

**THE PSYCHO-SOCIAL CHALLENGES FACING HIV/AIDS LAY  
COUNSELLORS AT A COMMUNITY-BASED VOLUNTARY  
COUNSELLING AND TESTING SITE IN TSHWANE**

by

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## DECLARATION

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I declare that **THE PSYCHO-SOCIAL CHALLENGES FACING HIV/AIDS LAY COUNSELLORS AT A COMMUNITY-BASED VOLUNTARY COUNSELLING AND TESTING SITE IN TSHWANE** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

**Kabamba, T.L**

Signature: .....

Date: .....

## **ABSTRACT**

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This study focuses on the psycho-social challenges faced by HIV/AIDS lay counsellors at a Voluntary Counselling and Testing (VCT) site in Tshwane, South Africa. A qualitative approach was employed by using semi-structured interviews with open-ended questions to obtain information from four lay counsellors, who provide pre- and post-test counselling at a VCT site. The results indicate that the management of clients' emotions and needs pose enormous challenges to HIV/AIDS lay counsellors who do not receive any formal psycho-social support at VCT sites. The research participants in this study resort to their own coping mechanisms to deal with the challenges – with varying degrees of success. The recommendation is made that a formal support programme should be put in place at VCT sites, which will allow HIV/AIDS lay counsellors to respond to the many demands placed on them. Such a programme can help prevent burnout and a high turnover in lay counsellors.

## **KEY WORDS**

coping mechanism; moral pressure; psychological challenges; social challenges; African culture and counselling; HIV test results and client's reactions; denial of HIV test result; TASO model of counselling; community-based VCT site counselling

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## LIST OF ACRONYMS AND ABBREVIATIONS

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AIDS	Acquired Immune Deficiency Syndrome
ATICCs	AIDS Training, Information and Counselling Centres
ART	Antiretroviral treatment
CDC	Centre for disease control and prevention
CMO	Changing Minds Organisation
DRC	Democratic Republic of Congo
HIV	Human Immunodeficiency Virus
KwaZulu-Natal	One of the nine provinces of South Africa
NACCOSA	National AIDS Coordinating Committee of South Africa
NGO	Non-Governmental Organisation
NSP	Notional Strategic Plan
PLWHIV	People living with HIV
PWA	People living with AIDS
SADOH	South Africa National Department of Health
STI	Sexually transmitted infection
TASO	The AIDS Support Organisation
Tshwane	Metropolitan municipality, in the province of Gauteng, South Africa
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNISA	University of South Africa
USBAH	Unit of Social Behaviour studies in HIV/AIDS and Health, UNISA
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

## CHAPTER 1

### ORIENTATION OF THE STUDY

#### 1.1 INTRODUCTION

The Acquired Immune Deficiency Syndrome (AIDS) pandemic is described as one of the worst human epidemics of our times, and the greatest challenge that the world is currently facing. Its impact is felt not only on the level of the physical health of infected individuals, but also on that of their identity, and the psychological and social levels of the societies they inhabit (UNAIDS 2006).

In the absence of a cure for (or a vaccine to prevent the spread of) the Human Immunodeficiency Virus (HIV), several countries, including South Africa, have implemented HIV-Preventive Programmes. One example is the Voluntary Counselling and Testing (VCT) service. These HIV-Preventive Programmes provide people not only with a chance to be tested for HIV, but also to acquire knowledge on HIV and AIDS, enabling people to protect themselves against HIV-infection (and/or to protect their loved ones from the same).

VCT programmes are regarded across South Africa as an important strategy in the management and prevention of HIV-infection (Van Dyk & Van Dyk 2003). However, HIV/AIDS lay counsellors (who provide counselling at the VCT sites in community-based centres) have experienced severe psycho-social challenges due to the social nature of the AIDS epidemic, and the emotional demands placed on the counsellors by distraught clients upon the disclosure of the HIV test results.

This study explores the psycho-social challenges faced by HIV/AIDS lay counsellors when conducting pre- and post-test counselling at a community-based VCT site in Tshwane. The challenges the HIV/AIDS lay counsellors face in their day-to-day lives during the HIV/AIDS counselling process, and the social support needed for these counsellors to keep them motivated and prevent burnout are investigated through in-depth interviews.

## 1.2 BACKGROUND

According to the counselling service at Aberdeen University, "counselling" is a process that offers an opportunity for an individual to explore any psycho-social issues that may be causing them harm. In this way, counselling helps people who feel helpless to face life-changing problems, such as being diagnosed with a mental illness, or a physical condition like HIV, that will affect their quality of life (Aberdeen University 2006; Lifeline 2008).

Counselling plays a major role in the social care context in the community, because it allows people to disclose and discuss problems, and, ideally, enables them to discover ways of dealing with these problems.

In the context of HIV and AIDS, counselling is a confidential relationship between a client and a counsellor, during which an opportunity is given to the client, HIV-positive or not, to explore ways of living a satisfying life without exposing themselves (or others) to unnecessary danger or harm (South Africa National Department of Health [SADOH] [sa]). Moreover, counselling has been accepted as a psycho-social *necessity* before and after HIV testing, due to the psycho-social issues surrounding the test and receiving the results (Brouard & Maritz 2008:58). This means that, before one takes an HIV test one needs to undergo pre-test counselling to have a clear understanding of the meaning of the HIV test, and to make an informed decision regarding taking the test (Evian 2000; Van Dyk 2005).

During this pre-test stage, the HIV/AIDS lay counsellor play a critical role in preparing the client and providing him/her with information on the technical aspects of the test, as well as exploring the possible personal, social, psychological, medical, legal and ethical ramifications of being tested and possibly receiving a positive result. After the client's consent to be tested is obtained and the test is conducted, the client undergoes post-test counselling, during which emphasis is placed on the outcomes of the test. There is then also information on risk reduction and the

implications of a positive HIV status, safer sex practices and guidance in obtaining social support.

HIV/AIDS lay counsellors meet individuals from many different socio-cultural backgrounds, and each of them has different expectations of the HIV/AIDS counselling process. A diagnosis of a positive HIV status has a profound effect on the psycho-social circumstances of individuals' fear of stigmatisation and discrimination, and the ensuing denial, guilt, grief, and depression, which are all among the reactions experienced (Evian 2000; Gasa 2001; Van Dyk 2005). HIV/AIDS lay counsellors have to provide different ways for the client to deal with these various emotions, in order to help him/her to live a fulfilling life despite a positive test result.

The roles and responsibilities of HIV/AIDS lay counsellors are not easy; they often exceed the counselling capacity and any capabilities acquired during the short period of training – anywhere between five days and three weeks. This leads to the HIV/AIDS lay counsellors experiencing occupational stress, depression, and anxiety, and often there is no formal system for debriefing and/or any adequate support system for these counsellors. Such a support system would contribute to an improved understanding of the clients' psycho-social needs around HIV and AIDS, and would benefit the counsellors in many ways.

In support of this, Birdsall, Hajjiannis, Nkosi and Parker (2004) confirm that HIV/AIDS lay counsellors at these VCT community-based sites in South Africa are not always working in a supportive environment that enables a quality counselling process. Moreover, it is critical to understand the HIV/AIDS lay counsellor as a whole person, and to consider the psycho-social challenges that they face in providing counselling to the client, and in establishing networks of social support for the clients.

### **1.3 PROBLEM STATEMENT**

The task of an HIV/AIDS lay counsellor is varied, complex and stressful, often leading to occupational burnout. The environment of the HIV/AIDS lay counsellor is dissimilar to the environment of professional counsellors in that there is currently no statutory/professional body set up to regulate support for HIV/AIDS lay counsellors, though their working conditions place very high demands on their personal and professional lives (Brouard & Maritz 2008:61). The psycho-social challenges faced by HIV/AIDS lay counsellors during the counselling process may lead to some counsellors resigning, and/or not remaining long in counselling services. These challenges may have a negative influence on the effectiveness of their counselling process and their capacity to do counselling.

This study aims to investigate the psycho-social challenges faced by HIV/AIDS lay counsellors at a VCT community-based site in Tshwane, and to determine whether there is a need for the provision of psycho-social support after the counselling process.

### **1.4 PURPOSE AND OBJECTIVES OF THE STUDY**

#### ***1.4.1 Purpose***

The purpose of this study is to investigate the psycho-social challenges experienced by HIV/AIDS lay counsellors at VCT community-based sites, in order to develop insight into and understanding of these challenges during and after the counselling process. With these insights, provision can be made at the community-based site for psycho-social support for these counsellors on a regular basis to prevent burnout.

### ***1.4.2 Objectives***

The objectives of this study are:

- 1.4.2.1 to investigate the psychological challenges faced by HIV/AIDS lay counsellors during and after the counselling process at a community-based VCT site;
- 1.4.2.2 to investigate the social challenges faced by HIV/AIDS lay-counsellors during and after the counselling process at a community-based VCT site;
- 1.4.2.3 to investigate the coping mechanisms of HIV/AIDS lay-counsellors during and after the counselling process at a community-based VCT site;
- 1.4.2.4 to make recommendations for improving the support systems for HIV/AIDS lay counsellors in dealing with the psycho-social challenges during and after the counselling process.

### **1.5 RATIONALE FOR THE STUDY**

Although various community-based organisations have established VCT service sites, which operate with lay counsellors, the literature review of this study revealed that little research has been done on the psycho-social challenges faced by lay counsellors in providing pre- and post-test counselling to the clients. Consequently, little is known about the different support mechanisms that could be implemented by managers or supervisors at these sites to prevent stress and burnout. This study offers insight into the psycho-social challenges faced by HIV/AIDS lay counsellors at community-based sites in South Africa, and the findings of this study may contribute to identifying the types of support needed, and assist in the organisation of it, helping these counsellors to provide quality counselling services. According to



UNAIDS (2000), the types of psycho-social support these HIV/AIDS lay counsellors receive may influence their counselling abilities and the counselling process as a whole, which would then have a positive effect on their social lives and mental health in general.

## **1.6 RESEARCH QUESTIONS**

Four fundamental questions guide this study in terms of its objectives:

- 1.6.1. What are the psychological challenges faced by HIV/AIDS lay counsellors during and after the counselling process?
- 1.6.2. What are the social challenges faced by HIV/AIDS lay counsellors during and after the counselling process?
- 1.6.3. How do the HIV/AIDS lay counsellors cope with these psycho-social challenges during and after the counselling process?
- 1.6.4. What types of psycho-social support should be made available to these HIV/AIDS lay counsellors during and after the counselling process?

## **1.7 OPERATIONAL DEFINITIONS**

The following concepts, when used in this study are defined as follows:

### ***1.7.1 Psychological***

"Psychological" refers to mental health. It is defined as the maintenance of health and well-being as well as the aetiology of desired behaviour (Van Dyk 2005; *Dictionary of Psychology* 2007). In this study, the term "psychological" refers to the mental needs of HIV/AIDS lay counsellors.

### ***1.7.2 Social***

"Social" refers to the structure, which defines the roles that individuals play in relation to one another. It is a network of people in a community or organisation in which people meet each other for pleasure, to share problems and provide feedback on these problems (*Encyclopaedia of Social & Cultural Anthropology* 1996; *Dictionary of Sociology* 2000). Similarly, in this study, the term "social" refers to access to and availability of networks of social assistance at and around the community-based VCT sites.

### ***1.7.3 Challenge***

This concept is taken to refer to the demanding process of confronting someone with something they would prefer not to acknowledge (in this case a positive HIV test result) – a painful experience for the client and an exhausting one for the counsellor (Stewart 2005). In this study, the concept "challenge" refers to the precise experience of confrontational psycho-social situations that HIV/AIDS lay counsellors experience during and after the counselling process at a community-based VCT site.

### ***1.7.4 VCT site***

This concept refers to various places where voluntary counselling and testing services of HIV are carried out (UNAIDS 2000) within local communities.

### ***1.7.5 Counselling process***

According to the KwaZulu Natal Provincial Department of Health ([sa]), the counselling process is a private, free, and confidential conversation between a specially trained person (called a counsellor) and a client, aimed at enabling the client to help him/herself. In other words, the counselling process is an activity

undertaken by two people agreeing to fulfil the respective roles of “counsellor” and “client” (Feltham & Dryden 2004). This counselling is aimed at preparing the client emotionally and socially for the personal and emotional process of receiving their HIV test result through two sessions, namely pre- and post-test counselling.

#### ***1.7.6 Pre-test counselling***

“Pre-test counselling” refers to the counselling that a client receives before he/she decides to undergo an HIV test. In this session, the HIV/AIDS lay counsellor establishes the extent of the client’s existing knowledge of HIV and AIDS, and does a risk assessment. The possibilities of risk reduction, the meaning of an HIV test as well as the implications of testing for the client’s lifestyle are then explored. As the HIV/AIDS lay counsellors prepare the client to receive the result of their possibly positive HIV test result, various coping strategies are explored (SADOH 2000; Van Dyk 2005). Thus, the role of the HIV/AIDS lay counsellors entails educating people regarding the meaning of an HIV-positive/AIDS status, encouraging them to know their status, and the possible sources of support after they know their HIV test result.

#### ***1.7.7 Post-test counselling***

“Post-test counselling” is defined as a session in which the HIV/AIDS lay counsellor helps a client to understand the result of their HIV test, and initiate the adaptation to either their positive or negative status (in terms of preventing infection should the result be negative). During this session, the HIV/AIDS lay counsellor gives the result to the client, explores the client’s concerns and needs, discusses risk-reduction strategies, explores disclosure issues and discusses support systems (SADOH 2000; Van Dyk 2005). The role of HIV/AIDS lay counsellors is to deal with the client’s emotional reactions to the test result and to equip them with options to live a positive, healthy life – no matter what the result has been.

### ***1.7.8 HIV/AIDS lay counsellor***

An HIV/AIDS lay counsellor is an individual who usually undergoes anywhere between five days and three weeks of training on HIV/AIDS counselling and testing skills, and agrees to offer time, attention and respect by providing pre- and post-test counselling to individuals who undergo HIV tests, enabling them to make an informed choice about being tested (SADOH 2000; Stewart 2005).

HIV/AIDS lay counsellors should comply to certain requirements, such as being non-judgemental, respectful, and genuine. These terms are defined by Feltham & Dryden (2004) and Van Dyk (2005) as:

- “Non-judgmental” refers to expressing acceptance and willingness to learn, rather than entertain assumptions, about the client. This attitude allows the HIV/AIDS lay counsellors to empathise with the inner world of the client, in order to gain a picture of the client and the nature of the problem;
- “Respectful” refers to the belief and subsequent behaviour of an individual that every person is a worthy being who is competent to decide what he or she really wants; has the potential for growth; and has the abilities to achieve what he or she really wants from life;
- “Genuine” is taken to denote honesty, sincerity and transparency in counselling and helping the clients.

