.8	14.3	4.0	5.6	14.3	24.6	25.4	2.4	65.1	11.9	126
Higher education	*	*	*	*	*	*	*	*	*	*	19
Mining community											
Current mine worker	12.4	18.9	12.4	7.4	16.8	41.8	36.7	5.4	52.3	11.1	703
Ex-Mine worker	12.5	27.8	16.0	4.9	16.7	44.4	38.2	3.5	50.0	11.8	144
Family of current/ex mine worker	9.6	20.1	12.4	7.0	13.4	45.9	40.8	6.4	43.3	3.2	314
Other	*	*	*	*	*	*	*	*	*	*	3
Total	11.6	20.4	13.0	7.0	15.9	43.2	38.0	5.6	49.7	9.0	1164

Table 77: Sources of information that you think can most effectively reach people with information on TB/HIV amongst mining comminutes in Botswana

Characteristic	Newspaper	Radio	TV	Billboards	Brochures, posters and other printed materials	Health workers	Family, friends, neighbour and colleagues	Religious leaders	Teachers	Local leaders	Politicians	Other	Number of respondents
Age group													
15-24	33.3	88.9	22.2	11.1	22.2	44.4	11.1	0.0	55.6	0.0	0.0	11.1	9
25-39	27.0	81.1	45.9	4.1	9.5	54.1	13.5	0.0	25.7	5.4	4.1	18.9	74
40-59	20.5	86.1	50.0	8.2	6.6	60.7	9.8	4.9	10.7	7.4	2.5	14.8	122
60+	*	*	*	*	*	*	*	*	*	*	*	*	1
Marital status													
Married	25.8	86.3	51.6	6.5	8.1	60.5	12.1	4.8	10.5	4.8	1.6	12.1	124
Single	20.0	82.7	38.7	8.0	8.0	54.7	9.3	0.0	30.7	9.3	5.3	20.0	75
Divorced	*	*	*	*	*	*	*	*	*	*	*	*	3
Widowed	*	*	*	*	*	*	*	*	*	*	*	*	2
Separated	*	*	*	*	*	*	*	*	*	*	*	*	0
Co-habiting	*	*	*	*	*	*	*	*	*	*	*	*	1
Education													
No school	9.3	95.3	48.8	11.6	4.7	65.1	20.9	0.0	9.3	7.0	2.3	7.0	43
Literacy class	*	*	*	*	*	*	*	*	*	*	*	*	0
Elementary/Primary	18.8	77.1	58.3	4.2	8.3	62.5	8.3	6.3	4.2	12.5	2.1	18.8	48
High/Secondary	29.6	84.0	40.7	4.9	7.4	51.9	11.1	3.7	25.9	4.9	4.9	18.5	81
College/University	34.4	81.3	46.9	9.4	15.6	53.1	3.1	0.0	31.3	0.0	0.0	18.8	32
Higher education	*	*	*	*	*	*	*	*	*	*	*	*	0
Mining community													
Current mine worker	26.6	78.2	41.1	7.3	11.3	57.3	8.9	2.4	23.4	8.9	4.0	30.6	124
Ex-Mine worker	15.3	96.6	61.0	8.5	0.0	59.3	15.3	5.1	1.7	3.4	1.7	32.2	59
Family of current/ex mine worker	27.3	86.4	50.0	0.0	13.6	54.5	13.6	0.0	31.8	0.0	0.0	22.7	22
Neighbour/Community member	*	*	*	*	*	*	*	*	*	*	*	*	1
Total	23.8	84.5	47.6	6.8	8.3	57.3	11.2	2.9	18.0	6.3	2.9	30.6	206

Table 78: Sources of information that you think can most effectively reach people with information on TB/HIV amongst mining comminutes in Lesotho

Characteristic	Newspaper	Radio	TV	Billboards	Brochures, posters and other printed materials	Health workers	Family, friends, neighbour and colleagues	Religious leaders	Teachers	Local leaders	Politicians	Other	Number of respondents
Age group													
15-24	31.8	86.4	54.5	0.0	4.5	50.0	22.7	0.0	13.6	13.6	0.0	22.7	22
25-39	25.4	88.1	28.8	5.1	8.5	67.8	20.3	1.7	11.9	27.1	1.7	13.6	59
40-59	38.0	88.4	28.7	0.0	9.3	70.5	25.6	3.1	10.9	20.2	0.8	4.7	129
60+	*	*	*	*	*	*	*	*	*	*	*	*	0
Marital status													
Married	35.5	87.9	24.8	1.4	9.9	68.1	24.1	2.8	12.8	22.0	1.4	9.2	141
Single	26.9	96.2	57.7	0.0	3.8	57.7	15.4	0.0	3.8	23.1	0.0	15.4	26
Divorced	*	*	*	*	*	*	*	*	*	*	*	*	3
Widowed	26.5	85.3	38.2	0.0	5.9	76.5	29.4	2.9	14.7	14.7	0.0	5.9	34
Separated	*	*	*	*	*	*	*	*	*	*	*	*	3
Co-habiting	*	*	*	*	*	*	*	*	*	*	*	*	3
Other	*	*	*	*	*	*	*	*	*	*	*	*	0
Education													
No school	24.0	88.0	40.0	4.0	4.0	76.0	20.0	4.0	8.0	24.0	4.0	4.0	25
Literacy class	*	*	*	*	*	*	*	*	*	*	*	*	2
Elementary/Primary	28.8	90.1	28.8	1.8	6.3	70.3	28.8	2.7	14.4	19.8	0.0	8.1	111
High/Secondary	47.0	87.9	28.8	0.0	15.2	62.1	16.7	1.5	9.1	21.2	1.5	9.1	66
College/University	*	*	*	*	*	*	*	*	*	*	*	*	5
Higher education	*	*	*	*	*	*	*	*	*	*	*	*	1
Mining community													
Current mine worker	41.4	88.5	26.4	2.3	5.7	71.3	23.0	2.3	9.2	17.2	1.1	11.5	87
Ex-Mine worker	46.7	93.3	26.7	0.0	23.3	53.3	16.7	3.3	13.3	20.0	3.3	0.0	30
Family of current/ex mine worker	23.5	84.7	36.5	1.2	5.9	70.6	28.2	2.4	14.1	24.7	0.0	8.2	85
Neighbour/Community member	*	*	*	*	*	*	*	*	*	*	*	*	8
Total	33.8	88.1	31.4	1.4	8.6	67.6	23.8	2.4	11.4	21.4	1.0	9.0	210

Table 79: Sources of information that you think can most effectively reach people with information on TB/HIV amongst mining comminutes in Malawi

