

## University of Namibia

### Tracer study on the Certificate of HIV/AIDS Counselling at the University of Namibia

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#### **ABSTRACT**

The impact of HIV/Aids has already reduced the Gross Inland Product of countries south of the Sahara, between 2 – 4 % and Namibia is no exception. In support of the Namibian government's movement of seizing the pandemic, the University of Namibia, through its Centre for External Studies, introduced a Certificate in HIV/AIDS Counselling in 2005. Approximately 120 students from various professions, country wide, have graduated during the past 3 years. However, the question that comes to mind is what impact the trainees could have on their working environment as well as in their own lives and of those in their immediate communities.

The Centre for External Studies will therefore conduct a tracer study designed to assess the impact of this Certificate course and to examine the extent to which the University is able to contribute to the knowledge and practical skills with regard HIV and AIDS counselling in the work environments and broader communities. Furthermore, the research will determine the extent the internalisation of the course had on the participants' behavioural patterns, their working environment as well as their personal lives.

Focus group discussions, structured questionnaires and interviews with former students and their employers revealed that students found the course useful in their workplace as well as in their personal life experiences. Anecdotal data indicated there is a demand for a follow-up diploma course.

#### **Keynotes:**

Tracer study, HIV and AIDS counselling, focus group discussions, structured questionnaires, interviews, behavioural patterns and work environment.

#### **Background to the study**

No part of the world has been untouched by HIV/Aids. By the end of 2002, 42 million people around the world were infected and living with HIV/Aids. Over 13 000 people acquire the virus daily. The greatest concentration of HIV infections and Aids-related deaths occurs in the developing world, especially in Africa (Barton and Pfau 2004:1). The most vulnerable group is adolescent girls. More young women are infected than men.

The infection rate for young women is six times higher than that of men in the same age group in many African countries.

The number of reported cases of HIV/AIDS in Namibia has continued to increase at an alarming rate since the first four cases were reported in 1986. Namibia is among the countries which have been hardest hit by the disease as it is estimated that 22% of the population is HIV+. There are significant variations in the regions: Katima Mulilo has the highest rate of 44%; Oshakati 25%; Windhoek 32%; Walvis Bay 26%; Keetmanshoop 16% and Opuwo 9% (MOHSS 2002:14).

Many lives have been scarred, increasing leading to economic, social and political hardships. Subsequently, the Government of Namibia recognizes HIV Aids as an extremely serious public health problem and has invested substantially into fighting the disease. There have been very positive developments in the communities leading to increased mobilization of activities against the disease and accelerated efforts for increased mobilization of resources and skills.

Although there is still no cure for HIV/AIDS, we know that much can still be done to ease the suffering and improve the quality of life for those who are infected with the virus. The fact the HIV and AIDS affect all of us, from the CEO to cleaners, from school children to the unemployed; urge us to come to terms with HIV and AIDS in our own lives. We know that health services provide symptomatic treatment for many opportunistic illnesses associated with HIV infection but the biggest contribution we can make in addressing HIV and AIDS is a change of attitude. Attitude change bears on the importance of being involved in the care and support of people living with HIV/and AIDS and bears on families/communities accepting and willing to be involved in the provision of care and support. This includes a good understanding of the disease, reducing of fear, minimizing stigmatization and rejection as well as discrimination at all levels.

Numerous studies suggest that good counselling assist people to make informed decisions, cope better with their health condition, lead more positive lives and prevents further transmission of HIV.

While medical therapy and nursing care are desperately needed for people with HIV, wherever they live, other forms of support are equally important. These include emotional support for infected individuals and their family, and social measures to alleviate the economics and other impacts of AIDS on families and households, as describe below.

Psychological support, which forms part of counselling services, is an essential component of the care and support package and can help individuals to deal with the distress of discovering they have HIV, learn how to live positively for as long as possible and cope with anticipated or actual consequences of having other know their infection status. It can help extend the individual's productive life, postpone orphan hood for the children and allow the family more time to secure education and a food supply.

In the early 1990's, WHO's Global programme on AIDS advocated that care and support for people living with HIV or AIDS should be comprehensive – embracing the

psychological/spiritual, social and medical dimensions – and integrated, with the various providers offering a ‘continuum of care’ centred on the clients’ needs.

Since this vision was formulated, UNAIDS has identified new opportunities for prioritizing action and accelerating progress. One of these axes is to increase the access to voluntary HIV counselling and testing.

In recent years, decision makers in Namibia have been convinced that counselling services are needed to add value to the support provided both to the client and his family.