Moreover, there is a need for HIV/AIDS lay counsellors to have great interpersonal and communicational skills for building supportive relationships between themselves and their clients, because clients want the HIV/AIDS lay counsellors to relate psychologically, socially and emotionally to her/him (Van Dyk 2005:186).

It is within the above-mentioned description that this study will apply the concept of an HIV/AIDS lay counsellor. The presence of these characteristics in the counselling process enables HIV/AIDS lay counsellors to create an atmosphere of acceptance and freedom in which the client can reveal their deepest, darkest and most painful experiences, without fear of judgement or rejection (Van Dyk 2005).

### ***1.7.9 Community-based organisation***

This concept refers to an organisation formed by people living within specific communities, which provides social services (like VCT services) and whose activities are based primarily on volunteer efforts. Such a community-based organisation depends heavily on voluntary contributions for labour, materials and financial support (Chechetto-Sales & Geyer 2006; Cornu & Attawell 2003), and they are mostly located within the specific communities to provide access to these services.

### ***1.7.10 Coping mechanisms***

Lazarus and Folkman (1984) define "coping" as a person's constantly changing cognitive and behavioural efforts used to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of person. CMO (2008) describes a coping mechanism as the way in which one deals with the minor or major stresses and traumas that we experience, gaining a greater understanding of the situation. In this study, coping mechanism refers to the different ways in which HIV/AIDS lay counsellors manage the psycho-social demands experienced during and after the counselling process at a community-based VCT site.

## **1.8 BRIEF OVERVIEW**

### ***1.8.1 Chapter 2: Literature review***

This chapter, providing the literature review relevant to the study, gives an overview of HIV/AIDS counselling, HIV/AIDS counselling in South Africa, and National Guidelines and Minimum Standards for VCT services. The TASO model of HIV/AIDS lay counselling at community-based sites, training and recruitment of HIV/AIDS lay counsellors, the psycho-social challenges faced by these counsellors, as well as the transactional model of the Stress and Coping theory are described.

### ***1.8.2 Chapter 3: Research methodology***

Chapter 3 presents the research methodology adopted to investigate the psycho-social challenges faced by HIV/AIDS lay counsellors at a community-based VCT site, and also discusses the qualitative research design of the study, the target population and sampling, including data collecting strategies, the analysis and interpretation of the data, and the authenticity of the study.

### ***1.8.3 Chapter 4: Analysis and interpretation of findings***

The focus of this chapter is on the analysis of the research results from the interviews. The findings from the interviews are explored according to the major themes which emerged, in which the research participants' descriptions are central. The psychological challenges connected to daily problems experienced by the interviewees in their daily work, as well as the physical work environment, are discussed. In addition, the HIV test results and the clients' reaction to them, the African culture and the counselling process are analysed. The social challenges resulting from moral pressure and the impact of the psycho-social challenges on an HIV/AIDS lay counsellor's life are examined. The coping mechanisms established or needed are explored.

### ***1.8.4 Chapter 5: Conclusion and recommendations***

Chapter 5 presents the conclusions drawn and some recommendations made, which could contribute in assisting the community-based organisation in providing effective psycho-social support to HIV/AIDS lay counsellors so as to prevent stress and burnout. Thus their counselling skills are improved and they are enabled to fulfil their roles as counsellors to the fullest.

## **1.9 END NOTE**

This chapter outlined the general orientation of the study. The introduction and background to the problem have been presented, together with the problem

statement, the purpose, rationale, and objectives of this study. The research question was stated, and operational definitions were provided so that clear demarcations are set for the study. In the next section, a more in-depth discussion of the literature follows.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

This chapter begins with a brief historical overview of HIV/AIDS counselling, followed by an overview of HIV/AIDS counselling in South Africa, which includes the implementation of HIV/AIDS lay counsellor projects across the country. The issue of national guidelines and minimum standards contributing to the provision of quality counselling service delivery, the AIDS Support Organisation (TASO) model (considered to be the factor enhancing HIV/AIDS counselling at community-based VCT sites in South Africa), will be discussed. Moreover, the psycho-social challenges faced by HIV/AIDS lay counsellors as described by other researchers have been collected and examined.

The transactional model of stress and coping serves as an orientation point for understanding how HIV/AIDS lay counsellors cope with psycho-social challenges on a daily basis.

#### **2.2 A BRIEF OVERVIEW OF HIV/AIDS COUNSELLING**

The development of HIV/AIDS counselling is characterised by two socio-historical periods, according to Bond (1995) and Kinghom & Steinberg (1998). During the first phase, HIV/AIDS counsellors were mostly people living with HIV who had the symptoms of the distinctive, life-threatening illness known as AIDS. They had unique counselling skills and styles, and, as they were themselves infected, had an unparalleled understanding of the psycho-social issues related to people living with HIV.



During the second phase, HIV/AIDS counselling and testing became, in countries such as the United States of America and the United Kingdom, part of governmental HIV-prevention programmes. Due to the enormous impact of HIV and AIDS on communities, counselling has been incorporated into the care and treatment of people with AIDS. At the same time, it was required that anyone seeking an HIV-antibody test be counselled before and after the testing process. The reason for this requirement was that it had been observed that HIV/AIDS was associated with severe emotional stress, and counselling was seen as an appropriate means of providing the necessary mechanisms to alleviate this stress (Baker & Seager 1991).

In addition, Richter, Van Rooyen, Griesel, Solomon and Durheim (1999) indicate that the United Kingdom has decided to provide counselling in two parts: *pre-test counselling*, considered to be a part of routine medical consultations during which the major educative function could be performed; and *post-test counselling*, viewed as supportive counselling, which can be provided by specially trained counsellors.

Therefore, it is acknowledged that, without a doubt, counselling plays an important role in the preventative strategies against HIV as well as in the mental health and social support to those infected/affected by the virus. This is enhanced in the practice of the TASO model of counselling, which has widely inspired the counselling processes provided by the community-based VCT sites. The TASO model proves to be appropriate to achieve the objectives of prevention and support in the African context of HIV and AIDS counselling. The model considers HIV as affecting the entire person – including the affected person's relationships and social networks – when HIV affects the individual, it also affects those around that individual (Van Dyk 2005:195). Nattrass (2004) supports this notion by indicating that the TASO model is one of the most successful examples of community-based responses to the great challenge of HIV, at both individual and societal levels. A further explanation of this model is provided in the section below but first there is a discussion of the transactional model of stress and coping.

### 2.3 THE TRANSACTIONAL MODEL OF STRESS AND COPING THEORY

The transactional model of stress and coping theory constitutes the broad theoretical framework for this study. In order to understand the different psycho-social challenges faced by HIV/AIDS lay counsellors during their daily work and how they cope with them, one should see the counselling process as a transaction between counsellor and client, according to the *Transactional Model of Stress and Coping theory* by Lazarus and Folkman (1984). This theory proposes that, during the counselling process, the client and the counsellor engage with each other on a transactional level of give-and-take, which should balance itself out at the end of the counselling process. It also looks at how the recipient reacts to a stimulus during counselling, and what coping mechanisms they need to develop in order to deal with the situation.

Within this cognitive model, psychological stress is viewed as a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources, and endangering his or her well-being (Lazarus & Folkman 1984:19). Such appraisals are determined simultaneously by perceiving environmental demands and personal resources, which can change over time due to coping effectiveness or improvement in personal abilities. It has also been demonstrated by Lazarus and Folkman that cognitive appraisal and coping are essential mediators of stressful person-environment transactions.

This study found that the stressors often exceed the demands made by the internal and external environments of the counselling. A stressful experience is seen as a complex and dynamic system of transactions between the HIV/AIDS lay counsellors and the environment (the impact of external stressors or demands such as the psycho-social challenges) of the counselling process.

These transactions are mediated by the HIV/AIDS lay counsellor, who is appraising the stressor, according to his/her access to the psychological and social resources at

his/her disposal, based on varying aspects, such as adequate training and continuous support.

“Coping” refers to the person’s cognitive and behavioural efforts to minimise, reduce or tolerate the internal and external demands of the person-environment transaction that is regarded as taxing or exceeding the person’s resources (Folkman, Richard, Lazarus and Anita 1986). The evaluation of this is done through two component processes: primary and secondary appraisals.

“Primary appraisal” refers to the stakes a person has in certain encounters, whereas “secondary appraisal” refers to one’s available coping mechanisms for dealing with stress. In this stage, the individual evaluates his competencies, social support and other resources to re-adapt the challenges and to re-establish equilibrium between the person and the environment.

Thus, when faced with the psycho-social challenges associated with the counselling process, the HIV/AIDS lay counsellor evaluates the potential impact on their life or participates in a *primary appraisal process*. During this process, the HIV/AIDS lay counsellor will judge the significance of the event as being stressful, positive, manageable, challenging, irrelevant, et cetera.

When deciding how to cope with the stressor or challenge, a *second appraisal* of the stressful experience will follow, which is an assessment of the coping resources, and options which are available to the counsellor at that point in time (Van Dyk 2005). A secondary appraisal will then assist the HIV/AIDS lay counsellor in terms of what can be done about the situation, and what coping mechanisms are available to transform the situation from a stressful experience to one with a positive outcome.

In this study, the researcher is using this model in order to investigate the psycho-social challenges faced by HIV/AIDS lay counsellors at a specific community-based VCT site, and to determine how these counsellors cope with the challenges during and after the counselling process.

## 2.4 HIV/AIDS COUNSELLING IN SOUTH AFRICA

In developing a model for HIV/AIDS lay counselling in South Africa, the following range of factors play a role:

- The level of education of the counsellors
- The amount of training received by the counsellors
- The model of counselling according to which these counsellors were trained
- The site where they provide lay counselling (Richter et al, 1999:19).

However, Kotze (2005) argues that HIV/AIDS counselling services across South Africa are based on a "network model," similar to the TASO model. This model is based on interactive counselling centred on clients during two face-to-face sessions, such as described in section 2.5 of this study.

According to Richter et al (1999), the phenomenal growth of HIV/AIDS counselling arose with the development and availability of detection blood tests, which have been available since 1985 in South Africa. In this regard, NACCOSA developed the first National AIDS Counselling Strategy in 1990, as part of the national plan to promote the prevention of HIV infection. This plan also aimed to provide care and support to those infected with HIV, notably through city-based AIDS Training, Information and Counselling Centres (ATICCs), various non-governmental organisations (NGOs), private sector services, and some in clinics and hospitals. Hence, in 2000, the process of expanding VCTs to within the public-sector healthcare was initiated as part of the national strategic plan on HIV/AIDS and sexually transmitted infections (STIs) (Birdsall et al 2004).

Of great importance in this plan was the recognition of the human rights aspect of HIV, including that testing should be done with informed consent (Viljoen 2005:99). Therefore, HIV/AIDS counselling has become a key element of any HIV/AIDS strategy across the country. Accordingly, all HIV-prevention counselling should focus on the client's unique circumstances and risks, and should help the client to identify

and change risk behaviour (in order to reduce the chances of acquiring or transmitting HIV) (CDC 2001).

Unfortunately, HIV/AIDS counselling as a prevention strategy has not always been readily available to all citizens, and the government has not always shown a commitment to the prevention of HIV-infection – therefore, VCT sites are not as widespread as they should be (Kotze 2005).

In 1996, 19 ATICCs were opened to offer counselling services in relation to HIV testing, in accordance with the following five objectives identified by NACCOSA (Richter et al 1999):

1. To ensure that all people receive pre- and post-test counselling;
2. To develop an extensive network of trained counsellors;
3. To ensure that counselling is accessible and culturally sensitive;
4. To integrate counselling into other services; and
5. To develop and sustain an ethos of confidentiality and support.

According to Richter et al (1999) the lay counsellors project at ATICCs was initiated in order to increase the capacity of and to promote existing HIV/AIDS counselling services across the country. It was acknowledged that the existing VCT services throughout the country were inadequate, and that there was a need to expand the availability and accessibility of HIV/AIDS counselling services beyond traditional professional people such as psychologists. Thus, ATICCs came up with the idea of creating a new level of psycho-social services for people who wished to undergo an HIV test, in the form of HIV/AIDS lay counsellors. But since the HIV&AIDS and STI NSP (2000-2005), which aimed at reduction of the rate of new infection as well as the impact of AIDS, was developed by the SADOH (2000). The promotion of counselling and testing has become vital to the success of HIV/AIDS programme throughout the country.

ATICCs also allowed unemployed and/or unskilled people from local communities to be trained in HIV/AIDS counselling skills, in order for them to provide pre- and post-test counselling, and follow-up counselling in their communities, and to assist

PLWHIV in health institutions such as hospitals and clinics. This project was started in 1995 in KwaZulu-Natal for six months as a pilot project in order to explore the feasibility of the project, before it was extended to all provinces (Richter et al, 1999:15). Subsequently, the SADOH (2001) established acceptable ethical standards for the training and support of HIV/AIDS lay counsellors, and published a *Training Manual for Counsellors* in 2001. This process standardised the training of these lay counsellors, and provided *minimum* psycho-social support to help them cope with the challenges they might face during counselling.

However, Brouard & Maritz (2008) indicate that, although this manual was intended to standardise the training, many HIV/AIDS lay counsellors across the country have not experienced the same quality of training. There are those who have had specific training, typically three to five days, which focuses exclusively on the counselling protocol and the accompanying skills to conduct the intervention sensitively and effectively (Marum, Campbell, Mswoya, Barnabo and Dillo 2002: 331), and those who have done ten days of training (such as recommended by the SADOH 2001). Currently, the HIV/AIDS lay counsellors' position is problematic, as they do not have a proper professional association that can ensure that these standards are adhered to, nor is there provision for the HIV/AIDS lay counsellors to receive adequate psycho-social support.

Actually, the HIV/AIDS lay counsellor project has become quite active in most provinces of the country; for example, in the city of Tshwane there are already 71 VCT sites established, according to Kholofelo (2009). Despite the increase in the number of VCT sites in South Africa, studies done by Richter et al (1999) show that there are no formal coping mechanisms taught, or support provided for those who are in charge of VCT sites and counselling.