Characteristic	Newspaper	Radio	TV	Billboards	Brochures, posters and other printed materials	Health workers	Family, friends, neighbour and colleagues	Religious leaders	Teachers	Local leaders	Politicians	Other	Number of respondents
Age group													
15-24	15.2	88.0	8.4	8.4	6.8	72.3	27.2	14.1	22.5	23.6	1.0	12.6	191
25-39	12.7	91.6	7.3	6.9	11.6	76.9	22.0	15.7	14.5	22.7	1.0	16.9	490
40-59	15.4	88.4	6.6	4.2	8.5	82.2	23.6	19.7	12.0	20.8	0.0	18.5	259
60+	*	*	*	*	*	*	*	*	*	*	*	*	1
Marital status													
Married	11.7	90.8	5.7	5.1	10.5	80.5	24.0	17.6	13.6	22.4	0.9	17.1	683
Single	16.2	87.7	10.8	10.8	6.9	66.9	20.0	10.0	26.2	26.9	0.0	17.7	130
Divorced	11.6	83.7	7.0	4.7	2.3	93.0	27.9	23.3	7.0	18.6	0.0	20.9	43
Widowed	12.5	87.5	12.5	4.2	16.7	70.8	29.2	25.0	8.3	20.8	0.0	12.5	24
Separated	*	*	*	*	*	*	*	*	*	*	*	*	4
Co-habiting	36.8	91.2	17.5	15.8	10.5	56.1	17.5	10.5	22.8	14.0	1.8	5.3	57
Other	*	*	*	*	*	*	*	*	*	*	*	*	0
Education													
No school	11.6	90.1	5.0	1.1	6.1	73.5	34.3	29.8	9.4	25.4	1.1	12.7	181
Literacy class	*	*	*	*	*	*	*	*	*	*	*	*	0
Elementary/Primary	12.2	90.3	6.6	6.4	10.3	82.7	24.9	14.2	16.7	20.2	0.4	15.1	515
High/Secondary	20.3	90.3	9.7	11.1	11.1	69.1	13.8	12.9	16.6	24.0	0.9	20.3	217
College/University	*	*	*	*	*	*	*	*	*	*	*	*	*
Higher education	*	*	*	*	*	*	*	*	*	*	*	*	*
Other	*	*	*	*	*	*	*	*	*	*	*	*	*
Mining community													
Current mine worker	16.0	90.1	9.2	7.5	9.2	75.6	19.7	15.3	18.1	20.2	0.5	18.8	426
Ex-Mine worker	11.8	92.7	3.4	5.1	11.2	82.0	27.5	18.5	10.1	23.6	1.1	12.9	178
Family of current/ex mine worker	14.0	88.4	7.2	6.5	5.1	74.7	25.0	18.8	16.4	25.3	1.0	17.5	292
Neighbour/Community member	2.2	88.9	6.7	2.2	40.0	95.6	33.3	6.7	4.4	17.8	0.0	2.2	45
Total	13.9	90.0	7.3	6.5	9.8	77.5	23.5	16.6	15.4	22.3	0.7	16.5	941

Table 80: Sources of information that you think can most effectively reach people with information on TB/HIV amongst mining comminutes in Mozambique

Characteristic	Newspaper	Radio	TV	Billboards	Brochures, posters and other printed materials	Health workers	Family, friends, neighbour and colleagues	Religious leaders	Teachers	Local leaders	Politicians	Other	Number of respondents
Age group													
15-24	41.9	65.7	84.9	1.7	20.9	37.2	17.4	2.9	19.2	4.1	0.0	4.1	172
25-39	38.5	68.0	80.1	4.5	17.6	46.4	22.3	4.1	11.0	4.1	0.5	2.9	584
40-59	30.6	65.1	62.3	11.3	25.3	50.8	29.8	8.4	5.3	6.8	0.4	3.9	533
60+	32.2	71.9	60.3	9.1	19.0	51.2	31.4	10.7	3.3	8.3	0.8	1.7	121
Marital status													
Married	30.6	58.7	68.5	12.3	29.8	53.2	26.0	7.2	4.0	6.0	0.2	3.4	470
Single	45.5	72.5	76.7	4.7	16.5	42.3	14.5	4.7	15.0	4.2	0.4	2.9	695
Divorced	40.7	48.1	59.3	3.7	29.6	44.4	33.3	7.4	11.1	14.8	0.0	7.4	27
Widowed	25.9	77.8	63.0	3.7	7.4	55.6	40.7	18.5	0.0	7.4	0.0	0.0	27
Separated	*	*	*	*	*	*	*	*	*	*	*	*	16
Co-habiting	9.7	69.1	68.6	2.9	15.4	52.0	62.3	5.7	0.6	8.0	1.1	4.6	175
Other	*	*	*	*	*	*	*	*	*	*	*	*	0
Education													
No school	36.5	73.6	60.1	14.2	17.6	39.9	30.4	10.8	4.7	10.8	1.4	0.0	148
Literacy class	*	*	*	*	*	*	*	*	*	*	*	*	18
Elementary/Primary	35.2	72.3	66.9	7.4	22.7	48.1	27.6	6.1	5.4	5.7	0.3	2.4	718
High/Secondary	36.5	59.2	84.0	4.5	19.9	48.7	20.3	4.3	14.8	3.0	0.4	4.5	493
College/University	41.7	41.7	79.2	12.5	25.0	45.8	8.3	0.0	33.3	4.2	0.0	8.3	24
Higher education	*	*	*	*	*	*	*	*	*	*	*	*	5
Other	*	*	*	*	*	*	*	*	*	*	*	*	4
Mining community													
Current mine worker	35.6	71.4	74.4	7.1	19.8	44.1	24.5	6.0	7.9	5.9	0.5	2.7	845
Ex-Mine worker	37.0	63.4	67.3	7.4	24.3	50.7	25.0	8.5	7.0	6.3	0.4	2.8	284
Family of current/ex mine worker	30.0	55.7	70.8	7.1	22.9	55.7	30.0	4.7	13.0	3.6	0.4	5.9	253
Neighbour/Community member	60.7	71.4	71.4	3.6	10.7	35.7	10.7	0.0	32.1	0.0	0.0	3.6	28
Total	35.4	67.0	72.3	7.1	21.1	47.4	25.3	6.2	9.1	5.5	0.4	3.3	1410

Table 81: Sources of information that you think can most effectively reach people with information on TB/HIV amongst mining comminutes in Namibia

Characteristic	Newspaper	Radio	TV	Billboards	Brochures, posters and other printed materials	Health workers	Family, friends, neighbour and colleagues	Religious leaders	Teachers	Local leaders	Politicians	Other	Number of respondents
Age group													
15-24	42.1	63.2	68.4	5.3	15.8	31.6	5.3	0.0	21.1	0.0	0.0	47.4	19
25-39	42.5	78.8	47.8	1.8	15.9	36.3	21.2	3.5	13.3	8.0	0.9	30.1	113
40-59	30.4	79.7	50.6	3.8	12.7	45.6	25.3	8.9	11.4	8.9	1.3	21.5	79
60+	*	*	*	*	*	*	*	*	*	*	*	*	0
Marital status													
Married	35.4	83.1	55.4	1.5	18.5	35.4	16.9	7.7	10.8	6.2	1.5	27.7	65
Single	37.0	76.3	47.4	3.0	14.1	40.7	24.4	3.7	14.1	8.9	0.7	29.6	135
Divorced	33.3	33.3	33.3	0.0	0.0	66.7	33.3	33.3	0.0	0.0	0.0	66.7	3
Widowed	*	*	*	*	*	*	*	*	*	*	*	*	2
Separated	*	*	*	*	*	*	*	*	*	*	*	*	0
Co-habiting	*	*	*	*	*	*	*	*	*	*	*	*	6
Other	*	*	*	*	*	*	*	*	*	*	*	*	0
Education													
No school	*	*	*	*	*	*	*	*	*	*	*	*	7
Literacy class	*	*	*	*	*	*	*	*	*	*	*	*	0
Elementary/Primary	41.9	86.0	51.2	2.3	7.0	37.2	32.6	7.0	16.3	11.6	0.0	7.0	43
High/Secondary	35.6	76.3	46.7	3.7	18.5	40.0	20.0	5.9	14.1	7.4	0.7	31.1	135
College/University	52.6	63.2	63.2	0.0	10.5	36.8	15.8	0.0	0.0	0.0	0.0	57.9	19
Higher education	*	*	*	*	*	*	*	*	*	*	*	*	7
Other	*	*	*	*	*	*	*	*	*	*	*	*	0
Mining community													
Current mine worker	44.7	78.0	55.3	2.4	19.5	31.7	12.2	2.4	13.0	5.7	0.8	34.1	123
Ex-Mine worker	25.7	78.6	41.4	2.9	5.7	57.1	41.4	10.0	10.0	11.4	1.4	14.3	70
Family of current/ex mine worker	*	*	*	*	*	*	*	*	*	*	*	*	18
Neighbour/Community member	*	*	*	*	*	*	*	*	*	*	*	*	0
Total	37.9	77.7	50.7	2.8	14.7	39.3	21.3	7.1	11.4	7.6	0.9	28.4	211

