THE IMPACT OF HIV/AIDS ON THE HEALTH CARE PROVISION IN LESOTHO: PERCEPTIONS OF HEALTH CARE PROVIDERS

BY

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DECLARATION

I hereby declare that the work contained in this dissertation is my original work. Any work done by other persons has been properly acknowledged in the text. This dissertation has not been submitted in any other institution for any other degree or examination.

Signature: …… Date: ……

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LIST OF ACRONYMS

AIDS	Acquired Immuno Deficiency Syndrome
AFR	Bureau for Africa
ANC	Antinatal care
ARV	Antiretroviral
BoS	Bureau of Statistics
CDC	Centre for Disease Control and Prevention
CD4	Cluster of differentiation 4
CRHCS	Commonwealth Regional Health Community Secretariat
DFID	Department for International Development
DHHS	Department of Health and Human Services
DHS	Demographic Health Survey
FGD	Focus Group Discussion
FP	Family planning
HAART	Highly Active Antiretroviral Therapy
HDN	Health Development Network
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
ILO	International Labour Office
MCH	Maternal and Child Health
MOHSW	Ministry of Health and Social Welfare
MDG	Millennium Development Goals
PMTCT	Prevention of Mother to Child Transmission

QEII	Queen Elizabeth II Hospital
SARA	Support for Analysis and Research in Africa
SIDA	Swedish International Development Cooperation Agency
TB	Tuberculosis
VCT	Voluntary Counselling and Testing
UN	United Nations
UNAIDS	United Nations Against AIDS
WHO	World Health Organization

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ABSTRACT

Sub-Saharan Africa has the highest number of people living with HIV and AIDS in the world. Several studies that were carried out suggest that there is a negative impact of HIV and AIDS on the health sector. This impacts directly on health care providers as they are the first point of contact for ill people. This study seeks to explore the impact of HIV and AIDS on health care provision looking at the perception of health care providers.

Qualitative methods were used for collecting data from the health care providers. Two focus group discussions were conducted and ten in-depth interviews were conducted in three health care facilities in Lesotho. Audio tapes were used to record the interviews and thematic analysis was utilized to analyse the data.

The results showed that the workload has increased due the increased number of people who seek health care services. There is also a shortage of staff in facilities which leads to health workers having to work extra hours. The study further indicated that there is lack of knowledge among health care providers regarding the management of HIV and AIDS. Consequently, the health care providers fear the risk of contracting HIV from their patients. In addition, the results revealed that the poor infrastructure at the facilities hinder health care providers from performing their duties effectively. The other concern was the lack of support structures from the management. Furthermore, stigma and discrimination emerged as the major problems for providers as work and home. As a result, the health care providers are stressed and suffered from burnout.

There is a need for further research on the impact of HIV and AIDS on health providers. Government should take more responsibility for encouraging students to enroll at health training institutes. The curriculum should include an emphasis on HIV and AIDS and workshops on HIV and AIDS should be held.

Chapter 1: Introduction

1.1 Background

The HIV and AIDS epidemic continue to escalate in many developing countries and is a major problem throughout the world. Apart from weakening the human body, HIV and AIDS impact the population structure, human resources and the economics status of many countries in Africa (Chen and Hanvoravongchai, 2005). This epidemic has negatively affected a number of sectors but the health sector is the one that is directly affected due to the increasing number of people seeking care, health care costs and demand for more health care professionals (International Labor Organization, 2005). Callaham and Powel (1984) suggest that as HIV prevalence goes up the demand for health care services also increases. Thus, among other things there is a need to hire more health care providers, procure enough AIDS related treatment and medical protective equipment to care for HIV and AIDS patients effectively.

There are measures that are being put in place to combat HIV but some countries cannot afford to make those treatment measures accessible due to the lack of funds. Prevention and treatment programmes such as antiretroviral treatment (ART), prevention of mother to child transmission (PMTCT), voluntary testing and counseling (VCT) and other HIV related programmes that have been implemented in many countries of Africa particularly those that are hard hit by HIV and AIDS. Marchal, De Brouvere and Kegels (2005) indicate that financing the scaling up antiretroviral treatment is lesser a problem than recruitment of health care personnel to implement this program. The burden of workload on health care providers is becoming heavier as they have to perform more and new tasks. The 3 by 5 initiative which was introduced by the World Health Organization (WHO) that resource poor countries should be treating 3 million people on ART by 2005 has also put more strain on the health care providers. The WHO guidelines show that there should be rapid HIV testing which involves pre-test counseling, HIV testing and post test counseling (WHO, 2004).

Many people in African countries believe in traditional healers and do not utilize formal health care services while others use them concurrently (Ehlers, 2006). This situation adds more strain on health care providers when these people's conditions deteriorate and seek care in health facilities. Those people who use both traditional and formal health care might develop drug resistance in their bodies and become ill in spite of the treatment they are given. Apart from the increased amount of work charged to the health care providers they are also at risk of contracting this virus from their patients. Ehlers (2006) indicates that health facilities might run out of protective equipment at some point in time and health care workers might be exposed to some body fluids from their patients.

In the fight against HIV, health care providers are in the frontline and they get in close contact with patients carrying this disease (Li et al., 2006). On the other hand, most health workers in their different cadres have limited knowledge about HIV and the way they should care for AIDS patients. At the International Nurses' Forum held in Canada, Stephen Lewis asserted that nurses are the linchpins of the health sector and they perform beyond what is expected of them (Canadian Nurses Association, 2006). Due to the shortage of staff in many health facilities in resource constrained countries, nurses dealing with HIV patients find themselves providing all services needed including counseling, testing and other clinical duties. The spread of HIV and AIDS epidemic is not the same within regions. There are countries that are more affected than others and there are variations even within the same country (UNAIDS, 2004). The level of infection differs between provinces, districts, rural and urban areas.

The HIV incidence rate is still escalating in many countries as studies convey that there are still large numbers of new infections occurring globally. The report released by UNAIDS (2008) suggests that globally, the HIV epidemic has stabilized even though the incidence rates and AIDS deaths are still escalating. The estimated number of people living with HIV in the world was 33 million [30.3 million – 36.1million] in 2007 (ibid). The evidence shows that the number of new infections that occur each year has reduced

from 3.0 million [2.6 million – 3.5 million] in 2001 to 2.7 million [2.2 million – 3.2 million] in 2007. Women, who are the most vulnerable group, constitute half of all people living with HIV. The other vulnerable group is young people aged 15-24 constituting an estimated 45 percent of new infections globally (ibid). There has been an increase in the number of children younger than 15 years living with HIV from 1.6 million [1.4 million – 2.1 million] in 2001 to 2.0 million [1.9 million – 2.3 million] in 2007. The global estimated number of new infections among children younger than 15 years in 2007 was 370 000 [330 000 – 410 000] (ibid). HIV and AIDS have increased death rates in many countries particularly those that already had high death rates and are also hard hit by this virus. The report further indicates that the total number of people who died due to AIDS related diseases increased from 1.7 million [1.5 million – 2.3 million] in 2001 to 2.0 million [1.8 million – 3.2 million] in 2007 (ibid).

Sub-Saharan Africa is experiencing huge challenges because of the high HIV prevalence rate. The region is faced with problems such as providing health care and support to an increasing proportion of people living with HIV and AIDS (UNAIDS, 2000). However, Sub-Saharan Africa remains the region with the largest number of people living with HIV in the world. The estimates illustrate that 38 percent of overall HIV infections and 39 percent of AIDS deaths happen in Southern Africa (UNAIDS, 2008). Almost 60 percent of women living with HIV live in Sub-Saharan Africa (ibid). In general, 67 percent of people living with HIV live in Sub-Saharan Africa (ibid).

Lesotho is one of the countries in Sub-Saharan Africa that has a high prevalence of HIV and AIDS. The first case in this country was reported in 1986 in Mokhotlong government hospital and the second case was reported in 1987 in Queen Elizabeth II (QE II) government hospital in Maseru (Mturi and Chaka-Toeba, 2000). Since those cases have been reported, many other cases were reported throughout the country. The 2003 HIV sentinel surveillance survey report indicates that about 29 percent of women who attended antenatal clinic (ANC) were HIV positive (Ministry of Health and Social Welfare, 2004). Another sentinel surveillance that was conducted in 2007 portrays that

25.7 percent of women attending ANC were HIV positive with the median prevalence rate of 26.1 percent (Ministry of Health and Social Welfare, 2007).

In 2004, the Ministry of Health and Social Welfare (MOHSW) in collaboration with the Lesotho Bureau of Statistics (BoS) conducted the Demographic and Health Survey, which indicates that 23.2 percent of adults aged 15-49 are living with HIV and it is the third highest in the world (MOHSW, 2004; National AIDS Commission, 2008). The estimates suggest that each day there are about 62 new HIV infection occurring and 50 deaths happening due to AIDS (National AIDS Commission, 2008). The study discovered that HIV prevalence among women aged 15-49 is 26 percent, while for men aged 15-59 the HIV prevalence is 19 percent (ibid). There are also HIV prevalence differentials by place of residence. The HIV prevalence rate for urban areas is 29 percent and 22 percent for rural areas (MOHSW, 2004). This huge difference might emanate from the fact that the population in urban areas is much higher than that in rural areas due to internal migration to urban cities from rural settings. The differentials by districts show that Leribe has the highest HIV prevalence of almost 30 percent followed by Maseru with 25.5 percent and Mafeteng with 24 percent. The districts with the lowest HIV prevalence are Thaba-Tseka and Mokhotlong with 18.2 percent and 17.7 percent respectively (MOHSW, 2004). These two districts are in the rural areas of Lesotho. These figures reflect the state of mortality and morbidity related to HIV and AIDS in the world, in Sub-Saharan Africa and in Lesotho.

Looking at the relationship between educational status and HIV prevalence in Lesotho, the 2004 DHS observed that individuals with no education have the highest HIV prevalence rate of 27.4 (MOHSW, 2004). This situation might have been influenced by the lack of knowledge about HIV related issues or inaccessibility of HIV information among this group. People who have completed primary have HIV prevalence of 24.0 percent while those with secondary and more education have HIV prevalence of 24.8 percent. The level of HIV and AIDS appear to be higher among those in the labour force in Lesotho. The individuals who are currently working are reported to have a HIV

prevalence rate of 30.3 percent compared with 19.9 percent among those who are not currently working (MOHSW, 2004).

Among sectors that are badly affected by HIV, the health sector is most severely affected by the epidemic, particularly its workforce. Health care providers are the first point of contact for ill people regardless of type of disease (UNAIDS, 2003). There are about 19 hospitals in Lesotho, 10 of which are government owned and the rest are owned either by private individuals or churches. In general, there is a shortage of professional health personnel in Lesotho and already there are long queues of people who are seeking care and the available staff cannot keep up with the huge demand. The 2005 Lesotho Health statistical report indicates that there were only 123 doctors in the country, 623 registered nurses and 562 nursing assistants (MOHSW; 2005). According to the establishment list of the Ministry of Health and Social Welfare, this number is extremely low and the hospitals and clinics are almost all under staffed. The problem of shortage of staff is not unique to Lesotho. Africa contributes about 14 percent of the world population, suffers from 25 percent of global diseases burden but has the lowest number of health workers in the world at 1.3 percent (WHO, 2007). Currently the ratio of health worker per population in Africa is 2.3 health workers per 1000 patients (WHO, 2007).

However, different clinics have now decided that they will only serve a certain number of people per day. This has put a lot of strain on sick people who now have to wake up early in the morning to go and register their names so that they would get help the same day (MOHSW, 2005). On the other hand, health care providers are not motivated to go to work when they see long queues waiting for them and also knowing that they will not be able to serve all of them (MOHSW, 2005). This study looks specifically at the experiences of health care providers because among the numerous studies that have been conducted in Lesotho concerning HIV and AIDS, none of them have focused specifically on this sector of the population. The primary motive of the study is to investigate the impact of HIV and AIDS on health providers in Lesotho. More than half of health care professionals in South Africa (69.4 percent) indicate that they come across different

challenges in serving HIV and AIDS patients because the disease itself is not notifiable (Shisana et. al, 2002).

HIV in Sub Saharan Africa is so widely spread that almost everyone has been affected by either a death in their family or AIDS related illness. Health workers not only confront the AIDS epidemic at their workplace but are also affected due to their sick families, friends, neighbors and colleagues. When they finish work at the end of the day they are faced with those that are terribly ill at home and it becomes hard for them to disengage themselves from their profession while they are at home (UNAIDS, 2000).

1.2 Aim of the Study

The aim of this study is to investigate the multiple impacts of the HIV and AIDS epidemic on health care providers in Lesotho. The studies that have been conducted in Lesotho have focused largely on high HIV prevalence and the strategies used for curbing the further spread in the country and caring for those who already have it. None of these studies conducted in Lesotho have looked at the impact of HIV on the providers of health care and the situation of health workers at their workplace. However, there is a need to find out how the providers are themselves affected by the increased HIV prevalence in Lesotho. Lesotho has one of the smallest populations in Africa but it is one of the countries that is most affected by the HIV and AIDS epidemic (MOHSW, 2004).

The study is particularly interested in the following key questions:

1) How is HIV and AIDS impacting health care providers?
2) What are some of the challenges that health care providers are facing in the era of HIV and AIDS?
3) How do health providers perceive people living with HIV and AIDS?
4) Are health providers adequately informed and equipped to cope with the demand that will be placed on them?
5) What are the needs of health providers in the era of HIV and AIDS?

The study is going to be conducted among health care providers in Lesotho. Health care providers from three health facilities will be interviewed. The health care providers at QE II, Senkatane AIDS clinic and Baylor-Briston-Myers Squibb Children's clinic will be interviewed on their perspectives of the impact of HIV and AIDS on their work. WHO (2007:2) defines health workers as "all people engaged in action whose primary intent is to enhance health". The health care professionals will be asked to broadly explain how the epidemic affected their work environment, increased workload, staff absenteeism, disease burden and increased bed occupancy rate in the hospitals (Shisana et al, 2002). There will be direct interaction with health care providers so as to obtain a deeper understanding of what they perceive as the impact of HIV and AIDS on the provision of health care.

The prevalence of HIV and AIDS in Sub-Saharan Africa is still high as compared to other parts of the world. Deaths that result from AIDS related diseases are also high. This results in large number of people in many countries of this region falling ill and requiring health care. The health sector in this region is already weak as there is a severe shortage of health care providers and at the same time a sizable number of them succumb to AIDS. This research is trying to find out from health care providers how they are affected by the high prevalence of HIV and what challenges they face at their work place.

