

UNIVERSITY OF NATAL

PERCEPTION OF PROFESSIONAL NURSES
REGARDING HOME BASED CARE WITH
SPECIFIC REFERENCE TO HIV AND AIDS
PATIENTS IN REGION "E" OF KZN

NTOMBIZONKE ZODWA JIMOH

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**PERCEPTION OF PROFESSIONAL NURSES REGARDING HOME
BASED CARE WITH SPECIFIC REFERENCE TO HIV AND AIDS
PATIENTS IN REGION "F" OF KWAZULU-NATAL**

BY

MRS NTOMBIZONKE ZODWA GUMBI

**SUBMITTED IN FULFILMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTERS IN CURATIONIS**

AT

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SUPERVISOR : PROFESSOR D. NZIMAKWE

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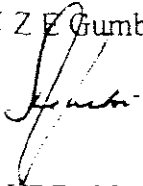
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DECLARATION

I, NTOMBIZONKE ZODWA EUNICE GUMBI (Nee – NGEMA) declare that, the study to determine perceptions of Professional Nurses on Home Based Care with specific reference to HIV and AIDS patients is my own work and that all sources that have been used or quoted, have been indicated and acknowledged by means of complete reference.

N Z E Gumbi



DURBAN

April 2001

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I wish to extend my sincere gratitude and appreciation to all people who gave their full support and assistance in many ways during the study.

- My immediate Supervisor, Professor D Nzimākwē for her academic help, guidance, constructive corrections, comments and encouragement.
- The KwaZulu-Natal Department of Health for granting me permission to conduct the study.
- Deputy Directors of Nursing services, nursing managers of hospitals and clinics in region F for allowing me to use their Professional Nurses as participants.
- Respondents from hospitals and clinics who took part in the study.
- Pride Mphunyuka for typing this dissertation.
- My colleagues for their encouragement and support.

ABSTRACT

The purpose of the study was to identify the knowledge and attitudes of Professional Nurses with regard to Home Based Care with specific reference to HIV/AIDS patients.

Attitudes and knowledge from Professional Nurses were explored especially towards nursing care of HIV/AIDS patients at home. Professional Nurses under study were from KwaZulu Natal Region F, including public hospitals and primary health care clinics.

The research design was a descriptive survey using a quantitative method of investigation.

Research questionnaires were distributed to 50 respondents who were Professional Nurses and collected after filling them in. Interviews were conducted personally to 10 Professional Nurses who did not form part of the main study.

Based on the findings of the study the following was recommended:

- There is a need for inclusion of Home Based Care in the student nurses curriculum, so as to impress upon the students during student accompaniment to see the importance and effectiveness of Home Based Care to general nurses.
- Family members and relatives should take part in nursing care of their family members and be fully responsible for them.
- Professional Nurses should be fully responsible for the health education aspect to people, lay workers, family members and the community at large with regard to Home Based Care services and prevention of HIV infection and AIDS.
- The Government should formulate Home Based Care guidelines and policies and provide funding for such services. The participatory model should include all other private sectors and join hands with health sectors in the prevention of HIV and AIDS. this will include Non-Governmental Organizations (NGO) to make Home Based Care services sustainable.

OPSOMMING

Die doelwit van hierdie studie was om die kennis en houdings van Professionele Verpleegsters ten opsigte van Tuistesorg, met spesifieke verwysing na pasiënte met HIV/VIGS, te bepaal.

Die houdings en kennis van Professionele Verpleegsters is nagevors, met die fokus op verpleegsorg van HIV/VIGS pasiënte wat tuis versorg moet word. Die Professionele Verpleegsters wat aan die ondersoek deelgeneem het, is afkomstig uit Streek F van kwaZulu-Natal, met die insluiting van staatshospitale en primêre gesondheidsklinieke.

'n Deskriptiewe opname is gedoen en 'n kwantitatiewe metode van ondersoek is gebruik vir die navorsing.

Navorsingsvraelyste is aan 50 respondente wat Professionele Verpleegsters is, uitgedeel en weer na voltooiing afgehaal. Onderhoude is gevoer met 10 Professionele Verpleegsters wat nie deel gevorm het van die hoofgroep nie.

Gebaseer op die bevindinge van die studie word die volgende aanbevelings gemaak:

- Daar is 'n behoefte vir die insluiting van Tuistesorg in die kurrikulum van studenteverpleegsters, en die belangrikheid en doeltreffendheid van tuistesorg moet tydens studente begeleiding aan die studente verpleegsters oorgedra word.
- Familielede en naasbestaandes moet deelneem aan verpleegsorg vir lede van die familie en moet volle verantwoordelikheid vir hulle aanvaar.

- Professionele Verpleegsters moet ten volle verantwoordelik wees vir ~~die~~ gesondheidsonderrig aan kliënte, dagwerkers, familieledes en die wyer gemeenskap met betrekking tot Tuistesorg dienste en die voorkoming van HIV infeksie en VIGS.
- Die regering behoort 'n beleid en riglyne daar te stel vir Tuistesorg en ook fondse daarvoor te voorsien. Die deelnemende model behoort alle ander private sektore in te sluit sodat hulle saam met gesondheidssektore kan werk vir die voorkoming van HIV en VIGS – dit sal nie-regeringsorganisasies (NRO's) insluit ten einde te verseker dat Tuistesorg dienste doeltreffend gelewer word.

DEDICATION

This work is dedicated to:

- My late father, my mother who gave me strength, love and nurtured me throughout my life, and encouraged me to study.
- To my father-in-Law, late mother in Law for their support and love.
- To my adorable husband Nat for his continued loving support and encouragement.
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CHAPTER I

1. ORIENTATION TO THE STUDY

1.1 INTRODUCTION

Every year throughout the Province of KwaZulu Natal, there is an increasing number of people infected by HIV and AIDS and this is becoming pandemic. Statistics have shown that 1000 people are infected per day in KwaZulu-Natal. It is estimated that there will be 200 000 AIDS orphans in KwaZulu-Natal by the year 2000. Thirty three percent (33%) of women attending ANC clinics in KwaZulu-Natal in 1998 were infected by HIV. At least 6 babies die of AIDS each day in KwaZulu Natal (Mkhize, Z Dr.: Department of AIDS programme 1997:3) the KwaZulu-Natal's Annual Statistics Report of confirmed HIV positive cases from January - December 1995 is 43,503, of which 32,614 are people of 16 years to 40 years (KwaZulu Natal Annual Laboratory Report on HIV serology of confirmed positive patients for 1995). The chronic nature of the disease make the affected persons with HIV/AIDS to move several times from home to hospital and back again.

People could be infected directly or indirectly through contamination from someone they care for by way of sexual intercourse, blood transfusion, drug addiction and contamination of infected blood through an open cut.

Much of the care of those with HIV/AIDS therefore occurs at home. These are people that need to be specialised at home, so that when they die, they die peacefully and know that somebody did care.

The researcher found it important that Home Based Care should be encouraged in all communities. AIDS does have an impact on the individual, family, society and the economy of the country. The researcher will therefore investigate perceptions of nurses regarding Home Based Care to facilitate awareness and its implementation.

1.2 BACKGROUND OF THE STUDY

The socio-economic state of this country makes it impossible to keep patients with chronic ill health hospitalised for an indefinite period. The AIDS epidemic is causing an increase in the number of chronic patients in need of hospitalisation. This causes high bed occupancy from patients who do not need specialised care and who can be helped through basic nursing care, medication and the prevention of complications.

According to Nzimakwe (1998: 8) Home Based Care is not a new concept. Every culture or community has a way of caring for sick members. However, Western civilisation orders the sick to be cared for in hospital and they therefore drifted away from the care of the sick until they now lack the skills for caring for the sick in the family.

1.3 MOTIVATION

The researcher as a Professional Nurse Working in Region F, Primary Health Clinic in areas of Intake and Klaarwater has noticed that there are people coming for counseling and/or advice after being discharged from hospitals.

According to Clinic records the numbers are as follows:-

1997 - 21 clients

1998 - 42 clients

1999 - 47 clients

Monthly clients and relatives report that they need help with regard to physical, psychological, social and spiritual needs.

This is reflected in the Klaarwater Clinic records i.e. visitation documents:-

1997: 1-22

1998: 25-35

1991: 40-52

1.4 AIM OF THE STUDY

The aim of this study is to determine perceptions of Professional Nurses regarding the practice of Home Based Care to HIV/AIDS patients so as to recommend improvements to the Department of Health regarding Home Based Care services in communities.

1.5 OBJECTIVES

- To identify the knowledge and attitudes of Nurses with regard to Home Based Care.
- Make recommendations for improved Home Based Care within the community to the Department of Health.
- Identify people's awareness with regard to Home Based Care services.
- Motivate for more volunteers or community members to help with Home Based Care for patients with HIV and AIDS.

1.6 STATEMENT OF PROBLEM

There is an increasing number of HIV/AIDS clients in communities who present with full blown AIDS that need Home Based Care in Region F (in the Klaarwater and Intake areas, 20 % of the community is HIV positive).

The involvement of Professional Nurses is questionable because Home Based Care has not been incorporated in the curriculum for nurses during training.

1.7 RESEARCH QUESTIONS

- What nursing/care would Home Based Nursing/Care provide for these patients unable to care for themselves at home?
- What happens to HIV/AIDS clients who are discharged from hospital but who are unable to care for themselves?
- What system of referral is used when HIV/AIDS patients are discharged?
- How is the follow up of HIV/AIDS patients done to assess their progress at home?

1.8 LITERATURE REVIEW

Literary review will serve as a broad overview of the general area being researched. Furthermore the researcher will use available literature to find similar programmes identified and critiqued by other researchers (Treece, 1986:109).

Literary study will include subject-orientated pamphlets, journals, handouts, and Home Based Care manuals from the Department of Health. The internet/world wide web will also be accessed for pertinent and relevant information and statistics.

1.9 THEORETICAL FRAME WORK

The research will be based upon and is supported by Dorothy Orem's model. This model emphasizes self-care. She further identifies self-care deficits and states that the Community Health Nurse should intervene and become the dependent care agent where there is inadequate or shortfall of self-care demand of a sick person.

If the client is unable to engage in self-care, the nurse should take over and provide wholly or partly compensatory care. This will depend on the seriousness of the deviation within the community or the individual or the self-care deficit within the community or the individual. Therapeutic self-care consists of the measures taken or action taken to overcome the deficit in order to maintain life and or promote health and well-being. This researcher therefore believes that Home Based Care should be a priority for patients who cannot care for themselves (Bower, et al: 19).

1.10 RESEARCH METHODOLOGY

- A descriptive survey and qualitative research will be appropriate for study as in-depth information will be needed regarding Home Based Care for clients with HIV and AIDS.
- Questionnaires will be constructed according to the Likert scale.

1.11 DELIMITATION OF STUDY

The study will be undertaken in the following Public Institutions and Clinics:

- Clinics
- Tshelimnyama Clinic
 - Mpola Clinic
 - Mariannridge Clinic
 - Mzamo Clinic
 - Zwelibomvu Clinic
 - Nagina Clinic
 - Bhekokuhle Clinic
 - Pinetown Clinic
 - Klaarwater Clinic
 - Reservoir Hills Clinic

Referral Hospitals will also be used since referrals are done from these hospitals to clinics and from the clinics to these hospitals as follows:-

- Hospitals
- King Edward Hospital
 - Clairwood Hospital
 - Prince Mshiyeni Memorial Hospital
 - Mariannhill Hospital.