Table 82: Sources of information that you think can most effectively reach people with information on TB/HIV amongst mining comminutes in South Africa

Characteristic	Newspaper	Radio	TV	Billboards	Brochures, posters and other printed materials	Health workers	Family, friends, neighbour and colleagues	Religious leaders	Teachers	Local leaders	Politicians	Other	Number of respondents
Age group													
15-24	35.3	66.0	68.0	11.1	22.2	52.9	14.4	0.7	24.2	2.0	0.0	3.3	153
25-39	37.7	68.4	60.2	9.6	21.3	60.3	18.4	3.4	16.3	1.0	0.3	3.3	1057
40-59	38.3	73.4	59.5	9.3	17.8	62.9	20.5	4.7	10.7	1.1	0.6	1.1	813
60+	*	*	*	*	*	*	*	*	*	*	*	*	0
Marital status													
Married	38.0	72.1	59.0	9.1	19.9	62.0	20.5	4.7	11.5	1.2	0.8	1.4	916
Single	38.2	69.9	65.6	9.9	19.2	59.4	14.3	2.9	15.6	1.3	0.0	3.4	754
Divorced	34.5	70.7	58.6	17.2	10.3	63.8	22.4	5.2	17.2	0.0	0.0	0.0	58
Widowed	37.8	77.8	75.6	6.7	11.1	60.0	17.8	2.2	8.9	0.0	0.0	2.2	45
Separated	40.0	80.0	60.0	0.0	15.0	40.0	35.0	5.0	25.0	0.0	0.0	0.0	20
Co-habiting	40.4	61.8	44.9	13.2	23.5	58.8	27.2	2.2	24.3	1.5	0.7	1.5	136
Other	28.7	61.7	51.1	5.3	33.0	64.9	23.4	2.1	22.3	0.0	0.0	7.4	94
Education													
No school	44.3	63.4	53.4	9.2	13.0	64.1	29.8	7.6	9.2	3.1	2.3	0.8	131
Literacy class	*	*	*	*	*	*	*	*	*	*	*	*	17
Elementary/Primary	34.1	76.3	62.8	8.7	15.2	65.6	21.4	3.4	9.6	0.6	0.6	1.7	355
High/Secondary	36.0	72.2	61.1	8.8	21.9	58.8	18.5	3.3	15.3	1.3	0.2	2.5	1109
College/University	44.7	61.7	58.9	13.1	23.8	61.7	12.4	3.2	15.6	0.4	0.0	4.6	282
Higher education	40.7	59.3	61.0	11.4	16.3	59.3	17.9	2.4	28.5	1.6	0.8	0.8	123
Other	*	*	*	*	*	*	*	*	*	*	*	*	6
Mining community													
Current mine worker	37.8	68.6	60.3	11.0	21.8	60.8	17.3	4.1	13.3	1.4	0.6	3.2	1111
Ex-Mine worker	40.1	70.8	59.9	8.0	17.1	58.1	23.5	3.6	16.8	0.5	0.0	1.6	387
Family of current/ex mine worker	41.0	66.2	62.0	8.1	16.2	60.3	19.7	3.4	20.1	0.4	0.4	2.1	234
Neighbour/Community member	31.6	79.0	60.8	7.6	19.9	64.6	18.6	2.8	12.4	1.7	0.0	1.0	291
Total	37.7	70.2	60.5	9.6	20.0	60.8	18.9	3.7	14.6	1.1	0.4	2.4	2023

Table 83: Sources of information that you think can most effectively reach people with information on TB/HIV amongst mining comminutes in Swaziland

Characteristic	Newspaper	Radio	TV	Billboards	Brochures, posters and other printed materials	Health workers	Family, friends, neighbour and colleagues	Religious leaders	Teachers	Local leaders	Politicians	Other	Number of respondents
Age group													
15-24	10.0	60.0	40.0	0.0	10.0	80.0	10.0	0.0	40.0	10.0	0.0	40.0	10
25-39	14.1	79.7	29.7	3.1	10.9	54.7	4.7	10.9	12.5	28.1	1.6	50.0	64
40-59	9.5	88.1	29.8	2.4	3.6	73.8	11.9	11.9	7.1	31.0	0.0	31.0	84
60+	*	*	*	*	*	*	*	*	*	*	*	*	0
Marital status													
Married	9.3	86.6	25.8	3.1	6.2	69.1	9.3	12.4	8.2	30.9	0.0	39.2	97
Single	15.6	75.6	31.1	0.0	8.9	64.4	4.4	11.1	17.8	26.7	2.2	42.2	45
Divorced	*	*	*	*	*	*	*	*	*	*	*	*	3
Widowed	*	*	*	*	*	*	*	*	*	*	*	*	9
Separated	*	*	*	*	*	*	*	*	*	*	*	*	2
Co-habiting	*	*	*	*	*	*	*	*	*	*	*	*	2
Other	*	*	*	*	*	*	*	*	*	*	*	*	0
Education													
No school	*	*	*	*	*	*	*	*	*	*	*	*	10
Literacy class	*	*	*	*	*	*	*	*	*	*	*	*	0
Elementary/Primary	2.3	93.0	20.9	2.3	0.0	74.4	16.3	16.3	11.6	32.6	0.0	30.2	43
High/Secondary	12.0	81.5	32.6	2.2	8.7	66.3	6.5	8.7	13.0	27.2	1.1	40.2	92
College/University	*	*	*	*	*	*	*	*	*	*	*	*	12
Higher education	*	*	*	*	*	*	*	*	*	*	*	*	1
Other	*	*	*	*	*	*	*	*	*	*	*	*	0
Mining community													
Current mine worker	17.7	87.1	33.9	1.6	11.3	56.5	1.6	8.1	9.7	29.0	1.6	41.9	62
Ex-Mine worker	10.0	85.0	32.5	7.5	0.0	65.0	10.0	15.0	12.5	30.0	0.0	32.5	40
Family of current/ex mine worker	5.6	75.9	24.1	0.0	7.4	79.6	14.8	11.1	13.0	27.8	0.0	40.7	54
Neighbour/Community member	*	*	*	*	*	*	*	*	*	*	*	*	2
Total	11.4	82.9	30.4	2.5	7.0	66.5	8.9	10.8	11.4	28.5	0.6	39.2	158

Table 84: Sources of information that you think can most effectively reach people with information on TB/HIV amongst mining comminutes in Tanzania