## **2.5 NATIONAL GUIDELINES AND MINIMUM STANDARDS**

The publication, *National Guidelines and Minimum Standards for Voluntary Counselling and Testing (VCT) Services*, is intended to contribute to the provision of quality services by standardising the delivery of these services across the country. It

also intends to encourage those who offer these services to provide psycho-social support and supervision at VCT sites for HIV/AIDS lay counsellors, such as those at the community-based VCT site in this study. Furthermore, these National Guidelines include the minimum standards related to HIV/AIDS counselling during pre- and post-test counselling. These two phases of HIV/AIDS counselling should preferably be done by the same person, because of the established relationship with the client, which helps him/her to feel secure, reduces misunderstanding and provides a sense of continuity for the client (SADOH 2000; CDC 2001; Van Dyk 2005:208).

Therefore, HIV/AIDS lay counselling seeks, through client-initiated pre- and post-test counselling, to reduce HIV-infection and transmission by means of the information that clients receive regarding these topics. This in turn helps them to identify the specific behaviours that put them at risk of acquiring or transmitting HIV, and helps them to commit to taking informed steps to reduce those risks (CDC 2001; Van Dyk 2005).

In the next section, pre- and post-test counselling are discussed in more detail, in order to gain a better understanding of the counselling processes which occur during each of these phases.

### ***2.5.1 Pre-test counselling***

Pre-test counselling is provided in a quiet and private environment, before the person goes for his or her HIV test, and includes the following:

- Exploring the reasons for taking the decision to go for an HIV test;
- Establishing the risk level of the client;
- Establishing a relationship with the client (which means that the HIV/AIDS lay counsellor has to create an atmosphere of safety and trust in order to help the client to tell his/her story). During this stage, the HIV/AIDS lay counsellor gains insight into the client's life and identifies the client's sources of social support (such as family history and relationship status);

- Assisting the client to explore the implications of HIV testing. The HIV/AIDS lay counsellor should explore with the client what a negative or positive result could mean for him/her, before going for the test, identify the client's support network, as well as possible personal, medical, social, psychological and legal implications of the result (positive or negative) on the client's life;
- Assuring the client during the whole counselling process that it is confidential, which means that all the information shared in the counselling process will not be disclosed to anybody without his/her full consent (Van Dyk 2005; SADOH 2000).

### ***2.5.2 Post-test counselling***

During post-test counselling, the HIV/AIDS lay counsellor deals mainly with the results of the HIV test and focuses on the following stages such as indicated by the SADOH (2001):

- **First stage: *Giving the HIV test result to the client***

Before giving the results of the HIV test, the HIV/AIDS lay counsellor should ensure that the client is truly willing and ready to receive his/her result, and understands what the result means. The HIV/AIDS lay counsellor should give the result in a quiet, private environment, and allow every opportunity for the client to express his/her feelings about the test result. Counsellors should not take any reaction personally, but should instead show empathy, warmth, and caring towards the client.

- **Second stage: *Helping the client to explore and consider options***

Positive living needs to be encouraged, regardless of the test result. If the result of an HIV test is positive, the client must be further counselled on how to live positively with HIV, and how to maintain a positive attitude towards his/her life and avoid additional exposure to the virus and other STIs. In giving the relevant information to



the client, counsellors should encourage hope and empowerment by responding to the client's individual needs (Brouard in Van Dyk 2005:211). The HIV/AIDS lay counsellor should also encourage the client to return for follow-up counselling and referrals for social support (to ensure that support structures are available). If the client's test result is negative, the client will then be encouraged to return for a confirmation test to ensure that he/she is not in the window (or sero-conversion) period of HIV infection, and so he/she should return within six weeks to three months.

- **Third stage: *Helping the client to plan the future***

From the relevant information given regarding the test result, the counsellor makes things easier by assisting the client with practical alternatives. These practical aspects include providing the client with a plan relevant to the most immediate and pressing concerns, by checking the feasibility of all possible actions, including the disclosure of the HIV test result to partners, in order to help the client to live positively.

Therefore, the main task in counselling is to maintain the integrity and supportiveness of the client's social unity, by encouraging open communication between those involved and by educating them about AIDS. Information should also be provided on HIV transmission, self-protection, and illness progression, as well as safety regarding casual contacts and practices of "safer sex" (Lippmann & James 2003:162). Accordingly, the HIV/AIDS lay counsellor must therefore undertake the very important task of helping the client to live a healthy and happy life after diagnosis (Van Dyk 2005:213).

It is during these counselling processes that HIV- AIDS lay counsellors often have to face different psycho-social challenges, depending on the results of the HIV test and the way in which the client reacts.

## 2.6 THE TASO MODEL OF HIV/AIDS COUNSELLING SERVICES

TASO is an organisation indigenous to Uganda, and was founded and developed in 1987 by individuals who were affected by AIDS, either directly or indirectly. This non-governmental organisation came into existence to address the needs of people living with AIDS as well as their families, through the provision of counselling, medical care and social support. Furthermore, it offers support for clients in coping with their lives as well as in reducing risks for their loved ones. Hence, the TASO model of counselling is considered as the first African strategy to respond to the challenges of the HIV/AIDS epidemic, and has served as a model for community-based organisations in several other countries, including South Africa (WHO 1995; Stock 2004; Calvaresse, Bame and Bakamanume 2007).

By responding to the challenges facing HIV/AIDS clients and their families/communities, the TASO model wants to change community attitudes toward and stigmatisation of the virus and those affected with it. This, in turn, empowers the communities to mitigate the impact of the epidemic, and allows clients and their families to continue to foster a meaningful life (Kiwombojjo 2001; Calvaresse et al 2007). It should be noted that this model has three aspects, which include a pre- and a post-test counselling, as well as a follow-up counselling session, in which trained HIV/AIDS counsellors help clients to cope with fear and stress and to identify options and find solutions, as indicated by Kiwombojjo (2001) and the SADOH (2001).

According to Continho, Ochai, Muqume, Kavuma and Collins (2006), TASO's organisational mission is to contribute toward creating hope and improving the quality of life of persons and communities affected by HIV/AIDS. Thus, TASO takes a holistic approach by addressing HIV/AIDS issues at the personal level, by using a one-on-one counselling approach, which empowers the infected and/or affected person to make informed decisions, improve their quality of life and facilitate the balance between the rights and responsibilities of the individual. Also at family and community level, the issues are addressed by providing relevant information to help

clients and their social network to understand, prevent and treat HIV/AIDS. So, this model of counselling serves the needs of the people infected and affected with HIV/AIDS.

With regard to TASO's vision, Continho et al (2006) identify its principal objective as helping people to live positively with HIV/AIDS as far as their physical and psycho-social well-being are concerned. To do this, HIV/AIDS (lay) counsellors are engaged on a transactional level of exchange with clients. This transactional level fits well with the theory designed by Lazarus and Folkman (see section 2.3) as a transaction of "give-and-take". In this transaction, according to the TASO model, the counsellor attempts to resolve the client's needs in relation to the test result, and at the same time, will look at how to regulate or moderate the emotional outcomes generated by this transactional process, in order to maintain their own well-being and re-establish the relationship with the clients during post-test counselling. This may be done through the appropriate psycho-social support established at the VCT site by the TASO or individual coping mechanisms, such as in the case of this study. These coping mechanisms should be considered as the way to assist HIV/AIDS (lay) counsellors to restore their personal well-being.

In this regard, TASO has demonstrated a strong capacity to overcome the five main problems that plague HIV/AIDS care, namely, *revealing one's HIV sero-status to others; accepting people living with AIDS (PWA) into the family and community; seeking early treatment; the implementation of methods of psycho-social support; and combining prevention and care* (Kaleeba & Kalibala 2003:140).

## 2.7 HIV/AIDS COUNSELLING AT THE COMMUNITY-BASED VCT RESEARCH SITE

The tremendous demands that the HIV/AIDS epidemic has placed on health services cannot be met by the hospitals or clinics alone. The community-based organisation is recognised as a complement to health services and has taken up the challenge of HIV/AIDS by increasing both the awareness and the quality of life of HIV/AIDS clients. The organisation helps with enabling these clients to cope with and mitigate the impacts of the virus felt at the individual, familial, and social network levels (Van Dyk 2005; Birdsall & Kelly 2005; Leonard, Khan and Amanyire 2007).

The community-based VCT site is located outside medical settings such as hospitals and clinics, and focuses on client-interaction counselling, referred to as client-initiated counselling. This means that the individual voluntarily chooses to undergo the test, as well as the pre- and post-test counselling sessions.

In South Africa, the community-based organisations are well placed to play an important strategic role in addressing the issues of the HIV/AIDS epidemic. This is because of their close proximity to those affected or infected by HIV – it is at the family or social-network level that people living with HIV/AIDS find comfort and support, or suffer rejection and discrimination (AIDS Foundation South Africa 2005). In this regard, the community-based VCT site that is the focus of this study, is working in key priority areas of prevention, treatment, care and support, in which the main activities are voluntary counselling and testing, psycho-social support, awareness training and day care centres. Voluntary counselling and testing is relevant to the curriculum adopted by the SADOH (2000), as set out in the training manual for HIV/AIDS counsellors, and emphasises the support of families. It helps the *community* to cope with HIV/AIDS, and also improves the chain of care for clients infected or affected by the disease (SADOH 2001). The community-based VCT site in this study seems to bear similarities to TASO's model of counselling – both have demonstrated that individuals and their families are able to live positively with HIV/AIDS through counselling, medical care and material support to clients and

their families (Kaleeba & Kalibala 2003:140). Therefore, TASO's model of counselling and also the community-based VCT site are an appropriate response to the emotional needs of PWA and their families (Kaleeba & Kalibala 2003:145).

The HIV/AIDS counselling provided at this community-based VCT site seeks to bring hope and comfort to those infected and affected by HIV/AIDS, through the practical expression of care and healing. However, the site is often unable to generate social support due to its limited resources; it depends on external donors for its funding, which is unreliable. This does not facilitate the counselling process in terms of improving the coping abilities of counselled clients, and does not allow HIV/AIDS lay counsellors to remain effective in their delivery of support services and to respond adequately to the needs of vulnerable clients, who expect this kind of service from them (personal interview, Coordinator 2009).

It should also be noted that by counselling clients, HIV/AIDS lay counsellors are in a good position to gain a greater understanding of the problems and needs of their clients; however, without resources, it is difficult for counsellors to deal with the pressure of meeting all client needs and hence, follow-up meetings with clients are seldom managed. In turn, this causes emotional stress and discomfort for HIV/AIDS lay counsellors, who are meant to be providers of hope and comfort to their clients.

Moreover, at community-based VCT sites, HIV/AIDS lay counsellors are working under increasing psycho-social pressure, dictated on the one hand by the counselling process itself, and on the other hand by the emotional needs of clients. All of this is explored in this study (see section 2.8 for more information on the psycho-social challenges HIV/AIDS lay counsellors are facing).

## **2.8 TRAINING AND RECRUITMENT OF HIV/AIDS LAY COUNSELLORS**

When HIV/AIDS counselling first began (as stated under section 2.2), it was mainly done by People living with HIV, and professional counsellors. Currently, the provision of HIV/AIDS lay counselling does not require any academic qualification in counselling, or an HIV-positive status, but it does require a certain level of literacy. Counsellors have to be able to read the available literature, keep written case notes, and attend further training in order to stay informed about current issues related to HIV/AIDS.

Potential counsellors must first undergo a VCT training course of between five days and three weeks, as required by the SADOH (2001). They are then certified as an HIV/AIDS lay counsellor, and are registered with an organisation or the department itself. However, there are no formal policies for the selection or recruitment of HIV/AIDS lay counsellors, although the SADOH ([sa]) has requested that the selection of prospective counsellors should, amongst other things, consider the person's attitude towards HIV/AIDS and the people infected and affected by this disease. Prospective counsellors should demonstrate genuine interest and commitment to working in the HIV/AIDS field.

The recruitment is done according to the needs of the organisation. Since potential counsellors have agreed to work as volunteers, their enthusiasm must also be considered during the recruitment and selection process (as is done at the community-based VCT site in this study), since they will require an inherent driving force to provide quality HIV/AIDS counselling to any person who wishes to use their services.

## **2.9 PSYCHO-SOCIAL CHALLENGES FACED BY HIV/AIDS LAY COUNSELLORS**

Providing counselling on an emotional issue such as HIV/AIDS often leads to different kinds of psychological and social challenges and problems, which HIV/AIDS lay counsellors must face during and after the counselling process. The interaction between the HIV/AIDS lay counsellor and the client may be very intense, due to feelings of hopelessness and loss on the part of the client, difficulties in adjusting psychologically to the HIV-positive result, and dealing with possible stigma and discrimination. These factors may lead to thoughts of suicide and other disabling emotions such as depression, and the need for social support is thus vital (Brouard 2007). The counselling environment makes it difficult for HIV/AIDS lay counsellors to be emotionally detached from their clients, because they have to get involved in the psycho-social dynamics of their clients' lives. In turn, this may negatively influence the HIV/AIDS lay counsellor's capacity to cope with the counselling process.

Furthermore, fears and taboos related to sexual matters may also increase the stress levels of HIV/AIDS lay counsellors (Van Dyk 2005). For example, a young female HIV/AIDS lay counsellor may find it difficult to challenge an older male client on certain sexual beliefs regarding the prevention of HIV infection, while a male HIV/AIDS lay counsellor may consider it disrespectful to talk openly to an older woman about her sexual activities.

It is also difficult for both male and female HIV/AIDS lay counsellors to negotiate the various religious beliefs and issues arising from beliefs about the disease, since HIV is predominantly sexually transmitted. Many clients avoid counselling because of the religious or spiritual issues raised by the disease, as indicated by Van Dyk (2005:249).

Despite these socio-cultural factors, HIV/AIDS lay counsellors have the responsibility to talk openly with their clients about their (the clients') sex lives, a sometimes embarrassing and always delicate task. On the one hand, HIV/ AIDS lay counsellors

need to avoid asking for or discussing irrelevant details of clients' private lives. On the other hand, it is very useful to focus on specific instances of risky behaviour in the recent past, and the client's thoughts, feelings and interactions with their partner in these situations, since this is a valuable basis for a discussion about the obstacles to safer sex for the particular individual (Colpin 2006).

Providing lay counselling and support to people undergoing HIV testing may require the HIV/AIDS lay counsellors to face their own fears of rejection, as well as any feelings of guilt and blame related to HIV/AIDS. If there is inadequate social support for these HIV/AIDS lay counsellors, such as access to debriefing and supervision, and a supportive social network, they may also experience burnout, depression, anxiety and stress, which may in turn affect the quality of their counselling, as well as their ability to provide this service (Van Dyk 2005).