1.12 SAMPLING

The research will be done using a simple random sample using Professional Nurses as respondents:

Two from every second clinic from above list,

Ten from all four hospitals

(Medical Ward only- males and females).

1.13 SAMPLE SIZE

The sample will consist of 50 Professional Nurses.

1.14 RESEARCH TOOL

A questionnaire will be used and the researcher will use structured questionnaires to obtain information from Professional Nurses.

1.15 PILOT STUDY

A pilot study will be done with Professional Nurses from hospitals and Primary Health Care clinics to ascertain perceptions of such nurses with regard to Home Based Care for patients with HIV and AIDS.

A sum total of 10 nurses will form the pilot study as 50 subjects will form the sample of the study.

1.16 ETHICAL CONSIDERATIONS

Permission to do the study will be obtained from the Department of Health from Inner West City Council - Region "F" and also from King Edward VIII, St. Mary's Clairwood and Prince Mshiyeni Memorial hospitals. The Provincial Department of Health will also be consulted for permission to conduct the study.

1.17 DATA PRESENTATION

Data will be presented in tables after the research questions have been analysed.

1.18 DEFINITION OF TERMS

1.18.1 Home care:

Home care means care of a sick individual at home who is being cared for by either a family member, a friend, a neighbour, a community health worker and/or a volunteer from the community. The World Health Organisation (WHO) defines home care as a programme that, through regular visits, offers health care services to support the process in the home environment of the person with HIV/AIDS infection.

Home care can mean the provision of holistic care at home rather than in hospital setting (Training Manual 1997: 92).

1.18.2 Attitude:

Attitudes are ways of thinking, which could be positive thinking, or negative thinking. One is not born with attitudes but attitudes are acquired and can change (Training Manual 1997: 94).

1.18.3 Perception:

Perception is the ability to see, hear or understand (Oxford Advanced Learner's Dictionary : 1922 Chief Editor: A.P. Cowie). According to the Universal Dictionary Perception means to be aware of the physical sensations and interpretation of these aspects by the mind (1988: 1148).

1.18.4 AIDS:

AIDS is the acronym for Acquired Immune Deficiency Syndrome, which is a deadly, avoidable viral disease occurring in human beings. The virus is transmitted by sexual intercourse by blood and blood products and vertically from mother to child. In some people the disease causes profound damage to the immune system resulting in the occurrence of opportunistic diseases such as infections and certain concerns such as karposis sarcoma which have a higher mortality rate (Hubbly, 1992:17).

1.18.5 Human immune virus:

This is an infectious virus about 1/10,000 of millimeter in diameter, such is only seen through an electronic microscope.

The unique feature of the virus is its ability to attack the body's immune defence cells called T4 lymphocytes thereby stripping the body of the defence system, rendering it open to a wide range of opportunistic diseases (Hubbly, 1992: 9-11).

1.18.6 AIDS carrier:

AIDS carrier refers to a person who has been infected with HIV and who does not show the clinical manifestations of the disease but may infect other people (Kassner, 1985:7).

1.18.8 Retrovirus

H.I.V. is retrovirus . “Retro” means that HIV does the “reverse” of other viruses. When HIV attacks a cell its Robonuchic Acid invades the cell. The virus can lie dormant for months or even years before it begins to use the resources of the cell multiply. HIV (like any other virus) uses cell material to manufacture new viruses instead of proteins. When the virus multiplies, it breaks through the cell walls and the infected cells usually die. (van Dyk, C.A. 1993:9)

1.18.9 Transmission of HIV from an infected mother to her baby

Transmission from an infected mother to her baby could before, during or after birth. This virus may be transmitted through the placenta before birth, by blood contamination during birth and also through breastfeeding. It is estimated that there is approximately a 30% to 50% chance of an HIV positive mother infecting her baby. Infection has also been reported in babies delivered by cesarean section. World Health organisation recommends that infected mothers, who cannot afford alternative nutrition especially in third world countries should be encouraged to continue breast feeding to prevent their babies from death due to malnutrition (van Dyk, A.C. 1993:19)

1.18.10 Aids counseling

Counseling is defined by World Health Organisation as a process of dialogue and interaction aimed at facilitating problem-solving and understanding, and increasing motivation. Counseling is designed to provide support at times of crisis.

1.18.10.1 Aids counseling

- To promote change when change is required.
 - To propose realistic action in the context of different life situations, and
 - To assist individuals to accept information on health and well being
- counseling has two functions, namely education and support. Education is aimed chiefly at disseminating information about AIDS in order to reduce fear and ignorance, dispel myths, change people's attitudes and sexual behaviors - thus preventing the spread of HIV infection.

1.18.11 Community

Community is defined as a group of people who live in a particular area and who have shared values, cultural patterns and social problems, as well as a group awareness, which facilitates the residents interacting more intensely with each other than they would with outsiders. (Dennill, K 1983: 57)

1.18.12 Community Health Nurse

Community Health Nurse is a registered nurse with an additional qualification, which entitles her to work as a Community Health Nurse as well. She is registered with South African Nursing Council and entrusted with responsibilities, authorities as laid down in the Nursing Act 50 of 1978 as amended. She is liable to the council for her acts and omissions of which if she did not act accordingly she is liable to court of law.

Nursing Council is a Governing Body for all nurses in South Africa. It has controlling powers, disciplinary powers and appointing nursing training schools. The council looks after the interest of the public as well as that of the nurse. It also operates as an advisory body to the Minister of National Health and Population Development affecting nursing profession on any matter

(Straus: 35).

The support function of counseling involves offering emotional and social support to those already infected by assisting them to change their sexual behaviour and help them remain functioning members of their families and their community for as long as possible. (van Dyk, A.C. 1993:64).

1.19 Organisation of research report

The research will be organised according to chapters viz.:-

- Chapter 1 - Orientation of the study
- Chapter 2 - Literature Review
- Chapter 3 - Research Methodology
 - Data collection
- Chapter 4 - Data analysis
- Chapter 5 - Summary and recommendations

1.20 Conclusion

An introduction to the study was presented in this chapter. This consisted of background to the study, motivation, aim of the study, objectives, statement of problem, research questions, literature review, theoretical framework, research methodology, delimitation of the study, sampling, sample size, research tool, pilot study, ethical consideration, data presentation, definition of terms and organisation of the study.

In the following chapter the researcher will present a literature review related to the study.

CHAPTER 2

2 LITERATURE REVIEW

2.1 INTRODUCTION

Literature Review serves as a broad overview of the whole general area being researched, the researcher look for similar programme studied by other researchers. (Treece 1986:109). The researcher has consulted various resources to get more information on the subject of Home Based Care, HFV and AIDS such as: literature books, journals, pamphlets and handouts at workshops attended related to HIV and AIDS as well as local Clinic Nurses in contact with HIV/AIDS clients.

2.2 Home Based Care

Home Based Care means care of a sick individual at home who is cared for by either a family member, a friend, community Health Worker, Lay Care Worker or a Volunteer from the community. W.H.O defines H.B.C as the Care rendered to sick people through regular visits, offer health care services to support the process in the home environment of the person with HIV/AIDS infection. Home Care can mean the provision of holistic care at home rather than in the hospital settings (Training Manual 1997:92) Home Based Care refers to all the basic nursing care that is being rendered to an ill person at his or her home. Such care ensures continuity of care as well as encourages broad participation by the family and community to take care of their own health.

2.3 Home Care

Home care in the United States is a diverse and rapidly growing industry for many clients. the home is the lowest cost health care setting

2.4 History of Home Care Nursing

Modern home care nursing has its roots in Public health nursing and community health nursing. The traditions of Lillian Wald, regarded as the founder of Public health nursing, began with the Henry street Settlement in New York City in 1893.

Home care, however was a small entity until the passage of the Medicare Law in 1965. At that time, medicare required agencies to provide a minimum of nursing services plus one additional service, such as physical or occupational therapy, speech language, pathology, medical social services, or home health aide services. The advent of medicare began the trend toward and basis for reimbursement of home care services. In 1963, 3 years before medicare became law it has been estimated that there were only 1100 home care programs. Today, more than 16, 000 home care organisations provide some kind of service or product to clients in their homes. About one half of these medicare certified and provide skilled services.

2.5 FACTORS CONTRIBUTING TO THE GROWTH AND ACCEPTANCE OR HOME CARE

- The continued shift from inpatient based care to community based and home care.
- The increased need for health care for elderly.
- Technology, such as mobile X-ray machines apnea monitors, electrocardiograph machines and others that help clients remain at home.
- The increase general acceptance of home care as a care site
- The generally lower cost of homecare.
- The hospitals' continuing incentives to reduce lengths of stay in a managed care environment
- The growth of hospital -based home health agencies.

2.6 Lay Care Worker

Lay Care Worker could be any volunteer from the community who volunteer to give care to sick individuals in the community. Lay Care is administered by non-skilled, non professional and non official care providers. Lay Care includes self-care and mantle care. Self-care encourages the individual to take care for herself / himself. comprises care in respect of necessities of the life such as food, clothing, accommodation and care in respect of hygiene. Self-care has dual social dimension, on one hand it takes care of himself and on the other hand it means co-operation with care administered to the individual by other.

Mantle Care is administered by members of the family, members of the community, people you know well, such as members of your church, relatives, friends etc. Mantle Care has been the ideal type of care but its disadvantage is that it lacks privacy but in some way there is positive reciprocity.

2.7 TRAINING OF HOME BASED CARE WORKERS

Home Based Care is one of the courses run at the level of open Learning Academy, established in 1996. It has a representation in Pretoria under the organization called CHASA. Prof D. Nzimakwe being a Representative and a Chairperson for the Home Based Care Association.

The course started to address the following problems:

Disability, Frail Aged, Stroke, Paralyzed, Mentally Retarded people, HIV and AIDS, Chronic diseases such as Tuberculosis etc.

The course started as free course to prepare people to assist in the neighborhood. The course was offered irrespective of the educational status and awarded a certificate at the end of six months. They work under the supervision of a registered Community Health Nurse.

2.8 DEFINITION OF THE FAMILY

The family, both as a Social institution and a unit of affectional/intimate expression, has a unique position within human culture. Families teach fundamental values of bonding, belonging, and caring. Family provided socialization for their members across the life span, teaching for each age the values and roles important for human development (Macklin, D.E. 1988:192).

2.9 WHAT A HEALTH WORKER CAN DO (HOME BASED CARE)

- Health Workers (Home Based Care) are to visit patients in their own homes.
- Assist with hygiene, open windows.

- Check if tablets are taken correctly.
- Encourage patients to take treatment as prescribed by Doctor or Community Health Nurse.
- Assist with feeding, bathing, exercises.
- Assist with elimination.
- Give Health Education on well balanced diet.
- Use of condoms.
- Disposal of excreta, refuse.
- How to take care of open cuts that could infect other family members
- Wearing of gloves
- Use of disinfectant to infected linen and clothes.

2.10 Methodology in the family

The community Health Nurse has to visit a sick individual when called by a family member or Health Care Worker. A visit would be arranged between the Community Health Nurse and the client, the date and time. If the Community Health Nurse visits the area for the first time, it is important to first seek permission from the community leaders such as Inkosi, Induna and from a Councilor so that her visit is known, for protection purposes and support of her programme.

