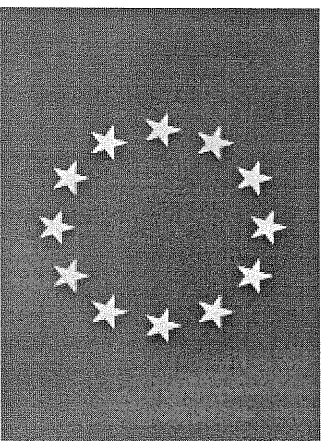


**Psychosocial support (PSS) needs of community home based carers (CHBC) working with orphans and vulnerable children (OVC) and people living with HIV/AIDS (PLWA) in South Africa, Case of Red Cross Society**

Presented by Majaja M\*

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## Background

- Currently, South Africa is one amongst the countries affected with HIV/AIDS.
- As more households in South Africa become affected by HIV/AIDS, there is a growing need for assistance with care and support;
- **The dire shortage of professional health practitioners in South Africa means that the greater burden of care for OVC and PLWHA remains with informal community home-based carers (CHBC).**
- CHBC have psychological, social, economic, physical needs which need to be met to enable them to do their work effectively.

## Feelings of psychosocial distress experienced – most of the time in the past week

Indicators of psychosocial distress	Frequency	Percent
How often were you bothered by things that usually don't bother you?	Mostly 50	19.3
How often have you felt that you could not shake off the blues even with help from your family or friends?	Mostly 40	15.4
How often have you had a problem keeping your mind in what you were doing?	Mostly 42	16.2
How often have you felt depressed?	Mostly 44	17.0
How often have you felt that everything you did was an effort?	Mostly 90	34.7
	Total 259	100.0

## **2.Red Cross Society & Community Home Based Carers**

- **Non-governmental Organisation- offering psychosocial support and care to communities - such as people affected and infected by HIV/AIDS and orphaned vulnerable children**
- **Does that through utilisation of CHBC**
- **Activities of CHBC includes: psychosocial support, economic support and home based care**
- **2008, HSRC commissioned by the South African Red Cross Society – Evaluation of CHBC in determining their psychosocial support needs and challenges**

### **3. AIMS & OBJECTIVES OF THE EVALUATION**

- **Determine the psychosocial, economic, educational and other needs of CHBC working with OVC and PLWHA on behalf of the SARCS;**
- **Determine challenges faced by CHBC;**
- **Recommend interventions for meeting the psychosocial needs of CHBC.**

## Findings:

### 1. Demographic characteristics of survey

		respondents	
Characteristic	Frequency	Percent	
Age:	Less than 20 years	7	2.7
	20-29 years	73	28.2
	30-39 years	86	33.2
	40-49 years	46	17.8
	50-59 years	18	6.9
60 years and older	28	10.8	
Sex:	Male	15	5.8
	Female	244	94.2
Education:	No school	1	0.4
	Primary school	19	7.3
	High school	207	79.9
Degree/Diploma		32	12.4
	Married	67	25.9
	Single	184	71
Marital status:	Other	39	3.1

### 4.3. Sampling frame for the survey

Sites where interviews were conducted	Province	No. of care-givers [population]	No. of interviews [sample]
Cape Metro (Khayelitsha)	Western Cape	40	25
Port Elizabeth (Kwazakele)	Eastern Cape	191	69
Bloemfontein (Mangaung)	Free State	50	18
Johannesburg (Alexandra)	Gauteng	150	54
Pietermaritzburg (Zululand)	Kwazulu-Natal	65	23
South Coast, PMB (Edendale)	Kwazulu-Natal	80	29
Mokopane	Limpopo	80	29
Kimberley (Galeshewe)	Northern Cape	76	27
Mafikeng	North West	45	16
<b>Total</b>	<b>8</b>	<b>777</b>	<b>290 (37%)</b>

## **4. Research methods**

**Quantitative - with a survey done on  
290 Community Home Based Carers  
who were randomly selected from 8  
provinces, where SARCS operates.**



## 5.1. Area where care-giving role is provided

	Frequency	Percent
Cape Metro	27	10.4
Port Elizabeth	37	14.3
Uitenhage	21	8.1
Bloemfontein	23	8.9
Zululand	55	21.2
Pietermaritzburg	29	11.2
Mokopane	24	9.3
Kimberly	27	10.4
Mafikeng	16	6.2
<b>Total</b>	<b>259*</b>	<b>100</b>

\* 31 questionnaires were unusable for this question

## Training attended by CHBC

Training attended	Frequency	Percent
HIV/AIDS	166	64.1
First Aid	162	62.5
Home-based care	152	58.7
Tuberculosis (TB)	143	55.2
OVC counseling and support	117	45.1
<b>Palliative care</b>	<b>138</b>	<b>53.2 36.7</b>
Memory Book	91	35.1
	<b>259</b>	<b>100</b>

\* 31 questionnaires were unusable for this question

## Social services available to CHBC

	y	t
Getting help with caring tasks for people with chronic illnesses, including HIV/AIDS	203	78.4
Getting instruction or education about the care for people's medical conditions, care needs, treatment	189	73
Training in coping skills is available for you as a caregiver	147	56.8
Availability of courses to take up new learning and training	157	60.6
Getting help with taxi/bus fares to get to work	86	33.2
Getting complementary therapies to relieve stress	78	30.1
	259	100

\* 31 questionnaires were unusable for this question

## Satisfaction with training received from SARCS

Satisfied with training provided by SARCS on:		Frequency	Cumulative Percent
HIV/AIDS		164	63.3
First aid		154	59.5
Home-based care		140	54.1
Tuberculosis (TB)		135	52.1
OVC counseling and support		116	44.8
Palliative care		105	40.5
Memory book		91	35.1
		259	100

## Recognition and support received in the care giving role

Indicators for recognition	y	Percent
I am being valued and respected as an individual	196	75.7
I have a sense of shared responsibility, both practically and emotionally, with services including emergency access to help	196	75.7
I have a sense of satisfaction or achievement in providing care to others	193	74.5
I am informed, prepared, confident, skilled, equipped, or trained for the caring task	189	73.0
My care-giving needs and expertise are being recognized	177	68.3
<b>Total</b>	<b>259</b>	<b>100.0</b>

## Services provided by CHBC

Support services for clients	Frequency	Percentage
Access to health services for the families under their care	222	85.7
Education support to the families under their care	216	83.4
Psychosocial support (PSS) for children under their care	203	78.4
Access to social grants, Birth certificates and ID documents	202	78
Access to health support for families under their care	199	76.8
Food/nutrition support to the families under their care	160	61.8
<b>Total</b>	<b>259</b>	<b>100.0</b>

## Conclusion

- An overwhelming majority of CHBC working for the SARCS in 2008 were young women under 50 years of age, who are single or never married and who went up to high school level.
- Their training needs on HIV/AIDS, first aid were met though on some areas such as HBC, TB, palliative care and memory box, training was not adequate enough .
- Social services needed for caregiving role were also met except getting support with complementary therapies to relieve stress and getting help with taxi fares to get to work.
- CHBC were highly recognised which gave them motivation in doing their work satisfactorily.
- Although there are some challenges related to transport, training on OVC support and care including palliative care which need to be attended to, it can be concluded that in general, the PSS needs of CHBC working for SARCS had been met.

## Recommendations

- A need to invest more on training, where necessary do follow-up trainings and advanced trainings
- Provide transport fare or transport to CHBC making their task easier
- A need to improve on a stress relieve therapies- engage them on things that takes away their mind off from their daily routine, and that need to be done on a continual basis
- Also do debriefing, and that needs to be done by a professional body.



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Thanks