Miller (1995) and Bellani, Furhani, Gneechi, Pezzotta, Tostto and Belloti (1996) have also indicated that an increased workload, due to the lack of properly trained HIV/AIDS lay counsellors, may add to psycho-social challenges and stresses. These HIV/AIDS lay counsellors need access to adequate social resources that provide emotional support, in order to deal with the many psycho-social feelings and responses of the client during and after the counselling process. Thus, despite their training background, most of them have to develop individual coping mechanisms in order to deal with these psychological and social challenges.

## **2.10 END NOTE**

This chapter has explored the development of HIV/AIDS counselling. An overview of HIV/AIDS counselling in different parts of the world, as well as in South Africa, has been provided. Special attention was given to the TASO model of counselling, which has formed the basis for HIV/AIDS counselling at community-based VCT sites, also in South Africa.



In this chapter, the national guidelines and minimum standards established by the South African government, which standardise the provision of HIV/AIDS counselling throughout the country, have been discussed. The theoretical framework borrowed from Lazarus and Folkman was described, in order to get a better understanding of the psycho-social challenges faced by HIV/AIDS lay counsellors and how they can cope with them in order to avoid burnout.

Therefore, the intention of this chapter has been to highlight the emotional context within which HIV/AIDS lay counsellors are daily involved, and, how this context exposes them to continuous psycho-social challenges.

## **CHAPTER 3**

### **RESEARCH METHODOLOGY**

#### **3.1 INTRODUCTION**

This chapter focuses on the details of the research process, including the kinds of tools used in the completion of this study. In other words, the focus is on the methodology followed in this study.

Research methodology, as described by Sim and Wright (2000:27) and Polit, Beck, and Hungler (2004:164), is the overall approach adopted in a piece of research. In particular, it refers to the general principles of investigation that guide a study. Therefore, the research questions, as well as the research design, the target population and sampling, will be described from the pre-data collection phase up to data analysis. The authenticity, ethical considerations and limitations of this study will also be highlighted.

#### **3.2 RESEARCH DESIGN**

Babbie & Mouton (2001:72) indicate that a research design aims to address the planning of scientific inquiry by designing a strategy of investigation. It determines how a study can gain answers to the research questions in a consistent manner. However, in social research, there are many acceptable ways of doing this.

With regard to the purpose of this study, as was presented in chapter 1 (see section 1.4.1), a qualitative approach was chosen, since this method was deemed the most suitable approach for obtaining the answers to the previously mentioned research questions (see section 1.6). By obtaining first-hand information from HIV/AIDS lay counsellors at a community-based VCT site, a better understanding of the meaning of the psycho-social challenges experienced in their everyday lives within the context

of a natural setting can be gained. This is because the main purpose in qualitative research is to understand social action in terms of its specific context, rather than attempting to generalise. Also, the researcher can observe events and actions as they happen, without removing them from their context (Babbie & Mouton 2001:270). In addition, research interviews (as employed in this study) provide the opportunity to put more in-depth questions to the HIV/AIDS lay counsellors, in order to gain more detailed information concerning the subject matter, and to do so without influencing or manipulating the context.

In this way, as Patton (2002:39) states, qualitative research designs are naturalistic, as it takes place in an everyday setting of the research participant. Failing to use this approach, or removing an answer to a question or conversation from the social context in which it appears, means that the social meaning and significance of the study is simply destroyed or lost (Neuman 2007:89).

The study was conducted at a community-based VCT site in Tshwane, where the researcher was able to observe HIV/AIDS lay counsellors before and after their counselling sessions, without any interference, and to conduct the interview process with these lay counsellors in order to understand the phenomena concerned within their appropriate context.

During a Masters students' orientation workshop, Rabe (2009) argued that the qualitative approach aims to obtain "thick" (or detailed) descriptions to create a greater understanding of the phenomenon under study. Accordingly, this study is based on this approach, as it seeks to gain depth in understanding the phenomenon of HIV/AIDS lay counsellors and the psycho-social challenges that these counsellors face at a community-based VCT site.

The above-mentioned phenomena were explored from an outsider's perspective. Such a perspective enabled new insight into, and a deeper understanding of, the psycho-social challenges facing HIV/AIDS lay counsellors, and helped maximise the value of the insights obtained (Rabe 2003:157).

Semi-structured interviews were conducted with HIV/AIDS lay counsellors at the research site, and personal observation was also used as a technique to collect data on the subject matter as it became available.

### **3.3 TARGET POPULATION AND SAMPLING**

The participants in this study were HIV/AIDS lay counsellors who had been trained in counselling programmes in order to obtain counselling skills, and they had been working at the selected community-based VCT site in Tshwane for at least six months, providing pre- and post-test counselling. The technique used for this study was the "purposive sampling technique", a technique that is understood as the process of choosing respondents, based on specific features identified as selection criteria for the target population. Participants have to meet all the criteria in order to be selected.

According to Neuman (2007:143), "purposive sampling" refers to an acceptable type of sampling for social situations in which a researcher collects a small sample of specific cases/events for in-depth investigation of the problem being studied. The sample used in this study consisted of HIV/AIDS lay counsellors, and assistance was sought from the programme director and coordinator of the VCT site, to negotiate access to the VCT site and recruit participants.

At the beginning of this process, six potential HIV/AIDS lay counsellor candidates were identified at the research site as possible participants. Five of them were eventually selected as suitable participants with regard to the above-mentioned criteria (the sixth counsellor had been working for less than six months as a lay counsellor). Of these five participants, four completed the consent letter to take part in the interviews. Unfortunately, one of the five individuals selected subsequently changed his mind and refused to take part in this study. His reasons for refusal were not discussed as withdrawal at any stage from the research process, even without explanation, should be respected (Mason 2002:81).

So the sample used in this study consisted of the remaining four HIV/AIDS lay counsellors, three females and one male. This group was found to be of great value, as it gave the researcher new insight into the psycho-social challenges experienced by each of these HIV/AIDS lay counsellors separately, as well as the challenges they had in common. In addition, in terms of the purpose of the study and the qualitative approach used in this study, four was considered to be a sufficient number for data collection as homogenous samples are often smaller. Furthermore, determining an adequate sample in qualitative research is ultimately a matter of judgement in evaluating the quality of the information collected (Sandelowski 1995:183). Since this sample has achieved a level of saturation in that the same themes repeated, further interviews were not undertaken.

### **3.4 DATA COLLECTION**

The collection of data is generally purposive in a qualitative research design, since cases are identified that will provide insight into the research problem (Rabe 2009). Therefore, the data in this study was collected through semi-structured interviews with open-ended questions, by conducting face-to-face interviews with the four HIV/AIDS lay counsellors in order to obtain an in-depth understanding of the problems they face.

#### ***3.4.1 Qualitative interviewing***

Mason (2002:63-65-66) identifies some reasons for the use of qualitative interviewing as a method, and five of these reasons, listed below, were found to be useful and relevant as a basis for the use of qualitative interviewing in this study:

1. The ontological position of the research suggests that people's knowledge, views and understandings, interpretations, experiences and interactions are meaningful elements of the social reality which the research questions are designed to explore.
2. The researcher is likely to be making certain kinds of epistemological

assumptions about the interaction between him and those he is researching, which suggests that semi-structured interviewing is the most appropriate to this study.

3. The researcher may choose qualitative interviews if his view of the ways in which social explanations and arguments can be constructed, places emphasis on the depth, nuance, complexity and roundedness of data, rather than the kind of broad surveys of surface patterns which questionnaires might provide.
4. Qualitative interviewing may add an additional dimension or help the researcher to approach his questions from a different angle or in greater depth.
5. Qualitative interviewing is the best way in terms of the researcher's particular views of research ethics and politics, which means that the researcher believes that interviewees should be given more freedom in and control of the interview situation than is permitted with more "structured" approaches.

In order to facilitate such qualitative interviews, an interview guide was developed to ensure that the main themes of this research topic were addressed.

### ***3.4.2 The interview guide***

An interview guide with specific questions was developed (attached as Appendix D) for the collection of data in this study. In this regard, three priorities were identified:

- The first priority was to obtain information in relation to the background of the interviewees in terms of their counselling skills, lessons learnt during counselling training, duration of the training, and whether the training they received had been sufficient in equipping them for the challenges associated with the HIV/AIDS lay counsellor experience.
- The second priority was to obtain information about their personal experiences with regard to providing pre- and post-test counselling. This refers to how they felt about the daily demands on their mental health, as

well as their social networks, including their role of providing support to people who consult them, and the impact of their daily work on their private lives.

- The third and final priority was to investigate the personal support systems in place for HIV/AIDS lay counsellors that could help them cope with the challenges they face in their work. Also looked at was the support provided or needed by the organisation to help HIV/AIDS lay counsellors with the professional support necessary for them to provide effective counselling to clients.

Before starting with the data collection phase of this study, two training interviews were conducted. One was with departmental staff members and was monitored by the researcher's supervisor. At the end of this, the supervisor made comments and gave the researcher some advice on the successful development and implementation of a semi-structured interview with open-ended questions. The other session was held with fellow students, who also gave the researcher their views and comments.

In addition, the researcher had the privilege to take part, as a translator, in an exploratory group interview of foreigners in Sunnyside, conducted by experts in qualitative research from the University of South Africa and the University of Johannesburg. Through this, the researcher learnt much more about the scope and sequence involved in interview questions that form part of an in-depth investigation such as this.

The above-mentioned activities were significant and helpful to the researcher, and contributed to the development of skills needed for the journey of qualitative interviewing. Of importance in this regard was the researcher's improvement in the wording of questions and taking notes for follow-up questions when interacting with the research participants.

Throughout the process of data collection, all research participants were asked the same questions during the interview but, by monitoring the individual responses to

these questions, further questions specific to each individual were asked, in order to clarify ambiguous areas or obtain further significant information regarding the psycho-social challenges experienced by each lay counsellor during the counselling process. Qualitative research operates from the perspective that knowledge is situated and contextual, and that data and knowledge are therefore constructed through dialogical interaction during the interview (Mason 2002:62). The fact that the research approach is interactive and situated in a specific context allowed the researcher to gain further insight into the problem, and the research participants were, in turn, interested in the findings in this regard. This was advantageous, as its flexibility enabled the researcher to gain relevant information with regard to the psycho-social challenges in the follow-up dialogue with interviewees.

It should be mentioned here that the interviews were scheduled, based on the availability of interviewees at the community-based VCT site in Tshwane. Detailed information about the study was given to the research participants before their individual consent was obtained to participate in the study.

The researcher's ethical responsibility was not only to protect the research participants' confidentiality and anonymity, but also to ensure a suitable environment for the interview process. A private room was used to ensure confidentiality between the researcher and research participants. The researcher also ensured that the research process did not interfere with the day-to-day operations of the VCT site, and permission was obtained from the research participants to tape-record the sessions for data analysis purposes.

Nevertheless, two of the four research participants who signed the consent letter, did not allow the interviews to be conducted in this way; as one of these two research participants in question afterwards changed their minds regarding this and refused to allow the session to be recorded. The main reason given for this was the non-adherence to confidentiality principles with regard to information obtained from the interview by previous researchers. The other participant based her refusal on her workload, which would not enable her to be part of the interview process. After



unsuccessful attempts at negotiation (and renegotiation) to try and make them honour the consent letters previously signed by them, the interview process was postponed and the researcher consulted with his supervisor in order to resolve this dilemma. It was decided that the participants' requests be adhered to, provided that answers be obtained to the questions being asked. With one research participant, the questions were asked during a face-to-face interview, and the answers were written down by hand and were afterward given to the research participant for endorsement, while with the other, the questions were sent by e-mail, and a response was received 12 days later. These answers were then printed out, and follow-up questions based on these were afterwards asked in a face-to-face interview.

It should also be mentioned here that each research participant gave the researcher the opportunity to interview them at least twice – a minimum of two interviews were therefore conducted with each research participant. It was afterwards noted that each recorded interview session took between 60 and 90 minutes, while the two non-recorded ones lasted between two and three hours, and took place in a relaxed atmosphere, which created an intimate space with a high level of trust between the researcher and the research participants.

In helping me to reflect on this study, I kept a personal journal of my experiences, feelings and thoughts during the whole research process, which was used as part of this study's data analysis and interpretation.

### **3.5 DATA ANALYSIS AND INTERPRETATION**

By "data analysis and interpretation", Mason (2002:76) and Neuman (2007:90) refer to the mechanisms by which the researcher transforms or turns his interview interactions into what is considered data, and assigns a significant or coherent meaning to this. Neuman (2006:457) provides a clear understanding of qualitative data, by indicating that qualitative data is in the form of text: written words, phrases or symbols describing or representing people, actions and events in social life.

Accordingly, qualitative research does not seek to quantify data, but instead seeks to preserve data in its textual form, and is indexed in such a way that it can establish analytical categories and provide theoretical explanations (Pope, Ziebland and Mays 2000:114). The aim of data analysis is to understand the various elements of one's data through an examination of the relationships between concepts, and to determine whether there are any patterns or trends that can be identified or isolated in the data (Mouton 2001:108).

During this study's data analysis, the findings from all the tape-recorded interviews were transcribed in full. This means that all the information obtained was transcribed verbatim in order to be able to allocate to each research participant a separate case narrative, which was identified on a pseudonym basis (Ms./Mr. A, B, C, D).

The transcripts were then categorised into themes, according to the purpose and objectives of the research, as well as for the identification of emerging themes.

This allowed the researcher to group the data into manageable themes, by using the following steps indicated by Pope et al (2000:116):

- *Familiarisation* – immersion in the raw data by listening to tapes, reading transcripts, and studying notes, in order to identify key ideas and recurrent themes.
- *Identifying a thematic framework* – identifying all the key issues, concepts and themes according to which the data must be examined and referenced.
- *Indexing* – applying the research's thematic framework to all the data in textual form, by annotating the transcripts using numerical codes.
- *Charting* – rearranging the data according to the part of the thematic framework to which they relate, and then developing charts.
- *Interpretation* – using the charts to define the nature of phenomena, create typologies and identify associations between themes, in order to provide explanations for the findings.

After coding, all the themes are revised and summarised according to the main

themes that have emerged , which reflect the main findings, and then begins the task of reducing them to thematic content analysis, by giving them a relevant meaning based on the purpose and objectives of the study, and then comparing this to the literature.