2.10.1 Point of entry during visitation

The Community Health Nurse has to knock at the door and be accepted by the family. Culturally the family should greet first and the nurse should respond positively. The nurse has to introduce herself, say her designation and where she comes from for example clinic or hospital, and the reason for the visit. It is important that the Nurse should be polite, possible be of the same race, talk the same language. It is also important to start off the conversation with good pleasing issues so as to allay fears and anxiety and let them be free to talk openly. The patient should be given support, clearly explain the sickness, care to be rendered, prevention of cross infection of HIV Virus, how to expose excreta, use of condoms and how to protect other family members.

2.10.2 FAMILY EDUCATION

Before the family is told of HIV status of the patient, an approved or consent should be obtained from the sick person. Family members should be involved in the care of a sick person. The family is educated on HIV and AIDS, its mode of transmission, prevention of cross infection. The family should give more love to the client not to exclude him/her among family members, use of gloves to prevent contamination. Emphasize to married people for the use of condom because if it is not used the exchange of body fluids with HIV Virus will further deteriorate the condition. The family to eat well nourished diet such as proteins (body building foods) Minerals and vitamins for energy. Encourage the patient to treat opportunistic infections such as influenza, sores, rashes sexually transmitted diseases and be aware of HIV and AIDS complications such as Kaposi's, Tuberculosis, Shingles, Zoster and should seek medical advice urgently.

2.11 STATISTICS OF HIV AND AIDS

Statistics have shown that the number of people with HIV and AIDS is increasing Rapidly and the number of deaths from opportunistic diseases associated with HIV/AIDS is increasing (NATAL Witness 1999, May 4) AIDS is a deadly silent killer diseases which is a challenge to scientist and to all the people for its cure which is at present not available to all. According to statistics released by UNAIDS, South Africa has the highest HIV/AIDS figures in the World. The report revealed that the prevalence of HIV/AIDS in South Africa increased from 12.9% two years ago to a startling 19.49% of the total population. South Africa has approximately 4.2 million individuals who are HIV positive. It was also reported that, one in four South African women between ages of 20 and 29 tested positive. At least 50% boy's aged 15 will probably die of AIDS in future (Denosa update, Volume 24, No 8, August 2000).

The Department of Health released the 1999 Survey results, indicating that 22.4% of Pregnant women were HIV positive, that is 19.49% South African Adults were infected. Further, Gregor cited in *Mercury* (20 November 1998) confirms the rapid rise of HIV/AIDS infection by saying that one to three adults in KwaZulu Natal are believed to be HIV positive with an increase of 20% each year.

He predicts that millions of people will die in the next four to five years with the rise of 5.5% increase incidence of HIV in the province, that is 26.9% in 1997, 32.4% in 1998 (*Mercury, 1999 February 10*). Minister of Health, Tshabalala Msimang predicted that 6 million South Africans will be infected by year 2005 and there will be one million orphans (Tshabalala-Msimang, M *Mercury 26 August 1999*)

2.12 EXTRACTS FROM THE XIII INTERNATIONAL AIDS CONFERENCE SOUTH AFRICA) 09-14 JULY 2000.

The issue of HIV/AIDS, mother to child transmission and treatment was debated. Allen Rosenfield (USA) pointed out that, at least ½ million people were infected with HIV/AIDS in year 1999. Short course treatment with Antiretroviral drugs can decrease transmission by 50% or more. A short course of A.Z.T is an intervention that uses woman's body to deliver treatment to the fetus but it is of no benefit to the woman.

Glenda Grey – Women have the right to information and education, their rights should not be violated. Philimon Ndubani (ZAMBLA) reported on a qualitative study entitled: "Community Responses to initiatives to combat Mother Child Transmission of HIV in Subharan Africa". The key findings of the study were that HIV/AIDS is hidden and stigmatized, that young women and girls are especially vulnerable; there are limited sources of information about HIV/AIDS. The community question the confidentiality of test results.

Keketso Rontona (Botswana) reported on the study carried out in Geberone, which was to improve M.T.C.T programme decisions and it sought to describe the women's perspectives and the context of decision- making. Women were found to be more knowledgeable than men. Too much secrecy contributes to stigma. People feared to be tested. It was concluded that the community context is an important influence. Men and other community members influence women's decision.

Survey Report from Transkei – At least 11-36 and 270 cases of HIV/AIDS were reported in 1988 and 320 in 1992 respectively (Department of Health Transkei 1991 - 1993). HIV/AIDS will soon increase the burden on the already scarce health care facilities, hence the need for Home Based Care programmes for people with HIV/AIDS.

One of the international strategies to counteract the overburdening of the health services with Aids Care is the provision of Home Based Care programmes (WHO: 1993). It is important to explore the settings in which they will be used. Inclusion of spiritual and traditional Healers can serve as a vital role in the prevention of spread of HIV/AIDS through Health Education changing people's way of sexual lives (Nzimakwe, D: 1998).

2.13 AIDS IS A CATASTROPHE

Robert Shell from Population Research Unit at Rhodes University stated that Aids pandemic and the efforts of the Health Department to fight the diseases added up to 'catastrophe'. He criticized the Government's action in dealing with HIV/AIDS. He believes that the South African Government's approach was ten years behind currently thinking. Shell disputed the fact that poverty caused Aids but Aids was driving poverty. He pointed out that one in ten South Africans are already HIV positive and by year 2005, 6 million people will have died of Aids. (Denosa, Vol 24, No. 8).

2.14 AIDS REDUCING LIFE EXPECTANCY

Life expectancy is expected to decrease from more than 60 years to 40 years by year 2010. If the disease continues to be unabated, by 2025 life expectancy would be about 30 years. State President, Mbeki stated that the Government was committed to fighting Aids. The awareness call is crucial for all tertiary institutions in order to combat the epidemic. According to State President, all of us and everybody should be in partnership to combat or eradicate the disease. Failure will mean according to Minister of Education, Mr Asmal, K. that tertiary institutions in South Africa could find themselves without any students to teach (Daily News 1999:October).

2.15 ROLES AND RESPONSIBILITIES OF COMMUNITY HEALTH NURSE

2.15.1 Historical review of Community Health Nurse and responsibilities

The idea of preventing diseases and deliberately building up good health is not new. The Chinese in 2000 B.C said "The good doctor pays constant attention to keeping people well so that there will be no sickness" (Byrne, 1987:37). Many religious nursing orders of the middle ages often cared for sick people by isolation and care, preventing spread of the disease, helping people to return to normal life. Home visiting and Health education was part of nursing. The more understanding people have of methods of keeping healthy the more they will to help themselves.

2.15.2 The role of a Community Health Nurse

Nurses who are trained and employed as Community Health Nurses have had a training curriculum, which is usually related to a job description built up from an analysis of the tasks they will be expected to perform.

Community nursing is that branch of the Nursing Profession, which extends its activities to communities or groups of people including both the sick and the healthy. Thus the orientation becomes wider than just healing a disease and ensuring rehabilitation to one, which also includes health promotion and disease prevention

The Community Health Nurse has to keep in mind the family and community aspects of the illness and prevention of other diseases. In order to improve the health of the community, the community has to develop not only medical skills but skills in their areas of social communication and environmental improvement, in information gathering and analysis and even management. The very word "health" brings with it the implications of improving physical, mental and social well-being. For every activity she must have correct knowledge, skills and attitudes. The role of Community Health Nurse is therefore to promote and ensure physical, mental and social well-being of individuals, families and communities by health promotion; disease prevention, treatment and early diagnosis, rehabilitation through teamwork using medical nursing.

social communication, environmental improvement, information gathering processing, management and supervision and providing support for Primary Health Care (Bennett, 1978:42).

2.15.3 The link between the Community Health Nurse and the Community

The success of the Community Health Nurse is through the community. The community participation or involvement is a vital part of the community development. The Community Health Nurse should allow community participation, that people should be involved in decisions, which affects them.

Community Participation can be described in terms of the three following components:

- Self help, meaning patient is actively involved in care.
- Demedicalisation, meaning professional care is substituted by lay care.
- Democratisation, meaning consumers are involved in social policy decisions regarding health care (Brearley 1992:2)

For the clinic Nurse to work harmoniously with the community and or to be effective, there should be a collaborative effort. must acknowledge the importance of power sharing, allow community involvement in decision making processes and assist the community in the achievement of equality in health (Dennill 1983:59)

Through community participation the health team can obtain first hand information about local conditions and needs.

Through participation the community will become more self reliant, self sufficient, self confident and independent. Health professionals must promote such involvement by acknowledging the community as members of the team, by motivating and assisting the community to accept the challenges. The Health Care Worker should acknowledge this. (Dennill, 1983: 66). The community should be trained and retrained so that they become competent in the participatory process and continue to feel confident as members of the team.

2.16 HIV/AIDS AND FAMILY NURSING

The family is seen as a human social system with distinct characteristics that is composed of individuals whose characteristics are equally distinct. The concept of family nursing was introduced into nursing on the 1960's. Family nursing has been generally understood as nursing care given to the total family system or unit (Miller-Ham and Chamings :1983).

2.18 FAMILY, FAMILY NURSING AND NURSING METAPARADIGM

Nursing Theorists maintain differing views of the family and family nursing. According to WHALL (1981), there are four ways in which nurses have defined the concept of family:

- The family as the environment for individuals;
- The family as a group of interacting dyads, triads and larger groups;
- The family as a single unit with defining boundaries.
- The family as a unit transacting with the environment.

(Wegner,.1993:15-14)

Orem (1985) subscribe to WHALL's first definition of the family. She maintains that nurses direct their care towards individuals that the concept of self-care is applicable to individuals only, and that family serves as context or environment for the individuals. Her understanding of family nursing implies that, if individuals are nursed with the goal of strengthening their self-care agency, the system in which these individuals' functions will be equally enhanced. Based on these assumptions, some nursing learners have begun to question the existence of family nursing or whether actual nursing practice is infact family oriented. (Bernard,1980). In contrast, King (1983) sees the family as interacting individuals or groups and assumes that family nursing consists of helping these individuals to reach goals through improved interaction or communications. The definition differs from Orem's in that it includes interpersonal issues on the nurse's problem and goal list. The family as a single unit and the family transacting with the environment are most clearly represented by Martha Roger's Theory (Johnson, 1986). The family nurse is seen as an energy field, one with the environment and continuously interacting with the family and the environmental fields.

Whall's (1981) states that if the whole family system is viewed, as the 'person' who received the care, the focus on each individual in family is lost. In contrast, the view of the family as the 'environment' of the person who is the client precludes nursing interventions directed at the family system. The family needs to be understood as part of both, the concept of person and environment, or the nursing metaparadigm could be expanded to include two more concepts, family and family nursing (Wegner, 1993:15)

2.18 INDIVIDUAL FOCUSED FAMILY NURSING

The nurse has to establish a good relationship with each individual in the family and treats each individual as a client. Individuals are seen as subsystems of the total family system. The family system is the immediate, joint environment of each client subsystem. Nursing goals are focused on the individuals (i.e. improved diet or exercise, effective home care of an ill person).

While one individual is seen as a client, the function of the other individual subsystems is one of a supportive network in helping the client to make changes. In order to assure congruence between individual systems and the family system as a whole all family member are involved together with the nurse in mutual goal setting for each family member so that they understand the treatment plan and provide support. Change at the subsystem level is likely to effect change at the family interpersonal level and the family system as a whole, but such change will not be the focus of nursing interventions as long as the system maintains a crisis free functioning. (Wegner, 1993:17).