1.3 Theoretical Framework

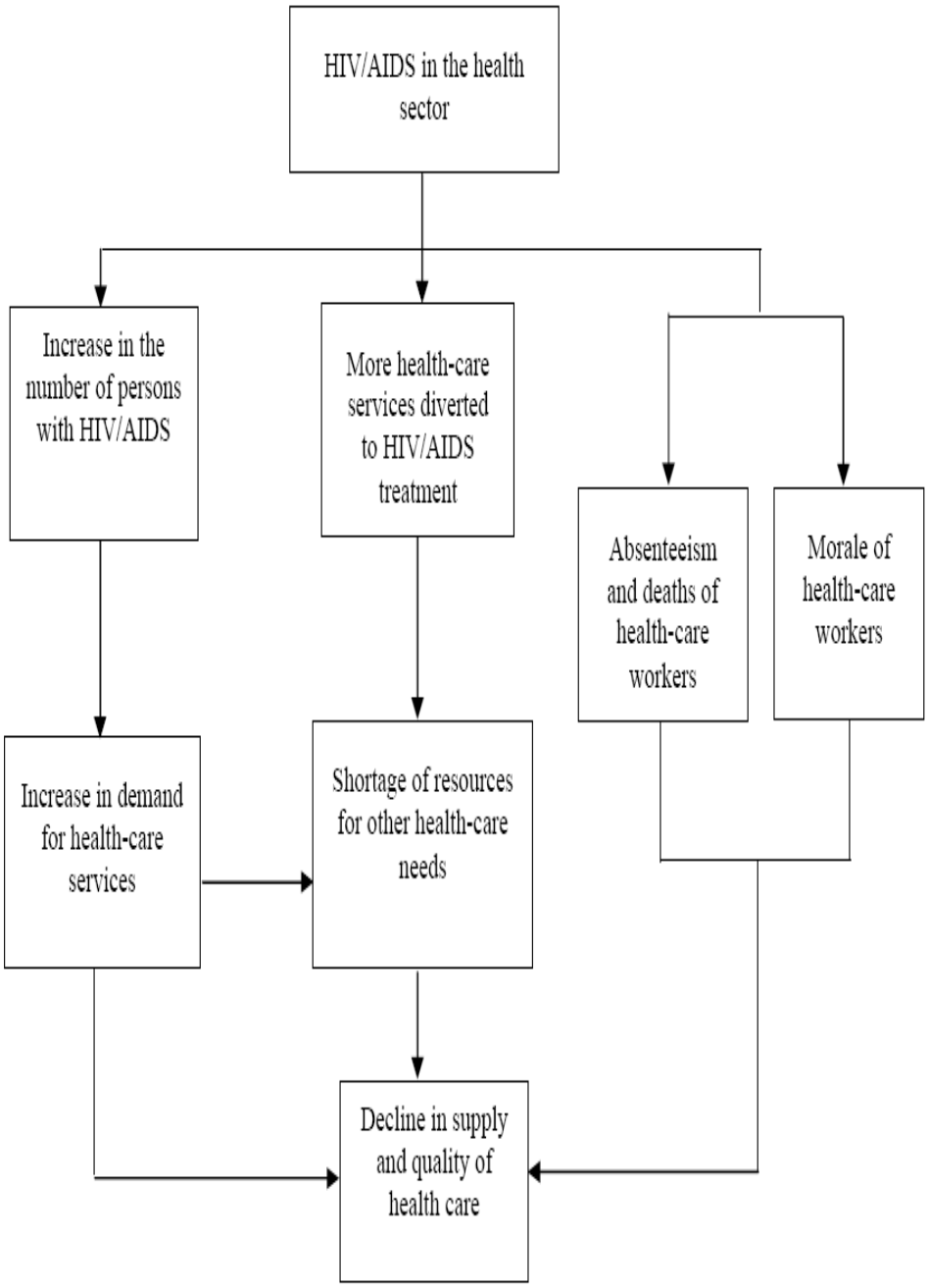
There is no existing standard theoretical framework that deals with the impact of HIV and AIDS on health care professionals. However, similar studies were conducted in Zambia and Uganda in 2007. The theoretical framework for the study draws on the work conducted in these countries (Dieleman et al., 2007a; Dieleman et al., 2007b). In the study in Zambia, the team developed a framework to understand the coping strategies in the era of HIV/AIDS. They defined "coping as being present at work and finding work acceptable which was defined as not having burnout and being motivated" (Dieleman et

al., 2007a:3). This definition of burnout was adopted from Maslach Burnout Inventory concept. This model measures the three core dimensions of burnout which are emotional exhaustion, depersonalization and personal accomplishment (Maslach et al., 2001).

In Uganda the study developed their own theoretical framework for understanding factors that would discourage health workers from working. Their hypothesis was that "the staff would be discouraged from working because of low morale and stress, which are influenced by HIV/AIDS and general working conditions" (Dieleman et al., 2007b:2). These were identified as contributing factors to low performance of health systems. Chen et al. (2004) cited in Dieleman et al. (2007b) suggest that in addition to sufficient financial and material resources it is very important to enhance the performance of the health system. These could be achieved by ensuring that there are workforce objectives on coverage, competence among health workers and motivation. Workers can be motivated by seeing that the end results of their hard work are positive, thus there is an improvement in the health of patients. Nevertheless, in the case of HIV, if the health of individuals deteriorates regardless of the amount of effort applied in caring for them the providers might be discouraged and lose interest in their jobs.

Apart from the theoretical frameworks drawn from the work of these two countries mention above, the conceptual framework developed by the United Nations on the impact of HIV and AIDS on the health sector was found relevant to some of the variables in this study. The framework provides a number of factors that contribute to low and poor supply and quality of health care services. It also suggests that health workers are at risk of contracting HIV either at work when they come into contact with HIV positive patients or through other ways just like the rest of the population (United Nations, 2004). In countries with a high HIV prevalence, the morale of health care workers can be negatively affected. These countries can experience increasing rates of absenteeism by the health professionals due to high levels of stress (United Nations, 2004). There are also organizational factors, including supervision support and safety measures, workload and training opportunities.

Figure 1.1: Conceptual framework for the impact of HIV and AIDS on the health sector



Source: United Nations (2004)

1.4 Organization of the Dissertation

The first chapter provides the introduction of the research. It outlines the current status of the AIDS epidemic. The chapter also presents the statement of the problem, aims and objectives and research questions as well examining the theoretical framework of the study. The second chapter reviews local and international literature on the impact of AIDS on health professions. The third chapter outlines the methodology of the study. It discusses the study design, the method of collecting data, data analysis and the limitations of the study. The fourth chapter highlights the major findings of the study drawing on interviews conducted with health professionals. The final chapter discusses the findings of the study and presents conclusions and recommendation for future research.

Chapter 2: Literature Review

2.1 Introduction

Studies that have previously been conducted show that there is a negative impact of HIV and AIDS on human resources in many sectors. These studies suggest that there is an increase in the workload as demand for health service provision increase (Jackson, 2002) and some of the employees are absent from work, take indefinite leave and some are not productive due to illness and death of their family members and relatives. This chapter reviews the findings of studies that have been carried out concerning the impact of HIV and AIDS on the health care professionals.

According to the report by DFID (2003) studies that are currently available highlight that the general picture of hospitals impacted by HIV and AIDS in developing countries is one of changing disease pattern requiring greater skill levels and diagnostic facilities, rising demands of beds, increased costs and a demoralized and overburdened workforce. In some Sub-Saharan African countries, bed occupancy rate of people suffering from HIV related illnesses is more that 50 percent (The Henry J. Kaizer Family foundation, 2007). The bed occupancy rate in the medical ward occupied by HIV and AIDS patients at Kenyatta National Hospital was reported to be 70 percent and the total occupancy rate has gone as far as 300 percent (DFID, 2003). The study that was conducted in Rwanda points out that people who are HIV positive visited health facilities more frequently than those that are HIV negative, an average of 11 times as opposed to 0.3 times for the general population (The Henry J. Kaizer Family Foundation, 2007). The AIDS epidemic does not only impact negatively on health sector resources but it also affects health care personnel and quality of work due to increased workload, job satisfaction, staff moral, stress and burnout and also workers are at risk of contracting the disease at workplace (Hall, n.d).

2.2 Factors impacting on health care workers

2.2.1 Workload

The HIV and AIDS pandemic has increased the global burden of disease and therefore the demand for health care has increased particularly in high prevalence countries (Kegels and Marchal, 2000). The AIDS epidemic has increased the workload in many health facilities, the work has become more complex and providers are at risk of being infected (Aitken and Kemp, 2003). Bennett et al., (1996) observe that caring for AIDS patients is a difficult task that is also emotionally challenging. It has become quite a challenge to those countries that are heavily affected by this virus (Buve, 1997). The existing workforce does not enjoy their jobs anymore and have to undertake activities for which they have not received training (Gerein, Green and Peason, 2006).

The rollout of HIV and AIDS treatment in the developing world has brought shortage to already inadequate trained health care personnel (South African Medical Association, 2007). This shows that HIV and AIDS treatment services are made accessible even in remote areas where a larger proportion of the population will be able to utilize them. This has led to a need for health care providers to develop new labor-intensive skills at all levels for them to care for HIV and AIDS patients (Jackson, 2002). Duties such as counseling and testing of patients for HIV, managing opportunistic infections and gradual administering of antiretroviral treatment are supposed to be offered to AIDS patients daily. On the other hand many countries of Africa including South Africa have adopted new policies that suggest that every patient should be treated as if they are HIV positive (Ehlers, 2005). This influx of people does not only result in health services with high workload but also causes a shortage of supplies and medication.

Countries with a high prevalence of HIV and AIDS have patients with AIDS related diseases occupying more than half of the hospital beds (Jackson, 2002). A study conducted in South Africa shows that taking care of AIDS patients is demanding due to

lack of support from patients' families and the long time the patients take to recover and as a result the workload increases (Hall, n.d). The report by the Ministry of Health and Social Services in Namibia indicate that HIV and AIDS hospital admissions increased from 355 in 1993 to 6878 in 1999. The deaths that are due to AIDS related diseases accounted for 47 percent of all the deaths in hospitals among age groups 15-49 (Phororo, 2000 cited in Jackson, 2002). A study conducted by Lert, Chastance and Castano (2001) on the psychological stress among hospital doctors caring for HIV patients states that the participants complained about long daily working hours, about 10.4 hours a day. There is also a great deal of on-call duties and they frequently work during weekends and holidays.

In South Africa, 73 percent of health workers in hospitals and public clinics stated that the workload has increased and nearly 81 percent of health professionals report a heavier workload as compared to 54 percent of non-professional health workers (Shisana et al., 2002). In Zambia, HIV and AIDS patients in the 1990s preferred to use hospitals more than health centers as they were seeking better-resourced services and this resulted in heavy bed occupancy in hospitals (Jackson, 2002). However, between 1980 and 1988 the total number of hospital beds in Zambian hospitals increased by 13 percent (Buve, 1997). The same author reported that in 1988, the average bed occupancy rate in Zambia was 71 percent for the whole country and for the Southern Province where two district hospitals are located it is 82 percent (Buve, 1997). In the study conducted by Foster (1995) cited in Jackson (2002) it was observed that in the Monze and Choma hospitals in the Southern Provinces of Zambia the bed occupancy rate was 43 percent and 47 percent respectively and the major hospitals had 90 percent and higher occupancy rate. Consequently, the majority of health centers were under utilized and some were not utilized at all (Jackson, 2002). A study conducted in the Eastern Cape among staff in tertiary institutions indicates that about 59 percent of the staff reported increased workload and the reason for that being generally shortage of staff, high levels of retirement, illness and death (Phaswana-Mafuya and Peltzer, 2005). Therefore, workload due to illness and death does not only affect health sector staff but other sectors are also suffering from the same

problem.

The increasing number of AIDS patients in hospitals contributes to the shortage of beds which also put more strain on health care workers as to how they will care for the patients if they cannot accommodate them. In some hospitals in Botswana 10 extra beds were installed in each ward due to the shortage but were not enough for the admitted patients (UNDP, 2000). The inpatients admissions in Botswana doubled during the period 1990 to 1996 (ibid).

2.2.2 Fear of contracting HIV at workplace

Many researchers focus on factors contributing to the spread of infectious diseases among health care workers because they are essential in the management and prevention of disease in all areas of the populations (Awasabo-Asare and Marfo, 1997). Therefore, their perceptions and attitudes towards caring for patients with such diseases may be negative as they might fear the risk of exposure to those diseases. The health care providers are at the risk of contracting HIV at the workplace. Exposure to bloodborne pathogens is the most life threatening risk faced by health care providers (Kirton, Talotta and Zowlski, 2001).

In spite of the efforts taken by the health care workers to protect themselves, there is always a risk of being in contact with blood or other bodily fluids. The risk of occupationally acquiring HIV is high in the developing world where the prevalence of this virus is escalating. Board (2001) asserts that the risk of occupational transmission of blood-borne pathogens in developing countries is being exacerbated by the high demand of health care services which leads to excessive handling of contaminated medical instruments. Some of the practices that aggravate the transmission of HIV and AIDS in the health care settings are the high demand of unnecessary injections that are being administered, the use of non-sterile needles when supplies are low and the disposal of hazardous waste that is not properly regulated by health facilities (Board, 2001). The

estimations provided by scientists concerning the unsafe injection cases suggest that 8 to 16 million hepatitis B infection through unsafe injections may occur each year (Reeler and Sominsen, 2000). The authors further indicated that, contaminated needles and syringes may cause 80,000 to 160, 000 HIV and AIDS infections per year (ibid).

The estimates suggested by prospective studies of health care providers indicated that on average, the risk of HIV transmission after a percutaneous exposure to the blood that is infected by HIV is approximate 0.3 percent and that after mucous membrane exposure is 0.09 percent (Beltrami et al., 2000). However, the risk of contracting HIV after cutaneous exposure is small but its quantification has never been well since none of the health care workers involved in the prospective studies had seroconverted after an isolated skin exposure (ibid). The findings of the study that was carried out by the Centre for Disease Control (CDC) in collaboration with the International Public Health Authority that used the data reported from the United States, France and the United Kingdom suggests that the risk of contracting HIV from percutaneous injuries is larger than 0.3 percent and it also depends on the amount of blood and/or higher titer of HIV in the blood (ibid).

The CDC documented 18 cases of HIV seroconversion that resulted from occupational exposure worldwide since the emergence of AIDS in the 1980s (Callaham and Powell, 1984). The report suggests that among the 18 cases five nurses were involved. Four of them contracted the virus through accidental needle stick injuries while the remaining one nurse got HIV through a mucosal spray with HIV infected blood (ibid). In their research on migration of health professionals in six African countries, Awasabo_Asare and Marfo (2004) observed that abut half or more of the staff interviewed was worried about the risk of HIV infection at their workplace. The risk of contracting HIV from patients among health care providers is the main factor contributing to nurses anxiety (Denise et al, 1997). The respondents indicated that they feel that they are more at risk of getting the virus at their work place than outside work (ibid). Another study that was conducted in Hlabisa hospital in KwaZulu-Natal reports that 89 percent of health care workers working in the medical ward feel that they are at risk of contracting HIV from patients (Unger et

al., 2001).

In some countries, there is a serious shortage of important health equipment including protective clothing for health workers. However, 90 percent of the nurses in South African health facilities reported that gloves are always available when they need them whereas 58 percent reported the non-availability of gowns, 20 percent reported that there are no goggles and about 65 percent report that there are no masks (Hall, n.d). In Namibia, nurses that were interviewed indicated that there is no proper system of disposing off used supplies such as sharps and gloves (Pendukeni, 2004). The used needles are thrown into a box and it takes more than two weeks to remove them from the consulting rooms. This poses a threat to health workers and some of them are not receiving training to deal with AIDS patients. The study that was conducted in one South African hospital indicates that 63.1 percent of the nurses had accidentally experienced blood exposure and 49.5 percent had experienced a needle stick injury (Tawfik and Kinoti, 2006).

In their study of the knowledge, attitudes and practices of nursing staff in a rural hospital of Cameroon Mbanya et al. (2001) found that health care workers are at high risk of getting infected with HIV at the hospital. The authors observed that nurses among other duties collect samples (blood, urine, sputum and other body fluids) from both out-patients and in-patients, they administer oral and intravenous or intramuscular medication, and they also clean patients and change their bedding and they usually do not wear protective clothing (Mbanya et al., 2001).

Due to the lack of supplies and the new skills required to deal with HIV patients, heath workers are afraid that they might be infected at work while they are helping patients not only by blood contact but also by opportunistic infections such as tuberculosis (UNAIDS/HDN/SIDA, 2001). The public health physicians and nurses that were interviewed in Ghana stated that their health system exposes them to a high risk of contracting HIV from patients as it is characterized by shortages of many sorts

(Awasabo-Asare and Marfo, 1997). There are staff shortages that force workers to work beyond normal working hours and shortage of supplies such as gloves and goggles that could expose them to contaminated body fluids. There are also cases that have been reported in Tanzania that birth attendants use plastic bags during delivery as a way to protect themselves from contracting HIV and AIDS (Board, 2001).

There are emergency conditions that force health care providers to engage in their duties without taking necessary precautions. One physician in a central hospital in Ghana reported that emergency referrals and accident cases rushed to the hospital are being treated immediately without having checked the patient's HIV status (Awasabo-Asare and Marfo, 1997). The maternity department is another section where health care providers are highly exposed to HIV infection. There are cases where midwives are forced to perform deliveries without wearing any barrier protection. A study carried out in Cameroon on risk HIV transmission in a hospital setting indicates that only 52.7 percent of 409 health care workers interviewed at the hospital always used gloves when carrying out risky jobs including deliveries and most of them had bought it themselves (Mbanya et al., 1998).

There are also countries that are still lagging behind in sensitizing health care workers about the risk of HIV infection. In one rural hospital in Cameroon some 1.9 percent of respondents reported not knowing anything about HIV and AIDS, 2.8 percent thought it was witchcraft and 0.9 percent of the respondents thought HIV was inherited from parents at birth (Mbanya et al., 2001).

2.2.3 Stress

Health care providers are faced with the challenge of working longer hours, caring for people who are critically ill and from whom they are at risk of contracting HIV and AIDS and other infectious diseases. There are different situations that have been researched that are considered as possible stressors in medical activities such as heavy workloads, time

pressure, conflicting demands, facing patients and their families with poor prognosis or incurable diseases and inadequate medical resources to accomplish professional goals (Lert, Chastance and Castano, 2001). Ejaz et al., (2008) posit that apart from their personal responsibilities, direct care workers such as nurse assistants in nursing homes, resident assistants in assisted living facilities and home care aides are charged with providing care for chronically impaired older adults. Therefore, health care providers are also part of direct care workers and responsible for these tasks. Individuals in the section are liable to provide care such as bathing, dressing, taking them to the toilet and feeding their patients (Ejaz, 2008). Given the nature of HIV and AIDS and the way it is perceived, health care providers also have their own fears about caring for patients of such diseases.