By gaining new insight into the psycho-social challenges from the analysis and discussion of data, practical recommendations which could meet the mental needs of HIV/AIDS lay counsellors and improve support provided to them for dealing with these psycho-social challenges during and after the counselling process, will be made in chapter 5 of this study. This could enable the prevention of avoidable stress at the community-based VCT site and the preclusion of burnout in the HIV/AIDS lay counsellors who provide pre- and post-test counselling to clients.

### **3.6 AUTHENTICITY OF THE STUDY**

The researcher combined the data from the face-to-face interviews with his own observations during the research process, in order to minimise his own bias in terms of the interpretation of findings. The tape recordings and transcriptions of the answers to the questions posed in the interviews, assisted him in this regard.

The interview guide, as approved by the researcher's supervisor as well as by UNISA's Research Ethics Committee (Appendix A), facilitated the interview process and ensured that the researcher adhered to the general research questions, in order to be consistent and in line with the purpose of this study.

In addition, the tape recordings and all the data collected in this study were submitted to the researcher's supervisor as an independent judge, in order to ensure that the information was relevant and that it reflected the information collected from respondents, as well as to verify the meaning of the data as part of the study. Before this, another independent judge was asked to listen to randomly selected recording samples.

### **3.7 ETHICAL CONSIDERATIONS**

Ethical clearance was obtained from UNISA's Research Ethics Committee (attached as Appendix A) before commencing with the research. In response to the supervisor's letter (attached as Appendix B), permission to conduct the research was also obtained telephonically from the programme coordinator of the community-based VCT site to get access to the participants

Special attention was paid to the following during this study:

#### ***3.7.1 Informed consent***

Before starting with the study, the researcher provided accurate and complete information to research participants regarding the purpose of the study, in order to obtain their full written consent regarding participation in it. Each research participant signed a consent form (attached as Appendix C) before the interviews, and no respondent was forced to sign this form.

#### ***3.7.2 Voluntary participation***

The research participants were informed that their participation in this study would not be rewarded in any way, that is, it would be on an entirely voluntary basis. All the research participants were informed of their right to refuse to be interviewed, or to withdraw at any point for any reason, without any prejudice or explanation. Research participants were also assured that they could refuse to answer any questions they did not feel comfortable answering.

#### ***3.7.3 Confidentiality***

Each interview was conducted in a comfortable place (such as a counselling room), where the privacy of the research participant was safeguarded, and the interview

process did not draw any unnecessary attention. The recordings of the interviews and the information collected for data analysis were treated with the utmost confidentiality and only used for research purposes. Any identifiable information was removed during the data analysis and interpretation stages.

The research participant's privacy was assured by the researcher, who kept all information safely locked up during the research process, so that it was not available to others. Although only he, as the researcher, had access to the data, he did share the data with his supervisor, in order to guide the research.

After the completion of the research process, all the data was handed over to UNISA, and it can only with written permission be used for further analysis or research. The data will be kept for a maximum period of two years, after which it will be destroyed.

### **3.8 LIMITATIONS OF THE STUDY**

This study explored the psycho-social challenges facing HIV/AIDS lay counsellors at selected community-based VCT sites in Tshwane. The following limitations applied to this study:

#### ***3.8.1 Generalisation***

Due to the qualitative nature of the study, the findings cannot be generalised to apply to all HIV/AIDS lay counsellors in South Africa or even to VCT sites other than the one selected.

#### ***3.8.2 Language of the researcher***

The researcher is not South African, and, being from the DRC, speaks with a French accent, which limited the full participation and understanding of participants, as the interviews were only conducted in English, which was also not the home language of

the research participants. However, the advantage of being an outsider, as indicated by Rabe (2003), is that one can look at things with “new” insight and notice things that insiders either take for granted or simply do not notice. Therefore, the status of being a foreigner enabled the researcher to gain new insight and understanding into the psycho-social challenges faced by HIV/AIDS lay counsellors during and after the counselling process carried out at a community-based VCT site.

### ***3.8.3 Time***

The duration of each interview was between one and three hours, depending on the nature of the interview. Follow-up interviews were conducted in order to enhance the researcher’s understanding or to clarify uncertainties.

## **3.9 DESCRIPTION OF RESEARCH SETTING**

The community-based research site where the study was conducted has been delivering the service of voluntary counselling and testing since 2004, is located in the city of Tshwane at the premises of a church, and is surrounded by both residential and business areas. It is a pleasant building, easily accessible and medium sized, divided into three areas:

1. a waiting room with five chairs, in which the reception area is established;
2. a counselling room, where pre- and post-test counselling is provided; and
3. a testing room in which the equipment and materials for the laboratory are stored, and the HIV testing is done.

This research setting employs four qualified HIV/AIDS lay counsellors (who currently offer counselling services to inner-city dwellers), and two registered nurses, one of whom coordinates the centre, while the other does the HIV testing. Both of them also provide pre- and post-test counselling if the counsellors are not available. From time to time, the community-based VCT site provides psychologist volunteers to provide services for couples with one HIV-positive partner. The site is open to the clients for four days a week, from Monday to Thursday, from 07h45 to 14h45.

The counselling and testing delivery at the site are done professionally, with experienced HIV/AIDS lay counsellors. The test is free and anonymous and done using the HIV antibody rapid test method, which allows HIV/AIDS lay counsellors to make the result available the same day of testing (less than 20 minutes after completion). The site can handle between 21 and 28 clients per day. The community-based research site is also offering ten-day HIV/AIDS education programmes, as approved by Tshwane Metro ATICCs, for the pre- and post-test counselling certificate; basic three-day HIV/AIDS awareness programme support groups for volunteers; and free vitamin supplements to all infected (Personal interview, Coordinator 2009).

The community-based VCT site receives financial and material assistance from various organisations (both private and public), including churches, foundations and embassies. It receives direct assistance from the South African government, through the Sediba Hope AIDS programme, which receives funding from the Department of Health; also from the US presidency emergency programme for AIDS relief; and UNAIDS is also a contributor (Personal interview, supervisor VCT research site 2009).

### **3.10 END NOTE**

This chapter has described the research methodology used in the process of this study. The research design, the description of the research site as well as the type of sampling chosen for an in-depth understanding of the matter to be addressed, have all been outlined.

In addition, the tools and strategies for data collection as well as the mechanism by which that data was analysed and interpreted, have been mentioned and discussed. The authenticity and ethical principles involved in the process have also been highlighted.

The following chapter will concentrate on the analysis and interpretation of different themes that emerged in the verbatim transcriptions of the information recorded during the interviews with the research participants

## CHAPTER 4

### ANALYSIS AND INTERPRETATION OF THE FINDINGS

#### 4.1 INTRODUCTION

The focus of this chapter is on the findings based on the material collected from each research participant. It emphasises, in particular, the psycho-social challenges faced by these participants in their everyday work (such as problems experienced at the community-based VCT site), as well as training skills, including educational levels, and how these aspects impact on their lives. It also aims to identify which support mechanisms are in place (or which mechanisms need to be established) in order for the HIV/AIDS lay counsellors to maintain good mental health and avoid burnout.

#### 4.2 DESCRIPTION OF THE RESEARCH PARTICIPANTS

This section describes the background of the research participants in terms of educational level and training skills.

##### *4.2.1 Educational level and training skills*

The research participants interviewed in this study had different formal educational backgrounds and had all undergone different counselling training courses. Their common experiences were that they completed their tertiary studies at the same university, albeit in different departments, and had completed a ten-day counselling training course, before securing their position as HIV/AIDS lay counsellors. This is in accordance with the requirements stipulated by the South African National Department of Health (see chap. 2, section 2.7 of this study).



*Interviewee number 1, "Ms. A",* was a recognised health professional, a nurse with more than 30 years' experience, and she maintains the coordination of the community-based VCT site (the research site of this study). She had attended many workshops relating to caring for AIDS patients, and also completed a ten-day counselling training course at Tshwane AIDS Training Information and Counselling Centre (ATICC) before being formally certificated as an HIV/AIDS lay counsellor. She then started providing pre- and post-test counselling to clients, as well as promoting HIV/AIDS awareness during HIV/AIDS campaigns within the Tshwane municipality. She was later formally commissioned as the community-based VCT site coordinator.

According to "*Ms. A*", the main lessons learnt from the ten-day counselling training course (and other ongoing training) included an awareness about HIV and AIDS, and about ART treatment; an increase in her knowledge in terms of providing counselling services; tips on how to maintain confidentiality whilst providing these counselling services; and an increased understanding of the difference between HIV and AIDS.

Her objectives in attending these HIV counselling courses was to obtain the necessary knowledge and skills that her line of work demanded, as well as to learn how to overcome any foreseeable challenges she might encounter in her relationship with individuals in need of counselling.

Furthermore, the HIV counselling training course complemented her schooling as a professional nurse. The combination of the skills and knowledge the course provided has prepared her more adequately for the challenges she faces in her position as an HIV/AIDS lay counsellor.

*Interviewee number 2, "Ms. B",* was a social worker, who had completed a counselling course module whilst finishing her Social Work degree at the University of South Africa. She had also completed a six-month course in basic HIV counselling and a ten-day voluntary counselling and testing course at the Tshwane AIDS Information Training Centre (ATICC). She further attended a three-month VCT

course for young people, and gained insight here into the prevention of mother to child transmission.

From these courses, she learnt the difference between HIV and AIDS and the management of both; and she gained insight into the issues of people living with HIV/AIDS. She also learnt how to provide pre- and post-test counselling; the means of practices and principles of the HIV counselling and testing service; how to provide counselling to youth and pregnant women/girls; as well as the importance of a good self-image and positive attitude in counselling sessions.

*Interviewee number 3, "Ms. C"* had an Honours degree in Psychology and many years of experience in counselling programmes. In fact, she attended a variety of counselling courses in the HIV/AIDS programme that were recommended by the South African National Department of Health. She had also completed courses on HIV/AIDS management; trauma and rape counselling; and HIV/AIDS and Human Rights. Other courses she has attended were on the psychological, social and medical impact of HIV/AIDS on individuals; the above-mentioned ten day counselling training course; debriefing courses, three days on the basics of HIV/AIDS awareness; as well as basic HIV/AIDS counselling courses for discordant couples (with one infected partner). These training courses were given by Tshwane AIDS Training Information and Counselling Centres and also some international Non-Governmental Organisations (NGOs) established in South Africa.

Through the above-mentioned courses, "*Ms. C*" furthered her understanding of a counsellor's role in addressing the psycho-social impact of HIV/AIDS on members of the community. She learned how to attend to the different aspects of individual treatment in the HIV/AIDS field; the importance of communication and listening skills in counselling service delivery; how to avoid judgemental attitudes; how to enable clients to help themselves; the importance of prenatal counselling; and how to select and train HIV/AIDS lay counsellors.

The outcome of this training and her qualifications in Psychology prepared her for the challenges she faced in her role as an HIV/AIDS lay counsellor. "*Ms. C*" felt that in order to become an HIV/AIDS lay counsellor, one needs to ascertain whether one has the qualities deemed necessary for the counselling sessions; otherwise, one would simply not be able to handle the challenges that HIV/AIDS counselling involves.

She further stated that her attending different counselling programmes provided an excellent opportunity to develop the skills and techniques that help one to assist clients in transforming their frustration and emotional devastation into acceptance and even personal growth. Therefore, to understand the demands of the counselling process and the complexity thereof, HIV/AIDS lay counsellors need to know their own strengths and weaknesses so that their input has a positive effect on the individuals undergoing the HIV test.

Although all the women research participants in this study had attended different HIV counselling training programmes, they were united in their expectations, which are to help and assist patients undergoing HIV testing, and to be able to provide compassionate care and support to those who are infected (or affected) by HIV/AIDS. At the same time, they desired to become good educators and facilitators with regards to HIV/AIDS in their community.

*Interviewee number 4, "Mr. D"* also had an Honours degree in Psychology and has as many years of experience in the VCT programme as "*Ms. C*". He had completed his degree at the same university as the other research participants, and had also attended training courses. The courses covered HIV/AIDS management; sexual assault counselling; trauma counselling; as well as mother-to-child HIV transmission. Others courses he had attended were related to HIV/AIDS and human rights; the psychological, social and medical impact of HIV/AIDS; a ten-day counselling training course; a three-day counselling supervision programme; a debriefing course on the basics of HIV/AIDS counselling and HIV/AIDS counselling

for discordant couples (with one infected partner), and counselling aimed at the youth – all at the Tshwane ATICC. He had also attended an ART counselling course.

From this training, he had learnt not only the basic principles of counselling, but also different methods of counselling different individuals. "*Mr. D*" explained that his trainings enabled him to express his passion for helping people.

It is worth mentioning here that both "*Ms. C*" and "*Mr. D*" are recognised by the South African Department of Health (as well as the Tshwane municipality) as qualified trainers for HIV/AIDS lay counsellors, in line with the *National Guidelines and Minimum Standards for Voluntary Counselling and Testing (VCT) Services*, which were highlighted and explained in the second chapter of this study.

Thus, all of the research participants had undergone training well beyond the minimum requirements set for lay counsellors in South Africa.

### **4.3 THE PSYCHOLOGICAL CHALLENGES**

In providing pre- and post-test counselling at the community-based VCT sites, HIV/AIDS lay counsellors encountered different problems during the working day which negatively influenced their mental health.

#### ***4.3.1 Daily situations experienced by the HIV/AIDS lay counsellors***

According to "*Mr. D*", the supervisor of the site, the site is currently subsidised by donors and/or funders who expect to see good statistics and figures in terms of the number of people who undergo counselling and testing. These high expectations, although understandable, place excessive demands on the counsellors. When dealing with delivering quality counselling to clients, they are sometimes unable to achieve the number of counselling sessions expected by the funders and donors.

*“Mr. D”* also explained that when providing counselling to HIV/AIDS clients, one must be aware that one is dealing with a very sensitive aspect of their private lives. As a result, it is not always easy, or even possible, to reach a desirable outcome in the counselling process, as the clients’ expectations of the counselling process may be unrealistic. In addition, the results of the counselling process are often not immediately discernable.

*“Ms. C”* attributed the majority of her day-to-day struggles to problems in providing the necessary HIV/AIDS support in her working environment. She does not consider the facilities as providing a setting that is conducive to the counselling process, as the coordinator’s office is too close to the counselling room. She said that clients who came for HIV/AIDS counselling and testing, understandably, wanted their private lives to be respected, and discussed in a comfortable, private place, especially since HIV/AIDS is such a highly sensitive and emotionally charged issue which requires absolute confidentiality and privacy.

*“Ms. A”* explained that providing post-test counselling was as difficult as actually giving individuals positive test results. The emotional demands this places on HIV/AIDS lay counsellors is enormous, and she herself experienced great difficulty distancing herself from the sometimes overwhelming responses of individuals to this news.