Characteristic	Newspaper	Radio	TV	Billboards	Brochures, posters and other printed materials	Health workers	Family, friends, neighbour and colleagues	Religious leaders	Teachers	Local leaders	Politicians	Other	Number of respondents
Age group													
15-24	25.6	78.8	41.7	25.6	27.1	43.0	18.0	8.1	11.1	12.9	0.2	7.8	628
25-39	26.5	80.0	38.2	22.3	25.6	48.5	18.6	6.9	8.4	14.4	1.0	9.6	1110
40-59	26.6	81.2	32.9	18.6	24.3	53.1	22.8	9.7	6.5	16.3	1.3	6.7	601
60+	*	*	*	*	*	*	*	*	*	*	*	*	0
Marital status													
Married	26.2	81.6	36.8	20.7	24.8	50.0	19.2	7.5	7.0	16.7	0.9	8.6	1284
Single	26.8	77.1	40.8	25.9	26.8	45.0	19.0	7.3	11.6	11.2	0.6	7.8	794
Divorced	34.9	87.3	34.9	15.9	28.6	41.3	33.3	7.9	3.2	12.7	1.6	3.2	63
Widowed	22.4	80.3	26.3	13.2	19.7	55.3	19.7	19.7	17.1	19.7	2.6	3.9	76
Separated	22.9	78.6	45.7	27.1	27.1	40.0	20.0	10.0	4.3	10.0	1.4	12.9	70
Co-habiting	7.3	82.9	22.0	19.5	34.1	70.7	14.6	12.2	2.4	12.2	0.0	22.0	41
Other	*	*	*	*	*	*	*	*	*	*	*	*	11
Education													
No school	16.8	77.7	27.7	17.3	15.8	53.5	29.2	14.4	9.9	28.2	1.5	7.9	202
Literacy class	*	*	*	*	*	*	*	*	*	*	*	*	14
Elementary/Primary	26.4	82.5	35.6	23.9	26.7	48.9	18.6	7.1	7.3	13.7	0.6	8.6	1567
High/Secondary	30.3	75.9	48.6	19.2	25.6	43.3	17.5	7.9	11.7	10.9	1.1	8.1	469
College/University	24.4	55.6	46.7	31.1	22.2	46.7	22.2	6.7	17.8	15.6	4.4	6.7	45
Higher education	*	*	*	*	*	*	*	*	*	*	*	*	13
Other	27.6	79.3	48.3	6.9	34.5	62.1	10.3	6.9	6.9	13.8	0.0	3.4	29
Mining community													
Current mine worker	24.9	78.1	40.8	22.7	28.6	47.4	20.0	7.9	8.5	11.6	1.1	8.6	812
Ex-Mine worker	34.0	81.7	39.9	19.6	23.5	42.5	18.0	9.5	8.2	13.7	1.3	8.2	306
Family of current/ex mine worker	26.4	79.6	38.5	24.9	25.5	46.7	20.0	7.0	9.7	14.1	0.6	7.0	711
Neighbour/Community member	23.7	82.6	30.8	19.4	22.6	54.9	19.2	8.4	7.7	20.2	0.6	10.0	510
Total	26.3	80.0	37.8	22.2	25.7	48.2	19.5	8.0	8.6	14.5	0.9	8.4	2339

Table 85: Sources of information that you think can most effectively reach people with information on TB/HIV amongst mining comminutes in Zambia

Characteristic	Newspaper	Radio	TV	Billboards	Brochures, posters and other printed materials	Health workers	Family, friends, neighbour and colleagues	Religious leaders	Teachers	Local leaders	Politicians	Other	Number of respondents
Age group													
15-24	20.5	71.2	72.4	6.4	17.9	53.8	14.1	1.9	31.4	7.7	0.0	2.6	156
25-39	13.3	62.0	62.4	9.5	26.1	66.5	21.1	8.1	21.2	6.9	0.2	2.6	811
40-59	15.4	55.7	53.7	10.1	31.9	69.0	24.3	6.9	22.0	6.4	0.0	4.6	436
60+	*	*	*	*	*	*	*	*	*	*	*	*	0
Marital status													
Married	12.3	61.4	58.6	9.8	26.8	67.9	22.7	8.1	22.4	7.1	0.2	2.8	1049
Single	22.6	61.5	70.5	8.0	24.7	58.3	16.3	3.8	23.6	6.6	0.0	4.2	288
Divorced	20.8	45.8	37.5	12.5	50.0	66.7	29.2	0.0	29.2	8.3	0.0	0.0	24
Widowed	28.6	66.7	57.1	0.0	33.3	66.7	14.3	14.3	9.5	4.8	0.0	4.8	21
Separated	*	*	*	*	*	*	*	*	*	*	*	*	8
Co-habiting	*	*	*	*	*	*	*	*	*	*	*	*	10
Other	*	*	*	*	*	*	*	*	*	*	*	*	3
Education													
No school	*	*	*	*	*	*	*	*	*	*	*	*	19
Literacy class	*	*	*	*	*	*	*	*	*	*	*	*	2
Elementary/Primary	22.8	78.1	58.4	5.9	14.2	59.4	21.9	8.7	23.3	7.3	0.0	0.0	219
High/Secondary	14.0	59.4	62.0	9.9	26.7	67.2	21.5	7.1	21.9	7.0	0.2	3.0	887
College/University	11.5	51.0	60.2	10.3	40.6	67.8	18.0	5.7	23.0	5.0	0.0	6.9	261
Higher education	*	*	*	*	*	*	*	*	*	*	*	*	6
Other	*	*	*	*	*	*	*	*	*	*	*	*	9
Mining community													
Current mine worker	12.6	58.5	61.9	10.7	30.9	70.5	17.7	7.4	20.1	5.5	0.1	4.0	824
Ex-Mine worker	2.1	59.8	41.0	9.4	23.9	67.9	50.0	6.8	26.9	8.5	0.0	3.4	234
Family of current/ex mine worker	28.6	66.7	70.2	6.7	21.3	52.1	9.8	6.7	27.0	9.8	0.3	1.0	315
Neighbour/Community member	26.7	83.3	86.7	0.0	3.3	66.7	16.7	3.3	10.0	0.0	0.0	3.3	30
Total	14.8	61.1	60.8	9.3	27.0	65.9	21.3	7.1	22.6	6.8	0.1	3.2	1403

Table 86: Sources of information that you think can most effectively reach people with information on TB/HIV amongst mining comminutes in Zimbabwe

Characteristic	Newspaper	Radio	TV	Billboards	Brochures, posters and other printed materials	Health workers	Family, friends, neighbour and colleagues	Religious leaders	Teachers	Local leaders	Politicians	Other	Number of respondents
Age group													
15-24	23.0	60.2	48.4	6.8	29.8	72.0	6.2	10.6	19.9	1.2	1.2	20.5	161
25-39	14.8	60.4	42.1	9.4	31.4	78.1	14.1	10.5	16.3	2.0	0.0	20.9	608
40-59	15.1	66.3	42.1	7.4	33.9	78.8	8.9	10.5	16.8	1.8	0.5	17.9	392
60+	*	*	*	*	*	*	*	*	*	*	*	*	3
Marital status													
Married	16.1	62.8	42.6	8.2	32.5	78.6	11.7	10.9	16.3	1.4	0.3	18.6	929
Single	17.8	61.6	50.3	10.8	31.4	70.8	7.6	7.0	16.8	1.1	0.5	24.3	185
Divorced	12.0	44.0	16.0	0.0	16.0	80.0	16.0	24.0	36.0	20.0	0.0	36.0	25
Widowed	*	*	*	*	*	*	*	*	*	*	*	*	16
Separated	*	*	*	*	*	*	*	*	*	*	*	*	8
Co-habiting	*	*	*	*	*	*	*	*	*	*	*	*	0
Other	*	*	*	*	*	*	*	*	*	*	*	*	1
Education													
No school	*	*	*	*	*	*	*	*	*	*	*	*	10
Literacy class	*	*	*	*	*	*	*	*	*	*	*	*	0
Elementary/Primary	11.1	71.9	43.7	8.1	19.3	83.0	11.1	11.9	18.5	4.4	0.7	16.3	135
High/Secondary	17.0	62.6	42.9	7.8	32.3	77.0	12.3	11.1	17.5	1.6	0.3	17.6	871
College/University	14.3	53.2	40.5	12.7	43.7	73.8	6.3	4.8	13.5	0.8	0.0	36.5	126
Higher education	21.1	26.3	57.9	10.5	36.8	78.9	5.3	15.8	5.3	0.0	0.0	42.1	19
Other	*	*	*	*	*	*	*	*	*	*	*	*	3
Mining community													
Current mine worker	15.5	60.6	42.8	9.4	34.1	75.5	12.1	9.8	15.1	1.7	0.4	22.9	703
Ex-Mine worker	16.7	70.1	37.5	7.6	28.5	83.3	9.0	9.7	20.1	2.1	0.7	14.6	144
Family of current/ex mine worker	16.6	62.7	46.2	6.4	29.0	79.0	10.5	12.7	19.4	1.9	0.0	15.6	314
Neighbour/Community member	*	*	*	*	*	*	*	*	*	*	*	*	3
Total	16.0	62.4	43.0	8.3	32.0	77.5	11.3	10.6	16.9	1.8	0.3	19.8	1164