A high HIV and AIDS prevalence puts health care workers under a great deal of pressure to deal with the stressful situations at their workplace. Caring for AIDS patients is not an easy task. Health care providers sometimes have to witness their patients die of AIDS without providing them with any treatment. Nurses in Botswana reported that HIV affects them negatively at their workplace and at home as they have to care for their family members when they get home (UNAIDS, 2003). According to Cartwright and Cooper (1997: 45), “stress is any force that puts a psychological or physical function beyond its range of stability and producing a strain with the individual”. There are particular situations where health care providers experience high level of stress at work. Cox (1985: 62) indicate that “work in which the demands are imposed are threatening and not well matched to the knowledge, skills and ability to cope of the nurses involved”. Health workers care for patients who pose a risk of HIV infection to them and this can be very stressful.

In cases where the work does not meet their needs also create situations that are stressful for nurses. This can occur in situations where AIDS nurses know that HIV and AIDS patients can be treated but will never be cured and they will watch them grow terribly ill and die (WHO, n.d). Sometimes health care providers working with HIV and AIDS

patients find it hard to cope with the loss of their patients when they die. Braybook (1993:15) cited in Sherr (1995) states that "the strength of bond with the deceased person appears to be a strong predictor of the impact". There is however, a need to prepare health care workers to avoid situations that would be stressful. Almost 60 percent of health care professionals in South Africa, 62 percent in Uganda and 58 percent in Zimbabwe reported that it is very stressful to care for patients that are HIV positive (Awasabo_Asare and Marfo, 2004).

HIV and AIDS patients visit health facilities more frequently than other patients and their health care givers end up being attached to them and their problems (Sherr, 1995). Health care workers ultimately get closely involved with patients' intimate issues (ibid). Zambian nurses reported that they feel pity for their patients because they are suffering from an incurable disease and yet there is a high adherence to treatment (UNAIDS, 2003).

Nurses in one district hospital in Namibia reported that they are devastated by the stressful working conditions as they have a large amount of work daily (Pendukeni, 2004). Caring for patients that are very sick and those dying in large numbers increases the stress level among health care providers (Niu, 2003). Health care providers dealing with areas that are demanding such as accidents and emergencies, AIDS patients or other acute illness spent most of their working hours in close interaction with patients (Gillespie and Melby, 2003). One health provider in Namibia argued that she is stressed all the time at work and this behavior spills over to her family when she gets home (Pendukeni, 2004).

The increased number of patients due to HIV and the nature of the disease itself have put the health workers under a great deal of stress. Health care providers also suffer job stress from working long hours, having to take high responsibilities at work and doing shift work (Nui, 2003). The study conducted in South Africa reported that nurses do not consider their work as healing and promoting better health anymore since they care for

patients whom they know will never be cued (Hall, n.d). Some health workers have HIV positive family members and the problems of looking after them together with those at work causes stress that might lead to health workers making mistakes or causing injuries (Dieleman et al., 2007a). Health workers in South Africa reported having undergone treatment for stress or stress related conditions and they also have to take sick leave after treatment (Shisana et al., 2003).

Even though normal levels of stress will not result in disability there is a possibility that exposure to high levels of stress that is prolonged may cause long-term health effects (Nui, 2003). Possible health effects of stress that health care providers may suffer are anxiety, aggressiveness, apathy, boredom, irritability, depression, exhaustion, or behavioral effects such as accident proneness, smoking, drug and alcohol abuse, excess eating or restlessness (ibid).

Health workers suffer such a high level of stress that some of them experience burnout. This is the side effect of long working hours with too little time to rest (Department of Health and Human Service, 2007). Duquette et al. (1997) cited in Gillespie and Melby (2003) point out that symptoms of burnout are the result of continuous stress at work and people affected show psychological, psycho-physiological and behavioral symptoms. Felton (1998) argues that burnout in people indicate that individuals are feeling disillusioned and feel they are being ‘stretched too thin’. For them their work has lost its meaning. Burnout is more common among service providers including health care providers and care givers than in other professionals (DHHS, 2007).

The HIV epidemic poses a big challenge for health care providers as a huge number of ill people are seeking care. Again, the nature of work done by health care providers caring for AIDS patients cause continuous stress and anxiety (UNAIDS, 2008). AIDS is an incurable disease and it predominantly kills young people and many of them are the same age as the care providers (ibid). Some of the causes of stress are oppressive workloads, fear of contracting HIV from patients, inadequate knowledge about what the carers are

expected to do, emotional involvement with the patients to mention a few.

Health care providers work long hours because of the increased number of patients they are serving. Heavy workload has become a serious issue as some of the health workers are absent and some resign due to illnesses related to AIDS. Sometimes they do not change shifts because there is no one to assist them because of shortage of staff. Health care providers are also at risk of contracting HIV and AIDS at work through percutaneous injuries. Some of the types of instruments used in hospitals expose health workers to injuries. It may happen that when recapping the health worker may miss their target and accidentally prick themselves with a needle that had been used on AIDS patient. Furthermore, health workers get emotionally attached to their patients and when these patients die health workers suffer grief a lot and end up being stressed out.

2.2.4 Morbidity and Mortality

The impact of HIV and AIDS on the health workforce has placed a huge burden on health systems in developing countries, which already have problems of poor infrastructure, insufficient health care providers, lack of essential drugs and are often poorly managed (Tawfik and Kinoti, 2006). Health care providers who constitute a large fraction of the health care workforce in Africa are mainly affected by HIV and AIDS (Tawfik and Kinoti, 2002 cited in Pendukeni, 2004). Apart from the risk of contracting HIV at the workplace, health care providers like any other people can contract HIV through any of the modes of transmission. In the study that was conducted in Zambia on health workers, Dieleman et al., (2007a) reported that health care providers are also dying like other people because they are also people. However, health care providers are the educators and counselors of proper and safe health practices. The manager of a hospital in Zambia stated that there were members of the staff who were HIV positive and died without having disclosed their status, apparently because they feel embarrassed to have contracted the disease (Dieleman et al., 2007a).

Health care workers may decide to leave their profession and focus on other things because of the conditions of patients they are caring for. Furthermore, in the long run countries with a high prevalence of HIV may end up with low enrollment in health training institutions with people deciding to pursue other professions and avoiding the health care profession in the process (Jackson, 2002). Health workers that reported leaving the public sector in Malawian hospitals had found jobs in other institutions. Forty one percent reported that they were going to work for nongovernmental organizations, 35 percent were going to work for private hospitals and 24 percent were going to teaching institutions (CRHCS/(USAID/AFR)/SARA, 2004).

Some of the reasons for high attrition among health workers are death and illness. A study conducted in six selected districts of Malawi observed that the main cause of attrition among health care workers in these districts is death followed by resignation and early retirement (CRHCS/(USAID/AFR)/SARA, 2004). Since 1996, the health sector in Malawi lost between 200 and 300 health care workers (ibid). The death rates among health care workers continued increasing since 1996. In some of the districts in Malawi the mortality rates among health care providers doubled between 1998 and 2002. The number of deaths peaked in 1999 at 303 (CRHCS/USAID/AFR/SARA, 2004). Therefore, HIV/AIDS aggravated the rates of death among health care providers in many countries particularly in Sub-Saharan Africa where the prevalence in extremely high.

The AIDS epidemic has not only distorted the structure of the general population but even the workforce as well. The majority of deaths in Malawian workforce occurred among the 30-39 age group (CRHCS/USAID/AFR/SARA, 2004). This group falls under the most economically productive working age population and also have only recently joined the health sector. The data also suggest that 57 percent of all the deaths occurred between 1998 and 2002 happened among male health workers (CRHCS/(USAID/AFR)/SARA, 2004). One particular district in Malawi, Lilongwe, was more heavily affected by the death of its health workers when it lost 18 percent of them through death from 1996 to 2006 (ibid).

The data from the Ministry of Health and Population on health care workers in Malawi reveal that the highest rates of death occurred among clinicians and nurses (CRHCS/(USAID/AFR)/SARA, 2004). However, the pattern changed in 1998 and the highest rate of deaths occurred among administrators (ibid). The high rate of deaths among health care providers in Malawi caused a terrible shortage among staff. Studies in Mozambique highlight that in the Tete province nearly 20 percent of student nurses in the training school died of AIDS related disease during 2000 alone and 8.6 percent in the Zambezi Province (Derveuw, 2001 cited in Jackson, 2002). The analysis of death certificates among health workers by Kegels and Marchal (2000) indicated that between the period 1997 and 2001, 13 percent of deaths occurred among health workers and they emanated from AIDS related illnesses such as tuberculosis.

Furthermore, HIV and AIDS make other diseases hard to cure therefore many deaths occur due to those opportunistic infections. Jackson (2002) suggests that AIDS has fueled the increase of deaths from causes such as tuberculosis, malaria and cholera. The Malawian TB control programme reported that 77 percent of TB cases that have been treated are associated with HIV and AIDS (CRHCS/USAID/AFR/SARA, 2004). Deaths among health care providers in Mozambique nearly tripled from 1995-1999 and occurred increasingly among younger age groups (Derveuw, 2002) cited in (Jackson, 2002).

HIV and AIDS epidemic is also prevalent among health care providers in countries that are highly affected by the disease. The prevalence among midwives and nurses in Lusaka, Zambia in 1991-1992 was 39 percent and 44 percent respectively. In 2004 Shisana and colleagues released a report on the impact on the AIDS epidemic on South African health workers. The study indicated that 15.7 percent of health workers were living with HIV/AIDS in 2002 (Shisana et al., 2004). The prevalence was relatively high among young health workers. The estimated prevalence among the age group 18-35 was 20 percent. The HIV prevalence among non-professional health workers was 20.3 and 13.7 percent for professionals (ibid).

In 2007, another study conducted in South Africa on the prevalence of HIV infection and median CD4 counts among health care workers revealed that HIV prevalence among health care workers in general was 11.5 percent. The prevalence by occupation was 13.8 percent among student nurses and that was the highest and for nurses it was 13.7 percent. The group that was highly affected was aged 25-34 with a prevalence of 15.9 percent (Connelly, 2007). Among the HIV positive participants that provided blood samples 19 percent of them had CD4 count of less than or equal to 200 mg, 28 percent had count of 200-350 mg, 18 percent had a count of 351-500 mg and 35 percent had a count of above 500 mg (ibid). The findings suggest that 18 percent of nurses are HIV positive in South Africa and have a CD4 count of less than 200 mg and by definition, those nurses are classified as having AIDS (Shisana, 2007). Again, these health care workers are eligible for antiretroviral therapy. The estimates indicate that given this percentage about 181 nurses in South Africa have AIDS and national extrapolations estimate that 1097 nurses in South Africa have AIDS. However, this excludes nurses who were absent from work because of AIDS related illnesses (ibid). Some of these health workers are already dying and others are critically ill. Looking at the HIV prevalence of 13.7 percent among nurses in this country the estimates indicate that of 6 997 nurses in Gauteng, about 958 were living with HIV in 2005 (Shisana, 2007).

The situation in South Africa is even more upsetting when looking at the nurses that are HIV positive and have a CD4 count of 201-350 mg. There are about 272 nurses who are at this stage in Gauteng and the extrapolations to the nation implies that about 1648 nurses are at this stage where they begin to develop opportunistic infections (Shisana, 2007). Kirton et al. (2001:45) suggest that at this stage of HIV infection “there is a greater degree of immune impairment and an increased likelihood of symptoms”. Therefore, it becomes easy for health care providers to be attacked by opportunistic disease such as TB, diarrhea and other illness. Kirton et al. (2001) also point out that people who are HIV positive are at high risk of becoming infected with organisms that cause TB and the infection is much more likely to progress rapidly and may result in

death if not treated. The health sector is then faced with large number of its staff being absent from work or working less hours than expected.

2.2.5 Stigma and Discrimination

The health care sector has been identified as one of the settings where discrimination and stigmatization of people living with HIV is taking place. In this setting, both health care providers caring for HIV and AIDS patients and the patients themselves suffer from discrimination and attitudes of stigmatization (Andrewin and Chien, 2008). The study conducted by Adelekan et al., (1995) in Nigeria indicated that 35 percent of the 111 physicians that were interviewed reported that they would not perform surgery on patients that have been diagnosed HIV positive even if the necessary precautions are taken. While the other groups of health care providers, 35 percent of nurses asserted that they would not care for patients with AIDS (Awasabo-Asare and Marfo, 1997).

Moreover, the statement that was released by the Medical Advisory Committee of the University College Hospital in Nigeria suggested that cases of HIV that have been established should not be admitted to the hospital (Effa-Heap, n.d). The statement further noted that doctors should use their discretion as to whether they admit HIV and AIDS patients for intravenous (IV) and blood transfusion after which they discharge those patients (ibid). This should be done regardless of whether or not a patient needs close monitoring by doctors or other health care workers. Another study conducted in the public hospitals of Belize in Latin America indicates that health care workers treated patients based on their HIV status (Andrewin and Chien, 2008). However, the main reason that has been identified as the cause of discrimination among health care workers is lack of knowledge about HIV as to how the virus can be transmitted. Furthermore, doctors and nurses who are not trained to respect confidentiality rights of patients disclose their patients' status either to their colleagues or to the patients' family members. In Belize, doctors have negative attitudes towards AIDS patients and they also conduct HIV tests without patients' consent (Andrewin and Chien, 2008). Patients that are HIV

positive are being treated differently from other patients and they are being denied some of the services they are entitled to. On the other hand, Belizean health care workers who had undergone training on HIV and AIDS related issues were comfortable in providing care to HIV and AIDS patients as to all other patients (Andrewin and Chien, 2008).

2.2.6 Factors impacting other parts of the world

A number of reports have been released documenting the incidence of occupationally acquired HIV worldwide. However, the true picture of the incidence has never been reflected because of the underreporting of such cases (Evans and Ambitious, 1999). The precise number of exposures and percutaneous injuries happening in the United States per year is not known but the estimates show that presently there are 590 000 to 800 000 cases annually (Kirton et al., 2001). The risk of coming into contact with blood borne pathogens is also prevalent in the United States however there is a concern that the statistics on exposure is under reported (Kirton et al., 2001). Starting from June 1999, a total number of 191 health care workers from the United States had been reported to the CDC's national surveillance system for occupationally transmitted HIV (Beltrami et al., 2000). Out of those, 55 had known occupational HIV exposure, with a baseline negative HIV test and they were later on documented infections (ibid). Fifty of these exposures occurred through HIV infected blood, one case of exposure happened through bloody fluids, one of them was to an unspecified fluid and three cases were to concentrated virus in a laboratory (ibid). These exposures had not only occurred to HIV infected blood. Among the 55 health care workers 47 experienced percutaneous exposure, 5 sustained mucocutaneous exposure, 2 had both a percutaneous and mucocutaneous exposure and the route of exposure for the last one was unknown (Beltrami et al., 2000). Of all these health care workers 25 developed AIDS (ibid).

The report that was released in December 1999 indicates that 56 cases of occupational transmission among health care workers were documented in the United States and the other 136 cases were considered possible occupational transmissions (ibid). Exposure to

blood borne pathogens is possible in a wide range of health care professionals. Kirton et al. (2001) posit that among the 56 cases that were reported 23 of them were nurses, 16 were clinical laboratory technicians, and 6 were non surgical physicians. The remaining 11 cases occurred among 3 nonclinical laboratory technicians, 2 surgical technicians, 2 housekeeper/ maintenance workers, a dialysis technician, a respiratory therapist, a health aide/attendant and an embalmer/morgue technician (ibid). Another study conducted in Mexico reported that out of 12, 151 adults HIV and AIDS cases documented in 1993, 2.9 percent were health care providers and two cases were directly associated to occupational transmission (Awasabo-Asare and Marfo, 1997).

In this region there have also been reports of HIV positive health workers who suffered occupational transmission of HIV. The study that was conducted in Poland on nurses and occupational exposure to bloodborne viruses found out that almost half (45.9 percent) of the respondents reported having experienced at least one puncture exposure while treating their patients in the past year (Ganczak, Milona and Szych, 2006). The frequency of exposure from the patients to the health care providers is also very crucial in transmitting the virus. Out of the 601 nurses that were interviewed in Poland, 218 of them- which constitute 79 percent of them - reported having had contact exposure 1 – 5 times, 11.2 percent had 6 – 10 contact exposures and some 9.8 percent of them had been exposed more than 10 times (Ganczak et al., 2006).