As daunting as the barriers to HIV counselling and testing are, it is important to tackle them. When people learn their infection status early on, there can be important benefits for both prevention and care. People who discover they are HIV-negative can take more energetic measures to remain uninfected, including negotiating with their partner to go for testing or use condoms or taking life-prolonging treatment. The family also stands to benefit when an infection is discovered early enough to permit advance planning for the financial security of the survivors. Important benefits to the community flow from HIV counselling and testing, especially when people with HIV feel safe enough to be open about their infection and become involved in the fight against the epidemic.

When properly carried out, voluntary HIV testing and counselling can help break the vicious circle of fear, stigma and denial.

HIV counselling is an effective public health intervention. Many people today seek others to whom they can talk confidentially and get advice. Voluntary counselling and testing services provide the interface between prevention and care, and between communities and formal health centres. The scarcity of voluntary counselling and tests centres in Namibia has meant that such services are unavailable to the poor and has thus impeded the development of an integrated and comprehensive HIV/AIDS campaign that includes risk reduction, appropriate care and support as well as reducing discrimination and stigma in the community.

The National Strategic Plan on HIV/AIDS, Third Medium Term Plan (MTP III ) 2004-2009 stated that one of the outcomes to Strengthen the Capacity of those promoting behaviour change, should be to train VCT staff, health workers, other professional and community counsellors in Namibia.

A number of training courses for counsellors are available in Namibia; however, till 2002 a standardized training curriculum for the country has not yet been developed. A number of counsellors have been and still are being trained by Social Marketing Association, Catholic Aids Action and the Council of Churches in Namibia. The Ministry of Health And Social Services realized the necessity of standardizing training of counsellors and made an appeal to the University of Namibia’s Centre for External Studies to initiate the development of a Certificate in HIV/AIDS Counselling.

The overall aim of this Certificate programme is to equip students with the necessary knowledge and skills to develop some degree of sensitivity, understanding and practical know-how towards those affected by HIV and AIDS.

The programme further aims to achieve the following:

1. Enhance basic understanding of concepts and issues in HIV/AIDS counselling
2. Develop the HIV/AIDS student's ability to understand and implement policies and guidelines on HIV/AIDS related issues
3. Equip students with the knowledge and skills to provide support to HIV infected and affected people so that they can regain confidence and control of their lives.
4. Enable students to develop effective counselling skills that promote the quality of care.

### **Statement of the problem:**

HIVAIDS epidemic has a devastating effect on the whole world, bringing about deaths in families, economic hardships and creating an unfrequented number of orphans. More people become ill and suffer from AIDS because of a depressed immune system. It is recognized that care, support and treatment can contribute to effective prevention through an increased acceptance of voluntary and confidential counselling and testing.

Namibia is badly affected by the HIV/AIDS epidemic. Because of her small population, Namibia has the third highest HIV prevalence rate. Since the official launching of the National HIV/AIDS program in Namibia, counselling (primary preventive and secondary preventive counselling) services form part thereof. These services aimed to keep people living with HIV/AIDS, as well as vulnerable groups, in close contact with the health care systems and facilitate their access to information, counselling and preventative supplies. Although such services have been provided to many clients and their families, and have been widely practiced within the health care system, little is known how it influenced clients (and their families) in their day –to-day life experiences with the disease of HIV and AIDS.

Through the Certificate in HIV/AIDS Counselling, offered by the University of Namibia, a number of potential counsellors from different settings in the community have completed this course. Knowledge and skills have been obtained in order to provide the crucial support needed by the client and his family. However, the question came to mind, in how far are these counsellors practicing the knowledge and skills of counselling in their respective working environments? Are their clients benefiting from their input? Did the counsellor initiate activities to promote voluntary counselling and testing in his/her working environment?

### **Objectives of this study will establish**

- the contribution the programme has made to its participants' internalisation of the certificate outcomes
- the success of the programme as measured by the perceptions of the participants
- challenges relating to the programme and implementation of counselling activities within their work environments.

## **Significance of the study**

The Government, through the Ministry of Health and Social Services recognizes and acknowledges the high rate at which the HIV/AIDS epidemic is growing and requires the concerted national expanded response. The goal is therefore to reduce the incidence rate of HIV/AIDS to below the epidemic level in Namibia. Alongside the priority strategy of development, production and dissemination of information, education and communication materials/messages, the provision of care and support to people affected by HIV/AIDS is expected to be implemented. This will be done through Counselling, Home-Based Care and case management and careful blood testing for HIV and counselling.