The goal of the nurse who practices at the system level consists of change in the family system as a whole and increased harmony between system and subsystem as well as between system and environment. Changes at all systems levels are carefully predicted, monitored and corrected if the need arises.

Nursing practice at the system level is focuses on family health and strengths, is holistic and implies knowledge of complex interactions of a multitude of family factors at all system levels (Wegner, 1993:22).

2.19 FAMILIES AND PARTNERS OF PERSON WITH HIV

Families and lovers, partners, and members of household of persons with HIV infection require education about contact with the infection for themselves. Education must present clearly the evidence that casual contact, including sharing of food, eating utensils, bathroom and other household contact, does not allow the spread of HIV. Education should include information about the illness possible progression of the disease and risks and treatment strategies for the person with HIV infection. Partners of all persons with AIDS should avoid the exchange of body secretion by conscientious use of the preventive techniques such as use of gloves, masks plastic aprons, bandages all type of skin cuts. Family and partners should provide the majority of care to persons with Aids throughout the cause of illness. Families need to be educated about the normal course of the disease and its concomitant psychological effects, issues related to their roles as caregivers and support persons, and the possible long-range benefits that can occur when family members and friends pull together to such crisis. Education for families should focus on identification of family stressors and possible resources and support services (Macklin, . 1998:66)

2.20 THERAPEUTIC ISSUES WORKING WITH FAMILIES OF A PERSON WITH AIDS

The HIV epidemic has placed new demands on all of us. With insufficient education about AIDS, many families and communities have experienced panic. Persons with AIDS are sometimes separated from their families of origin or from traditional system of support. The disease, itself, is a roller-coaster, often necessitating alternating hospital stays and home-care periods. Families with an HIV infected member sometimes two or more experience multiple stressors. The psychological and relationship issues generated or stimulated by the disease are often as debilitating as the disease itself.

Persons with Aids and their families frequently need help to adjust to their life threatening diagnosis, to deal with fear of contagion, to accept the sexual, orientation of family members, to cope with stigma and discrimination, to manage conflict among family members and significant others, to confront a time limited push for reconciliation, to shift family roles, and to provide necessary care and negotiate with external systems (Tiblier, 1987). Professionals who work with persons with Aids will be unable to provide adequate

care without the help of the client's family, friends, and significant others. The quality of care and the extent to which available resources are utilised will depend largely on the values, attitudes and wisdom of the relevant professionals. By describing the emotional needs of HIV infected person and their families, it is important to increase compassion and cooperation among all available caring people, extended family, lovers, friends, volunteers and professional caregivers, as a way of providing necessary support to the men and children touched by AIDS. AIDS provides an opportunity to heal many distressed families and significant others also need effective psychotherapeutic treatment (Mecklin 1989:82)

2.21 NATIONAL COALITION IN AIDS AND FAMILIES - GENERAL PRINCIPLES

- Aids affects families and not just the individual who contracts the disease.
- The family plays a key role in education, prevention and attitude change regarding Aids.
- The family must be seen as a unit of care in the treatment of Aids. Families need to be educated regarding this role and be provided the support required in order to be effective.
- The impact on the family continues beyond the illness and death of the infected member
- Special attention must be given to the needs of low income families and minority families because these families, with multiple burdens, suffer severely from the Aids epidemic.
- The impact of the AIDS epidemic on families, and the reaction of families, will vary with ethnicity, religion, race and social class.
- Efforts must be made to reduce stigma, discrimination and isolation of families with an HIV infected member.
- Preventative and educational efforts must be rational, pragmatic, and supportive of health sexuality.
- Decisions regarding the psychosocial aspect of prevention and treatment must be based on solid theory and research.
- Social Policy regarding Aids must recognise and respond to the strengths and needs of families. (Mecklin, 1989:102)

2.22 BASIC PRINCIPLES OF CARE TO HIV/AIDS PATIENTS

Three principles are basic to the development of human services for HIV infected persons and their families.

They are as follows:-

- The family, both biological and functional, must be the basic unit of care in the psychotherapeutic treatment of persons who are HIV infected.
- Care is best provided by a multidisciplinary team,
- Universal access to treatment must be available for all persons affected directly or indirectly by HIV infection.
-

Family, will include family of origin, family of procreation, cohabiting couples friendship network that is all members of the family will need educational information and support to deal with the emotional stressors accompanying AIDS.

Care is best provided by multidisciplinary team working in close, nonhierarchical cooperation. Such as team could include physicians, nurses, discharge planners, nutritionists, respiratory and physical therapists, care-givers, volunteers, working together with the family and friends. In an epidemic of scale and intensity, convenient and universal access to treatment is essential. Care planning and federal level, with attention to the international concerns raised by the World Health Organisation. Universal access to care is not only humane, but a public health model with long term cost effective.

2.23 Debate over HIV and pregnancy

A debate on the controversial subject of the reproductive rights of people living with Aids flared up between a National Association of people with Aids and the Gauteng department of Health.

Director of NPWA Mr Nxesi felt that the human rights of people with HIV/Aids are being violated , they are even condemned or even accused of homicide or murder when they fall pregnant. The out cry is for drugs to be available which reduce the mother to child transmission of the disease. Mr Popo Maja, Gauteng Department of Health denied the statement made by Mr Nxesi saying that, no one denying that people with Aids have rights too but their rights should be counter-balanced by the rights of others. No one's right is absolute. The anti-viral drug do not guarantee that all children born if HIV-positive people will not be affected, the question that also remains, who is going to look after the orphans when his or her parents die.

South African non-governmental organisation coalition spokesman Mr Mark Weinberg said that it was impractical and inappropriate for the Government to discourage HIV-positive women from falling pregnant. Drugs are not fully guaranteed but if treatment is available, some people could live for decades and will then be capable of caring for the children, Ms Nel (Roodepoort, Psychologist agreed that if one is financially stable, can afford the treatment six months but for 20years, she could fall pregnant, but the delivery should be a caesarian section, but the reality is that there are not so many that can afford to buy the treatment, therefore she could not advice any HIV patient to fall pregnant, already are many orphans, rather they should adopt children instead. (Sowetan March 23 2001: p8) Government have been criticised for not doing enough to fight Aids. These were the words said by a European Parliamentarian delegate. He said there is too little concrete action being taken. The delegation believed that the Government's Policy on HIV/Aids was not proportionate to the enormous scale of the problem. Delegation Head, Ms Miet Smet felt that an action is urgently needed and the government to be much stronger to take initiatives, to explain to the South African population what is going on and to have the courage to do this. Aids is the biggest problem facing South Africa and had enormous implications for the economy. European parliamentarians ensured that they would negotiate with pharmaceutical companies to make Aids drugs affordable. (Sowetan p5 March 23, 2001).

2.24 OREM'S Self care theory

This theory was developed by Orem in 1959 to describe the role of a nurse in assisting individuals who, for some reasons such as ill health, injury or disablement, are not able to care for themselves. (Dreyer, 1983:15). In 1980 Orem's theory was expanded to include families and groups or communities, and it focuses on the concept of 'self care'. Levin et al (1979) defines self care as a process whereby a lay person function on his or her own behalf in health promotion and prevention, and in disease detection and treatment hence it is important for Health Workers to allow community participation and in decision making. (Pearson and Vaughan, 1991:69). Self-care is seen as a deliberate action taken by individuals or families to meet their living requirements. The self-care approach allows and enables the people to take initiative in being responsible for their own health and well-being. World Health Organisation (WHO) is also in line with this approach. The health care personnel should advise and assist their clients with HIV/AIDS to make informed decisions about their own health and to reduce their dependency on health care delivery services; hence Home Based Care is ideal to cater for such clients. Pearson and Vaughan (1991:71) confirms Orem's concept of self care and added that, self care is based on Voluntary Action which human being are capable of undertaking.

2.24.1 The self-care agency cited by OREM

The self-care agency is a person's ability to perform those activities required for self care, or to make decisions regarding the action that should be taken to solve the existing health problem, where the self care agent becomes inadequate or fails to meet the self care demand, the Health Worker should intervene or agent such as Community Worker nurse, or family member becomes a necessity.

Where there is a self care deficit, such people takes over the responsibility for carrying out activities to satisfy the self care needs, such as, actions to maintain life or to promote health. She provides supportive/educative care when she assists the client to carry out self-care activities with his assistance. The Community Health nurse can, for example, assist a family in a crisis by arranging for members of the community to take over and care for the HIV/AIDS client and the children and make arrangements with the social welfare agency for financial assistance or taking over children.

2.24.2 Impact of HIV/AIDS infection

HIV/AIDS Infection has severe impact on the victim, household or family and on the economy as well as health care facilities. Various studies have indicated that the impact on the victim is quite devastating. Children become helpless watching mother and father dying slowly. This is a traumatic experience to young ones.

Statistics have shown that nine million children have lost parents through Aids. trauma is such that these children are anti-social and psychologically affect (Nursing news 1998: 42).

The research will be based upon Dorothy Orem's model. This model emphasis self-care. She further identifies self care deficits and states that, the community Health nurse should intervene and become the dependent care agent where there is adequate or short fall of self care demand for a sick person. clients with HIV/AIDS do need Home Based Care. people who will care for the infected people where they are unable to engage in self care. The nurse or Community worker should provide wholly or partly compensatory care. Orem's theory can be applied to community nursing because the integration of her concepts with traditional public health nursing approaches results in a synthesis that emphasizes universal human needs, human development and the impact of illness on individuals within the aggregate. Health maintenance and promotion of competence in self or dependent-care activities constitute the goals of community nursing. (Dreyer, 1993:12).

2.24.3 Application of OREM's theory in Community Nursing Practice

The Community Health Nurse has to do a community survey to determine the universal demands for self care, as well as health deviations or self care deficits. This helps the Community Health Nurse to know her community well, be able to teach family members or lay workers to provide dependent care where self-care is possible. The goal community health assessment and intervention, according to Orem's theory of self-care, is to identify high-risk groups and to plan to increase their knowledge and skills for self-care.

Pender's Theory (1983) also confirms with Orem's theory by strongly emphasizing the concept of health promotion in community nursing and as an important component of comprehensive health care delivery Newman's system theory is also compatible with community nursing because of its focus on the prevention of disease and maintenance of health, HIV/AIDS and use of protective sex-condoms being in question.

2.25 South African life expectancy to HIV/Aids people

The South African Institute of Race Relations (SAIRR) stated that the Aids pandemic will slash the life expectancy of South African within next 10 years. According to the 2000-2001 South African survey, South Africans had an average life expectancy of 57.1 years between 1996 and this year (2001)

The Institute for future Research (IFR) estimated that by 2011 to 2016, the average life expectancy would drop by 12 percent to 50.3 years.

By 2026 to 2031 the average expectancy will begin to recover somewhat and will reach 56.8 year, slightly below that in the late 1990's

Blacks currently have a life expectancy of 54.8 years but in the next 10 to 15 years their life expectancy will drop to 47.2 years.

Estimates showed that this would recover and by 2006 to 2031 their life expectancy would reach 53.2 years.

Over the entire period Blacks' life expectancy would show a net decline of 2,9 percent or 1.6 years. The life expectancy of coloured people will decline marginally over the next 10 to 15 years but will increase significantly thereafter. By 2026 to 2031 it will reach 64 years.

Coloureds have a life expectancy of 59,6 years at present.

Indians have life expectancy of 70.2 years.