Table 87: Most trusted source of information amongst mining communities in Botswana

Characteristic	Newspaper	Radio	TV	Billboards	Brochures, posters and other printed materials	Health workers	Family, friends, neighbour and colleagues	Religious leaders	Teachers	Local leaders	Politicians	Other	Number of respondents
Age group													
15-24	11.1	44.4	0.0	0.0	0.0	44.4	0.0	0.0	0.0	0.0	0.0	0.0	9
25-39	1.4	48.6	9.5	0.0	2.7	25.7	0.0	0.0	1.4	0.0	0.0	10.8	74
40-59	0.8	40.2	8.2	0.0	1.6	41.8	0.0	0.8	0.0	0.8	0.0	5.7	122
60+	*	*	*	*	*	*	*	*	*	*	*	*	1
Marital status													
Married	1.6	39.5	7.3	0.0	1.6	40.3	0.0	0.8	0.0	0.8	0.0	8.1	124
Single	0.0	46.7	12.0	0.0	1.3	32.0	0.0	0.0	1.3	0.0	0.0	6.7	75
Divorced	*	*	*	*	*	*	*	*	*	*	*	*	3
Widowed	*	*	*	*	*	*	*	*	*	*	*	*	2
Separated	*	*	*	*	*	*	*	*	*	*	*	*	0
Co-habiting	*	*	*	*	*	*	*	*	*	*	*	*	1
Other	*	*	*	*	*	*	*	*	*	*	*	*	1
Education													
No school	2.3	51.2	0.0	0.0	0.0	46.5	0.0	0.0	0.0	0.0	0.0	0.0	43
Literacy class	*	*	*	*	*	*	*	*	*	*	*	*	0
Elementary/Primary	0.0	43.8	8.3	0.0	0.0	31.3	0.0	0.0	0.0	2.1	0.0	14.6	48
High/Secondary	1.2	42.0	13.6	0.0	3.7	29.6	0.0	1.2	1.2	0.0	0.0	7.4	81
College/University	3.1	34.4	6.3	0.0	3.1	46.9	0.0	0.0	0.0	0.0	0.0	6.3	32
Higher education	*	*	*	*	*	*	*	*	*	*	*	*	0
Other	*	*	*	*	*	*	*	*	*	*	*	*	2
Mining community													
Current mine worker	0.8	40.3	11.3	0.0	2.4	35.5	0.0	0.0	0.8	0.8	0.0	8.1	124
Ex-Mine worker	1.7	50.8	5.1	0.0	0.0	33.9	0.0	1.7	0.0	0.0	0.0	6.8	59
Family of current/ex mine worker	4.5	36.4	4.5	0.0	4.5	45.5	0.0	0.0	0.0	0.0	0.0	4.5	22
Neighbour/Community member	*	*	*	*	*	*	*	*	*	*	*	*	1
Total	1.5	43.2	8.7	0.0	1.9	35.9	0.0	0.5	0.5	0.5	0.0	7.3	206

Table 88: Most trusted source of information amongst mining communities in Lesotho

Characteristic	Newspaper	Radio	TV	Billboards	Brochures, posters and other printed materials	Health workers	Family, friends, neighbour and colleagues	Religious leaders	Teachers	Local leaders	Politicians	Other	Number of respondents
Age group													
15-24	13.6	40.9	22.7	0.0	4.5	9.1	4.5	0.0	0.0	0.0	4.5	0.0	22
25-39	3.4	54.2	8.5	0.0	0.0	25.4	1.7	0.0	0.0	3.4	0.0	3.4	59
40-59	3.9	69.0	2.3	0.8	0.0	16.3	0.8	0.8	0.0	3.9	0.0	1.6	129
60+	*	*	*	*	*	*	*	*	*	*	*	*	0
Marital status													
Married	5.7	60.3	5.0	0.7	0.0	19.1	2.1	0.7	0.0	4.3	0.0	2.1	141
Single	7.7	57.7	15.4	0.0	3.8	11.5	0.0	0.0	0.0	0.0	0.0	3.8	26
Divorced	*	*	*	*	*	*	*	*	*	*	*	*	3
Widowed	0.0	73.5	5.9	0.0	0.0	17.6	0.0	0.0	2.9	0.0	0.0	0.0	34
Separated	*	*	*	*	*	*	*	*	*	*	*	*	3
Co-habiting	*	*	*	*	*	*	*	*	*	*	*	*	3
Other	*	*	*	*	*	*	*	*	*	*	*	*	0
Education													
No school	0.0	72.0	0.0	0.0	0.0	20.0	4.0	0.0	0.0	4.0	0.0	0.0	25
Literacy class	*	*	*	*	*	*	*	*	*	*	*	*	2
Elementary/Primary	2.7	64.0	6.3	0.9	0.0	18.9	0.9	0.0	0.9	2.7	0.0	2.7	111
High/Secondary	10.6	54.5	7.6	0.0	1.5	18.2	1.5	1.5	0.0	4.5	0.0	0.0	66
College/University	*	*	*	*	*	*	*	*	*	*	*	*	5
Higher education	*	*	*	*	*	*	*	*	*	*	*	*	1
Other	*	*	*	*	*	*	*	*	*	*	*	*	0
Mining community													
Current mine worker	4.6	64.4	3.4	1.1	0.0	18.4	2.3	0.0	0.0	2.3	0.0	3.4	87
Ex-Mine worker	6.7	70.0	0.0	0.0	0.0	13.3	0.0	3.3	3.3	3.3	0.0	0.0	30
Family of current/ex mine worker	4.7	58.8	10.6	0.0	0.0	18.8	1.2	0.0	0.0	3.5	1.2	1.2	85
Neighbour/Community member	*	*	*	*	*	*	*	*	*	*	*	*	8
Total	4.8	61.9	6.2	0.5	0.5	18.1	1.4	0.5	0.5	3.3	0.5	1.9	210

Table 89: Most trusted source of information amongst mining communities in Malawi