Several studies conducted in some countries in Asia show high unwillingness of health care providers to care for HIV and AIDS patients. In their study among Indian nurses, doctors and other healthcare worker Kermode et al. (2005) found that 63 percent of participants perceive that they are at high risk of becoming infected at work. Sixty percent of these participants thought that the risk of HIV infection after needle stick injuries is 100 percent while only 11 percent mentioned that risk is 0.3 percent (Kermode et al., 2005). Therefore, fear of occupational HIV infection is also being experienced in regions such as Asia.

2.2.7 Summary

In summary, literature suggests that health care providers are faced with various challenges as a result of high levels of HIV and AIDS in Africa and in other parts of the world. However, these problems seem to be similar in all the regions that have been researched. The issue of fear of contagion appears to be emanating from little or no knowledge among care providers about caring for HIV and AIDS patients, which appears to be a problem in Africa and other regions of the world. The disease put more burden on the health care providers as the number of people seeking care has increased and the frequency of the same patients coming back to the health facilities is high. Therefore, workload increased a great deal since the emergence of HIV. Other issues that became apparent in the literature are the stigmatization and discrimination of people living with HIV and AIDS. Research revealed that the health care setting is not an exception. HIV and AIDS patients are being ill-treated because of their status in that they are denied some of the medical treatment that they are entitled to. However, in Africa health care providers are more negatively impacted than in other regions due to the high HIV prevalence in many countries in this region. This impacts negatively on health care providers in Africa as there is a high demand for health care services and a shortage of staff. The high HIV prevalence in Africa impacts negatively on health care providers as they are the first point of contact for ill people in health facilities. They are also highly affected as a significant number of them are infected and some of them have already died of diseases related to AIDS.

Chapter 3: Methodology

3.1 Introduction

This chapter focuses on the methodology used in this study. It outlines the design, sampling strategy, method of data collection and analysis of data. This section will also discuss methods used to analyze data ethical consideration as well as the limitations of the study.

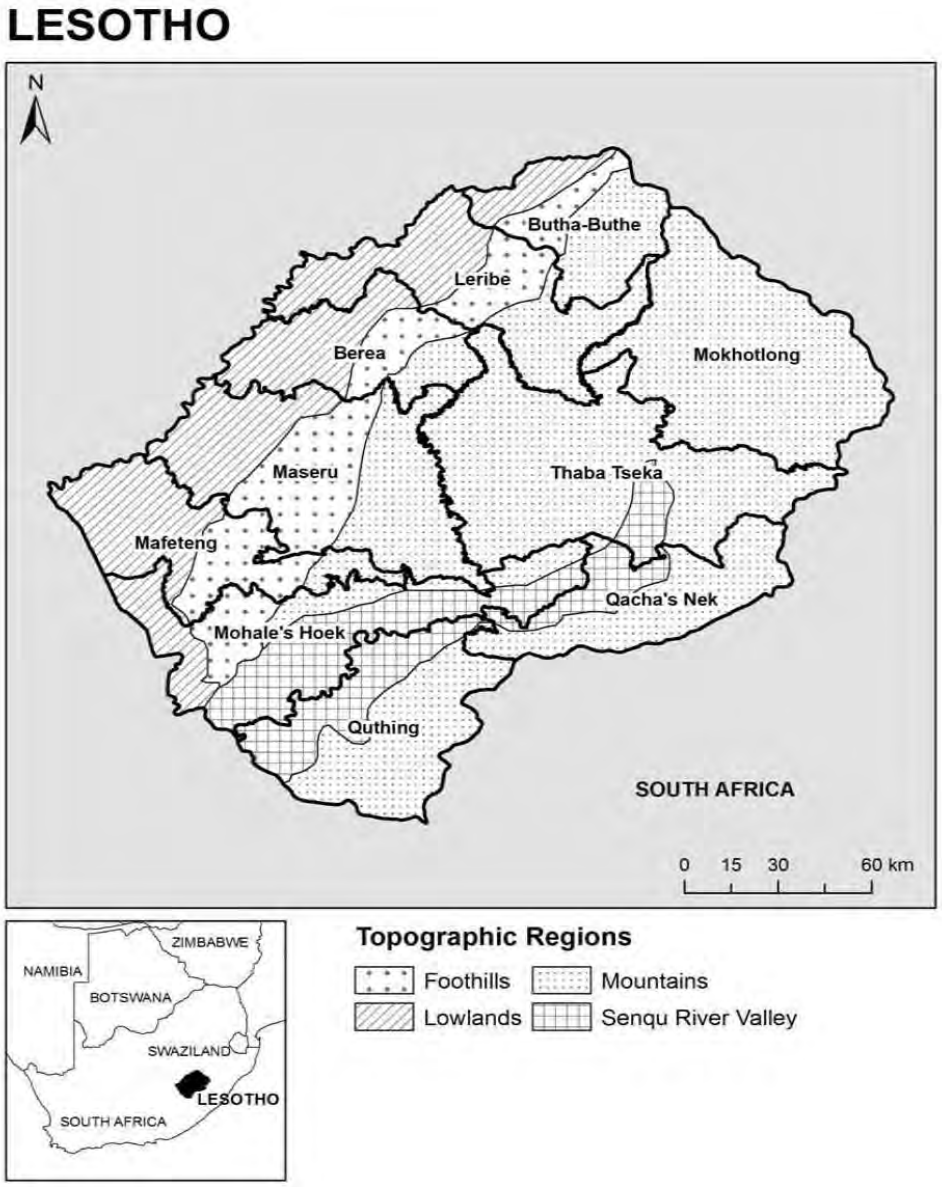
3.2 The Context of the Study

The research was conducted in three health facilities in Lesotho. Lesotho is a small country, which is surrounded by the Republic of South Africa. It is divided into ten administrative districts that differ in size, climate and topology. The country is also divided into residential areas, which are rural and urban areas. According to census 2006, Lesotho has the population of 1.8 million (BoS: 2006). There are 216 health care facilities, which include 19 hospitals. The district in which the study was conducted is Maseru, which is the capital of Lesotho. There are about forty health care facilities in this district which are government owned, church owned, others owned by the Red Cross and others are privately owned. The health care providers at QE II, Senkatane AIDS clinic and Baylor-Briston-Myers Squibb Children's clinic were interviewed on their perspectives of the impact of HIV and AIDS on their work.

Given the nature of the research, quantitative methods alone would not be applicable to better gain an understanding of the perceptions of health care providers of the impact of HIV and AIDS on care provision. If this method would be employed, some questions might be left out and it might not allow for probing for further understanding. Qualitative methods were therefore employed. In-depth interviews and focus group discussions were carried out with the health care providers. The questions tried to probe deeply how the health care professionals are affected by the high prevalence rate of HIV and AIDS in

Lesotho. The study specifically look at the health facilities that are directly serving people with HIV and AIDS in order to determine the impact the epidemic is having on health care providers.

Figure 3.1: Map of Lesotho



3.3 Research Methodology

3.3.1 Qualitative Interviews

Qualitative interviews were employed in collecting data in this study. Punch (2005) suggests that the interview is one of the major ways that can be used to collect data in qualitative research. In this study, focus group discussions and in-depth interviews were conducted with health care providers. According to Denzil and Lincoln (1998: 130) "qualitative research is a field of enquiry that cuts cross disciplines, fields, and subject matter". People from disciplines such as anthropology, sociology, history, geography normally use of this type of research when conducting their studies.

3.3.2 Focus Group Discussions

Focus group discussions were conducted to complement the information collected through in-depth interviews with key informants. For this study, two focus group discussions were conducted. One focus group discussion took place at Senkatane HIV clinic and it consisted of four participants: two HIV and AIDS counselors and two nurses. The other was carried out at Queen II hospital and it consisted of five nurses. Focus group as defined by Krueger and Casey (2000:7) "is a special type of group in terms of purpose, size, composition and procedures".

As mentioned above, the study is going to use a qualitative methodology so as to allow the respondents to go deeper into what they reckon is actually happening at their workplace with regard to HIV/AIDS. The purpose of conducting focus groups is to listen and gather information from different people (Krueger and Casey, 2000). They further indicate that focus group helps to obtain a better understanding of how people feel issues, services or products. Conducting focus group discussions is advantageous in that people naturally interact and they can influence each other in giving out the required information. It is also possible that some individuals can recall facts that other group

members have forgotten. This kind of data collection is one of the few research tools available for collecting data from people with small children or people who are not literate (Krueger and Casey, 2000).

Other methods of data collection such as self administered questionnaire would be difficult for people who cannot read or write. Data collected through focus group discussions are obtained more quickly and it is one of the less costly methods than conducting individual interviews. Groups can be gathered at shorter notice than for a more systematic survey. Generally, less preparation is needed for focus groups and they are comparatively easy to conduct.

There is a direct interaction between the researcher and respondents and that makes it easy for clarification, follow-up questions and further probing if needed. It is also possible to obtain information from non-verbal responses to supplement or even contradict verbal responses. The data uses respondents' own words therefore it is easy to get a deeper level of meaning, make important connections and identify subtle nuance. Focus group discussions are flexible; they can be used with wide range of topics, types of questions and desired outcomes. It is very easy for lay audiences or decision makers to understand the results than when complex statistical analysis of survey data are used (Marczak and Sewell, n.d).

There are also limitations with regard to focus group discussions. The researcher has less control over groups and is also less able to control what data will be produced. Sometimes people would not want to be part of the discussion and the researcher may find it difficult to gather them. Even if they can be gathered they may decide not to be cooperative. Therefore, the groups can produce relatively chaotic data which could in turn make analysis difficult. Moreover, it can be hard to draw conclusions on the basis of information collected from very small groups. The sample may be too small that it cannot represent the whole population. The exercise requires a well trained researcher who is knowledgeable about dynamics. The moderator may knowingly or unknowingly produce

biased results by providing cues about what types of respondents are desirable. Lastly, the researcher may have a complete certainty about accuracy of what people exactly say and the results may be biased by the presence of dominant opinionated members and more reserved members who are hesitant to talk. There are individuals who do not like talking and they may not give their views concerning the issue if probing is not efficiently done.

3.3.3 In-depth interviews

The research has conducted in-depth interviews with key informants therefore; there was a direct interaction between the interviewer and the respondent. According to Boyce and Neale (2006:90), 'in-depth interviewing is a qualitative research technique that involves conducting a small number of respondents to explore their perspectives on a particular idea, programme, or situation". To gain a better knowledge about the perception of health care providers about the impact of HIV and AIDS on their daily duties 10 in-depth interviews were conducted. In-depth interview is a perfect way of having an access to people's perceptions, definition of situations and construction of reality and it is also the best way that can be used to understand other people (Punch, 2005). Therefore, the intention of using this method is to obtain clearly what the health care professionals perceive as the impact of HIV and AIDS on the provision of care.

The importance of carrying out in-depth interview is that it can reveal valuable insights and make it possible for researchers to obtain the real story from the people who know. There are people who do not feel free to participate in group talking therefore respondents are most likely to open up on a one-on-one basis. Skilled interviewers are able to respond to questions and probe more for further detailed information. Questions can be added or altered in real time if needed.

The limitations of in-depth interviews are that data analysis can be challenging and time consuming. Qualitative analysis can be ambiguous resulting in a more difficult analysis

particularly for less experienced analysts. Interviewing requires a high level of training and skills. It is important to have well-trained, highly-skilled interviewers conducting this type of interview. Using less skilled interviewers increases the possibility of bias. Given the length of each interview and the associated costs, the number of in-depth interviews that will be completed for a research project will be small.

As a way of collecting the data, a voice recorder was used and later the interviews were transcribed. Most of the interviews were conducted in Sesotho since it the local language for the health professional except for cases where the respondent is not a Sesotho speaking person. This helped respondents to feel free in talking and there were no barriers in trying to explain or define things.

3.3.4 Thematic Analysis

In this study, the audio tapes that were used for data collection were transcribed. There were also notes that were taken during the interviews. Thematic analysis was then employed to analyse the data. Thematic analysis is the technique that is regularly used to analyse raw qualitative data collected from the field (Thomas, 2003). Therefore, transcripts were compared with the notes and were read repeatedly. Coding of categories was done to label the identified categories. Therefore, after repeatedly reading the transcripts the categories were given codes as they emerged. The coding was done by using different words for the emerging categories. The major themes were finally identified after all categories have been coded.

3.3.5 Triangulation

This is the use of a number of methods in data collection. Bryman (2004) states that triangulation involves using multi-methods or more than one source of data in the research of social phenomena. Using multiple methods of gathering information helps the researcher to get data that can be as accurate as possible. Denzil and Lincoln (1998: 310)

cited in Bryman (2004) refers to triangulation as “the approach that uses multiple observers, theoretical perspectives, sources of data, and methodologies”. Therefore, this study used in-depth interviews and focus group discussions to gain more and clearer information from health care providers as to how HIV and AIDS affect them.

3.3.6 Ethical Considerations

The ethical clearance for this study was sought from the ethics committee of the University of KwaZulu Natal. After approval was granted by the University ethics committee, ethical approval was also sought from the Ministry of Health and Social Welfare ethics committee. The approval was also granted and the researcher then given permission to carry out the study. The data collection started after the ethical approval of both committees. Because of the sensitivity of the topic; HIV and AIDS participants were ensured of the confidentiality of the information they provided and also that the analysis of the information was not going to be linked to anyone. Therefore, anonymity was also ensured.

Informed consent forms were issued to all the participants which briefly outlined the objectives of the study. It also described the procedures and the benefits of the study. The respondents were made aware that participation is voluntary and if they can get to the point that they do not want to answer any of the questions, they have a right to stop the interview.

3.3.7 Limitations of the Study

The study was conducted with health care professionals who are usually very busy. The interviews were carried out during working hours therefore, it was very difficult to take people from their work and talk to them. This was a problem particularly for focus group discussions because more people were taken from their duties. Furthermore, the issues relating to HIV and AIDS are sensitive and it might happen that some participants are

infected or people close to them are infected therefore they might not feel comfortable to participate in the study.

Chapter 4: Results

4.1 Introduction

This chapter focuses on the key findings from qualitative interviews using in-depth interviews and focus group discussions. The use of mixed methods of data collection provided insights into the experiences of health care professionals. Reeves et al. (2008) indicated that qualitative research is crucial to health service delivery as practitioners are given the opportunity to provide a broader picture of their daily experiences. Hence the use of this research methodology in this study. In the interviews, health workers were given the opportunity to provide their perceptions of the impact of HIV and AIDS on the delivery of services. The data from the qualitative interviews are organized into the following main themes: perception of risk of HIV infection, lack of knowledge about caring for HIV and AIDS patients, fear of discrimination and stigmatization, stress and burnout among other things, poor physical infrastructure in the health facilities, emotional involvement with patients, shortage of staff, heavy workload and lack of organizational support.

Prior to elaboration of the key findings, the socio-demographic characteristics of the participants in this study will be presented which include age, sex, cadre and number of years in the health care services.

4.2 Sample Characteristics

The aim of this study was to obtain a diverse range of participants. Therefore, the study draws on respondents with different characteristics such as the young and old and males and females. This allowed the research to obtain a diverse range of voices to capture the experiences of health workers impacted by the HIV and AIDS epidemic. Table 4.1 above presents the characteristics of the participants in this study from both in-depth interviews and focus group discussions. The age of participant in the in-depth interviews ranged

from 30 to 46 years. The results show that the sample consisted mainly of female health care providers. Only two males participated in the in-depth interviews and the remainder was females. Table 4.1 demonstrates that there were more registered nurses who participated in the in-depth interviews than other cadres of health workers. Almost 70 percent of the participants were registered midwives or nurses, 20 percent were nursing assistants and counselors constituted only 10 percent of the participants. Most of the participants had worked in more than one health facility. Some health care providers reported that they had previously worked in health facilities in the rural areas and had now moved to the urban area where the demand for health care services is extremely high. As a way to obtain diverse information from the participants, the researcher probed deeper to find the views of those who had an experience of working in both rural and urban areas. Therefore, the analysis shows that the majority of participants in the in-depth interviews had at least one year of experience of working in the health facility. Over 30 percent in the in-depth interviews had least 10 years of work experience.

The second column of Table 4.1 shows the characteristics of the participants from focus group discussions. The youngest participant in the focus group discussions was 30 years while the oldest was 52 years. The focus group participants consisted of 5 registered nurses, 5 nursing assistants and 2 counselors. The majority of the health care providers have 10 or more years of work experience in this field. The majority of participants were females. Only one male participated in the focus group discussions.