The Certificate in HIV/AIDS Counselling, offered by the University of Namibia, focuses on prevention, care and voluntary counselling and testing (VCT) as well as the integration of VCT into other health services in the community. Through this programme, many health care professionals, teachers and other professionals were trained as counsellors to better their relationships with people affected by HIV and AIDS. It is the relationship that heals. The counsellor's communication of caring-love leads to self-acceptance and a sense of worth that helps the client find the desire to change.

Counsellors use his self to reach out to a client and family, to establish trust, to understand the client and to respond with compassion and competence. A counsellor confronts the ignorance that creates stigma and discrimination and becomes an advocate for the rights of people with HIV and AIDS.

## **Research design**

Both quantitative and qualitative research instruments will be used in this tracer study. This will allow an in-depth understanding of the participant's application of the programme content as well as their perceptions in the implementation of counselling services in their work environment.

## **Approaches to trace former participants of the Certificate in HIV/AIDS Counselling.**

In order to locate former participants, a series of strategies were launched to encourage former participants to take part in the tracer study. These include locating names and contact numbers through the UNAM administration registration process since 2003 when the Certificate was first implemented. Former students were contacted, questionnaires were completed and interviews will be conducted.

## **Sample**

This Certificate was established in 2003 and since 2005, 137 students have successfully graduated from this Certificate. The male participants were 32 while the females are 105. The majority of participants are professionals and employed by either the public or private sectors. All participants are involved within an environment where HIV/AIDS counselling is an important aspect of their day-to-day activities.

A simple random sampling procedure is applicable in this case and aims at providing an equal chance of being selected as a respondent within the population of participants to the programme.

### **Procedures**

Two different questionnaires were handed out to participants. A first questionnaire was completed by students who enrolled for the first time into the programme. A second questionnaire was handed out to participants who completed the programme.

Preliminary results from these two groups are discussed below. A brief comparison between the two groups will also be discussed. **It should be noted that focus group discussions were not conducted and will take place at a later stage to ensure triangulation.**

### **Data analysis**

A total of 188 enrolled for the programme (M =35.6% and F= 64.4%).and ninety students participated in this study (N = 47,8%).

The preliminary results are as follows:

#### *First Questionnaire:*

The overall aim of this questionnaire was to establish why did they register and what are their expectations from the programme?

A total of 51 students completed this questionnaire. Fifty one percent (51%) of the participants indicated that they would like to upgrade themselves and hope that by completing this programme they will be able to enter into another programme at the University of Namibia. 50.9% indicated that this programme will strengthen the national effort of combating HIV/AIDS. The rest focused on their need for more information on HIV/AIDS and to improve on their skills to conduct good counselling services to clients in their workplace as well as their community environment. This includes taking care of people with HIV/AIDS through all the stages of the disease.

#### *Second Questionnaire:*

The overall aim of this questionnaire was to determine the contribution the Certificate programme has on the internalisation of the certificate outcomes as well as the success of the Certificate programme as measured by their perceptions. **It should again be noted that focus group discussions will be conducted at a later stage, relating to the challenges the students may have experienced in the implementation of their knowledge and skills within their work environments. (Objective 3)**

This Certificate programme includes 5 Units covering Understanding of HIV/AIDS; Counselling of HIV/AIDS client/patient/family; Continuum of care; Death and bereavement; and the Legal and ethical issues.

A total of 39 participants completed this questionnaire. In general all the participants found the training of value, indicating that they feel empowered to manage HIV/AIDS

clients/patients and their families and would like to be more involved in community activities regarding HIV/AIDS.

35.9% indicated that they found the Unit on HIV/AIDS counselling most valuable. The Units on the Understanding about HIV/AIDS and Death and Bereavement were also rated high (30.7% and 25.6% respectively).

The questions related to the development of knowledge and skills indicated the Unit on HIV/AIDS Counselling with a rating of 58.9% with 25.6% indicated the Unit on Death and Bereavement was of value to them.

The area they feel needs to be covered in more detail was again the Unit on Death and Bereavement (46.2%). The approach and language used during this stage are still unfamiliar with most of them. Other areas include the counselling of abused persons living with HIV/AIDS, the counselling of children living with HIV/AIDS, and the management of HIV activities and programmes in Namibia (inclusion of the National Strategic Plan of Namibia on HIV/AIDS MTP III).

Twenty eight percent of the participants indicated that they would have preferred being exposed to practical situations during the programme, in order to practice their skills on counselling or to work under supervision of an expert.

When *comparing the two groups*, the overall indication is that most students find the programme well planned and structured that came as a result of the HIV/AIDS pandemic in Namibia.

In conclusion the researchers feel that their further investigation of the study objectives will bring new and more clarity and in depth information to the fore.

We thank you for your comments and look forward to hear from you.