Whites have a life expectancy of 73,7 years. The survey said that the life expectancies

For Indians and White were likely to increase consistency with both reaching 77.8 years during 2026 to 2031. A fall in life expectancy was associated with rising death rate.

South African's crude death rate (Annual number of deaths per 1000 people) was estimated by the Institute for Futures Research (IFR) at 11,7 between 1996 and 2001. It would rise to 13,9 by 2011 to 2016 before declining to 13 in 2026 to 2031.

Aids would hit the younger, sexually active population particularly hard. Statistics in South Africa reported that in 1999 about 35 percent of the population was younger than 15, and 43 percent was between 15 and 39.

A substantial majority of the population is of an age where lifestyle makes it vulnerable or will be in the age range soon. Aids will take its toll on babies born to infected mothers.

The Health System Trust estimated that infant mortality (Death of infants under one year of age per 1000 live births) will rise from 50 to over 60 a 1000 between 1998 and 2008. (Sowetan Friday March 23: 2000 p2)

2.26 HIV/Aids and tuberculosis

Dr Makadi Ya Diul, former World Health Organisation (WHO) medical officer in World T.B. day stated that the twin evils of tuberculosis and HIV-Aids require special attention, especially in countries with a high prevalence of the latter. Tuberculosis is one of the leading causes of death and illness among people living with HIV. Aids is developing countries, more than a third of people living with HIV/Aids worldwide are also infected with tuberculosis and 40 to 60 percent of them will develop tuberculosis.

The two infections have been closely linked since the beginning of the HIV-Aids pandemic in the early 1980's HIV contributes to the reactivation of latent tuberculosis infection and makes individuals.

2.27 Principles of Aids Education and prevention

1. Aids Education is public health issue affecting everyone, and hence preventive education should be implemented immediately for everyone. The entire population, including children, families professionals have the right to Aids Education.
2. Aids education should be adopted so that it is culturally and developmentally appropriate for any given target audience.
3. Aids education should be designed and implemented by professionals who are trained in sexuality education substance abuse education, small group and community process, racial and think variation and individual and family dynamics.
4. Aids education should include factual information about the disease and provide a forum for discussion that will help people incorporate these facts into their lives.
5. Aids education should emphasize risk behaviour which cause the spread of HIV.
6. Aids education programmes in public schools must be taught as part of a comprehensive health programme.
7. Aids educational programmes should include a component addressing the relationship among behaviours, values and social responsibility.
8. All Aids programmes should include an evaluation component.

2.28 Strategies for prevention of HIV transmission

Epidemiological data have demonstrated that HIV is transmitted by having anal, vaginal or oral sex with someone who is infected, sharing IV drug needles and syringers with infected person and transfer infected mother to infant before or during birth, blood transfusion. The fact that Aids is sexually transmitted will not stop most people from having sex with others.

The fact that sharing needles shares Aids will not prevent drug users from using drugs. Aids prevention messages should seek to achieve the smallest amount of behaviour change necessary to prevent HIV transmissions. The following are behavioral strategies designed to prevent the sexual transmission of HIV.

2.29.1 Abstinence

Complete absence of any sexual contact with another person offer 100% protection from sexual transmission for HIV and therefor is a viable prevention option. The high rate of adolescent pregnancy and the alarming rise of sexually transmitted diseases among adolescents demonstrate that simply telling anyone, particularly adolescents to abstain from sex is not effective. Educational strategies must recognise that adolescents are very likely to engage in some form of premarital sexual activity despite religious and parental disapproval. Adult also may choose sexual abstinence as a preventive strategy.

It is currently estimated that 28% of persons aged 12 to 17 are sexually active and that about 70 % of teenage girls and 80% of teenage boys have had at least one coital experience (Macklin, D.1989: 48). The challenge for parents and their sexual exploration in a moral framework, find alternatives to sexual intercourse, set limits, care for their own bodies, and respect partners who are not ready for intercourse, while acknowledging the adolescent's desire to engage in some form of sexual activity given their prevalence of AIDS, this challenge must be addressed immediately.

2.29.2 Sexual exclusivity

Some professionals counsel that monogamy with "an absolutely trustworthy partner" is one way of preventing the spread of HIV. A problem emerges when monogamy is cited, along with masturbation and celibacy, as the only option for preventing transmission of HIV (Crenshaw, 1987). The risk of employing monogamy as an Aids prevention's strategy is that some cultural bases allow husbands for example, to prostitutes and still be "faithful". Another variation is heterosexually married but homosexually active men who do not view their sexual activities with other men as making them "unfaithful"

A sexually monogamous relationship, in which both partners have never been exposed to both partners have never been exposed to HIV. Remains a reasonable prevention strategy for many people. However, because over half of the married population admits to extramarital sexual relationships and one outside sexual experience could introduce HIV into a relationship, to rely on another monogamy as protection against HIV/ infection carries some element of risk (Macklin, D, 1998:50)

2.29.3 Reducing the number of sexual partners

Many have suggested that reducing the number of sexual partners is one means of lowering the risk of HIV exposure. (Boffey 1998) found no correlation between multiple sexual partners and seropositive conversion for women who were sexual partners of men seropositive for HIV (Cohen, Hauer, Poole and Wofsy, 1987; Fischl et al, 1987; Padian et al, 1987). Few sexual partners will reduce transmission of HIV, but only if those partners are HIV negative or there is use of "safer sex" practices.

2.29.4 Safer sex

"Safer sex" describe a broad range of sexual activities that do not allow transmission of HIV because there is no exchange of body fluids. The activities include flirting, fantasy, hugging, body rubbing, dry kissing, massage showering together, mutual masturbation with "on me not is me" orgasm and correct use of an intact condom or other barrier device. Aids prevention education should aim at convincing sexually-active adolescents and adults to practice safer sex the message needs to be broadly communicated that anyone can get Aids and Aids is 100% preventable.

2.29.5 Condoms

Condoms have shown in the laboratory to block the passage of HIV (Connat, Hardy, Spicer & Levy, 1986) especially if they contain Nonoxynol -9, a spermicide shown to inactivate HIV (Hicks et al., 1985) only later condoms should be used to ensure protection against transmission of HIV. Condoms should be of high quality and must not be used with petroleum based lubricants (eg. Vaseline) that can cause latex disintegration (Voeller & Potts 1985). Condoms should only be used once, removed carefully to protect against spillage, not exposed to excessive heat on caring condoms in a wallet for many months which deteriorates the latex. Attention to be paid to expiry dates on the condom package. Condoms should not be lubricated with saliva. The most common reason for not using a condom is the argument that they interfere with sexual satisfaction and reduce sensitivity other complaints are that condoms are not natural, messy, kill spontaneity and are uncomfortable. These complaints can be addressed by helping people learn to eroticism condoms and to incorporate them into foreplay.

2.29.6 HIV antibody testing

Antibody testing has almost no role as an AIDS prevention strategy in high prevalence population, for example, gay men. The population, for example, gay men. The antibody test should be done anonymously and should be confidential, health professionals, employers and acquaintances should keep this confidential.

2.29.7 HIV/Aids policy to employees

- There will be no discrimination in recruitment against applicants on the grounds that the applicant has HIV or Aids.
- Applicants will not be refused and offer of work because they have Aids or are anti-body positive.
- Applicants who are deemed to be medically fit at the time of recruitment will not be refused an offer of work because they have Aids or HIV infection. Medical fitness will be determined through the usual process of consideration by the organisation's medical advisers.
- HIV status a matter for individual decision and emphasizes the need to avoid unilateral management decisions regarding redeployment, this being conditional only upon ability to do the job on medical grounds, placing a heavy emphasis on mutual decision making and respect for individuals wishes:

-The organisation has no right to require an individual to disclose that he or she has AIDS or to submit to medical tests for virus.

-If the individual is HIV positive or have Aids. the organisation shall ensure that resources are available to provide adequate support and any reasonable arrangements to enable work to be continued, on the ground that to continue working may enable the person to maintain confidence and social contact and fight Aids with more dignity.

(Goss, D and Adam -Smith 1995:54) (UK Policies)

2.30 Recommendations made by the National Aids Trust's Companies Act for 'equitable' Aids Policy' and includes the following.

- The Policy must address both HIV and Aids separately and the companies response to each should acknowledge they are they are separate conditions. HIV and Aids can be integrated into existing policies, such as those concerning equal opportunities, sick leave etc.
- In an integrated policy, mention must be made of HIV and Aids, to ensure they need on company practice without having to ask specific questions.
- Any Policy must clearly state that discrimination, in any aspect of company activity, against anyone who is HIV positive or who has AIDS will not be tolerated.
- The policy should state clearly that Aids will be treated in the same manner as any other progressive or debilitating illness.
- The policy must contain a clear statement on confidentiality, explaining the way in which confidential information will be treated.
- The policy must make clear by outlining or referring to discipline and grievance procedures, what action will be taken if staff breach the terms laid down.
- The best model policy will cover areas such as opportunities for redeployment, retraining, flexible working, compassionate leave etc. Where possible should apply not only to those infected with HIV but also cares.

(National Aids Trust 1992 appendix)

2.31 Conclusion

Data collection was done to all Professional Nurses who formed the sample of the study. Analysis will be done in the next chapter acknowledging responses from all the participants

CHAPTER 3

1 INTRODUCTION

Research methodology is concerned with the researcher's ultimate goals and general plan for achieving these goals. According to Van der Walt, Cronje and Smith (1992:8) research methodology is concerned with the methods and logic of science, rules or organised research and norms by which procedures and techniques are chosen and emphasized. Chapter three will pay attention to research methodology used in this study and this will include research methods, and techniques and procedures followed in conducting the research study.

3.2 DELIMITATION OF THE SCOPE OF STUDY

This study was carried out in Region F, Inner West City Council Clinics, in the province of KwaZulu-Natal, and also from Public Hospitals. The Primary Health Care Clinics were: Mpola, Nagina, Mzamo, Pinetown and Reservoir Hills Clinics. Public Hospitals were Prince Mshiyeni Memorial, Mariannhill, King Edward VIII Hospitals and Clairwood Hospital.

Inner West City Council Clinics, Region F, where the study was conducted, are reflected in the map provided.

3.3. RESEARCH DESCRIPTIVE DESIGN

A descriptive research design was used. According to Huyseman (1994:10) a research design is a plan according to which data are to be collected. This approach was appropriate in tapping knowledge and perceptions of Professional Nurses regarding the practice of Home Based Care to HIV/AIDS patients.

4 RESEARCH INSTRUMENT - QUESTIONNAIRE

A research questionnaire is the most common research instrument. It comprises a series of questions that are filled in by all the participants in a sample. The investigator may wish to elicit information from the subjects to supplement findings, and to compare with other observation (Treece and Treece 1986:277).

Data was collected by means of a questionnaire as well as conducting interviews. Interviews were on voluntary bases. A questionnaire was considered the most appropriate instrument to collect data.

Polit & Hungler (1987:232) consider this instrument the most common and popular in research. The choice of a questionnaire for this study was based on the fact that it ensures the possibility of complete anonymity which is not possible in a face to face process. This tool also has a high degree of ability to handle sensitive information such as HIV/AIDS.

3.5 TARGET POPULATION

According to Seaman (1987:168), target population means a group of subjects the researcher is interested in. This research focused on Male and Female Professional Nurses, full time employed between ages of 35-60yrs. These Professional Nurses were KwaZulu-Natal residents working in Primary Health Care Clinics and Public Hospitals.