Table 4.1 Socio-demographic characteristics of the in-depth interviews and focus group discussion participants

Characteristics of participants	In-depth interviews	Focus group discussions
Age:		
30 – 34	3	6
35 - 39	3	4
40 – 44	2	1
45+	2	1
Sex:		
Male	2	1
Female	8	11
Cadre:		
Registered midwifes	3	0
Registered nurses	4	5
Nursing assistants	2	5
Counselors	1	2
Number of years in service:		
1 -5	4	3
6 - 10	3	4
10 +	3	5

4.3. Study findings

4.3.1 Perception of risk of HIV infection

Health care providers generally are afraid of contracting HIV from their patients while helping them. Personal safety appeared to be one of the most pervasive and enduring themes among health care providers. They were concerned about various experiences they had at their work place with regard to their personal safety. Apparently, all the facilities that were involved in the study are dealing with a very high number of people living with HIV and AIDS. One facility serves people that have already tested HIV positive, the other one deals with children that are HIV positive and the third facility serves the general population regardless of their HIV serostatus. Health care providers indicated that even in the facility that deals with the general population regardless of their serostatus there are so many people who are HIV positive and many others that have full-blown AIDS. Some of the patients have not had an HIV test but when they show up at the health facility, they present with sign and symptoms of AIDS and some of them are in a very bad condition and in an advanced stage of AIDS. A number of health care providers expressed concern about their own risk of HIV infection at the workplace. They were concerned that they were at risk of HIV infection when caring for their patients. They think that there is a high possibility that they may contract HIV from their patients even if they were using protective clothing. They identified a number of tasks that they had to undertake which exposes them to body fluids. The participants from one focus group discussions raised their concerns as follows;

"In this facility we are serving everyone who needs health care services and we do not care whether a person is HIV negative or positive. However, most of the patients that are being served are HIV positive, thus about 80 to 90 percent of the patients. The health care professionals in this facility are beginning to get used to the idea that they are serving such patients. Nevertheless, the fear of contracting HIV from the patients is there. It is even more dangerous if you do not know the status of your patient because if you

know the status you become extra careful when caring for such patients. Sometimes you become scared to touch them because of the conditions they are in but you just have to do it. Some of them had developed wounds all over the body or in some parts of the body, and when you are supposed to touch them you become scared. You always have to remember that you are a nurse and have taken an oath to take care of ill people and save their live" (FGD #2).

The implication in this regard is that, the large number of people seeking care are HIV positive and some are already sick from AIDS related illnesses. The respondents indicated that even though they are becoming accustomed to treating HIV and AIDS patients they still fear that they will get infected. However, they took their oath as nurses that they will care for their patients and save their lives.

The midwives in the maternity ward noted that during the delivery of babies there is always contact with body fluids. The midwives stated that when women come to the hospital to give birth, most of them know their HIV status because they will have attended antenatal care and already undergone the HIV test. The HIV status of the pregnant women is clearly reported on the obstetric cards. They indicated that even though they received some training about HIV they are sometimes reluctant to help those that are HIV positive because they are scared of coming into contact with contaminated blood. One midwife stated:

"When you help a woman to deliver you are getting in contact with the blood of the mother. When the baby comes out, blood just splashes and obviously, when you catch the baby blood comes at you. You would be very lucky if you can manage to avoid it. Sometimes when a woman delivers and encounter problems, you as a nurse have to assist and pull the baby out. In the process, you get in contact with blood even if you are wearing gloves. You will find that gloves are too small to cover your arms. Again, the number of women who give birth per day in this facility is very high and the staff is not enough. There are times when we have to conduct delivery after delivery. There are only

three of us in the delivery ward and sometimes more than three women need to be attended to at the same time. In cases like this, we are not even able to look for or put on the gloves. We just aim at saving both the baby's and the mother's lives" (Registered Midwife #2).

"Bringing a new life to the world is a wonderful experience that used to be enjoyed by all health care professionals. I enjoy it a great deal, especially when the baby and the mother are both in good conditions. However, these days HIV trained professionals are running away from the hospitals and clinics and pursuing other types of professions. People are scared, particularly midwives who have to conduct deliveries every day. The new system that encourages women to test while pregnant is supposed to be helping midwives because they will have been aware of the status of their patients but it scares us when we realize that more than 50 percent of women who come for delivery are HIV positive. It is written on their cards and some are already put on HAART (Highly Active Antiretroviral Treatment" (Registered Midwife #3).

Health care providers are concerned about the high prevalence of HIV among the population. The midwives are scared of the increasing number of HIV positive women who give birth and need care at the hospital. They noted that, bringing a child to the world is not a good experience anymore since it can put one at risk of HIV infection. Another focus group discussion expressed their views;

"We really think that we are at risk of contracting HIV while helping patients. We have protective clothing that we use to prevent any contact with body fluids. We wear gloves and masks to prevent from contracting HIV from patients. Nevertheless, sometimes you find that some of the equipment is not available even though we never run out of gloves. We need goggles because sometimes when we take blood samples it happens that blood splashes into our eyes and that can be a problem" (FGD #1).

Many of the health care providers feel that they are at risk of being infected at their

workplace while caring for their patients. Some of the participants in the focus group discussions reported that they never ran out of gloves but there is a need for other protective clothing such as goggles and aprons. In addition, some of the health care providers reported that they sometimes carry out other clinical duties that also increase their risk of HIV infection. They explained that there are some needles that they use to inject patients that require recapping after use and they were concerned that if they miss the target when recapping and mistakenly prick themselves with a used, infected needle. Several cases of needle stick injuries were reported by health care providers and one of them said;

"Yes, we inject people and sometimes you miss the target or a patient jumps and you accidentally prick yourself with the needle that injected an HIV positive patient. The majority of the patients I serve are HIV positive. I am always scared that I may prick myself and become infected. I think sometimes I will even make a mistake because I always think about what I would go through or what I would do if I was HIV positive" (Nurse Assistant #1).

Accidental needle stick injury was reported as one of the factors that put health care providers at risk of contracting HIV. The health care providers stated that because of the large population they are serving, it is easy that mistakes can happen and they might prick themselves with used needles. Again, because of the high HIV prevalence among their patients, it is possible that they can prick themselves with a needle that has contaminated blood.

"This other day I was helping my colleague as usual because there are many patients I normally help out. I am a counselor and I have not been trained on clinical issues but I have been shown how to inject people. It once happened that I pricked my finger right after injecting one patient who was HIV positive. I did what was supposed to be done which is called post exposure prophylaxis (PEP). However, I was scared all the time that I was going to be infected. I do not even think that this PEP protects one from infection"

(Counselor #1).

The health care providers do not think that post exposure prophylaxis protects them against HIV infection. They are concerned that the number of patients they are seeing that are HIV positive is very high and if needle stick injuries happen frequently, they might be infected regardless of the precautions they have taken.

The respondents also indicated that it is easy for them to get HIV from their patients because sometimes when they are busy working they may not have realized that they have cuts on their hands and they would have washed and bandaged their patients. However, they cannot remember how and when they got these cuts.

"I am scared because sometimes you find that you have a cut and you don't even know when it actually occurred. Again, you do not even recall whether you already had this cut while helping patients. In this facility, we only deal with HIV positive patients and if you make any mistake or incur any injury while helping patients, you do not even have to wonder what the status of the patient is. You are never free if you are working here because the chances of contracting HIV are higher than in any other facilities" (Registered nurse #2).

The majority of health care providers reported that sometimes they feel nervous and scared when they are about to conduct physical examinations on some patients because they are critically ill and have open wounds. They indicated that sometimes they are tempted to avoid some of these patients by referring them to their colleagues. However, they know that it is unethical and they have sworn an oath to care for all the patients. One of the younger health care providers raised her concern about patients that present at the facility when they are critically ill;

"There are patients that one avoids to serve because it is evident by just looking at them that they are HIV positive or even have full blow-AIDS and seem very ill. You are even

scared to touch them and the scary part is that we have to take a needle and inject them. However, I have to take their blood pressure, weight and sometimes ask them to take their clothes off. Then you find out that they even have a rash or open would on their bodies and they normally do not mention when you talked to them about their problems. Normally, I become so scared and frustrated when I come across cases like that one. Sometimes you just have to pray that God protects you from getting this disease while helping patients"(Nurse assistant # 4).

As a result, health care providers are reluctant to assist some of their patients. They feel frustrated by the conditions of patients when they visit health facilities. Some of them do not undergo an HIV test when they start becoming sick. They wait until their health deteriorates further and only seek health care when it is already too late and they have full-blown AIDS. Most health care providers noted that they are scared that if they contract HIV and become sick they will be in the same situation as their patients because AIDS is not curable.

However, one participant had a different view. She felt that it was most unlikely that she would become infected at work. She suggested that if health workers took necessary precautions by making sure that there is enough protective equipment the chances of getting infected with HIV will be reduced.

"If we take necessary precaution, HIV will not infect us. I have attended trainings and workshops about HIV and AIDS and how I should take care of patients including how I can prevent myself from being infected at work. I do not think I will be infected here at work. Maybe if I get HIV, it will be through other mode of transmission. We also have to take HIV like any other disease and we will not be scared when caring for our patients" (Register nurse #3).

However, another respondent raised a concern that sometimes health facilities experience shortage of key protective equipment such as gloves. The health care providers know that

they have to use protective equipment whenever they are checking their patients but the shortage of suppliers means that it is beyond their control. Sometimes their suppliers run out of stock or the health facilities themselves run out of stock because the order was not placed on time and the delivery of supplies is done when they already do not have anything to use.

"We went for about two weeks without gloves in the past few months. However, we had to help patients because they were still coming to seek health care services. We could not tell them not to come because there are no gloves. This situation really puts us at risk of contracting HIV from the patients. We are already scared of the disease as it is and even when we have gloves on, we still fear that a mistake might happen and we might get in contact with contaminated body fluids"(Nurse assistant #3).

The shortage of supplies such as protective equipment also put health care providers at risk of contracting HIV. They sometimes perform clinical duties with HIV positive patients without wearing gloves. They blame the system for not providing all the necessary equipment needed for protecting the health care providers from infectious diseases. An older nurse from a focus group discussion who was working at the health facility for many years gave her views**.** She feels pity for the children in the hospital. She indicated that she feels more like a grandmother than a health care provider to these children. She reported that she thinks she already has HIV in her blood if it is possible to contract it from the patients.

"I am working in the paediatric ward and the majority of children in that ward are HIV positive. I found out that some mothers to these children are in hospital and they had been ill since they delivered their babies. I have to take care of these children because their mothers are not in the position to come and see them. Sometimes I feel like they are my grandchildren because they are the same age as my grandchildren. I think I already have this HIV if it is possible that a person can get it from an infected patient. I bath these children, feed them and sometimes they have rashes or cuts on their skins. I do not

know whether it happened at some time that I got in contact with their body fluids. What I know is I am doing my best to save their lives and I always believe that they will get better and grow up" (FGD #1).

In summary, the majority of health care providers have the same view that they are at risk of contracting HIV and AIDS from their patients. They are concerned about the high number of HIV positive patients that they serve everyday. Their fear is that if they happen to make the mistake of pricking themselves with a used needle they might also be infected even if the chances of being infected through needle stick injuries are small. If needle stick injury occurs frequently the risk also goes up. The midwives are also concerned that their job puts them in danger of contracting HIV. They administer deliveries to women who are HIV positive and the likelihood that they are exposed to contaminated blood is also high. Some heath care providers are thinking of leaving the profession and work in places where they will not be dealing with patients. However, there is a very small percentage of health care providers who think that if they take necessary precautions they will not get infected at work.

4.3.2 Lack of knowledge about caring for HIV and AIDS patients

The analysis revealed that health care providers do not have adequate information that would equip them to care for HIV and AIDS patients. The large proportion of health care providers reported that they completed their basic training many years ago. Some indicated that they had completed their studies more than 10 years ago while others completed it more that five years ago. Thus, a sizeable proportion of the participants completed their training even before HIV emerged as a serious problem. Their basic training included family planning, antenatal, postnatal, delivery, child welfare and general health. Their basic training did not incorporate an HIV component including the management of AIDS patients. They indicated that they are now scared that they might acquire HIV at workplace and suffer a premature death since AIDS is not curable. Therefore, they are not comfortable with caring for people with HIV.

"Some of us studied long time ago even before this HIV emerged. We liked caring for sick people because we knew that they were going to be cured after taking their medication and they will go back to their normal lives. It is now different with AIDS. People die all the time and those that are sick become worse instead of getting well. We are not even trained to care for patients of this disease but there are so many of them in our facilities. The post basic training that some of us attended only included improvements in family planning issues and they were not related to any form of sexually transmitted infections including HIV. There have been a number of developments in the health field that require health care providers to improve their skills. We therefore, feel that there is a need for updated courses or regular refresher courses for all health care providers. What worries us most is that, this disease does not have a cure and if we contract it we are also going to suffer the same way our patients are suffering"(FGD #2).

Some of the health care providers felt that they did not have the skills to care for people living with HIV and AIDS. However, the majority of patients seeking health care are either HIV positive or have full-blown AIDS. All the respondents expressed despair at the fact that their patients are not getting better instead they are dying in large numbers. They also expressed their fear of contracting AIDS because of their lack of adequate knowledge about caring for AIDS patients. Some health care providers stated that they had not attended any workshops or short-term training relating to the management of HIV and AIDS.

"Some of us attended neither workshops nor short-term training with regard to caring for HIV and AIDS patients. We are therefore not comfortable in caring for patients of this disease. We think we might be infected and having to think about what AIDS patients undergo stresses us. One would not want to be in that position. I personally do not want to go through that condition. Maybe if I was trained and told how best I could handle the patients without being infected I would be more comfortable. One of our colleagues who was transferred to another facility from here got in contact with a patient's blood when

she was washing and dressing the wounds. She was not aware that she had a cut on the finger. She was scared so much that she did not mention this case to anyone until the third day since the case occurred. She thought that she already had contracted HIV. She was given post exposure prophylaxis after three days. We still believe that if we can get training on managing and handling HIV positive people and AIDS patients, we would gain more knowledge about this issue and become more confident"(FGD # 1)".

Many of the health care provides expressed concern about their lack of training on AIDS management. They were adamant that they needed to be trained and acquire new skills and knowledge with regard to the management of HIV patients. Lack of knowledge led to health care providers being afraid of caring for HIV and AIDS patients.

Some of the health care providers felt that staff who received training on HIV and AIDS are better placed to provide health services to patients who are HIV positive especially at the antenatal care services. The reason being that the clients in this department have been involved in unprotected sex and there is a high chance that they might have contracted HIV from their partners.

"Two of my colleagues attended courses on HIV and AIDS more than three times. I think unlike us who were never trained, they are more comfortable in caring for HIV and AIDS patients. However, one of them is now working at maternity but I think that she would be better placed at antenatal clinic because she has HIV counseling skills therefore, she would be able to reach many pregnant mothers to encourage them to take the HIV test and attract their partners to come along as well. Now, she has a very limited time to provide HIV services to antenatal care clients. I feel that we also need to be trained as we are expected to treat patients of different diseases including HIV and AIDS" (Registered nurse #2).

In some facilities, training on HIV and AIDS was not offered to all the health care providers working in the facility. As a result, not all the health providers have had an

opportunity to attend these courses. Very few individuals were selected for the training. Only the health care providers that are directly working with patients that have already been diagnosed HIV positive have been given the chance to attend the training and workshops. Their worry emanates from the fact that even patients that do not know their status might be HIV positive and they also require services. They point out that not all the patients that visit the facilities know their HIV status. Many of those that do not know their status might be HIV positive. They are caring for patients without having been trained specifically on HIV and AIDS and how to deal with the patients.

Those who attended training on AIDS management appeared to be more confident than those who had not. They indicated that providers need to take the necessary precautions but they should treat patients with HIV and AIDS the same as patients with any other disease.

"I do not have a problem of caring for HIV and AIDS patients now but I used to hate dealing with them. After I received training, I realized that I can treat AIDS patients just like any other patient. I wish my colleagues could also receiving training to help them to care for these patients. If you know more about caring for them you don't have to be scared when helping them"(Registered nurse #3).

Some health care providers have received basic training on HIV and AIDS which included information about the mode of transmission. Some of them reported that they attended workshop that provided information about how HIV/AIDS can be transmitted from one person to another. Others indicated that they received information about how HIV can be transmitted from pregnant mothers to their babies either during pregnancy, childbirth or breast-feeding. One participant described her training;

"I attended several post basic training courses about HIV and AIDS and I have no problem dealing with patients. I was actually trained on management of sexually transmitted infections including HIV. I think all the health professionals in this facility

have at least received internal training on the modes of transmission of HIV, safer sex practices, consistent use of condom and prevention of HIV at the work place from patients to providers or the other way round. Another major component that was made clear to all the staff here is the disposal of contaminated equipment. I personally work directly with small children that are HIV positive. Some of them are orphans and are HIV positive. They need somebody to give them support and care for them as well. Normally I become like a parent to them. However, I think it is a challenge to care for children that are HIV positive. You become very sympathetic when they are very ill and you do not want to lose them. It is not easy to deal with the fact that you are going to lose your patients especially when they are small children. It is very stressful, but taking care of them is not really a problem form" (Registered nurse # 4).