Characteristic	Newspaper	Radio	TV	Billboards	Brochures, posters and other printed materials	Health workers	Family, friends, neighbour and colleagues	Religious leaders	Teachers	Local leaders	Politicians	Other	Number of respondents
Age group													
15-24	0.5	49.2	2.1	0.0	0.0	36.1	0.5	0.0	1.6	3.1	0.0	6.8	191
25-39	1.0	47.8	0.4	0.6	1.2	39.2	0.8	1.4	0.2	1.2	0.0	6.1	490
40-59	0.4	50.2	0.4	0.4	0.0	40.9	0.8	2.7	0.0	0.4	0.0	3.9	259
60+	*	*	*	*	*	*	*	*	*	*	*	*	1
Marital status													
Married	0.1	48.8	0.6	0.1	0.7	40.0	0.9	1.6	0.1	1.5	0.0	5.6	683
Single	0.8	53.8	1.5	0.8	0.0	30.0	0.0	0.0	1.5	2.3	0.0	9.2	130
Divorced	2.3	34.9	2.3	2.3	0.0	51.2	2.3	0.0	2.3	0.0	0.0	2.3	43
Widowed	0.0	37.5	0.0	0.0	0.0	45.8	0.0	12.5	0.0	0.0	0.0	4.2	24
Separated	*	*	*	*	*	*	*	*	*	*	*	*	4
Co-habiting	7.0	52.6	0.0	1.8	1.8	35.1	0.0	0.0	0.0	0.0	0.0	1.8	57
Other	*	*	*	*	*	*	*	*	*	*	*	*	0
Education													
No school	1.1	44.2	1.1	0.0	0.6	43.6	1.1	2.2	0.0	0.0	0.0	6.1	181
Literacy class	*	*	*	*	*	*	*	*	*	*	*	*	0
Elementary/Primary	0.8	49.7	0.4	0.4	0.8	41.2	0.4	1.2	0.4	1.2	0.0	3.7	515
High/Secondary	0.5	52.1	1.4	0.5	0.0	30.0	1.4	1.8	0.9	3.2	0.0	8.3	217
College/University	0.0	38.9	0.0	5.6	5.6	33.3	0.0	0.0	0.0	0.0	0.0	16.7	18
Higher education	*	*	*	*	*	*	*	*	*	*	*	*	8
Other	*	*	*	*	*	*	*	*	*	*	*	*	2
Mining community													
Current mine worker	0.9	50.2	0.9	0.7	0.7	35.9	0.7	1.9	0.2	1.6	0.0	6.1	426
Ex-Mine worker	1.1	52.8	0.6	0.0	0.0	39.3	0.6	1.1	0.0	0.6	0.0	3.9	178
Family of current/ex mine worker	0.3	42.1	0.7	0.3	0.7	44.9	1.0	1.4	1.0	1.0	0.0	6.5	292
Neighbour/Community member	0.0	62.2	0.0	0.0	2.2	28.9	0.0	0.0	0.0	4.4	0.0	2.2	45
Total	0.7	48.8	0.7	0.4	0.6	39.0	0.7	1.5	0.4	1.4	0.0	5.6	941

Table 90: Most trusted source of information amongst mining communities in Mozambique

Characteristic	Newspaper	Radio	TV	Billboards	Brochures, posters and other printed materials	Health workers	Family, friends, neighbour and colleagues	Religious leaders	Teachers	Local leaders	Politicians	Other	Number of respondents
Age group													
15-24	8.7	25.0	43.0	3.5	1.2	15.7	2.3	0.0	0.0	0.0	0.0	0.6	172
25-39	12.0	21.2	35.3	1.9	1.0	23.6	2.2	1.0	0.5	0.2	0.0	1.0	584
40-59	10.1	16.1	27.0	5.4	5.1	26.1	6.2	2.1	0.2	0.9	0.0	0.8	533
60+	16.5	20.7	13.2	5.8	3.3	31.4	5.8	0.8	0.0	2.5	0.0	0.0	121
Marital status													
Married	6.0	13.2	35.5	6.2	4.7	26.6	4.9	1.1	0.0	1.3	0.0	0.6	470
Single	17.7	26.3	31.7	3.0	2.0	15.3	1.9	0.7	0.4	0.3	0.0	0.7	695
Divorced	7.4	11.1	37.0	7.4	0.0	14.8	11.1	3.7	3.7	3.7	0.0	0.0	27
Widowed	11.1	22.2	18.5	0.0	0.0	29.6	14.8	3.7	0.0	0.0	0.0	0.0	27
Separated	*	*	*	*	*	*	*	*	*	*	*	*	16
Co-habiting	1.7	13.1	20.0	0.0	1.1	53.7	6.3	2.9	0.0	0.0	0.0	1.1	175
Other	*	*	*	*	*	*	*	*	*	*	*	*	0
Education													
No school	8.8	21.6	25.0	8.8	6.8	20.3	5.4	1.4	0.0	2.0	0.0	0.0	148
Literacy class	*	*	*	*	*	*	*	*	*	*	*	*	18
Elementary/Primary	12.8	18.7	27.6	4.2	2.8	26.3	4.7	1.4	0.3	0.6	0.0	0.7	718
High/Secondary	10.1	20.1	37.9	2.0	1.6	22.9	2.8	1.0	0.4	0.0	0.0	1.0	493
College/University	12.5	16.7	54.2	0.0	0.0	16.7	0.0	0.0	0.0	0.0	0.0	0.0	24
Higher education	*	*	*	*	*	*	*	*	*	*	*	*	5
Other	*	*	*	*	*	*	*	*	*	*	*	*	4
Mining community													
Current mine worker	10.1	20.5	31.5	4.5	2.8	24.5	3.6	1.3	0.2	0.5	0.0	0.6	845
Ex-Mine worker	18.0	18.3	25.4	4.2	2.5	25.7	2.8	0.4	0.4	1.4	0.0	1.1	284
Family of current/ex mine worker	6.7	17.4	37.9	0.8	3.2	22.5	7.1	2.4	0.4	0.4	0.0	1.2	253
Neighbour/Community member	21.4	32.1	21.4	3.6	0.0	17.9	3.6	0.0	0.0	0.0	0.0	0.0	28
Total	11.3	19.7	31.2	3.8	2.8	24.3	4.0	1.3	0.3	0.6	0.0	0.8	1410

Table 91: Most trusted source of information amongst mining communities in Namibia

Characteristic	Newspaper	Radio	TV	Billboards	Brochures, posters and other printed materials	Health workers	Family, friends, neighbour and colleagues	Religious leaders	Teachers	Local leaders	Politicians	Other	Number of respondents
Age group													
15-24	10.5	15.8	21.1	0.0	10.5	21.1	0.0	0.0	0.0	0.0	0.0	21.1	19
25-39	8.0	31.0	15.0	0.0	5.3	16.8	2.7	0.9	8.0	1.8	0.0	10.6	113
40-59	6.3	31.6	22.8	0.0	5.1	16.5	6.3	2.5	1.3	1.3	0.0	6.3	79
60+	*	*	*	*	*	*	*	*	*	*	*	*	0
Marital status													
Married	9.2	30.8	24.6	0.0	4.6	10.8	1.5	1.5	4.6	0.0	0.0	12.3	65
Single	6.7	28.9	15.6	0.0	6.7	20.0	5.2	1.5	3.7	2.2	0.0	9.6	135
Divorced	*	*	*	*	*	*	*	*	*	*	*	*	3
Widowed	*	*	*	*	*	*	*	*	*	*	*	*	2
Separated	*	*	*	*	*	*	*	*	*	*	*	*	0
Co-habiting	*	*	*	*	*	*	*	*	*	*	*	*	6
Other	*	*	*	*	*	*	*	*	*	*	*	*	0
Education													
No school	*	*	*	*	*	*	*	*	*	*	*	*	7
Literacy class	*	*	*	*	*	*	*	*	*	*	*	*	0
Elementary/Primary	4.7	39.5	16.3	0.0	0.0	14.0	9.3	4.7	11.6	0.0	0.0	0.0	43
High/Secondary	8.1	29.6	17.0	0.0	5.9	20.7	2.2	0.7	3.7	1.5	0.0	10.4	135
College/University	*	*	*	*	*	*	*	*	*	*	*	*	19
Higher education	*	*	*	*	*	*	*	*	*	*	*	*	7
Other	*	*	*	*	*	*	*	*	*	*	*	*	0
Mining community													
Current mine worker	10.6	30.1	19.5	0.0	10.6	0.8	1.6	1.6	4.9	1.6	0.0	12.2	123
Ex-Mine worker	2.9	28.6	15.7	0.0	28.6	10.0	1.4	1.4	4.3	1.4	0.0	4.3	70
Family of current/ex mine worker	5.6	33.3	22.2	0.0	16.7	0.0	0.0	0.0	5.6	0.0	0.0	16.7	18
Neighbour/Community member	*	*	*	*	*	*	*	*	*	*	*	*	0
Total	7.6	29.9	18.5	0.0	17.1	3.8	1.4	1.4	4.7	1.4	0.0	10.0	211