Another huge demand was that of attempting to persuade an HIV-positive client to disclose his/her status to an HIV-negative partner, as well as dealing with both partners simultaneously.

*“Ms. A”* also mentioned the challenge of dealing with clients not willing to make a full exchange of information in their counselling sessions. She found it almost impossible to be of any assistance in such cases, since she had almost no knowledge of his/her circumstances. Many clients do not trust the process and do not know what to expect from the counselling process.

*"Ms. B"* explained that the most demanding element of the counselling process was, in her opinion, the denial with which some clients react to an HIV-positive test results. She had found that, despite the initial pre-test counselling, in many cases, people refuse to accept a positive result. Providing help in cases like these proved to be impossible, and she had found that she was then forced to waste precious time trying to be of assistance while other, more amenable, clients may be waiting. *"Ms. B"* explained that these situations were very disheartening, as one feels that one has failed.

In addition *"Ms. B"* further placed great emphasis on the power of the traditional African beliefs of some clients; she felt that these beliefs were often an obstacle in the counselling process, both pre- and post-test. The understanding of the traditional African beliefs is further discussed under section 4.3.5 of this chapter.

Nonetheless, by working at the community-based VCT site, *"Ms A"* as well as *"Ms. B"* both reported that they can perhaps make a small contribution for them to participate in the prevention and management of HIV/AIDS, by providing help to those in need.

*"Mr. D"* and *"Ms. C"* mentioned that there is an opportunity here to encounter a variety of people with different problems and give them the skills to overcome those problems. Even though most of the clients they see are underprivileged, *"Mr. D"* and *"Ms. C"* aimed to empower them with the relevant information and, in return, as HIV/AIDS lay counsellors, to learn more about our own society. For *"Ms. C"*, it is wonderful to work as an HIV/AIDS lay counsellor, because she becomes a messenger of hope for the hopeless. In a similar vein, *"Mr. D"* said that his enjoyment of the work lay in the fulfilment of his passion for helping people.

Thus all the research participants in this study expressed their views regarding the importance of the role they are playing in the community as educators. By empowering people with the information relevant to their various situations, they were enabling them to negotiate a safe sexual practice, and so lessen the risk of

contributing to the HIV epidemic that this country is facing. They also all spoke of the restorative/facilitative role they were playing by giving hope to those infected and affected by HIV/AIDS, and by empowering people to deal and cope positively with it. In support of this, Makhathini (2006:53) states that the goal of AIDS counselling in particular is twofold:

- to help infected persons come to terms with their situation, and
- to promote coping strategies for the infected and the affected, including preventing and reducing HIV trauma.

Consequently, all the research participants explained that in providing information on positive coping strategies to clients in need of them, one must always be aware that one is dealing with private aspects of people's lives, and it is paramount to take their needs into consideration when seeking to fulfil that person's expectations in terms of the counselling process. These are all factors that HIV/AIDS lay counsellors need to consider whilst also facing their own difficulties (such as the lack of social and professional support, especially in terms of continuous or ongoing training, lack of formal debriefing and bonuses). This, associated with the sometimes overwhelming demands of the HIV/AIDS counselling process, make these HIV/AIDS lay counsellors more prone to burnout and the concomitant negative impact on their personal and professional lives.

It is critical to mention here that the counselling process is seen as a continuously developing sequence of events, a fact which influences the way in which HIV/AIDS lay counsellors experience counselling sessions. Approaches were implemented in this study to link the counselling process with the psycho-social challenges that the HIV/AIDS lay counsellors face during and after this process, as highlighted further by the discussion below.

#### ***4.3.2 The physical work environmental***

In terms of the environment in which counsellors work, from the description of the VCT site (see section 3.6), it appears that the coordination office is next to the

counselling rooms, with the possibility that the coordination or administration guests could meet clients in the waiting areas. The suitability of the physical environment is a key element in HIV/AIDS counselling, and if it is not suitable, this factor may pose a major ethical problem regarding client confidentiality and privacy. So the physical environment in which HIV/AIDS lay counsellors do their work must be a comfortable place where the privacy of clients is safeguarded.

UNAIDS (2004) maintains that the VCT site must ensure an environment that guarantees the confidentiality of all information shared, and that upholds the privacy of the client, so that an ethical process for conducting the testing and providing the counselling can be followed. Therefore, client privacy for those who undergo HIV counselling and testing, must be ensured within the testing and counselling setting without any prejudice.

Adhering to this is fundamentally important at the community-based VCT site, in order to build trust and ensure that HIV/AIDS clients are safe from any possible stigma attached to the testing process, and will thus encourage others to undergo the HIV test.

The above findings confirm the point mentioned in the study of Birdsall et al (2004) that HIV/AIDS lay counsellors work under incredibly challenging circumstances, and that appropriate systems of support are severely lacking.

#### ***4.3.3 HIV test results and clients' reactions***

All the research participants acknowledged that reactions vary from one client to another, and clearly, the nature of the result (either positive or negative) played an important role in this regard. Some clients underwent testing expecting the result to be positive, and thus, when they received it, the news does not have as much impact on their lives as those that come in unprepared for this eventuality.



The findings further indicated that in the case of a negative HIV test result, clients were grateful and happy, often thankful to God (within the Christian faith) for giving them a second chance, as it were. The research participants all stated that it was always pleasant to give a negative result to a client – in these cases, the atmosphere of the counselling process was a positive one, and it was the only time HIV/AIDS lay counsellors saw clients who were excited and smiling. Furthermore, the announcement of a negative result provided the perfect opportunity for the HIV/AIDS lay counsellor to empower their clients with the relevant information on how to stay HIV-free, giving them advice on how they can rethink their lifestyles in order to achieve this. Van Dyk (2005:208) confirms this when she states that the handing over of negative results is an extremely important moment for the HIV/AIDS lay counsellor, and involves exploring the client's sexual practices, discovering any potential drug abuse and/or other risk behaviour, and providing information on safer sex practices in order to reduce the chance of future infection.

Giving a positive result was a difficult, even painful, experience for all the research participants in this study. This was also confirmed in the previous study conducted by Azwihangwisi, Mavhandu, Vhonani, Netshandama and Mashudu (2007:257), who mentioned that giving an HIV-positive result made nurses or HIV/AIDS lay counsellors very sad, regardless of whether or not they knew the client. This was the greatest challenge faced by HIV/AIDS lay counsellors, as they had to not only cope with the emotional devastation of the client, but also to explore the issues relevant to obtaining a better understanding of the clients' lifestyles. It is in the same way that Ptacek et al (in Myers, Worthington, Aguinaldo, Haubrich, Rayder and Rawson 2007:1017) argue that an HIV test provider is subject to considerable strain when delivering a positive HIV test result, which is influenced by the contextual factors such as the counsellor's history with the client.

Therefore, when delivering an HIV-positive result, the research participants experienced different reactions from their client. There were those who had feelings of guilt; loss of self-esteem; anger; mistrust; and disgust; while others were surprised; frustrated and emotionally affected, and still others expressed only denial.

Upon finding out that they had HIV or had already developed AIDS, many clients feared that they were eventually going to die a slow and painful death, while others simply could not begin to face the difficult process ahead of them. This process included dealing with issues such as the loss of health, the impact on themselves as sexual beings and the now entirely different future they have to face (Ross in Maritz 2002:43; Van Dyk 2005:210).

Previous studies, such as those conducted by Grinstead and Van der Straten (2000:636), revealed that providing couples-counselling is another very stressful situation regarding the issue of HIV test result disclosure. The findings of these studies claim that, in the case of antagonistic couples, the research participants expressed feeling helpless in preventing infection when the HIV-positive partner was unwilling to share their HIV status with their loved one. This situation generates a dilemma in terms of their HIV-preventive role and affects them seriously.

This observation seems to be true, because, HIV/AIDS lay counsellors are not allowed to divulge the identity of clients or discuss information relative to a client's HIV status with anybody else – this being an ethical issue which cannot be undermined. Babbie and Mouton (2001:523) and Van Dyk (2005:184) support this view when they state that everyone involved in the HIV/AIDS counselling field must maintain the confidentiality of all information disclosed by the client – details of this exchange may *under no circumstances* be shared with anyone, without the express consent of the client. Ironically, while many professionals seek emotional support from family and friends, as it was the case with HIV/AIDS lay counsellors in this study (see section 4.5.2), the confidentiality requirement may stand in the way of utilising this coping mechanism (Brady et al in Nulty 2003:65).

#### ***4.3.4 Denial of the HIV test result***

All the research participants explained that most of their clients initially refuted a positive test result. Consequently, more time was needed to allow the client the

space to acknowledge their status before providing him/her with counselling. Most of these instances were likely to occur when an HIV/AIDS lay counsellor was dealing with clients who had not yet developed an HIV-related illness. Though the reasons for the denial differ from one client to another, the main fear was around the stigmatisation and discrimination which victimise HIV/AIDS sufferers at societal level.

However, Balmer, Seeley, and Bachengana (2003:152) argue that clients who tended to deny that they had HIV/AIDS, were trying to protect themselves from having to make unwanted changes in their behaviour. For other clients, denial may be used as a defence mechanism, an attempt to prevent the feelings of powerlessness associated with the disease, and the feeling of a loss of control over your own eventual death. However, these individuals were still anxious about possible social punishment, such as rejection from their social network and families, in addition to their concern for their general health (Maritz 2002:3-51).

Furthermore, denial disables HIV test participants by not allowing them the power which lies in the understanding and implementation of methods of prevention and management. This also affected the research participants in this study, by putting them in a position where it was difficult to empower their clients with relevant information and provide them with advice on how to cope and live positively with HIV/AIDS.

#### ***4.3.5 The African culture and the counselling process***

The factors related to African cultures were also identified by almost all the interviewees as being problematic and demanding greater efforts on the part of the counsellors, and thus ending up affecting their psychological health and social networks.

When encountering older African clients, considerable care has to be taken in order to provide an effective counselling session, since they are so averse to discussing their sexual issues. Several African HIV/AIDS clients who underwent the testing and

counselling process at the community-based VCT site strongly believe in the traditional principle that sexual issues should only be discussed between older men/women and should not be talked about with strangers, regardless of their qualifications.

Van Dyk (2005:197) argued that African culture regards HIV/AIDS counselling as being mostly concerned with the value and principles of the client-centred approach, which should be adapted to take local cultural and philosophical differences of the clients into account. Unfortunately, African HIV/AIDS lay counsellors often ignore this and provide counselling as Western counsellors, who sometimes overemphasise the rational, logical and intellectual while neglecting the unconscious, intuitive and intrapersonal side of the clients.

In any case, as mentioned earlier in this study, the aim of the VCT is to provide people with strategies to prevent the spreading of the disease, as well as to help the client by providing the psycho-social support necessary in the cases where there is an absence of vaccine or cure. Therefore, HIV/AIDS lay counsellors need to be alert not only to differences between clients of different backgrounds, but also to the differences within groups, including the value systems of clients (Brouard & Maritz 2008:58).

Furthermore, it is critical to mention here that sexual behaviour is one of the most significant factors in the spread of HIV, and so great sensitivity toward cultural beliefs about sexuality and sexual practices are needed during the counselling process. To avoid talking about sexual issues during the counselling process because of an individual's beliefs will deny the client the opportunity of obtaining the necessary information on HIV.

Addressing cultural issues within the context of HIV/AIDS is an overwhelming potential frustration for the HIV/AIDS lay counsellor at a community-based VCT site, since there is no way of empowering clients who have a lack of awareness about the relevant information, without actually talking about sexuality issues (UNAIDS 2000).

Hence, to provide HIV/AIDS counselling within the general cultural context requires HIV/AIDS lay counsellors and their clients to cross certain cultural boundaries. This does not mean denigrating the beliefs of others, but rather going beyond our own prejudices and knee-jerk reactions, and reaching out to others in gentle and non-threatening ways (Van Dyk 2005:200). This approach highlights the value and necessity for HIV/AIDS lay counsellors and clients to reach a compromise in the process of finding common ground and understanding the counselling process (Van Dyk 2005:197)

In this regard, the HIV/AIDS lay counsellors at the community-based VCT site adopted a reconciliatory approach to addressing clients' negative attitudes towards sexual issues in the context of the HIV/AIDS epidemic. Once again, ongoing training and social support systems are very important in terms of keeping HIV/AIDS lay counsellors up-to-date with the necessary information, enabling them to address the issues viewed negatively because of culture principles, and thus assist the client to move forward. Unfortunately, in their interaction with HIV/AIDS clients, all those who were interviewed acknowledged the fact that they were sometimes unable to do this.

#### **4.4 THE SOCIAL CHALLENGES**

This section describes the social challenges inherent to the counselling process in which the research participants and clients were involved. The moral pressure experienced by HIV/AIDS lay counsellors and the impacts of the different psychosocial challenges on their daily lives are the two themes that are discussed under the following headings.

##### ***4.4.1 Moral pressure experienced by HIV/AIDS lay counsellors***

In pre- and post-test counselling, clients have various needs, which then become the responsibility of the HIV/AIDS lay counsellor who is in direct contact with them. Almost all research participants explained that they always did their level best,

sometimes even going beyond their duties, in order to bring hope and comfort to the individuals concerned.

This desire to help becomes a huge burden and a difficult task to accomplish without the necessary support from the community-based VCT site. Besides this pressure, the research participants also mentioned the pressure from the funders, who placed great emphasis on the average number of clients to whom they needed to provide HIV testing and counselling. Similarly, UNAIDS (2000:31) mentions that the main focus for the donors/funders is on the HIV/AIDS population coverage, and any failure to achieve the desired numbers may well cause the donors/funders to withdraw support for the programme. This indicates that the funders do not care that much about the quality of counselling provided to clients or the issue of making support available to the HIV/AIDS lay counsellors.

The increase in the number of people requiring counselling and testing who were then made to wait in a room which had only five chairs was identified by the research participants as a psychological challenge (see section 3.9 on research site). These constraints, added to the difficulty inherent in the building of a good relationship in the counselling process with clients referred for an HIV test, constitute a large part of the daily demands experienced at the community-based VCT site. The difficulty of establishing a good relationship with clients, was also emphasised in a UNAIDS (2000:54) report, which highlights the difficulties involved in establishing a relationship and communicating with a client who was referred for (or forced to undergo) an HIV test.