Registered Nurses were chosen as respondents because they are directly involved with Community services and have much to say on Home Based Care Nursing with specific reference to HIV/AIDS patients.

3.6 SAMPLING TECHNIQUE AND SAMPLE SIZE

A sample according to Treece and Treece (1982: 154) is defined as a selection or portion or subset of the population that represents the entire population.

Brink (1992:37) refer sampling to the process of selecting the sample regarding phenomena in a way that represents the population of interest. Sampling technique used was a simple random technique and it was considered the best since it was possible to choose every second Primary Health care Clinic within Inner West City Council - Region F and the four hospitals. All Professional Nurses were chosen by convenience sampling. Subjects participated in this study were randomly selected. The Primary Health Care Clinics and Public hospitals under study were visited from January to April 2001. Different dates were set for each clinic and hospitals.

3.6.1 Ethical considerations

The following aspect were given considerations as the study is concerned with private and personal data being obtained from the participants of the research study.

3.6.2 Permission for study.

Permission to conduct this study was obtained from relevant authorities of each Primary Health Care Clinics as well as Hospitals. Permission was obtained from Deputy Director and Nursing Service Managers of Institutions. A copy of the letter is attached as an annexure.

3.6.3 Informed consent

Informed consent is the truth telling that includes diagnoses, prognosis, risks and benefits in the words that the patient or participant understand. (Stanhope and Lancaster 1992:77). Individuals or subjects have a right to information and a right to agree or refuse to participate in the study. The main aim of informed consent is the fact that is to safeguard participants, preventing harm being done to them. People give consent once information is clear and sufficient enough to base decision. The issue of voluntary participation was emphasised to participants comprising the sample.

3.6.4 Anonymity and confidentiality

Participants were assured the anonymity and confidentiality and the fact that the result will not be divulged to anybody. The respondents were required not to write their names on the questionnaire to ensure confidentiality and anonymity. Respondents were informed of their right to withdraw from the study if they wish to do so.

3.7 Testing tool for validity

The Pilot study which is the mini study having major study was done in preparation for a major study. The purpose was to improve the research tool, defect faults and pretest the instrument for validity and reliability before the major study was taken. The Pilot study was conducted in Primary Health Care Clinics, had ten respondents who were incidentally chosen as they come to attend the general Nurses meeting. The subjects who participated in the study, were not included in the main study to avoid bias. The results of the Pilot study revealed no faults and the tool was found to be reasonable valid. This Pilot study was presented to Nursing experts for checking, recommendations and for improvement. This was done to ensure face validity.

3.8 Data collection

Data was collected by means of questionnaires using Linkert Scale. Two professional Nurses were chosen from each Primary Health Care Clinics and five Professional Nurses from each Hospital as respondents. These were respondents that were issued with questionnaires. Questionnaires are delivered to respondents by hand. Questions asked were in relation to Home Based Care nursing with specific reference to HIV/Aids patients. The questionnaires were distributed to full time employed Professional Nurses in Primary Health Care Clinics and Public Hospitals. The structuring of questionnaires was such that the

- first part consisted of personal particulars that is, name, age, sex .
- The second part consisted of work areas clinic/hospital and

- the third part consisted of the years of experience in the nursing field.
- The last part of the questionnaire consisted of Likert Scale type of questions focusing on how effective Home Based Care Nursing is to HIV/AIDS patients.
- Professional Nurses' perception to Home Based Care Nursing is relation to the care of HIV/AIDS patients.
 - The role that is played by Traditional Healers, spiritual Healers and Diviners in the care of HIV/AIDS patients.
 - Whether it is possible to do a follow-up of HIV/AIDS patients at home by Professional Nurses;
 - Whether a liaison between Clinics, Hospitals and Doctors is being maintained.
 - To find out whether HIV/AIDS patients are best nursed by immediate families rather than Professional Nurses of Care givers.
 - To find out the effectiveness of referral system.
 - To find out if Home Based Care 'services should be linked up with hospitals and clinics.
 - To ascertain if Home Based Care should only be the responsibility of Professional Nurses and Care givers.

In the interviews that were also conducted, the main aim was to find out the Professional Nurses' perception and views on Home Based Care to HIV/AIDS patients and what recommendations they would make.

3.9 INTERVIEW

The researcher did interviews with to all ten Professional Nurses herself. Respondents were given enough time to respond to questions asked from the interview schedule (attached as an annexure) expressing their perceptions, knowledge, experiences and opinions on Home Base Care nursing. Respondents participated freely without any intimidation from the researcher.

3.10 CONCLUSION

In summary, chapter three shows that the research was addressed to scientific procedures in preparing for data collection. The data collected from the respondents is presented and analysed in CHAPTER FOUR.

CHAPTER 4

4. ANALYSIS AND INTERPRETATION OF DATA

4.1 Introduction

This chapter presents analysis and interpretation of data obtained from the subjects who participated in this study. Objectives formulated in CHAPTER ONE are tested in this chapter. Findings are presented in the form of tables, diagrams and graphs. Analysis and presentation was done simultaneously. The sample consisted of fifty subjects of which 90% (45) consisted of female subjects and 10% (5) male subjects. All participants were Professional Nurses. The lack of representativeness of male subjects were due to the fact that there are fewer males trained as Professional Nurses than female Professional Nurses.

4.2 SECTION 1

4.2.1 Age distribution

Professional Nurses N=50

AGES	FREQUENCY	PERCENTAGE
25 - 35	10	20
36 - 45	20	40
46 - 5	15	30
over 55	5	10
TOTAL	50	100

According to table 4.1, the ages of Professional Nurses in this study ranged from 25 to above 55 which is an indication that they are adults and can aspire to maturity and give true reflection of perceptions towards Home Based Care with specific reference to HIV and AIDS.

4.2.2 Items1.2

Gender

Table 4.2

Gender distribution N= 50

GENDER	FREQUENCY	PERCENTAGE
Female	45	90
Male	5	5
TOTAL	50	100

Table 4.2 shows that of fifty (50) Professional Nurses who participated in the study 45 (90%) were females and 5 (10%) were males. These findings supports the general view that nursing is a female dominated profession hence there are fewer males trained as nurses than females. More effort should be made to recruit males into the nursing profession.

4.2.3 Item 1.3

Area of work

Table 4.3 Area of work distribution N=50

AREA OF WORK	FREQUENCY	PERCENTAGE
Surgical Wards	4	8
Medical Wards	4	8
Maternity Wards	4	8
Paediatric Wards	4	8
Operating Theatres	4	8
Six Primary Health Care Clinics	30	60
TOTAL	50	100

Table 4.3 displays the number of subjects taken from public hospitals and also from Primary Health Care Clinics. Respondents from Primary Health Care Clinics were 30 (60%) that is, six Primary Health Clinics were under study, five respondents from each clinic, and 20 (40%) respondents from public hospitals who were allocated to surgical wards, medical, maternity, paediatric wards and operating theatres - four respondents from each ward. Respondents are more from Clinics than public hospitals due to the fact that nurses working in Primary Health Care Clinics are first contact people and HIV and AIDS patients are discharged from the hospital to the clinics for continuity of care.

4.2.4 Item 1.4. Year of experience

Number of years distribution N=50

Table 4.4

NUMBER OF YEARS/EXPERIENCE	FREQUENCY	PERCENTAGE
Less than 1 year	0	0
1 - 2 years	10	20
3 - 4 years	15	30
Above 4 years	25	50
TOTAL	50	100

Table 4.4 shows that the majority of Professional Nurses were experienced in clinical exposure and in nursing of patients.

4.3 SECTION 2

4.3.1 Previous knowledge on Home Based Care HIV and Aids

Item 1.5 Determining if nursing care of patients at home is the responsibility of Health care workers

Twenty five (50%) agreed that the responsibility of patients at home lie in the hands of Health Care Workers. Twenty five (50%) respondents disagreed on this and supported by saying that the family members and relatives should be responsible for patients because they are with them at home most of the time than Health Care Workers.

Item 1.6 Home Based Care includes physical care of patients

Fifty (100%) respondents agreed that, physical care of patients should be attended to, such physical care includes, bathing, dressing, feeding and mouth care.

Item 1.7 To determine if Home Based Care includes psychological care

Item (100%) respondents agreed on psychological care to be given to patients at home by counseling them positively, give realistic reassurances and expectations.

Item 1.8 Ascertaining if discharged patients are immediately referred to the clinic

Twenty six (52%) respondents agreed that patients with HIV/Aids are referred immediately to nearest clinics for continuity of care and for home visits. Twenty four (48%) respondents did not agree on immediate referral to clinic. This indicated that referral system procedures should be reviewed and put into place.

Item 1.9 To ascertain if Home Based Care services are linked to hospital or clinics

Thirty five (70%) respondents agreed that there is a link. Fifty respondents were not sure if there is a link between Clinics and Public hospitals.

Item 1.10 To ascertain if patients with HIV and Aids are best nursed at home

Twenty five (50%) respondents agreed that patients are best nursed at home by their family members than by the nurses who are not with them all the time.

Twenty five (50%) respondents disagreed and preferred that patients are best nursed by trained people than lay people.

Item 1.11 To ascertain if referral system of HIV and Aids patients is effective

Thirty (60%) respondents were not sure of the procedure of referral.

Fifteen (30%) disagreed, arguing that some patients are seen in the clinics for the first time, yet he or she has been previously hospitalised and no referral letter was given to the patient. Five (10%) respondents stated that the present referral system from hospital to clinics is effective because she had received referral letters from hospitals.

Item 1.12 To ascertain if patients are best nursed by their family members

Twenty five (50%) respondents agreed that patients are better nursed at home than in hospitals because in hospitals patients are neglected and not properly cared for due to staff shortages and high bed occupancy rates.

Twenty five (50%) respondents still felt that patients are best nursed by a trained person for quality nursing care.

Item 1.13 To ascertain if Traditional Healers play an important role in caring for HIV and AIDS patients

Five (10%) respondents agreed that patients are better cared for by Traditional Healers because they are given time to verbalise their fears and are given instant reassurance that they are going to get better once the treatment is started and will kill the virus within a short period of time.

45 (90%) disagreed and challenged Traditional Healer's knowledge and treatment to HIV and AIDS infection.

Item 1.14 To ascertain if doctors are better equipped with skills for caring for HIV and AIDS patients

Forty eight (96%) of respondents disagreed on this aspect and two (40%) were not sure whether they were better equipped with skills or not.

Item 1.15 To ascertain if there is a maintained liaison by the clinic with hospital doctors

Fourteen (28%) of Professional Nurses disagreed stating that there is no follow up to client hence liaison is not maintained . Thirty six (72%) were not sure.

Item 1.16 To determine if individual Health Education is the best to change behaviour of HIV/AIDS patients

Fifty (100%) Professional Nurses agreed that Health Education is the best to change behaviour of HIV/AIDS patients.

Item 1.17 To determine if the group education method is the best

Eight (16%) Professional Nurses agreed that the group education method is the best, yet forty two (84%) disagreed because some do not want it to be known that they are HIV positive, and they do not want to disclose their HIV status to others.

Item 1.18 To determine whether clients practice what they have been taught

Five (10%) respondents agreed that clients do practice what they have been taught. Five (10%) respondents disagreed and forty (80%) respondents were not sure. This was due to the high rise of HIV and AIDS statistics.