Table 92: Most trusted source of information amongst mining communities in South Africa

Characteristic	Newspaper	Radio	TV	Billboards	Brochures, posters and other printed materials	Health workers	Family, friends, neighbour and colleagues	Religious leaders	Teachers	Local leaders	Politicians	Other	Number of respondents
Age group													
15-24	9.2	23.5	29.4	0.7	3.9	27.5	1.3	0.0	2.6	0.0	0.0	2.0	153
25-39	8.1	27.1	23.7	1.1	3.9	28.9	1.7	0.5	2.7	0.2	0.0	2.0	1057
40-59	8.6	41.1	18.0	1.1	1.8	25.3	1.4	0.2	1.1	0.1	0.0	1.0	813
60+	*	*	*	*	*	*	*	*	*	*	*	*	0
Marital status													
Married	8.7	34.4	19.5	1.5	3.1	27.7	1.6	0.2	1.6	0.2	0.2	1.1	916
Single	8.1	28.4	26.3	0.8	2.8	27.2	1.2	0.5	3.1	0.1	0.0	1.6	754
Divorced	3.4	36.2	20.7	1.7	3.4	31.0	0.0	0.0	1.7	0.0	0.0	1.7	58
Widowed	2.2	60.0	8.9	0.0	0.0	28.9	0.0	0.0	0.0	0.0	0.0	0.0	45
Separated	10.0	65.0	25.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20
Co-habiting	13.2	28.7	18.4	0.7	4.4	25.0	4.4	0.7	1.5	0.0	0.7	2.2	136
Other	6.4	28.7	19.1	0.0	5.3	31.9	1.1	0.0	1.1	0.0	0.0	6.4	94
Education													
No school	14.5	32.8	12.2	3.8	3.8	28.2	0.8	1.5	0.0	0.0	1.5	0.8	131
Literacy class	*	*	*	*	*	*	*	*	*	*	*	*	17
Elementary/Primary	5.4	41.7	20.3	0.6	0.8	29.0	1.4	0.3	0.3	0.0	0.0	0.3	355
High/Secondary	8.3	32.6	23.7	0.7	3.1	24.6	1.9	0.4	2.7	0.3	0.1	1.6	1109
College/University	11.3	24.5	22.0	1.4	5.7	29.4	0.7	0.0	1.4	0.0	0.0	3.5	282
Higher education	6.5	19.5	20.3	2.4	3.3	40.7	0.0	0.0	5.7	0.0	0.0	1.6	123
Other	*	*	*	*	*	*	*	*	*	*	*	*	6
Mining community													
Current mine worker	8.5	31.9	21.6	1.4	3.8	27.0	1.4	0.4	1.5	0.2	0.3	2.1	1111
Ex-Mine worker	10.1	34.9	23.5	0.3	2.1	22.7	2.1	0.5	2.3	0.0	0.0	1.6	387
Family of current/ex mine worker	6.0	28.6	24.8	1.3	2.6	30.8	1.7	0.0	3.4	0.0	0.0	0.9	234
Neighbour/Community member	7.9	34.4	17.9	0.7	2.1	32.3	1.0	0.3	2.8	0.3	0.0	0.3	291
Total	8.4	32.4	21.8	1.1	3.1	27.4	1.5	0.3	2.1	0.1	0.1	1.6	2023

Table 93: Most trusted source of information amongst mining communities in Swaziland

Characteristic	Newspaper	Radio	TV	Billboards	Brochures, posters and other printed materials	Health workers	Family, friends, neighbour and colleagues	Religious leaders	Teachers	Local leaders	Politicians	Other	Number of respondents
Age group													
15-24	0.0	40.0	0.0	0.0	0.0	30.0	10.0	0.0	10.0	0.0	0.0	10.0	10
25-39	1.6	43.8	6.3	0.0	0.0	28.1	0.0	1.6	0.0	3.1	0.0	15.6	64
40-59	0.0	47.6	8.3	1.2	0.0	23.8	0.0	1.2	0.0	6.0	0.0	11.9	84
60+	*	*	*	*	*	*	*	*	*	*	*	*	0
Marital status													
Married	0.0	45.4	8.2	0.0	0.0	25.8	0.0	2.1	0.0	6.2	0.0	12.4	97
Single	2.2	40.0	4.4	0.0	0.0	31.1	2.2	0.0	2.2	2.2	0.0	15.6	45
Divorced	*	*	*	*	*	*	*	*	*	*	*	*	3
Widowed	*	*	*	*	*	*	*	*	*	*	*	*	9
Separated	*	*	*	*	*	*	*	*	*	*	*	*	2
Co-habiting	*	*	*	*	*	*	*	*	*	*	*	*	2
Other	*	*	*	*	*	*	*	*	*	*	*	*	0
Education													
No school	*	*	*	*	*	*	*	*	*	*	*	*	10
Literacy class	*	*	*	*	*	*	*	*	*	*	*	*	0
Elementary/Primary	0.0	51.2	7.0	0.0	0.0	25.6	0.0	0.0	0.0	9.3	0.0	7.0	43
High/Secondary	1.1	44.6	7.6	0.0	0.0	26.1	1.1	2.2	1.1	2.2	0.0	14.1	92
College/University	*	*	*	*	*	*	*	*	*	*	*	*	12
Higher education	*	*	*	*	*	*	*	*	*	*	*	*	1
Other	*	*	*	*	*	*	*	*	*	*	*	*	0
Mining community													
Current mine worker	1.6	45.2	4.8	1.6	0.0	22.6	0.0	3.2	0.0	1.6	0.0	19.4	62
Ex-Mine worker	0.0	55.0	10.0	0.0	0.0	15.0	0.0	0.0	0.0	10.0	0.0	10.0	40
Family of current/ex mine worker	0.0	38.9	7.4	0.0	0.0	38.9	1.9	0.0	1.9	3.7	0.0	7.4	54
Neighbour/Community member	*	*	*	*	*	*	*	*	*	*	*	*	2
Total	0.6	45.6	7.0	0.6	0.0	25.9	0.6	1.3	0.6	4.4	0.0	13.3	158

Table 94: Most trusted source of information amongst mining communities in Tanzania