Another challenge that was mentioned was the stress of informing an individual of a positive HIV test result, and the difficulties of providing post-test counselling to people who have already received pre-test counselling from another HIV/AIDS lay counsellor. **“Ms. C”** stated that it is very difficult to establish a good relationship with most of the referred clients, and she indicated that she made a mistake by initially providing post-test counselling to a client who had not received pre-test counselling from her, but from someone else. This became clear after she agreed to

help a colleague who indicated a need for a break after some unusually intense counselling sessions. The client who had been tested, however, would not allow her to access information she and the previous counsellor had discussed in her pre-test counselling, and simply assured “**Ms. C**” that she was ready for whatever the result was. However, upon hearing the positive result, the client rose without a word, opened the door, and simply disappeared.

In addition to this, all the research participants expressed their frustration in dealing with vulnerable clients who did not have a support system, since the onus then lay on them to provide this support. HIV/AIDS lay counsellors often have to perform the dual role of therapist and educator, by providing not only information and advice, but also support and care to a client (Solomon, Van Rooyen, Griesel, Stein and Nott 2004:62). This kind of dual role is hard to negotiate and becomes a substantial factor in the everyday challenges faced at the community-based VCT site.

Barret (in Nafale 2004:65) acknowledges the challenges confronting mental health practitioners, such as HIV/AIDS lay counsellors, who have to work with clients who have been rejected by their family or partner, individuals who have no medical, financial or social support, which means that practitioners (in this case the HIV/AIDS lay counsellors) are then forced to attend to these clients’ human needs. Involvement in these activities constitutes the bending of the framework of counselling services, and involves emotional reactions from counsellors which may in turn lead to counter-transference feelings (Nefale 2004:65).

Counter-transference feelings were identified in this study from my own observation. During the research process, I noticed that after a long post-test counselling session, the research participants were drained and frustrated. It was noted, though not verbalised, that the lack of medical treatment for HIV/AIDS clients exacerbated the frustration of the counsellors (Solomon et al 2004:62). All the research participants in this study expressed this in some way when they mentioned their accompanying feelings of guilt for being unable to do more for vulnerable clients. In the end, these experiences make them tired, stressed, depressed and anxious.

It would be better for HIV/AIDS lay counsellors to be assisted in their work by a permanent support person (“mentor”) or links to a formal social network which would allow them the space to adjust their own psycho-social needs to coping with the emotional demands placed on them. As the research site was financially and materially dependent on the donors and funders (see section 3.9), the research participants were not working in a supportive environment, since they had to work under continuous pressure from donors to maintain high case loads.

It is also critical to note the requests made by clients to counsellors, to change or falsify the positive results of an HIV test, which was mentioned by several research participants. Almost all the participants identified the requests of some clients to falsify test results in order for them to obtain employment overseas. Some HIV-positive individuals, often those who are applying to international NGOs for employment overseas, try to persuade HIV/AIDS lay counsellors to change or falsify the HIV test result in order to satisfy the criteria set by certain NGOs. From my personal point of view, this is completely understandable – for we have to acknowledge the fact that people living with HIV/AIDS are still facing varying degrees of stigmatisation, rejection and discrimination, in both the personal and the professional arenas. If this unexpected situation is not addressed early on, it may become a serious problem for a VCT programme at a community-based site.

#### ***4.4.2 Impact of the psycho-social challenges on HIV/AIDS lay counsellors' day-to-day lives***

Whatever the test results are, when they hand over such results, HIV/AIDS lay counsellors effectively become part of the private lives of the clients they are counselling. In accomplishing their role as educator, facilitator and provider of support to people who consult them, HIV/AIDS lay counsellors form a strong emotional bond with these clients, and the lack of support for these clients is the main reason for the frustration that the research participants expressed, since these clients expected the counsellors to provide this support. They had to find a way of



determining the holistic needs of clients, as well as setting up supportive social networks. All the participants aimed at giving undivided, compassionate attention by listening to and supporting the feelings of the clients they dealt with, as they became more comfortable expressing these feelings.

After witnessing the painful reaction to a positive result after testing, the interviewees realise that they sometimes become too involved with their client's pain, which lead to emotional exhaustion. They have to respond to clients' needs in mostly practical ways, as well as establish approaches which would enable them to cope with this change. This means preparing them for a new approach to life, with the ultimate aim of helping them to replace tears with joy, anger with confidence, despair with hope, and the fear of death with faith in the possibility of a fulfilling life.

However, client expectations are often much greater than what an HIV/AIDS lay counsellor is able to provide. It becomes an emotional responsibility that the HIV/AIDS lay counsellors feel is imposed on them, and which they generally find impossible to fully accomplish. This situation brings with it stress and anxiety which, when not addressed, gradually undermines the HIV/AIDS lay counsellor's mental and physical health, so that eventually, the compassion shown by the HIV/AIDS lay counsellor towards their clients starts affecting their own personal relationships (UNAIDS 2000:25). Almost all the research participants in this study had experienced this type of anxiety and stress to some extent:

*Ms. C* shouted at her children for minor transgressions, simply because she was over-stressed; *Ms. B* stated that after post-test counselling with HIV-positive clients, she became withdrawn and that, although she went to bed earlier than usual, she found that she could not sleep, and sometimes looked for somewhere to be alone to cry, avoiding her partner; *Mr. D* showed remarkable levels of anxiety and depression as part of his permanent state of mind, since he was dealing with HIV-positive results and the subsequent emotional demands on a daily basis; *Ms. A* reported feeling particularly drained and frustrated when she had to provide counselling to teenagers and rape victims with HIV-positive test results. She said

that she often thought about what their future would be without effective support, and so ended the day feeling very frustrated, remaining so, even after leaving work. One can see in these symptoms important warning signs of possible burnout.

#### **4.5. HOW DO THE HIV/AIDS LAY COUNSELLORS DEAL WITH THE PSYCHO-SOCIAL CHALLENGES?**

The researcher sought to investigate the support established at the VCT site as well as the coping mechanisms that HIV/AIDS lay counsellors implement in order to deal with the psycho-social challenges they are facing, to avoid burnout.

##### ***4.5.1 Support established at VCT site for HIV/AIDS lay counsellors***

In their everyday dealings with clients, HIV/AIDS lay counsellors are confronted with their clients' psycho-social situations, and this also challenges the counsellors on a psycho-social level. It is thus very important that the HIV/AIDS lay counsellors recognise their limitations and give themselves permission not to be perfect. They cannot solve all their clients' problems and they cannot prevent every infection (Brouard in UNAIDS 2000:41). They themselves need effective support and relief mechanisms for addressing the issues occurring in the counselling process. Unfortunately, at this community-based VCT site, no formal support or social network has been established for HIV/AIDS lay counsellors to help them cope with the demands of their work.

Conscious of the social nature of the AIDS epidemic in the absence of a cure or vaccine, Van Dyk (2005:329) emphasises the fact that HIV/AIDS lay counsellors cannot cope by themselves with the tremendous burden of HIV/AIDS, unless they have personal and organisational support for managing the stress, in order to maintain good mental health and continue their commitment to providing pre- and post-test counselling services to the clients.

#### **4.5.2 Coping mechanisms**

As long as there is a lack of relief programmes at the community-based VCT site to help address the counter-transference issues and the pressure from their daily work, HIV/AIDS lay counsellors will remain vulnerable to burnout. Benevides-Pereira and Das Neves Alves (2009:570) state that the provider of care and support (the HIV/AIDS lay counsellor), besides coping with the consequences for the client, ends up “making” others around him/her develop the same problem, something authors have begun to name the “contagion” effect. The entire team becomes more vulnerable, leading to its professionals leaving their jobs. Without exception, experience shows that burnout and the decision to quit are the result of a lack of support once a trained counsellor goes out into the field. Without constant commitment, even good schemes will fail (UNAIDS 2000:50).

In response to the lack of official support, research participants in this study initiated their own coping mechanisms for dealing with different client needs, while at the same time handling their own emotions and stress in order to avoid burnout and maintain good mental health:

Subsequently, **Mr. D** often took a break for a couple of minutes or drank a glass of water. He also spent time outside observing nature in his personal capacity, sometimes spending a weekend on the farm with a psychologist.

**Ms. C** preferred to meet colleagues whenever she could, outside of their work setting, and enjoyed spending time with friends; she also reduced her involvement with both pre- and post-test counselling to between four and five hours per day.

**Ms. B** mentioned she spent a few hours every day meditating and praying, and spent a weekend at a pastoral retreat whenever she could, while **Ms. A** met with a pastor at the VCT site on a weekly basis.

The above-mentioned responses are some of the ways in which research participants managed the psycho-social challenges experienced at the community-based VCT site, maintained good mental health and continued their commitment to provide pre- and post-test counselling. This kind of coping is referred to by Maritz (2002:3-60) as “active coping”, i.e. making use of others for emotional and physical support. Individuals who make use of these coping mechanisms build up a network of support to cater for their needs.

According to the holistic framework of Lazarus and Folkman, which was highlighted in chapter 2, in their dialectic relationship with clients, HIV/AIDS lay counsellors are confronted with two correlated situations – one is to help clients to understand the test result, including fulfilling their expectations, and the other one is to increase HIV/AIDS lay counsellors’ ability to deal or cope with the stressful situations generated by their encounters with clients, in order to avoid burnout. Therefore, HIV/AIDS lay counsellors manage the psycho-social challenges sought in this study through their individual adaptive coping mechanisms, which increase their capacity to deal with emotionally stressful outcomes and enhance their ability to avoid burnout and preserve their mental health. The forms of coping are not homogeneous, but are rather influenced by the individual ability of each HIV/AIDS lay counsellor. This is why coping mechanisms, as identified in this study, differ from one HIV/AIDS lay counsellor to another.

The findings show that providing HIV/AIDS counselling to the clients at the community-based VCT site was demanding work, and the personal coping mechanisms that the HIV/AIDS lay counsellors are forced to put into practice themselves simply resulted in more work. They were struggling to personally manage the problem of burnout generated by their everyday work, because they had to do so without adequate support and good supervision. It was a huge struggle for them to stay confident and keep up the general morale, although all of them still had a positive feeling for their work and had not (yet) lost their passion for helping people. Instead, they mentioned that, as a result of the valuable work they were doing in helping people with HIV/AIDS, they had learnt much more about

themselves, and had become more experienced in dealing with sensitive situations in their own lives.

Although there is no way to achieve all of a client's expectations in a single counselling session, counselling HIV clients increased clients' self-confidence and made them more aware of relationships and sexual behaviour.

While the process of providing counselling to those living with AIDS had made the lay counsellors come to terms with their own mortality, their interactions with clients had allowed them to learn much more not only about the various social problems engendered by the HIV epidemic, but also about their own life-experience.

However, all the research participants acknowledged that debriefing sessions with a psychologist were very powerful, but they have to pay for each session personally.

#### **4.6 END NOTE**

The above findings clearly show that HIV/AIDS lay counsellors who provide pre- and post-test counselling at the community-based VCT site, came from different backgrounds (psychology, social work and nursing), and had various levels of formal education. They had obtained the necessary skills for HIV/AIDS counselling services from various counselling training courses, but they were not aware of the challenges of their role as counsellors. This was due to that fact that training was more theoretical than practical, and that many of the challenges these HIV/AIDS lay counsellors face are not known during the training process. The HIV/AIDS lay counsellor only gained knowledge of these factors in their daily counselling sessions.

However, the high qualifications of each research participant had contributed significantly to their expectations and also benefitted the counselling service that they provided. They had broadened their knowledge of the HIV/AIDS field, and this had enhanced both their confidence and their skills.

Although the counselling training courses they attended had equipped them with some of the skills, knowledge and attitudes that were necessary to provide proper counselling to people, a continuous training programme needs to be implemented at the community-based VCT site, in order to keep empowering them with the relevant skills and necessary practical abilities. HIV/AIDS lay counsellors have a wide range of demands being placed on them, besides counselling and client concerns, and they need to be able to respond effectively to a constantly changing array of medical, social and legal issues (Richter et al 1999.51).

Dealing with HIV/AIDS issues has become increasingly important, and ongoing training means providing the HIV/AIDS lay counsellor with heightened levels of self-awareness, counselling ability and the listening skills required for the demanding process of nurturing others as they attempt to heal relationship issues. Otherwise, it is unfair to expect high performance levels in the counselling services provided by HIV/AIDS lay counsellors in their attempts to address the issues of HIV/AIDS at client/community-based levels.

Therefore, to adequately deal with these multi-dimensional demands placed on HIV/AIDS lay counsellors as indicated above, the initial training may not be sufficient to assist them in providing effective counselling service delivery, while still meeting the holistic needs of clients and their social networks.

All the above enabled the researcher to present some recommendations regarding various types of psycho-social support which could motivate HIV/AIDS lay counsellors at the community-based VCT site and may assist them in the prevention of burnout. These recommendations will be discussed in the following chapter.

## **CHAPTER 5**

### **CONCLUSION AND RECOMMENDATIONS**

#### **5.1. INTRODUCTION**

This chapter summarises this study and provides recommendations for solving the problems encountered. It also makes suggestions concerning the form that any further investigations should take, in terms of their relevance to the issues that have emerged in this study.

#### **5.2. CONCLUSION**

The purpose of this study was to investigate the psycho-social challenges experienced by HIV/AIDS lay counsellors when engaged in conducting pre- and post-test counselling at a community-based VCT site.

The main objectives of this study were to investigate the psychological and social challenges facing HIV/AIDS lay counsellors during and after the counselling process, as well as to investigate the coping mechanisms established or needed for them to deal with those psychological and social challenges. Furthermore, to make recommendations for helping community-based VCT sites to improve or implement adequate support to the HIV/AIDS lay counsellors who provide the pre- and post-test counselling. This further served as motivation and reason for investigating the psycho-social challenges and coping resources related to such psycho-social support.

The study began by providing a background to the problem in order to understand these challenges better.

Practically speaking, HIV/AIDS lay counsellors at the community-based VCT site continued to experience the psycho-social challenges in their daily work, which may be summarised as follows:

- working under the aforementioned pressure in order to achieve the desired statistical reports;
- an increase in the number of clients;
- requests by some clients for counsellors to falsify test results in order to get access to social advantages;
- dealing with the consequences of HIV-positive results;
- fear of undermining the African culture in the counselling process;
- lack of formal assistance and social networks; and
- being undervalued in terms of their skills and work.

Accordingly, the management of clients' emotions and needs, while at the same time dealing with private, non-work-related issues and problems, constituted enormous challenges for the research participants in this study. These challenges have a negative impact on the effectiveness of the counselling, and often lead to burnout in the HIV/AIDS lay counsellors.