Item 1.19 To determine if it is easy to do a follow up of HIV/AIDS patients by Professional Nurses

Two (4%) Professional Nurses agreed and forty eight (96%) disagreed because of staff shortages and the high number of people diagnosed as HIV positive and those with AIDS.

Item 1.20 To ascertain if it is always possible for the Professional Nurse to do a discharge planning

Twenty (40%) Professional Nurses agreed that it is always easy to do a discharge planning for a HIV/AIDS patient,

Twenty five (50%) Professional Nurses disagreed and five (10%) Professional Nurses were not sure.

Table 4.7

Item 1.21 To ascertain if individual Health Education to HIV/Aids patients is the best

	AGREE	DISAGREE	NOT SURE
1. Nursing care of patients at home is the responsibility of health care worker	50	0	0
2. Nursing care of patients at home id the responsibility of nurses	50	0	0
3. Home Based Care includes physical care of patients such as: bathing, dressing, feeding, mouth care	50	0	0
4. Home Based Care includes psychological care: Reassurance, counseling	50	0	0
5. Discharged HIV and Aids patients are immediately referred to clinic	23	24	3
6. Home Based Care services are linked to Hospital or Clinics.	35	0	15
7. Patients with HIV/Aids are best nursed at home than in hospital	50	0	0
8. The system of referred of HIV/Aids patients is effective.	18	0	32
9. Such patients are best nursed by immediate relatives than professional nurses	25	25	0
10. Traditional Healers play an important role in caring for HIV and Aids patients.	5	0	45
11. Doctors are better equipped with skills for caring for HIV and Aids patients.	48	0	2
12. A liaison is maintained by the clinic or Home Based Care attendants with hospital Doctors	0	14	36
Individual Health Education to HIV/Aids patients is the best.	50	0	0
14. Group method of Health Education to HIV/Aids patients is best.	8	42	0
15. Client practice what they have been taught.	5	5	0

16. It is easy to do a follow up of HIV and Aids patients by Professional nurses.	2	48	0
17. It is always possible for the Professional Nurse to a discharge procedure.	20	25	5

SECTION 3

4.4 Interview schedule

Interview schedule was administered to ten Professional nurses. The researcher wanted to find out their perceptions and knowledge on Home Based Care, whether it is necessary, who should do it and whether it should be included in the students curriculum or not.

Item 4.4.1 What do you think Home Based Care is?

Ten (100%) of Professional nurses defined Home Based Care as the care that is given to sick individuals at home by family members and significant others.

Item 4.4.2 Is it really necessary?

Seven (70%) of Professional nurses saw a need to have Home Based Care practiced in all communities so as to lessen the burden on already full and overloaded hospitals and clinics.

Three (30%) of Professional nurses felt that people should be hospitalised if they are ill or sick, not sent home being not well irrespective of its chronic illness.

Item 4.4.3 Who should do Home Based care?

Eight (80%) Professional Nurses felt that Home Based Care should be done by family members, friends and relatives.

Two (20%) Professional Nurses disagreed and felt that such nursing should be done by trained lay care workers and volunteers, not by family members who are in-experienced with no nursing knowledge.

Item 4.4.4. Do you favour a curriculum that incorporates Home Based Care for students?

Ten (100%) Professional agreed that Home Based Care should be added to the nursing curriculum since it is part of basic nursing care.

Item 4.4.5 What should be taught to Lay Care Workers with regard to Home Based Care

Ten (100%) Professional Nurses cited the following:

Basic nursing care such as bathing, ambulation, mouth care, exercises, feeding, assist with elimination, cleaning of the room, damp dusting and principles in counseling; and health education and communication skills.

Item 4.4.6 How much supervision is required for Home Based Care for students and Lay Workers?

All ten Professional Nurses felt that supervision should be on-going, this gives the supervisor the chance to pick up areas where students and Lay workers should get in-service training and attend to the problems and needs of both the patient and the student or Lay Worker.

Item 4.4.7 Who should supervise the students and Lay Workers in relation to Home Based Care?

All ten Professional Nurses . (100%) felt that the Professional Nurse should be allocated to lead and supervise students and Lay Workers for proper quality patient care.

Item 4.4.8 Do you see your role as that of teaching and supervising Home Based Care?

All ten Professional Nurses (100%) agreed on the aspect of teaching and supervising student nurses and Lay Workers because they feel that there will be no person accountable and responsible for such clients at the end of the day.

4.5 Recommendations towards Home Based Care

- Should be done by family members, friends, relatives and significant others.
- Volunteer and Lay workers should be given basic training in order to care for sick individuals.
- Family members should also be taught basic principles on basic nursing care viz.
 - *Washing of hands
 - *Prevention of contamination
 - *Wearing of gloves and aprons to protect themselves from infection such as HIV/AIDS
 - *Disposing of refuse and infected clothing.

4.6 Conclusion

The findings appear to support the idea of Home Based Care services to HIV and AIDS patients. This chapter also showed that both sexes, that is male and females could be infected by the HIV virus. People should come forward for HIV testing, practice protected sex (use of condoms), be positively counselled, keep themselves healthy and treat opportunistic diseases early. The summary, conclusion and recommendations will be discussed in Chapter Five.

Chapter 5

DISCUSSION OF FINDINGS, SUMMARY, LIMITATIONS OF THE STUDY, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The researcher wishes to make specific conclusions and recommendations based on data analysis. The researcher wanted to obtain information regarding perceptions of Professional Nurses to Home Based Care with specific references to HIV and AIDS patients. Literature was studied, and general information obtained through the use of questionnaires and interviews, which showed that Home-Based Care is essential to HIV and AIDS patients. It became clear that family members and Lay Care Workers should be trained to do Home Based Care and be given information on Home Based Care nursing. Home Based Care should also be included in student nurses' curriculum.

5.2 DISCUSSION OF THE RESEARCH FINDINGS

Quantitative research method was used to collect data on perceptions of Professional Nurses to Home Based Care. Areas of research were Public Hospitals in the region F and Primary Health clinics in the region F in KwaZulu-Natal. Professional Nurses were chosen as respondents of the study. The sample size was 50 subjects who were randomly selected in both Public hospitals and Primary Health Care clinics. Responses from respondents were elicited by means of a questionnaire. Data was analysed statistically and a descriptive survey design was used for the study.

5.3 OBJECTIVES OF THE STUDY

The objectives of the study were:

- To identify the knowledge and attitudes of nurses with regard to Home Based Care.
- Make recommendations for improved Home Based Care within the community to the Department of Health.

- Identify people's awareness with regard to Home Based Care services.
- Motivate for more volunteers or community members to help with home-based care for patients with HIV and AIDS.
- Develop the guidelines for effective Home Based Care in the community.

The objectives of the study were met in the following ways: -

5.3.1 Objective Number One – Knowledge and Attitudes of Professional Nurses with regard to Home Based Care.

The respondents' knowledge and attitudes were tested through questionnaires and interviews that were conducted, to find out what their perceptions are with regard to Home Based Care services. It was clear that home-based care is an essential needed service in all communities.

- Objective Number Two – Recommendations to improved Home Based Care within the community to the department of health.

Home Based Care services have been identified by the respondents as an essential service. This will be recommended to the Department of Health to be improved and have viable structures on Home Based Care established, and also to formulate policies on Home Based Care services.

- Objective Number Three – Community Awareness

It is the responsibility of the Government, Health Care services and Health Care workers to make the community aware of Home Based Care services through community campaigns, church groups, community meetings, media, newspapers and formal and informal organisations.

- Objective Number Four – Motivation of Volunteers

HIV and AIDS statistics are chilling, and the number of nurses that have to look after these patients are inadequate. Respondents have indicated that, there should be more volunteers from the communities to meet the needs of such sick people, especially looking after their physical needs, and giving emotional and psychological support.

- Objective Number Five – Guidelines for effective Home Based Care in the community viz.:
 - A participative model consisting of the community, the health service, health care workers and educational institutions should be part of this model.
 - There should be an intersectoral collaboration with all health sectors; this will include good sanitation, proper refuse disposal, water purification etc.
 - There should be effective training run by health sectors and the government, training families, traditional healers, and patients themselves on the prevention of the HIV virus, and how to care for HIV/AIDS patients through Home Base Care.
 - Community Health Workers should undergo basic training on general nursing care so that they are able to help communities with knowledge on Home Based Care.
 - All health sectors should formulate a discharge planning system which will be universally acceptable by all nursing institutions for better referral systems for and follow up purposes.
 - Professional Nurses to supervise nursing care rendered by the lay workers, volunteers and Community Health Workers. Supervision will be ongoing
 - All patients that have been visited to be documented and such records to be kept for referral purposes.
 - An effective referral system from hospital to home and home to hospital should be put in place. A patient should be referred with a referral note stating the condition, treatment and prognosis of such a patient; this will save time and cost to the hospital, the doctor/nurse and to the patient him/herself.
 - The Government should be involved in the running of Home Based Care services at provincial and at local level.
 - There should be a good liaison among the hospitals, clinics, Community Health Workers, volunteers, Professional Nurses, doctors, lay workers and all other multidisciplinary teams. A good relationship should be established.
 - The participative model should also include Non-Governmental Organisations, funding should be made available to run the project. The private sector should play an important role in making Home Based Care services sustainable.

- There should be a National Policy for Home Based Care. Local operational policies can be developed by the organizations providing Home Based Care services.
- Nurses should be more knowledgeable Home Based Care, HIV and AIDS, because they stand as advocates to sick people with HIV/AIDS and should know the right of workers especially those with HIV and AIDS.
- The nurses should know well the needs of the communities so that they are able to prioritise such needs and recommend such needed services to the Government.

5.4 RECOMMENDATIONS FOR FURTHER STUDY

There is a need for inclusion of Home Based Care in student nurse's curriculum, so as to impress upon the students during student accompaniment to see the importance and effectiveness of Home Based Care to general nursing (Mashaba and Brunk: 1994). Family members and relatives should take part in nursing care of their family members and be fully responsible for them. This should be motivated in all community structures.

5.5 LIMITATIONS OF THE STUDY

During the process of the study problems not envisaged beforehand will always challenge researchers, irrespective of their carefulness in the preparation and methodology. Most studies show limitations that relate to conceptual, definition and methodological problems (Nzimakwe 1977:172).

The following were areas of limitation in this study:

- Financial constraints prevented the research from extending the research to other regions of KwaZulu-Natal.
- Enough time to conduct the research was not available due to the fact that the researcher is full time employed full-time.
- The researcher was not granted study leave from work to conduct a research project.
- Some public hospitals took a long time to grant permission to conduct a study in their institutions.

5.6 SUMMARY

Based on the findings of the study, the following summary can be made:

- Nursing care of patients at home is the responsibility of family members. The Professional Nurses should be there to teach, advise, support and guide the lay workers, family members, friends and significant others towards Home Based Care nursing.
- Home Based Care includes activities such as bathing, dressing, feeding, and attending to mouth care of the patient and such patients also need psychological support, such as reassurance and ongoing counselling. The basic nursing functions could be allocated to the home care attendant worker.
- There should be a maintained system of referral from hospitals to local clinics and they should form a good link and relationship among themselves for better quality care to patients.
- Effective health education should be continuously done, formally and informally, to groups of patients and also to individual patients.
- HIV/AIDS patients should be motivated to practice what they have been taught, and they should also in turn educate their friends and families towards the prevention of HIV infections.
- Traditional healers should also be given ongoing health education to prevent cross infections and also play an important role in teaching and giving Health Education to his/her client towards the prevention of HIV infections.
- Improve discharge planning protocols and procedures among health professionals.