The health care providers mentioned that some of the staff members could not attend training because of the shortage of staff in their facilities. If all the staff was to attend training there would be no one left at the facility to perform daily health care tasks.

"Not everyone has been trained on HIV and AIDS management and patient care. This issue of HIV is new and even our staff is very few. What we are doing in this facility is to promote peer counseling among our patients. We encourage them to counsel each other and open up about the HIV and AIDS issues" (Registered nurse #3).

Training on the management of AIDS patients was not received by all the health care providers. They developed peer-counseling systems and patients were encouraged to counsel each other. This system seem to be working effectively in some areas but in other cases, the health care providers still need to work hard to reach those people who cannot easily deal with the fact they are HIV positive and encourage them to adhere to the treatment.

The counselor related that it is important for health care providers to receive proper training to ensure that that counseling is done effectively. There are lay counselors at the

facilities but there is still a need to train them further so that they comply with all the required ethical procedures such as keeping the clients' status a secret.

"Being a counselor is not an easy job. Again, you cannot be a counselor unless you receive a required training. A trained counselor is able to identify cases that are not easy to spot such as patients that are not adhering to the medication. I think that all our counselors should receive proper training in psychology and other related courses. Sending our counselors to universities or technikons would be very helpful in this field and to many people that need counseling"(Counselor #1).

There is also a need for counselors to be trained on psychological issues. According to the respondents, this would help many patients and would improve the number of people utilizing the services.

From the interviews it would seem that the heath sector is not training health care providers on the management of HIV and AIDS. There is a lack of knowledge about caring for HIV and AIDS patients among the health care providers. Some of them never attended training on the management of AIDS patients and they have a problem caring for these patients. There was confidence among those who attended training on how to manage HIV patients as compared to those who had not attended training. Shortage of staff in the health facilities was identified as a major reason that some member of staff did not attend training. Training of counselors at a higher level was also mentioned as a necessity. There is a need to train lay counselor at a university level and strengthen their capacity in terms of service delivery.

4.3.3 Stigma and Discrimination

Stigma and discrimination associated with HIV and AIDS appeared to be one of the critical reasons that hinder people from taking an HIV test, and health care providers are no exception in this matter. Despite the efforts put forward to improve people's

understanding of HIV and AIDS, stigma and discrimination are still challenges that obstruct people from knowing their status (Parker, Aggleton, Attawell, Pulerwitz and Brown, 2000). This results in people not seeking care or advice until it is too late when they are very sick and have full-blown AIDS. Again, a great deal of unnecessary premature deaths occurs because people are afraid of discrimination and stigmatization. The problem of stigma and discrimination is not only at the community level but also at the health facility level even among other health care providers. The results from most of the participants indicated that HIV and AIDS is still highly stigmatized. The health care providers mentioned that they are scared to undergo the HIV test because they fear that they might be stigmatized if their results are positive.

"I will not test for HIV; I am doing fine without knowing my status. I would rather not know whether I am HIV positive or negative. I do not think I can ever bear being discriminated here at work and at the village where I live. I know that once people know about my status here, the information will soon leak to the community I am serving. I have seen people being refused services at community level such as not being allowed to participate in some of the activities in the community. Children are being called names because their parents are either HIV positive, ill with AIDS related diseases or died of AIDS. I do not want my children to go through all that because of my HIV status"(Nurse Assistant # 2).

"We are trying our best to counsel people to deal with the fact that they have HIV however, many people do not understand what they are being told by the health care providers because they fear that they will be stigmatized in their families and villages. They do not understand that they can take HIV as any other condition that one can be in. The only thing they think about is to be called names and be secluded from some of the important functions and activities in the families and communities. We also need counseling because we have the same fear as the rest of the population that people will look down upon us and start to call us names. What is worse is that people are looking up to us to save their lives as care providers and if we get sick from this disease we fear that

people will lose hope and never trust health care providers. They will even think that, the health care providers that are HIV positive will infect them" (Registered nurse # 4).

It seems that the fear of stigma and discrimination are the main factors preventing men and women from coming forward to test for HIV. They are scared of being told that they are infected. The fear mainly emanates from stigma and discrimination surrounding HIV and AIDS. The health care providers are also scared that their positive results would affect their children as well. They indicated that they had observed that some HIV infected individuals are denied some of the services in their communities.

The association of HIV and AIDS with promiscuity is still prevalent and health care providers are not the exception in this regard. Most people are scared that if they turn out to be HIV positive, they would be seen as having behaved badly. There is still stigma and secrecy surrounding this disease. It is clear that some the health care providers would not just take HIV test unless they became ill and are requested to undergo a blood test. They mentioned that people talk behind their backs if they suspect that one has some symptoms such as coughing for a longer period or having lost weight.

"You will be surprised that we as health care providers do such things as gossiping about each other. If one of our colleagues shows some HIV related symptoms such as weight loss, or being suspected to have TB other colleagues start talking behind his or her back. As a person, you realize that even if I have had HIV I would not disclose my status in this place. This is not the right place for me to talk about something like that. You can imagine that I am talking about the health facility and the health care professionals" (Counselor # 1).

Health care providers do not trust each other in terms of disclosing their HIV status at their workplace. There is lack of privacy among them. They indicated that there is gossip about other members of staff that are suspected of being HIV positive.

"I have learned from my colleagues that health care workers cannot just take an HIV test. I think just like our patients, we are afraid of getting positive results. AIDS is scaring us like any other human being. The way it was introduced to everyone when we first heard about it was scary to everyone" (Nursing assistant # 2).

The health care providers indicated that HIV scares everyone regardless of their profession. They themselves are health care professionals and some of them have received training on HIV and AIDS thus, how it is transmitted, preventive methods and management of AIDS patients. Regardless of all these, fear of contagion among the health care providers still exists. There is also fear of being identified as 'a person who has that disease'.

Apart from the pressure at work, health care providers are living in communities where people with AIDS suffer discrimination. HIV is mostly associated with promiscuous behaviour. Some of the health care providers come from rural areas where knowledge about HIV is still a problem. If people get to know that the health care provider is HIV positive they can discriminate against her. The respondents mentioned that people might even stop seeking health care services from the facility where such an individual is working. The challenging part about being HIV positive in the community as stated by one of the health care providers is that you are not the only one but also your children and the rest of the family will also suffer from discrimination.

"Your children will not play freely with other children because those children would be warned by their families not to mix with them. Sometimes when these childrens' parents see them playing with yours they call them and tell them not to mix with your children. This is really hard" (Registered nurse #2).

"People forget that health care providers are human beings. You will find that if a care provider is gay they cannot just come forward to disclose their sexuality. They keep this as a secret because of the stigma surrounding it. If they become HIV positive, they then

keep a much heavier secret because they are afraid of being judged that they have the disease because of their sexuality. They fear suffering double stigma, of being homosexual and also being HIV positive" (Counselor #1).

The health care providers like all people are concerned about their HIV status. They are also scared to undergo the HIV test and they would not want their status to be known by other people even their colleagues particularly if they are HIV positive. HIV and AIDS is incurable and is a fatal disease and it is also associated with promiscuous behaviour. Therefore, no one wants to be associated with the disease. There is a great deal of stigma attached to the disease and people living with HIV and AIDS often suffer discrimination. The study also discovered that health care providers would not just come forward and disclose their sexual orientation. They are concerned about the impact of a HIV positive result on their family members.

Generally, there is no trust among health care providers with regard to disclosing their HIV status to colleagues. The issue of stigma and discrimination that is prevailing in many communities is also common in the health sector. This seems to prevent many people from taking the HIV test and knowing their HIV status. The health care providers are scared that if they test for HIV and come out positive, they will not get the necessary support from their colleagues instead they will become the subject of gossip.

4.3.4 Stress and Burnout

Health care providers caring for HIV and AIDS patients are under a great deal of stress. The combination of long working hours with a high client load and their own personal problems at home puts a lot of strain on them. The health care providers also stated that they get discouraged when they see their patients becoming more ill every time they come for check-ups or when they come to collect their medication. They are expecting to see their patients getting better and go on with their lives instead they become worse.

"The workload in this facility is killing us. I do not know whether in other facilities there is still the same problem of working like this. There are only two of us in this ward today. Sometimes you find that you are alone in the ward and you have to help patients, give them medication and maybe help them change the side in which they are sleeping. You need someone to help turn the patient and there is no one. Sometimes we cannot even identify emergency cases or patients that need immediate attention. When I get home, I feel so tired that I cannot even cook for my family. I am relying on the maid to take care of my family and this does not satisfy me at all" (Registered nurse #4).

The amount of work done by health care providers is so tiring and the number of professionals assigned to perform the tasks is very small. They indicated that there is a need for more staff to provide services efficiently and effectively. The workload is quite labour intensive.

"There is this thing called burnout syndrome. I think we, health workers are suffering from that. We are always tired and we cannot even perform our duties as expected. Normally when I wake up in the morning, I already feel tired. Sometimes I just feel in a bad mood without knowing what happened. You just find yourself discouraged and down. We need attention as well just like our patients. We counsel our patients but we do not have anywhere to be counseled. This causes a strain on us. We cannot even counsel each other because there is a lot of work and we are all tired. Our problems are our families. This strain spills over to our families because when we get home we talk about work all the time. We do not discuss family matters that need to be solved" (Registered nurse #1).

The health care providers mentioned that they are under a lot of stress and feel that they are also suffering from burnout. They indicated that they always feel tired even in the morning before they go to work. They also experience bad moods which may lead to them shouting at patients and providing poor health care service. They mentioned that they need to be cared for, they need counseling and it is not possible for them to do that to each other because of the heavy workload. They are also concerned that their stress at

work spills over to their families as they take their patients' problems along with them when they go home. They are always concerned about their patients and their problems and how they are suffering.

The health care providers who worked in the rural areas before moving to urban areas indicate a difference in the amount of work in the facilities in these two areas. The facilities in the rural areas appear to have a lower client load as compared to those in the urban areas. The difference might emanate from the accessibility of the facility in terms of transport and user fees in the rural areas as compared to the urban areas. In the rural areas, health facilities are not accessible to many people. Therefore, the number of people visiting the facilities is smaller as compared to the urban areas where there is a greater accessibility and better transport networks.

"Before I came to this facility, I was working in a facility in the rural areas. It was far from most villages around that area but people could still go there to seek care. There was never a time when people would go home without having been served. Sometimes we would finish serving people at around lunch time or just after lunch. However, things are different in this facility. When I arrive here in the morning, there are already more than hundred people (for example) waiting for services. You already get discouraged as a provider when you see the number of people waiting for your services. We close the facility very late after normal working hours. We have to provide quite a number of services to one person so much that sometimes we fail to do the recommended holistic patient check. Sometimes when you get home, there are other problems waiting for you such as ill relatives or children. I really find it challenging to work here. I feel so tired all the time and sometimes when I have to wake up in the morning, I feel like going back to sleep or taking leave in order to rest for some days"(Nurse Assistant #1).

The health care providers reported quite a big difference between the situations in the facilities based in different areas. When comparing the situation in the rural areas and the urban areas, health care providers indicated that in the rural areas the number of people

seeking health care at the facilities is much smaller than the number of people seeking health care in the urban area.

"If I could get another job that does not involve caring for patients, I would take it. I am always scared that I might contract HIV from my patient so much that sometimes I have these terrible headaches. I think that it is risky to care for HIV and AIDS patients because AIDS is a killer disease and when I think that I might get it from the patients it makes me go mad. The worst part is that, there are so many patients seeking care and if you are scared of being infected and you have to see all of them or half of them you might get tired and make mistakes. It always eats on my mind when I think of contracting this disease. What will happen to my children, who will take care of them?" (Nurse assistant #1)

"Looking after somebody who is HIV positive is not an easy job. It is so frustrating because sometimes you make friends with some of them and it becomes easy for them to tell you their stories or backgrounds. When you see this person becoming worse everyday, he or she comes for a medical check-up you begin to worry that you are trying your best to ensure that person gets better but you are failing to rescue them from this disease. Sometimes you find that some of your patients are not coming for check-ups anymore and when you ask after a while, you discover that they had died. If you are a parent you start thinking about your own children and you wonder who will take care of them if you die. HIV is frustrating in so many ways" (FGD #2).

The health care providers are not only scared that they might catch the virus from their patients but they are also frustrated that many of their patients are dying. They are working very hard to bring positive change in many people's lives however, AIDS kills them anyway. The health care providers indicated that they have lost hope and they do not think that there will ever be a cure for AIDS.

This implies that health care providers find it stressful to care for HIV and AIDS patients.

Their stress and burnout appears to be emanating from various factors such as heavy workload and they have to provide integrated services to the patients. There is also a shortage of staff and those who are available reported that they always feel tired. It becomes hard for them to address their own personal matters when they get home. They cannot even go to the doctor if they are not feeling well because there is always a long queue outside the consulting room.

4.3.5 Poor Physical Infrastructure

The infrastructure also does not allow the health care providers to perform their duties effectively. At the time when the buildings were constructed no provision was made for some of the activities that are now performed at the facilities. In the earlier years, the infrastructure was suitable for the services that were on offer. With the emergence of HIV and AIDS there is a need for greater patient privacy and confidentiality. The interviews suggest that there is a need for more consulting rooms and other facilities to ensure greater doctor and patient confidentiality.

"I will not only talk about this hospital alone but I will mention problems encountered by other health facilities where I have worked in the past. Most of the health facilities were built long time before we knew about AIDS. Some of these old buildings does not cater for other services they are supposed to perform. For instance, in some facilities separate rooms are used for counseling and examining clients. Clients that need examination after counseling have to go out and pass the corridors where other clients are waiting. Since people do not want to be associated or suspected to have HIV they do not do what they are told and they decide to go home without having been examined. This happens mostly among antenatal care clients and they end up not continuing with their visits to the health facilities. This causes a lot of stress on the health care providers because they miss their clients. Some of these clients need to be put on antiretroviral treatment immediately. As care providers, we feel that we are doing our job properly yet we feel that we are driving patients away instead of attracting them to seek care" (FGD #1).

"There are situations where one counseling or examination room are shared by more than one health care provider when giving one to one counseling sessions to clients. In other situations, counseling rooms are separated either by a curtain or a thin board that is not sound proof. Whereas other health care providers who use the examination room as a consultation room for other types of patients and services are offered at the same time for those patients. The health care providers in all these cases wish that they can do something to protect their patients but there is nothing they can do. All these situations compromise confidentiality and privacy. However, the alternative would be serving patients one at the time which would result in long queues and a long waiting period for patients. This would also result in some patients having to go back home without having been consulted" (FGD #2).

Sharing counseling, examination and consulting rooms means that there is no privacy for patients. If one patient is seen at the same time as the other patient in the same room, chances are they are going to listen to each other's consultation. Generally, there is a need to improve infrastructure in the health facilities to allow all the services to run smoothly and appropriately. Patients are supposed to have privacy and be assured of confidentiality but this is not happening. Poor infrastructure at the facilities may ultimately result in long queues that will cause more workload for health care providers. As much as the health sector is working hard to make services available to patients such as employing more staff, introducing more AIDS related programes and many other things, there is a need to build more structures for these services to run properly.

4.3.6 Shortage of Staff

The shortage of health professional staff is one of the main problems the country of Lesotho is facing. As indicated by the participants in this study, all the departments in the health facilities were short staffed. The health care providers have to perform a series of services for their patients and yet there is not enough staff to carry out the work

effectively. Some of the tasks involved in providing integrated services include pre-testing counseling, administering testing of HIV by patients, post-test counseling and provision of treatment guidelines to patients and their families. In addition, they have administrative tasks such as keeping patients' records and recording the statistics of the patients that are served in the facility. One of the nurses from in-depth interviews relates that;

"The main problem in this facility is human resources. There is a big shortage of health professional staff at the facilities and that results in existing staff being overloaded with work. I have to perform so many tasks such as attending to my patients and keeping their records and at the same time, I am expected to compile the monthly statistics for this facility and submit the forms to the Ministry's head quarters. Among the duties that I am charged with is to pre-test counsel the clients in order to prepare them for testing. I also administer HIV testing for those who agreed to be tested or those that are ready and provide posttest counseling to all the clients who were tested. I further have to ensure that all the patients that are eligible for treatment, those that have a CD4 count of less that 350 are provided with the required treatment and the guidelines. This is really killing us. That is why sometimes we fail to submit the monthly statistics" (Registered nurse #4).