Literature providing a brief historical overview of counselling and lay counselling in particular, was then reviewed. Some operational concepts were discussed and their meanings in the context of this study were explored. The transactional model of stress and coping theory of Lazarus and Folkman constituted the broad theoretical framework for this study, which clearly explain the relationship between HIV/AIDS lay counsellors and their clients, and clarify how these counsellors cope with the psycho-social challenges that they experience in these dealings.

Special attention was given to the role played by counselling in HIV/AIDS VCT programmes. The TASO model of counselling, as mentioned in this study, appears to have had a significant influence on counselling at a community-based VCT site. This model of counselling focuses on the client's initiative during face-to-face sessions with counsellors, in order to address the issues raised in pre- and post-test



counselling, while at the same time focusing on how the HIV/AIDS lay counsellor responds to the needs of the client and examines his/her social support network status.

In addition, the TASO model of counselling empowers those infected or affected by HIV/AIDS, enabling them to live positively. In order to enhance this, national guidelines and minimum standards were implemented by the South African Department of Health to properly regulate counselling services across the country.

In this study, a qualitative design was used in order to gain an in-depth understanding of the psycho-social challenges experienced by HIV/AIDS lay counsellors at a selected community-based VCT site in Tshwane (South Africa). To this end, an interview guide with specific questions was developed, with an emphasis on the fundamental research questions, as mentioned in chapter 1 of this study (see section 1.6).

Semi-structured, face-to-face interviews, consisting of open-ended questions, were conducted with research participants, who had been selected according to specific criteria identified by the researcher (for example, they had to have been trained in HIV/AIDS counselling and to have been working at a community-based VCT site for at least six months). By answering the specific questions contained in the interview guide, the research participants helped the researcher to collect important data for the study. This means that the data collected from both the taped and the non-recorded interviews with research participants was transcribed according to different themes, before being analysed and interpreted in line with the framework provided by Pope et al (2000).

Therefore, the issues raised by this study contributed to an understanding of the psycho-social challenges faced by HIV/AIDS lay counsellors who are committed to providing pre- and post-test counselling at community-based VCT sites. The findings of this study have shown that the HIV/AIDS lay counsellor faces three major challenges, one of which is the physical environment in which he/she has to

work. The excessive demands placed on the counsellor during the post-test counselling process is a second factor, as this involves attempting to solve problems based on clients' needs, which may vary widely, as well as negotiating the profound effects of a positive test result with sympathy and understanding. Both these factors have an intensely negative impact on the HIV/AIDS lay counsellor's own emotional life, making him/her vulnerable to burnout.

These negative consequences are compounded by the third challenge, namely the lack of formal training in coping mechanisms at community-based VCT sites, and the absence of a professional-cadre network for HIV/AIDS lay counsellors, through which they would be able to share their experiences and articulate their needs. This state of affairs constituted the major criticism expressed by research participants.

Practically speaking, there has not yet been any support mechanisms implemented at the VCT site in Tshwane – HIV/AIDS lay counsellors at this community-based VCT research site, cope with the psychological and social challenges through the pastoral care and counselling, but on a personal initiative basis if they need it; they otherwise have to face the psycho-social challenges in their own way.

The findings of this study also showed that, because of this lack of formal support, lay counsellors have had to devise coping mechanisms themselves, resulting in an additional burden being placed on them. Providing HIV/AIDS counselling to a client is one thing; acknowledging the value of and providing support for those who conduct the counselling, is another. Thus, setting up a formal support system for these counsellors is an opportunity to acknowledge their value and to give them access to the assistance they need (and deserve). This kind of support should be considered a moral issue when it is sought and provided in this psycho-social context.

Unequivocally, there is an urgent need for the community-based VCT site to set up essential support programmes to assist HIV/AIDS lay counsellors in handling the HIV/AIDS counselling and testing process, and thus enhance their contribution to

the VCT programme. Such programmes would enable them to cope better and provide more effective counselling to clients undergoing HIV testing, without compromising their own well-being. In support of this, UNAIDS (2000:54) states that managing stress and preventing burnout involve strengthening the capacity of the individual carer (the HIV/AIDS lay counsellor) to cope with the duties and responsibilities of the role, and ensuring that the working conditions offer a supportive environment to carers (HIV/AIDS lay counsellors) rather than simply being another cause of stress.

This is also confirmed by previous studies on HIV/AIDS counsellors, such as those conducted by Nulty (2003:76), who states that a formal support structure is needed in order to afford counsellors the opportunity to alleviate some of the stress inherent in their work, and to help them to acquire new coping skills to prevent the unnecessary build-up of stress.

Improving VCT programmes at community-based sites would also be relatively easy if everybody involved did their part. In other words, HIV/AIDS lay counsellors should continue to provide counselling to clients, and the community-based organisation should implement VCT site programmes (in cooperation with the donors and or funders which include formal support mechanisms for HIV/AIDS lay counsellors). The site should also be periodically monitored and evaluated by the Tshwane municipality, to ensure that it adheres to the guidelines pertaining to the establishment of VCT sites and services.

It is noted here that the research participants in this study had different educational backgrounds and did not have the same counselling training skills. They had a high level of formal education and had undergone several HIV/AIDS counselling programmes.

Unfortunately, they did not yet belong to a professional structure that could ensure that the guidelines and minimum standards, such as described in section 2.5, were followed and that the provision of psycho-social support was guaranteed.

Despite the increase in the number of VCT services in the Tshwane municipality, which make use of HIV/AIDS lay counsellors, as long as their position is not clarified, very little attention will be paid to their needs, including the provision of adequate and formal psycho-social support.

The findings of this study cannot be generalised to all the VCT sites established at community-based organisations in South Africa; the findings are clearly limited to the community-based VCT site where this study was done, and the effectiveness of the findings may be successful only to the HIV/AIDS lay counsellors who are providing pre- and post-test counselling at this community-based VCT site in Tshwane.

### **5.3. RECOMMENDATIONS**

#### ***5.3.1. Short-term***

In order to create a suitable physical working environment in which clients' privacy is guaranteed, it would be desirable to relocate the coordinator's office, so that it is the debriefing room for the HIV/AIDS lay counsellors. Televisions and DVD players could be used, with some practical debriefing sessions being recorded for counsellors, in order to assist them in reducing stress during their voluntary breaks.

Special attention should also be given by the management of the site to setting up a formal debriefing programme at the VCT site, in order to further assist HIV/AIDS lay counsellors in managing the psycho-social challenges they experience, and to provide effective counselling services to clients. Without this, these demands render it difficult for counsellors to give their full attention to the client's needs.

In light of this, it is further proposed that a professional psychologist be recruited, in either a part-time or a full-time capacity. In the case of the former, regular debriefing should be provided, at least once every two weeks.

Special attention should also be given by the management of the site (in collaboration with the donors and funders) to implementing ongoing training for the HIV/AIDS lay counsellors, and training should be updated regularly. This will assist them in learning, refining, and implementing critical thinking and problem-solving skills with regard to the various problems mentioned in this study, and enable them to successfully negotiate the varying expectations and needs of clients during the counselling process.

There is a need to schedule regular meetings (or other means of communication) between HIV/AIDS lay counsellors and donors in order to allow both parties to know each other. This will provide an opportunity for HIV/AIDS lay counsellors to communicate their concerns directly to the donors.

### ***5.3.2. Long-term***

In terms of addressing social networking issues, it is vital that the Health Professions Council of South Africa (as Health professional boards), in collaboration with Tshwane municipality and others, establish the first HIV/AIDS lay counsellors' forum, which would enable counsellors to meet one another, stay abreast of new developments in the field and maintain relationships with fellow counsellors. In addition the Health Professions Council of South Africa ( HPCSA) should also consider measurements for the registration and regulation of HIV/AIDS lay counsellors in South Africa.

In order to address some of the issues relevant to this study, HIV/AIDS lay counsellors should be made aware of the necessity of building social networks, in such a way that they can be connected with each other. These social networks should enable them to share information and experiences and to address the challenges that they are collectively facing in their daily work.

Interacting with one another would enormously benefit HIV/AIDS lay counsellors, and would give them an opportunity to discuss their concerns and share relevant experiences, as well as the issues related to their shared challenges. This would be an opportunity not only to meet with colleagues, but also to establish a supportive social network for HIV/AIDS lay counsellors in Tshwane.

There is also a need for further research into the practical incorporation of African cultural issues into the HIV/AIDS counselling process – it is critical to address some of the problems that have emerged from this study. Furthermore, specific attention may be paid to specific coping mechanisms needed for HIV/AIDS lay counsellors who are working in an emotionally stressful environment, without any professional body to regulate and support them – including how to address the issue of the attempt by clients to corrupt the HIV/AIDS lay counsellor by requesting that they falsify the HIV test result.

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## APPENDIX A

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### UNISA ETHICS COMMITTEE APPROVAL

Department of Sociology

College of Human Sciences

13 March 2008

**Proposed title:** *The psychosocial challenges facing HIV/AIDS lay counsellors at a community-based voluntary counselling and testing site in the city of Tshwane*

**Principle investigator:** TL Kabamba (student no. 42221536)

**Reviewed and processed as:** Class approval (see paragraph 10.7 of the UNISA Guidelines for Ethics Review)

**Approval status recommended by reviewers:** Approved

The Ethics Subcommittee of the College of Human Sciences has reviewed your proposal and considers the methodological, technical and ethical aspects of the proposal to be appropriate to the tasks proposed. Approval is hereby granted for the candidate to proceed with the study in strict accordance with the approved proposal and the ethics policy of the University of South Africa.

In addition, the candidate should heed the following guidelines:

- To only start this research study after obtaining informed consent from your research participants
- To carry out the research according to good research practice and in an ethical manner
- To maintain the confidentiality of all data collected from or about research participants, and maintain security procedures for the protection of privacy
- To work in close collaboration with your supervisor(s) and to record the way in which the ethical guidelines as suggested in your proposal has been implemented in your research
- To notify the Ethics Subcommittee in writing immediately if any change to the study is proposed and await approval before proceeding with the proposed change
- To notify the Ethics Subcommittee in writing immediately if any adverse event occurs.

Approvals are valid for ONE academic year, after which a request for a continuation of the approval must be submitted to your supervisor(s).

Kind regards

G E du Plessis (Dr)

M & DPhil Coordinator/ Department of Sociology

Tel + 27 12 429 6507

**APPENDIX B**

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**REFERENCE LETTER TO RESEARCH SITE**

10 June 2009

**TO WHOM IT MAY CONCERN**

Mr TL Kabamba is a registered student at the University of South Africa (UNISA) for the MA degree in Social Behavioural Aspects of HIV/AIDS. This degree has a minimum duration of two years and consists of a combination of structured coursework and an independent research project. Mr Kabamba has completed the first year course work in 2008, and is now working on his research project, entitled *The Psycho-Social challenges facing HIV/AIDS lay counsellors at a community based voluntary counselling and testing (VCT) site in Tshwane*, in 2009. He has completed a detailed research proposal for this project under my supervision, and his proposal served before the Ethics Committee of the College of Human Science (UNISA) and was approved (please see attached documentation).

Mr Kabamba's proposed research touches on an important aspect within the HIV/AIDS field in South Africa, since various VCT sites are operating with lay counsellors who receive little or no psycho-social support. He would like access to your specific organisation to conduct research interviews with specific counsellors. Consent with individual counsellors will be negotiated on an individual basis (please see attached consent letter). Neither the name of the organisation nor that of the interviewees will be mentioned in his research project. Participation in his research is voluntary and any person may withdraw at any stage.

Yours sincerely

Dr ME Rabe. Senior Lecturer, Department of Sociology, UNISA

[rabeme@unisa.ac.za](mailto:rabeme@unisa.ac.za) 012 429 6698



**APPENDIX C**

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**CONSENT LETTER FOR PARTICIPATION**

**Dear Sir/Madam,**

I am a student at the University of South Africa, currently pursuing a study in Social Behaviour studies in HIV and AIDS for my Masters degree. I am expected to undertake a research project as part of my degree.

The purpose of my research is to investigate the psycho-social challenges experienced by you as an HIV/AIDS lay counsellor when conducting pre- and post-test counselling at a community-based centre, so as to investigate establishing the kind of psycho-social support needed on a regular basis to prevent burnout.

I want to conduct an interview with you; the session will be about one hour long. No form of identification will be required; an audio tape recorder will be used, and the tape will be erased after it has been transcribed. Only my supervisors and I will share the transcribed findings.

Your participation in this study is voluntary: you are under no obligation to participate and you have the right to withdraw at anytime. Feel free to make any inquiries regarding the study at any point during or after interview.

Thank you so much for taking part in this study.

**T.L. Kabamba**

Researcher

Tel. 0825016598

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This consent form has been read and explained to me and I voluntarily consent to participate in this study.

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**Participant's signature**

Date\_\_\_\_\_

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**Researcher's signature**

Date\_\_\_\_\_

## APPENDIX D

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### INTERVIEW GUIDE

Note that this interview guide will facilitate my interview process and help me to follow the broad research questions to stay consistent and within the purpose of my study.

#### 1. Greeting the respondent

- Good morning/evening
- Thank you so much for taking part in my research study.
- What kind of work do you do at a community-based VCT site?
- How many hours per week do you work?
- What were your expectations when you decided to do counselling?
- Where did your training for this counselling position take place?
- How long did you train?
- Where were the main lessons learnt in/from your training?
- Do you think your training adequately prepared you for the challenges of this position?

#### 2. Personal challenges experienced

- Tell me about the daily demands of counselling people?
- Do you experience any problems here at the VCT site?
- What are the positive aspects of working here?
- How do you experience the reactions of the clients regarding their results, both positive and negative?
- How do you feel about the kind of support that you can give to clients?
- How do you feel about your role of providing support to people who consult you?
- Does counselling people living with HIV have an impact on your life?
- Does counselling people living with AIDS have an impact on your life?

### 3. VCT site's support to HIV/AIDS lay counsellors

- What are the challenges in working here?
- How do you cope with the challenges of working here?
- Is your VCT site helping you to face the challenges of working here?
- What type of support is there for you as a counsellor at this organisation?
- Apart from any here at the VCT site, do you have any other support for coping with the challenges of working at the VCT site?
- What do you think can be done at your VCT site to help you to cope better and provide effective counselling?
- Is there anything else you want to tell me about working here?

Thank you so much. The information you shared with me will be kept confidential. You are welcome to contact me for any further information relevant to this interview.

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**Signature: Laddis T.L. Kabamba/ Researcher**

Tel number: 0825016598