Characteristic	Newspaper	Radio	TV	Billboards	Brochures, posters and other printed materials	Health workers	Family, friends, neighbour and colleagues	Religious leaders	Teachers	Local leaders	Politicians	Other	Number of respondents
Age group													
15-24	2.9	40.4	13.7	3.7	4.5	20.1	1.6	1.6	3.0	2.9	0.2	5.6	628
25-39	2.7	40.1	9.9	4.3	5.2	20.9	3.6	2.1	1.6	5.4	0.1	4.1	1110
40-59	1.8	43.8	8.2	2.8	3.5	24.0	4.5	2.7	0.8	4.2	0.0	3.8	601
60+	*	*	*	*	*	*	*	*	*	*	*	*	0
Marital status													
Married	2.4	42.4	9.1	3.4	4.4	21.8	2.9	2.3	1.2	5.6	0.1	4.4	1284
Single	3.1	39.0	13.5	4.8	5.2	20.7	3.1	1.1	2.8	2.6	0.0	4.0	794
Divorced	0.0	52.4	7.9	1.6	1.6	17.5	9.5	1.6	3.2	3.2	1.6	0.0	63
Widowed	2.6	39.5	7.9	1.3	3.9	25.0	3.9	6.6	2.6	3.9	0.0	2.6	76
Separated	1.4	41.4	8.6	5.7	2.9	17.1	4.3	5.7	1.4	4.3	0.0	7.1	70
Co-habiting	0.0	24.4	7.3	0.0	7.3	34.1	4.9	2.4	0.0	2.4	0.0	17.1	41
Other	*	*	*	*	*	*	*	*	*	*	*	*	11
Education													
No school	0.5	41.6	8.4	2.0	2.0	18.8	7.4	3.0	0.5	12.4	0.0	3.5	202
Literacy class	*	*	*	*	*	*	*	*	*	*	*	*	14
Elementary/Primary	2.2	44.4	9.6	3.5	4.5	21.6	2.6	2.1	1.4	3.7	0.1	4.3	1567
High/Secondary	3.8	32.8	14.1	4.7	5.8	21.3	3.6	1.9	3.6	3.2	0.0	5.1	469
College/University	8.9	28.9	11.1	11.1	2.2	24.4	2.2	0.0	4.4	2.2	0.0	4.4	45
Higher education	*	*	*	*	*	*	*	*	*	*	*	*	13
Other	3.8	23.1	15.4	0.0	15.4	38.5	7.7	0.0	0.0	3.8	0.0	3.8	26
Mining community													
Current mine worker	2.5	39.8	13.9	3.1	7.3	19.7	3.4	1.6	0.6	3.6	0.1	4.4	812
Ex-Mine worker	4.6	40.5	9.5	6.5	2.9	20.3	2.6	2.6	1.3	5.2	0.3	3.6	306
Family of current/ex mine worker	2.4	41.6	8.7	3.8	3.7	23.2	4.4	2.3	2.8	3.5	0.0	3.7	711
Neighbour/Community member	4.6	42.9	8.0	3.1	2.6	22.6	2.0	2.4	2.6	6.5	0.0	5.9	510
Total	2.5	41.1	10.5	3.8	4.6	21.5	3.3	2.1	1.8	4.4	0.1	4.4	2339

Table 95: Most trusted source of information amongst mining communities in Zambia

Characteristic	Newspaper	Radio	TV	Billboards	Brochures, posters and other printed materials	Health workers	Family, friends, neighbour and colleagues	Religious leaders	Teachers	Local leaders	Politicians	Other	Number of respondents
Age group													
15-24	4.5	14.7	38.5	0.0	4.5	28.2	1.3	1.9	3.8	0.6	0.0	1.9	156
25-39	3.0	19.7	22.6	1.6	6.8	37.4	4.2	1.2	2.6	0.5	0.0	0.5	811
40-59	0.7	25.0	15.6	2.8	8.3	39.0	3.7	1.4	2.3	0.5	0.0	0.9	436
60+	*	*	*	*	*	*	*	*	*	*	*	*	0
Marital status													
Married	1.7	22.4	19.4	1.8	7.4	37.9	4.0	1.5	2.8	0.4	0.0	0.7	1049
Single	5.2	15.6	33.0	2.1	5.2	31.6	1.7	1.0	2.1	1.0	0.0	1.4	288
Divorced	0.0	12.5	8.3	0.0	4.2	58.3	12.5	0.0	4.2	0.0	0.0	0.0	24
Widowed	0.0	38.1	38.1	0.0	0.0	23.8	0.0	0.0	0.0	0.0	0.0	0.0	21
Separated	*	*	*	*	*	*	*	*	*	*	*	*	8
Co-habiting	*	*	*	*	*	*	*	*	*	*	*	*	10
Other	*	*	*	*	*	*	*	*	*	*	*	*	3
Education													
No school	*	*	*	*	*	*	*	*	*	*	*	*	19
Literacy class	*	*	*	*	*	*	*	*	*	*	*	*	2
Elementary/Primary	2.7	40.2	21.9	1.4	2.7	21.0	3.2	2.7	3.2	0.5	0.0	0.5	219
High/Secondary	2.3	17.9	22.4	1.9	7.1	39.7	3.9	1.2	2.4	0.6	0.0	0.6	887
College/University	1.5	13.8	22.6	1.5	9.2	41.8	3.8	0.4	3.4	0.0	0.0	1.9	261
Higher education	*	*	*	*	*	*	*	*	*	*	*	*	6
Other	*	*	*	*	*	*	*	*	*	*	*	*	9
Mining community													
Current mine worker	1.0	21.7	21.1	2.7	8.6	37.1	2.8	0.7	2.5	0.6	0.0	1.1	824
Ex-Mine worker	0.9	26.9	15.4	0.9	8.5	28.6	11.1	2.6	4.7	0.0	0.0	0.4	234
Family of current/ex mine worker	7.6	14.3	27.9	0.3	1.9	42.2	1.0	2.2	1.6	0.6	0.0	0.3	315
Neighbour/Community member	0.0	16.7	43.3	0.0	3.3	36.7	0.0	0.0	0.0	0.0	0.0	0.0	30
Total	2.4	20.8	22.2	1.8	7.0	36.8	3.7	1.4	2.6	0.5	0.0	0.8	1403

Table 96: Most trusted source of information amongst mining communities in Zimbabwe

Characteristic	Newspaper	Radio	TV	Billboards	Brochures, posters and other printed materials	Health workers	Family, friends, neighbour and colleagues	Religious leaders	Teachers	Local leaders	Politicians	Other	Number of respondents
Age group													
15-24	2.5	14.3	14.9	0.6	3.1	46.0	0.0	3.7	4.3	0.0	0.6	9.9	161
25-39	1.5	12.3	8.7	1.0	7.7	55.1	0.7	3.1	2.3	0.3	0.0	7.2	608
40-59	1.5	14.0	8.9	0.5	7.4	56.4	0.3	2.6	1.8	0.3	0.0	6.4	392
60+	*	*	*	*	*	*	*	*	*	*	*	*	3
Marital status													
Married	1.5	12.4	8.9	0.8	7.5	56.2	0.5	3.4	1.8	0.2	0.1	6.6	929
Single	2.7	14.6	14.6	1.1	3.2	47.0	0.0	0.5	5.4	0.0	0.0	10.8	185
Divorced	0.0	16.0	4.0	0.0	4.0	56.0	0.0	8.0	0.0	0.0	0.0	12.0	25
Widowed	*	*	*	*	*	*	*	*	*	*	*	*	16
Separated	*	*	*	*	*	*	*	*	*	*	*	*	8
Co-habiting	*	*	*	*	*	*	*	*	*	*	*	*	0
Other	*	*	*	*	*	*	*	*	*	*	*	*	1
Education													
No school	*	*	*	*	*	*	*	*	*	*	*	*	10
Literacy class	*	*	*	*	*	*	*	*	*	*	*	*	0
Elementary/Primary	1.5	17.0	11.9	0.0	4.4	50.4	0.7	5.2	3.7	1.5	0.0	3.7	135
High/Secondary	1.6	13.3	9.1	0.8	6.0	55.7	0.5	3.1	2.5	0.1	0.1	7.2	871
College/University	1.6	10.3	11.9	1.6	15.9	45.2	0.0	0.0	0.8	0.0	0.0	12.7	126
Higher education	*	*	*	*	*	*	*	*	*	*	*	*	19
Other	*	*	*	*	*	*	*	*	*	*	*	*	3
Mining community													
Mine work	1.4	12.7	9.1	0.9	8.0	54.9	0.6	2.6	1.4	0.3	0.1	8.1	703
Ex-Mine worker	2.1	11.8	7.6	0.7	7.6	59.0	0.0	2.8	2.8	0.7	0.0	4.9	144

Family of current/ex mine worker	1.9	14.6	11.8	0.6	4.5	50.3	0.3	4.5	4.5	0.0	0.0	7.0	314
Neighbour/Community member	*	*	*	*	*	*	*	*	*	*	*	*	3
Total	1.6	13.1	9.6	0.8	7.0	54.2	0.4	3.1	2.4	0.3	0.1	7.4	1164