The health care providers indicated that there is a lot of work to done at the facilities, but there is not enough staff to carry out all the required duties.

"There is already a shortage of staff here and one of our colleagues has been absent for about three weeks now. We do not manage to perform all the required daily tasks even when she is around. You can imagine the gap we have to fill in her absence because there are many people that need care. This AIDS has made people to come to the facility so many times within a short period. We also feel bad to send people home without serving them because it late and it is already long after working hours. When we send them home we always have a fear that some of the might die without having been attended to.

However, we also need to rest so that the following day we will be able to wake up and come to work again" (Nurse Assistant #2).

Absenteeism was reported as one of the factors that has aggravated the shortage of staff in the health facilities. If a staff member is absent from work, they a leave a big gap for others to fill since there is already a shortage of human resources. There is a long list of tasks that the health care professionals are charged with on daily basis and they cannot afford to perform all these tasks. They reported that they sometimes they do not manage to report their monthly activities at the health statistics office. The respondents also indicated that they work more hours than official working hours in a day but they never get to see everyone who comes to the facility. Because of the long queues and few providers to deliver services, the health care providers send some of their patients home and ask them to return the following day. However, the health care providers expressed their concerns that they now find themselves not saving lives anymore because it could happen that they send somebody back and that particular person may die when they get home because they were not attended to at the health facility.

Before HIV and AIDS came into the picture people used to be cured when they seek care at the health facilities. They would take a long time before they visited the facility again and when they come back, they would present with a different illness. The respondents indicated that, with regard to outpatients and inpatients that are served in their facilities there are more re-attendants and referrals than in the earlier years when HIV and AIDS was not this prevalent. The same people visit health facilities more frequently and coming with the same problems. They return to the facility to seek health care even before they finish the first prescribed treatment. Again, the new cases which are people who visit the health facilities for the first time, are also many. One registered nurse raised a concern about the number of times patients visit the health facilities.

"… you look at the patient's health card and find out that this particular patient has already visited this facility three or more times within two weeks with the same problem.

There are others that seek care in other health facilities and their cards show that within the same week they will have sought health care a number of times. Furthermore, there are important meetings and workshops that need to be attended. Sometimes, if we really have to go to these meetings maybe only one person will be left to see the patients and that is too much for one person" (Nurse Assistant # 1).

The same patients are reported to be visiting the health facilities several times in a short period of time. This indicate that people are not getting better even if they seek health care, they keep on going back to the health facilities with the same health problem. The health care providers also have to attend meetings and workshops to discuss problems and other issues related to their facility. When they attend these meeting which sometimes take one week or two they leave one person at the facility. It becomes difficult for that person to attend to all the patients.

The nursing sister from Senkatane clinic also gave her views regarding the shortage of human resource;

"The number of health care providers stays the same or decreases. When looking at things, you get discouraged because patients are flooding in to the facility but staff does not increase in numbers. On the other hand, it is scary the way health workers are leaving the facility either for other positions in the country or better paying jobs outside the country. Those that are still available are always exhausted after work and even during working hours" (Nursing sister #2).

"After they have been trained and registered, many nurses work for a short time at the Ministry of Health and they leave for better paying jobs either within the country or in other countries. The majority of them emigrate to the United Kingdom with the hope that there is better pay and HIV is not prevalent like in African countries" (Registered midwife #2).

Retention of qualified health personnel through migration was reported as one of the key factors that caused staff shortage in the health sector. The health care providers leave the health sector for better paying jobs either in the country or outside the country. The study revealed that the health care providers are not only looking for better paying jobs but they are also trying to escape from getting in contact with a large number of HIV and AIDS patients.

Shortage of staff in the facilities appears to be one of the main problems mentioned by the respondents. Absenteeism was indicated as one of the major causes of staff shortage at the facilities. In all the facilities that have been researched, there was a critical shortage of staff and yet they are serving a large number of people. The existing staff is however, expected to perform a series of activities and it becomes very difficult for them too do all the required exercises. Other patients are being sent home without being served because the providers cannot serve them all in one day. There are health workers that left the health sector and looked for other jobs and their positions had never been filled. This discourages those that are working there because they are expected to perform so many tasks.

4.3.7 Workload

The heavy workload has been identified as another critical problem in health facilities. The majority of the respondents pointed to the increase in workload as a result of the HIV and AIDS epidemic. As the HIV prevalence of the country increases, the number of people needing health care services also rises. When asked whether they have noticed any increase in workload in the past year, almost all the respondents mentioned that there was an increase in workload in the past year. Some of the older respondents observed that the increase in the workload occurred towards the late nineties. Respondents identified several reasons for the increase in the workload at health facilities.

One of the key informants gave her views about the increase in the workload in the health

sector.

"You know, at this moment we cannot even measure how much the workload in this facility is increasing. It started long ago around the mid to late 1990s when we realized the rapid increase in the number of people visiting our health facilities. By then, we were still offering outpatient services in this hospital. A number of people would be critically ill when they come to seek health care. Most of them would think that they would only be examined, given medication and go home instead they were admitted to the hospital ward because of their conditions. The nurses in the wards also started to feel pressure as the wards were filling up with patients that were very sick and who ended up dead instead of getting better. Again, a number of the nurses migrated to the United Kingdom to look for better paying jobs and their position have not been filled as yet. We already had a lot of work even before they left and now we are so swamped with work" (Register nurse #2).

It was indicated that the health care providers were overworked and the situation was aggravated by the increase in the number of people seeking health care services. However, number of health worker providing services either remains the same and in some cases, decreases. As it was discussed under shortage of staff, the issue of staff attrition came up as one of the causes of a heavy workload. Many of them leave the health sector and the country for greener pastures. They go to the United Kingdom and other countries overseas and others are leaving the profession for other positions that do not involve working with patients. Other reasons that were mentioned in the discussions were illness and death of health care providers.

"I like my job but I am frustrated by the number of patients coming to this facility to seek care. I am not satisfied anymore about working under these conditions. I hardly have breaks or have casual talks with my colleagues. We are negatively affected by the increasing number of patients we are serving everyday. When patients are many I have to work all the time and find that I cannot even go for lunch or have a break. Sometimes we have to perform many tasks not only the usual ones" (Registered nurses #3).

Many countries in sub-Saharan Africa have moved towards the provision of integrated services particularly integration of maternal and child health and family planning (MCH/FP) services with STI and HIV and AIDS which states that every client that visits the health facility for pregnancy related checkups should be screened for STI and HIV and AIDS as well (Elhers, 2006). Lesotho is one of the signatory countries that are providing integrated health services. For instance, women who come for antenatal care are also screened for diseases and if diagnosed they are then given treatment. Again, the policy states that all pregnant women who do not know their status should be counseled and tested for HIV at antenatal care. Lush (2002) indicates that there are various requirements regarding integrated health service delivery. She indicated that there is need for training on the management of sexually transmitted infections, HIV counseling, delivery of maternal and child health and family planning services (Lush, 2002). Some of the respondents reported that they received training in providing integrated health service delivery.

"Some of us were trained on Integrated Management of Adult Illnesses which is dealing with caring for HIV patients directly. This means that, when a patient comes to the facility and presents with flu this patient has to be checked to see if she or he has other illness that need to be treated as well. Only myself, another registered nurses and a nurse clinician received this training in this facility" (Registered nurse # 2).

However, all the health care providers are expected to provide integrated services and some of them have not been trained to provide a range of services. The participants stated that it was not always possible to conduct comprehensive screening of patients. Offering integrated services becomes difficult when the health care providers have to deal with long waiting queues. They usually end up only treating patients for the illness that they present at the health facility. Nurses in South African health facilities also reported that they are not able to perform holistic care on patients because of the shortage of staff and the high client load at health facilities (Shisana et al., 2004). One nursing assistant

expressed great concern with regard to this issue.

"It is very unfortunate that we cannot provide integrated services to our clients as expected. When you look outside the door there are so many people waiting for services. You just have to help the patients with the problem they have and move on to the next patient. We are not supposed to be doing that, but we also feel that we should see all the patients" (Nurse assistant #2).

Some health care providers complained that they are now given responsibilities that do not fall within their original job description.

"I think that what we are doing now is beyond the scope of our job description. We were never trained on how to care for HIV and AIDS patients but we have to perform so many activities without proper knowledge. I think that the integration of services has brought even more work on top of the heavy load we already had. What is more depressing is that we are not even going to get any compensation if we happen to contract HIV at the work place" (Nurse assistant # 2).

In Lesotho, all pregnant mothers attending antenatal clinic are advised to take the HIV test so that they would be able to take the medication that will help them to prevent the transmission of HIV to their children. Some of the health care providers reported that they need time to counsel and convince mothers to undergo an HIV test in order to know their status. With their prevailing workload, health care providers indicated that they sometimes feel like they have not done their work properly when some women refuse to be tested and refuse to attend the clinic.

"Some of these pregnant women refuse to take the HIV test when they come for their antenatal visits. They agree to have blood taken for other tests but not HIV. They believe that it is not possible for them to be HIV positive because they never got ill and still look healthy but the majority of those who take the HIV test turn out to be HIV positive. As

nurses, we have to take our time when counseling them. Explain to them that it is very important to test for HIV as it will be possible to prevent the mother from infecting her child with the virus. We also have to clarify to them that when somebody is HIV positive, they are not sick as yet and they can be put on medication that will help them live longer before they can get sick" (FGD #2).

As a way to curb the further spread of HIV and AIDS and reach the most vulnerable groups, the Ministry of Health and Social Welfare through its antenatal care clinics advice pregnant mothers who attend the clinic to come with their partners and take the HIV test together. The health care providers indicated that counseling partners together regardless of whether they are married or not helps a great deal.

"There is a huge difference between women who attended the antenatal clinics with their partners and took the HIV test together and women tested alone. Women who have their partners' support during antenatal care and share with them their HIV status have less stress. Together they are informed about infant feeding options and they decide which one to take. Those that are HIV negative are also told to practice behaviours that will help them reduce their chances of being infected and the HIV positive ones are guided on how they can live their lives without infecting others or spreading the virus further. With the guidance of a health professional, they are able to decide whether they should stop having children or they continue having more. However, for all this important information to pass effectively there is a need for adequate staff. With the prevailing number of people working in the health facilities, it is not possible to pass this message to our patients. We need a lot of time to convince and make partners understand and be able to deal with living with HIV. The number of patients we are serving does not allow us to give each of them enough attention or allocate them enough consultation time. We are serving so many people and the tasks that need to be performed are so many" (Registered Midwife #1).

The Ministry of Health and Social Welfare has recently introduced the concept of free

services in all public health facilities. The health care providers mentioned this as one of the reasons that workload has increased in many health facilities. They indicated that before services became free fewer people used to visit health facilities.

"We really appreciate what the government is doing for the nation that there are no more user fees and people can now seek health care without having to pay anything. Before this system was put into action, some did not go to the health facilities because they could not afford the user fees. However, the government should have first thought about increasing the staff that was going to serve the population. After people have heard that the services are free there was a rapid increase in the number of people coming to the facilities. I agree that it is a good thing that people can now access services in terms of costs but this consequently results in health care providers being over worked and not being able to attend to everyone coming to the facility on a daily basis. Again, the health care providers are not able to do their work properly as they would be aiming at helping everyone in the queue" (Nurse assistant #2).

The removal of user fees has resulted in an increase in the number of people seeking health care. However, the number of health care providers either remain the same or goes down when some of them decide to leave the health sector for better paying positions or to work in other organizations. In general, many of the health care providers reported that they do not enjoy working in the health sector anymore. They indicated that, there is no job satisfaction and one of the reasons is the high workload.

"We are not enjoying coming to work any more. The amount of work we are doing is too large. We feel that we are not doing justice to our patients as we have to send some of them home without having seen them because of the long queues. Even if we try to see more than we normally do, we do not get to see them all. I personally am not satisfied with my work anymore. I do not think I achieve anything that I can be proud of these days. The long working hours makes me hate my job" (Registered nurse #4).

The respondents indicate that they are not enjoying their work anymore. They are doing an enormous amount of work and often they have to work even after normal working hours. They are also frustrated by the fact they are not able to serve all the patients that come to the facilities. Some of the patients have to be sent home without receiving any attention.

4.3.8 Provider-Client Inter-Personal Relationships

Health care providers reported that they feel sorry for some of their patients that are critically ill and have no one to take care of them at their homes. They indicated that they become attached to their patients and feel like the patients are part of their families. The respondents highlighted that it is not easy to care for AIDS patients because most of them die instead of recovering.

"… you cannot stop thinking about them even when you are at home. Some of them tell me their sad stories and backgrounds and I feel so sorry for them so much that I become attached to them" (Registered nurse #1).

This indicated that there is a bond developing between the health care providers and their patients and the providers become attached to their patients when they listen to their stories and problems. One health worker recalled a case of an old woman who was HIV positive and was on antiretroviral treatment.

"There is this particular patient and she is a regular client because she is on ARV treatment. She is an old woman who is in her sixties. She told me when she started her treatment that she was taking care of her granddaughter's little child and she did not have any idea that the child was HIV infected. The child got ill and died after a while. This woman became sick six month after the baby died. She was advised to take an HIV test when she could not get better and the test came out positive. She told me that she is so afraid that no one is going to take care of her when she gets ill because her

granddaughter is also HIV infected. When somebody tells you the problems like this, personally you feel like you should go in and help" (Registered nurse #3).

The health care providers reported that they are not supposed to provide handouts of any form to patients because it could cause some problems if others are not given anything but sometimes they offer some money or secondhand clothing to some of their patients. They indicated that some patients dress in a funny way when they come to the facility and the health care workers will find some old clothes they are not using anymore and give them to their patients.

"Working with HIV patients is not an easy task. Some of them do not even have food and others are critically poor. You can just judge when looking at them that this one has never eaten anything since the morning. There are some patients that one would feel that something has to be done for them. I normally take money out of my wallet and give some of them money to pay for transport since they walked long distance to the facility because they do not have money and they still have to walk the same distance to get back home. Apart from that, you sometimes find a patient shaking because they have not had anything to eat since morning and they do not even know what they are going to eat when they get home. However, with the treatment these patients are on they have to eat well. They need proper nutrition to go together with their medication. Again, they are not supposed to take their treatment in an empty stomach but with what we are observing in the ground, this is exactly what is happening to most of our patients" (Registered nurse #4).

The majority of patients visiting the health facilities in this research are reported to be poor and in need of assistance in the form of food or finances particularly for transport. The health care providers are concerned that their patients do not have proper nutrition and they sometimes take medication on an empty stomach. When they give out counseling sessions to their patients, the health care providers recommend that their patients should eat well and adhere to their treatment. The results show that, even if they

are willing to do as they are told, not all the patients have access to the required nutrition. They sometimes do not have money to travel to the health facility for their treatment refill.

"The management does not even know that we help patients in the form of food or money. Some of them are very young and do not even have a job. When you ask them about their background, you find that they are heading their household because their parents had died leaving them with their siblings. All these issues affect us psychologically" (Nurse assistant #1).

Health care providers find themselves in a position where they have to help their patients with other issues not related to health care services. They provide their patients with money, food or clothing.

The number of visits and the amount of time that health care providers spend with their patients while coming for services makes them develop a close bond with them. They feel pity for their patients so much that they end up providing them with material support. They find themselves using their own money to pay for the transportation of their patients. The health care providers also mentioned that because they feel sorry for their patients they are impacted psychologically and they think that they also need to be cared for particularly with counseling.

4.3.9 Lack of Support Structure

The health care providers interact with patients that have a range of illnesses on daily basis and some of these diseases are communicable. This shows that the chance of contracting these diseases from the patients is high. However, they are expected to care for their patients and help them recover from their illnesses. During the discussions, it became clear that there was little support for the health care providers themselves by the government.

"We feel that the ministry does not give us enough support with regards to our wellbeing. We are exposed to all sorts of diseases that patients present with at the facilities. We work harder than everyone employed in the sector but there are no structures in place to support us if we happen to get HIV infection from our patients" (Register nurse #4).

The implication is that, the health care providers also need support when they get ill. They are concerned about the absence of structures that would support them if they get infected at work. They reported that government should do something to help them get help as well as they are also patients. They indicated that HIV and AIDS affect them psychologically and they do not even have time to counsel each other. Sometimes they feel ill when they wake up in the morning but they cannot go to see their doctors because staff shortage is a problem. Another respondent raised a similar concern;

"I know that if my colleague is away attending to her family matters or something I have to be here because no one will see the patients. Our government has to do something to relief us. Even though I am not exactly sure of what they should be done, I think staff shortage is one of the problems that need serious attention. I think that if the health training institutions would enroll more people in this field and the government try to increase starting salaries a bit, more people would be attracted to train for nursing and other health related fields" (Registered midwife #3).

The health care providers indicate that they are not getting enough support from the government as they are faced with a great deal of challenges in the provision of health services. Apart from contracting the diseases from the patients, the health care providers are concerned about the amount of work they are charged with which emanates from the shortage of health care personnel. They believe that if the health training institutions can enroll more students and the government revisits the starting salaries, more people might be attracted to the health care training field.

4.3.10 Recommendations

According to the health care providers, there is a great deal of activities that governments have to undertake to address the problem of high HIV prevalence. The government should come up with new structures that would make people understand that they should change their behaviour. They also think that the government as their employer has to protect them from exposure to HIV at work by providing adequate protective equipment. The health care providers mentioned that there is wellness centre established under Irish Aid that is meant to attend to their health problems including their families. However, the centre is based in Maseru that means that only people within this area can access it. People who work in the districts or in remote areas will not be able to access the services from this centre even though they have the same problems as these ones in Maseru. Health care providers also think that the government should take into consideration the fact that they might contract HIV at their work place and they should be compensated in some way.

"….again, I think that there could be a way health workers could be compensated if they contract HIV at their work place. In this facility, you are sure that if you experience a needle stick injury from an injection that was used on a patient, the blood there is HIV infected because we serve only HIV positive people here. Therefore, we need to be compensated if ever we experience such problem. I wish a committee could be formed that would be looking at the health care providers' needs. Here in Lesotho we have wellness centre that looks specifically at the providers' health problems. However, there is only one centre here in Maseru and the other one is in Berea district at Maluti hospital. This means that the health care providers in all other districts besides these two do not have access to these service but they suffer the same problems as the ones in Maseru and Berea" (Registered Nurse #3).

The health care providers feel that since they are caring for HIV and AIDS patients whom they can contract HIV from while attending to them, they need to be compensated

somehow by the government. They indicated that the risk of contracting HIV and AIDS at the workplace is high and what scares them the most is that AIDS is incurable. Once one contracts it, it is permanent. They indicated that they are also affected psychologically. Therefore, there is a need for them to be compensated and be provided with health care services.

4.3.11 Summary

In summary, the health care providers raised different concerns with regard to the effects of the HIV and AIDS on the provision of health care services. Perception of risk of infection through occupational exposure was mentioned as one of the critical concerns by the health care providers. The increased amount of work that was mentioned by the respondents seemed to partly result from the shortage of staff in the health facilities. Again, the stress and burnout that the health care providers suffer emanates from the heavy workload in the health facilities. The patients are showing up in large numbers to seek health care services and the number of health care staff is the same. This appeared as the reason why the health care providers had to work long hours with limited compensation.

Chapter 5: Discussion and conclusion

With the prevailing high HIV prevalence, other blood borne pathogens and communicable diseases such as tuberculosis, health care providers may feel unprotected and may fear that they might be infected at work while caring for their patients (International Council of Nurses, 2006). This study revealed that the health care providers fear the risk of contracting HIV from their patients. Personal safety among the health care professionals was an important issue. The midwives emphasized that they get in contact with patients' body fluids, particularly blood almost all the times when they conduct deliveries. This indicates that they are always exposed to the risk of contracting bloodborne infections including HIV from pregnant mothers. The use of protective clothing in maternity wards was reported by most of the respondents however, if there are any complications, there are not enough gloves to protect the health care professionals. Sometimes they get torn in the process while deliveries are being conducted.

Accidental needle stick was reported as one of the possible ways that health care providers can become infected. Even though research suggests that the chances of contracting HIV through needle-stick are small (Evans and Abiteboul, 1999), the possibility that it might occur frequently is high due to the large number of HIV infected people that are being care for in health facilities. The health care providers reported that they deal with a large number of patients and it is easy to make mistakes and incur needle stick injuries when injecting patients. They also indicated that the large number of people they serve at the facilities are HIV positive therefore, it is possible that they can prick themselves with the needles that have contaminated blood.

Lack of knowledge about caring for HIV patients is a problem to the care providers and patients as well. Melby, Boore and Murray (1992) suggest that little knowledge about caring for AIDS patients may lead to care providers getting infected at work and/or carrying out medical interventions that are inappropriate. Therefore, both the carers and the patients may be in danger. The majority of health care providers received training

many years ago before the emergence of HIV and AIDS. The courses they studied then did not include HIV and AIDS management. Some of the health care providers have not attended even short-term courses that deal with HIV and AIDS. Therefore, the providers that never attended training on HIV do not feel comfortable serving patients, as they fear that they would be infected. Those that were trained on HIV and AIDS management were more comfortable in caring for HIV and AIDS. They treat AIDS patients the same way as they treat all other patients.

Stigma and discrimination are very powerful in preventing people from knowing their HIV status. Many people consider HIV and AIDS as a disease affects 'significant others' (Parker et al., 2002). This implies that only a certain group of people can have the disease. The examples of these marginalized groups of people are sex workers and men who have sex with other men. Many people respond to the AIDS disease by stigmatizing and discriminating people who are infected and those that are affected (National AIDS Trust, 2003). The affected people will be those related to the infected such as family members. However, blaming and abusing people living with HIV and AIDS compels individuals to hide their HIV status and this causes the epidemic to spread further. The health care providers like the rest of the population fear that they will be stigmatized and discriminated by their colleagues and community members. Gossiping and rumors that emerge discourages those who would want to test for HIV from taking the test. Furthermore, the health care providers are concerned that if their HIV status can become know to the public, their family members will be discriminated against and their children will also be treated badly by other children.

All these reasons mentioned above may encourage HIV infected health care providers to hide their status. However, hiding one's HIV status can lead to stress, social isolation and depression (National AIDS Trust, 2003). This implies that, because of fear of stigma and discrimination HIV infected people's human rights are being violated. They cannot freely seek medical treatment or information relating to HIV and AIDS. They have to hide so that they will not be associated with the disease and consequently a great deal of

premature and unnecessary deaths, high morbidity and increased number of AIDS cases will occur.

There are a number of factors contributing to the health care providers' prolonged stress, which ultimately leads to burnout. The heavy workload in health facilities aggravates the level of stress that health care providers work under. The number of patients seeking health care services has increased and the health care providers have to work extra hours in a day so that they can at least attend to as many people as possible. Jennings (2008:1) asserts that "the nurse's role has long been regarded as stress-filled based upon the physical labor, human suffering, work hours, staffing and interpersonal relationships that are central to the work nurses do". Therefore, the number of hours that health care providers have to work per day negatively affects them negatively.

In some health facilities, the health care providers are not able to serve all the patients waiting for services in a day. They have to send some of them back and tell them to return the following day. Some of the patients never come back to the facility because their condition will have deteriorated or they will have died. According to Jennings (2008), patient outcome is one of the acute factors that contribute to health care provider stress. If the providers find out that after sending patients home without attending to them they died or are not able to walk to the facility again, they get frustrated and start blaming themselves for failing to rescue their patients from their suffering.

On the other hand, the study found that the other cause of stress among health care providers is the fear of HIV contagion from the patients. Some of the health care providers experience needle stick injuries at work because they are already scared that they are serving HIV infected patients. The study revealed that the fear among the health care providers caused a great deal of stress.

The existing infrastructure does not allow the health care providers to carry out their job properly, particularly when it comes to counseling and consultation. These procedures

need to be performed at a very secretive place where patient-doctor conversation will not be overhead by any one. However, some of the consulting rooms at the facilities are divided by curtains or thin boards that are not sound proof. This compromises the provider-patient confidentiality as it is possible that other people might hear what is being discussed in the consulting room or the counseling room.

Again, the procedures that are being done when somebody has been tested and found HIV positive expose patients' status to other patients. If after testing HIV positive, a patient is referred to other HIV services such as ART, other people at the facility can conclude that that particular individual has been put on HIV and AIDS medication. The other problem that the study revealed about the infrastructure at the health facilities is that people wait at the corridors for services and HIV infected persons have to pass through that corridor to get to other service spots.

Shortage of qualified health care providers is one of the disturbing issues facing developing countries and it has been identified as a critical impediment to the achievement of the Millennium Development Goals (Buchan and Calman, 2004). The shortage of health care personnel is exacerbated amongst other things by the emigration of skilled health care professionals for better paying jobs in other countries. Again, absenteeism is common among health care providers as they care for their HIV infected family members and attend funerals of relatives and friends. Therefore, they need to be away from work to attend to their family affairs. Furthermore, due to increased number of patients seen everyday the health care providers work under a great deal of stress. Moreover, health care providers also fall sick and die from AIDS related illnesses. These reasons contribute a great deal to the shortage of staff at the health facilities.

The increased workload in health service settings was identified as one of the major problems in Lesotho. There are a number of activities that health providers have to carry out that were not done in the past. There are new programmes such as VCT, PMTCT and ART that need to be taken care of by the health care providers. Activities entailed in

these programmes were not performed before the emergence of HIV. Actually, the heavy workload in the health facilities emanates mainly from the shortage of staff. Since the introduction of antiretroviral therapy, many people started seeking health care with the hope of utilizing medical treatment that would prolong their lives. This treatment has also encouraged some people to take HIV test and start taking the drugs if their CD4 count is less than 350 mg.

Because of the high HIV prevalence rate in Lesotho, the number of people who are seeking health care services has increased. This increase in the number of health care providers does not grow alongside with the increase in the number of patients. Therefore, the work becomes too much for the existing staff.

The patients come with different heath problems when they visit the health facilities. The health care providers on the other hand are supposed to listen to all the stories told by their patients, particularly during counseling sessions. They also observe the physical conditions of the patients. Therefore, they become attached to some of their patients and feel that they need to help them. Basically, the health care providers are not allowed to give handouts of any kind to their patients but the study revealed that this has happened on several occasions. They pull money from their wallets and give their patients to pay for transport and meals. Sometimes they offer old clothes to their clients that are critically in need of it.

The results of the study also revealed that there are no structures in place to support the health care providers if they happen to contract HIV and become ill especially if the infection occurs at the workplace. Since the nature of their work requires them to get in close contact with people who can infect them, the health care providers think that there must receive some compensation from the government. Furthermore, the government should work together with health training institutions to enroll more nursing students in order to increase capacity at health facilities.

In conclusion, this study revealed a number of factors that has a negative impact on health care service delivery. These factors provide a picture of how the health care workforce is directly impacted by this disease. The fear of HIV contagion by the health care providers leads to poor service delivery as it was indicated that some patients are being avoided by the carers because of their conditions. Again, the lack of knowledge or little knowledge about caring for HIV and AIDS patients appeared to be a big problem among the health care providers. However, even the fear of contagion itself emanates from the little knowledge about HIV and AIDS among the health care professionals. The health care providers that received comprehensive training of HIV and AIDS care are more confident in caring for HIV and AIDS patients than those that never attended training. Furthermore, the study indicated that there are high rates of mortality and morbidity among the health care providers due to HIV and AIDS related illnesses. Absenteeism among the health care providers has been reported to be high as they care for their ill family members and attend funerals. As a result, the shortage of staff in the health facilities becomes worse and the human resources available cannot manage to serve the whole population that seeks care at the facilities. This indicates that the workload has increased and consequently the quality of care goes down. Moreover, the study suggested that due to the heavy workload, lack of knowledge about caring for AIDS patients and fear of HIV contagion, the health care providers are under a great deal of stress which leads to burnout. The stress among health care providers is also caused by the fact that their patients do not get better instead they become ill and others die. Finally, the health care providers mentioned some recommendations for the government that they need to be compensated since they may be infected while doing their job. They also suggested that wellness centres should take care of the health care providers' health and should be accessible to all them in all the districts of Lesotho.

This study revealed a number of challenges that health care providers are faced with in relation to the high prevalence of HIV. The Ministry of Health and Social Welfare should train more nurses on management of HIV and AIDS. There should also be a plan for more training on HIV and AIDS management for health care providers. Treatment

guidelines should be developed and distributed to all the stakeholders. Workshops on the utilization of the guidelines are also important. The health training institutions should try and enroll more people on different health care cadres to address the problem of staff shortage. There is a need to make wellness centres available to all the providers even those that work in remote areas. Campaigns should keep on being conducted to continue awareness of preventing HIV and AIDS.

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APPENDIX

FOCUS GROUP DISCUSSION GUIDE

ASSESSMENT OF THE IMPACT OF HIV/AIDS ON THE HEALTH CARE PROVIDERS IN LESOTHO

The discussion will take approximately 30 to 45 minutes.

Discussions will be taped only if participants allow, otherwise they will be written down.

1. Introduction and purpose of the discussion.
2. In your opinion, has there been any change in the workload at this health facility over the past years?
3. Has the work increased or decreased?
4. How do you know about this change?
5. When (which years) have you noticed a marked increase in the workload?
6. What do you think are the reasons for this increase/decrease in the workload?
7. How have you adjusted to this increased workload in you cadre at this facility?
9. What should be done by all health stakeholders (government, NGOs, health staff, the community etc) to deal with this problem?
10. Are HIV/AIDS counseling activities being implemented in your institution? How are they going on? What should be done to improve these services?
11. Are VCT activities being implemented in your catchment area? How are they going on? What should be done to improve these?
12. Are PMTCT activities being implemented in your catchment area? How are they going on? What should be done to improve these?
13. Are uses of ARV activities being implemented in your institution? How are they going on? What should be done to improve these?
14. What are other activities / programs you are undertaking in response to the

HIV/AIDS pandemic?

15. Are there other services that you think are essential to help alleviate the burden that is faced in trying to improve the care of HIV/AIDS patients?

16. Are there new cadres of health workers that you think are necessary to effectively deal with HIV/AIDS?

17. Have you noted an increment in the absence of health staff or you colleagues from duties?

18. What are the main reasons for the staff absence?

19. Do always you have adequate supplies of protective materials at this institution?

20. What protective materials are usually in short supply and why?

21. What is your perception to the risk of being infected by various diseases while on duty?

22. What are the main diseases that you feel you are most exposed to and why?

23. Is there anything else that you would like to add concerning HIV/AIDS in this district?

STRUCTURED INTERVIEW

ASSESSMENT OF THE IMPACT OF HIV/AIDS ON THE HEALTH CARE PROFESSIONALS

Questionnaire

Date: /___/___/___

Name of facility: _____

Organization:_____

District: _____

My name is _____ I am currently studying at the University of KwaZulu-Natal undertaking Masters in Population Studies. One of the requirements to be awarded with this degree is to conduct a dissertation in your area of interest. I have chosen to conduct a research assessing the impact of HIV and AIDS among the health care providers in Lesotho. This study is looking at the perception of the health care providers. I would like to ask for some of your time to answer the questions below. All the information obtained will remain strictly confidential and your answers will never be identified.

1. How old are you? [ ] 2. Sex (M/F):__

4. How long have you worked in this health facility

a) Less than one year b) 1 – 5 years

c) 6 - 10 years d) 11 – 15 years

e) 16 - 20 years f) > 20 years

5. In your opinion, what is the single most important constraint in health service delivery these days?.....

.....

.....

.....

6. How do you compare workload during the early period of your employment and this time?

a) the same b) increasing

c) decreasing d) don't know

7. If the answer to #6 is b) (increasing), what do you think is the fundamental reason for the increase?

a) Shortage of staff

b) HIV/AIDS

c) Increased number of patients

d) Don't know

e) Others (specify) ……..

8. Has this increase of workload affected your attitude towards your work? (a) Yes [ ]

b) No [ ]

7. If yes, in which way does the increased workload affected your moral Please explain ……

……...……...……

……

8. Have you been absent from work any time during the past four weeks? a) Yes [ ] b) No [ ]

9. If yes, what was / were the reason (s); were they HIV/AIDS related?

Reasons for being absent (tick those that apply; write the others)	Number of days absent	HIV/AIDS related Yes/No
a) to look after a sick spouse or child		
b) to look after a sick relative		
c) went for funeral of a relative		
d) went for funeral of an accomplice		
e) e) was sick		
f) Other reasons		
g) Other reasons		

HIV/AIDS prevention

10. Do you fear the risk of contracting HIV virus from patients who are diagnosed with HIV positive?

a) Yes [ ] b) No [ ]

If yes, why? Please explain

……

……

……

11. If no, why please explain ……

……

……..…….

13. What do you do to minimize the risk of contracting HIV/AIDS from infected patient?

……..

……..

……..

14. Have you ever experienced an accidental needle prick that has injected patient?

Yes [ ] b) [ ]

15. If yes, how did you feel about that? ……..

……

16. What did you take or what would you do if you pricked you finger with a needle containing patient blood? ……....…….

……

……