5.7 CONCLUSIONS FROM THE FINDINGS

The literature that has been reviewed and the findings of the study demonstrated that there is a need for Home Based Care services. Family members should be responsible for the nursing care of their loved ones who are HIV/AIDS positive. Professional Nurses that participated in the study agreed on this aspect of Home Based Care. Respondents also agreed that they are fully responsible for the Health Education aspect to people and communities at large with regard to HIV/AIDS and Home Based Care services.

5.8 RECOMMENDATIONS

Based on findings, the researcher wishes to propose the following recommendations.

5.8.1 Extensive Health Education

The researcher strongly recommends extensive health education to lay workers, family members, volunteers and patients themselves on cross infections and principles of aseptic techniques, use of condoms (protected sex), gloves, disinfection of clothes and disposal of refuse and excreta.

▪ Common Working Platform

Health professionals must create a common platform so that they are able to share problems and ideas with the communities they serve, especially in the prevention of HIV and AIDS. Health professionals should also make people aware that AIDS is incurable, drugs that could kill the HIV virus has not yet been found, that they should practice protected sex, that is to abstain or be faithful to your partner or partners (who are HIV negative) and use condoms. Traditional healers also do not have treatment for AIDS. Home Based Care service is ideal for nursing care of HIV and AIDS patients.

▪ AIDS Model

The researcher recommends the adoption of the AIDS Partnership Prevention (AIDAP) model (attached as annexure) This model depicts the governmental position as presented by the then Deputy President Thabo Mbheki on the eleventh of September 1998 that "HIV/AIDS is everybody's problem". It is not confined to the health sector only. Estimates indicate that by the year 2000 there will be 2 759 0005 HIV infections and 45 44 000 by the year 2005. Statistics presented by the World Bank for year 2000 indicated that 2,6 million people worldwide died as a result of AIDS, making the disease the world's fourth biggest cause of death. About 34 million people are infected with the HIV virus and 90% of HIV sufferers are found in the developing world. The World Bank research suggests that, when the adult infection rate reaches eight percent of the population, it reduces per capita growth rates by 0.4% a year. It is already at the eight percent level in 21 African countries (Changing Gears article: Leader, January 2001).

The researcher therefore recommends the adoption of the AIPAP model. All sectors must join hands to fight HIV/AIDS. This model identifies sectors like religion, housing, community, traditional healers, health-related organisations, educational sector, political sector, economic and labour unions, and family and individuals as the important partners in the prevention of HIV/AIDS.

▪ **The Community**

The community must participate in AIDS Awareness Campaigns and accept and assist people with AIDS. The principles of Home Based Care nursing should be discussed so that they are able to help each other, help their families, friends and significant others. The community should accept people living with AIDS as human beings and support them and assist them in many aspects. Conservatism will not defend a community from AIDS. People should stand up and speak up about AIDS, prevention and transmission of the HIV virus.

▪ **Traditional Healers**

Traditional Healing plays an important role amongst most African people. Therefore this sector could play a role in the prevention of HIV/AIDS.

▪ **Educational Sector**

AIDS Awareness and Home Based Care information should be part of the curriculum with the focus on specific outcomes relating to a healthy individual. It is also recommended that education sectors should set up education units attached to schools from Grade 7 to Grade 12. This worked well in other countries like the United Kingdom. In this way, educators in general education would also learn the skills and strategies to be used in the containment of the spread of AIDS.

▪ **Political Sector**

The AIPAP model supports the standpoint taken by political leaders in South Africa. They had major expansion plan for 2000 viz:

- Conduct summits in all provinces with civil society sectors to popularise the HIV/AIDS/STD strategic plans.

- Commence with the training of health care providers on the adult treatment guidelines.
- Expand access to voluntary HIV counselling and testing.
- Provide Home Based Care services.
- Implement an integrated strategy for children infected with and affected by HIV/AIDS, developed by the Department of Health, Welfare and Education.
- Conduct training workshops with traditional healers (Department of Health Article 2000).

▪ **Economic and Labour Unions**

In order to maintain the economy of the country, employers must play an important role by keeping people living with AIDS (PWAs) in their jobs as long as they are still able to work.

▪ **Families and Individuals**

Citizens of South Africa must accept the reality of HIV/AIDS, more importantly in KwaZulu-Natal as the leading province in the rate of the spread in HIV. AIDS is not curable and therefore prevention is the only solution. AIDS education must begin at home, to friends and to the communities at large. Introduction of Home Based Care services should be a priority to all communities, as hospitals cannot take care of them since they are full and such patients mostly need physical care. Parents and relatives must be equipped with knowledge and skills enabling them to introduce sex and AIDS information in early childhood. The family members must accept family members who are infected.

▪ **Health Sector**

As indicated in the AIPAP model, other sectors should come in and join hands with the health sector in the prevention of HIV/AIDS. In order to contain the spread of AIDS and protect health professionals that are in contact with HIV/AIDS people, the health sector, particularly the health department, in this case must provide protective devices e.g. gloves and aprons available at all times. Health professionals by virtue of their training are bound to be in contact with AIDS. Therefore their rights to protection against medico-legal hazards must be upheld.

▪ **The Media**

Media, like television, radios; newspapers and publications play an important role as a source of information about AIDS.

5.8.12 Home Based Care

While joining hands together in preventing the spread of HIV/AIDS, the AIPAP model does not lose sight of the fact that there are people who are already infected, and need to be cared for. With chronic illness, the warm, sweet home with the warm presence of family members, is the most comfortable place to stay. Home Based Care can be offered by the family with the support of organised group like hospices, church groups, women groups, AIDS support group and traditional healers. Primary Health Service must be extended to include Home Based Care services.

5.9 Conclusion

In conclusion, HIV and AIDS is everybody's problem. An individual should be aware of its sequel, especially the youth, and they should be encouraged to practice safer sex, talk about HIV and AIDS amongst themselves and not to indulge into premarital sex if possible, if not to use a condom. It is our belief as community members that a lot can be done and be achieve through collective work. To those that have contracted the HIV virus, it is our duty as nurses, friends, family members, church groups etc to care for HIV/AIDS patients, it is us that will create a warm environment at home so that if our dear ones die, they die peacefully knowing very well that their family did the best for them.

BIBLIOGRAPHY

- African National Congress. 1994. *A National health plan for South Africa:* Maeru Behr. Maseru.
- Bell, J. 1997. *Doing your research project.* Philadelphia: Open University Press.
- Bower, M. et al 1987. *Contemporal Trends in community nursing.* Johannesburg, London: New York.
- Brown, L. 1983. *Oxford Dictionary.* London: Oxford University Publishers.
- Burns, N. and Grove, S.K. 1993. *The practice of nursing research conduct, critique and utilization.* 2nd Edition. London : W.G. Saundries Co.
- Clark, J.M. 1996: *Nursing in the community,* 2nd edition: University of San Diego: California.
- Dreyer, M. Hattingh. G and Lock, M. 1993. *Fundemental Aspect in community Health Nursing.* Halfway House: Southern Book Publishers.
- Government Gazette, 1994. Pretoria: RSA George, J.B. 1990. *Nursing theories the base for Professional Nursing practice.* 3rd Edition. USA: Prentice Hall International Inc.
- Goss, O. and Smith, D.A. 1995. *Organising Aids.* University of London
- Holmes, K.K.; Marda, P.A.; Sparking, P.F. and Wiesner, M.O. 1990. *Sexually transmitted diseases.* New York: Mc Gray.

Hubbly, J. 1992. *The Aids handbook: a guide to understand and prevention of HIV/AIDS*. New York: Mc Gray.

Kathleen, P. 1989. *Aspect of Primary Health Care in communities*. Southern Book Publishers.

Kassener, P. 1995. *Communicable diseases in the African Continent*. Durban: Butterworth.

Krost, P. *Whatever happened to good nursing?*. True Love magazine, May 2000.

Leedy, D. P 1980. *Practical research planning and design*. 3rd edition. New York: Mc Millan Publishing Company.

Mc Murray, A. 1980. *Community Health Nursing research*. London : Tavistock.

Mashaba, T.G & Brink, H.I.L. 1996. *Nursing education on international perspective*. Kenwyn : Juta and Co. Ltd.

Miller, Ham and Chamings. 1983. *Family nursing*. London: Chapman and Hall.
National Aids Trust: 1992. Appendix. Kenwyn: Juta & Co. Ltd

Notte, L.E. 1970. *Essential for nursing research*. London: Tavistock.

Nzimakwe, D. 1998. *Intergration of traditional healers to HIV and AIDS management*: KwaZulu Natal Province. Durban. University of Zululand Press

Nzimakwe, D. 1997. *A health education model for schools* in region F of KwaZulu Natal Province. Durban: University of Zululand Press.

Nzimakwe, D. 1998. *Home Based Care Perspective*. Durban: University of Zululand Press

Nursing R.S.A. Verpleging, Volume 4, number C. February 1989.

Nzimande, P.N. 1994. *Communicable diseases in the African Continent*. 2 nd edition. KwaZulu- Natal: KwaDlangezwa Alberts Publishers.

Polit, D. and Humsler, B. 1987. *Nursing research, principles and methods*. Toronto: J.B. Lippincott Co.

Seaman, C.C. 1987. *Research method, principles and theory of nursing*. 3rd edition. Norwalk: Canada

Searie, C. 1987. *Professional Practice: South African nursing perspective*. Durban: Butterworths

Stanhope, M. and Lancaster, J. 1988: *Community health nursing, process and practice for promoting health*, Toronto: C. V. Mosby

Tones, K. Telford, S and Robinson, Y. 1990. *Health education effectiveness and efficiency*. London: Chapman and Hall Ltd.

Treece E.W. and Treece, J.W. 1982. *Elements of research in nursing*. St Louis: Mosby Yearbook Inc.

Wordsworth, R. 1994. *Concise English Dictionary*. Britain: Wordsworth Editions Ltd

REPORTS

UNAIDS (United Nations Aids) and World Health Organisation. 1998: *Aids epidemic update*. December issues.

Visagie, C.J. 1999. *The Complete story of HIV/AIDS*. Pretoria: J.L. Van Schalk Publishers.

JOURNALS

Department of Health. 1997. Notice 667 of 1997: *White Paper for transformation of the system in South Africa*. Pretoria: Volume 382.

Flemming, A. 1983. South Africa and AIDS: *Seven years wasted*. Nursing R.S.A. July. Volume 8, Number 7.

National AIDS Coordinators Committee in South Africa (NACOSA). 1994. Provincial AIDS implementation plan. July.

National Department of Health 1999: *WHAT is home Based Care?* MCH practice. December Issue No. 13.

Stein, J. 1998. *The impact of HIV/AIDS on household*. University of Witwatersrand and M.R.C. Nursing News Volume 22 no. 3.

Strachan, K. and Harrison, D. 1995. *South African: Health System trust*. September issue.

World Health Organisation. 1995. *The ninth Annual National HIV Survey*. HST update

PAPERS

Asmal, K. 1998: *Asmals Aids Alert*. Daily News. September 3

Bechod, I. 1999: *Academic programme to be changed*. Aids Challenge. Daily News. May 4

Bradley, V. 1999: *AIDS in KwaZulu Natal could ravage business*. Daily News. February 22.

Broughton, T. 1995: *Almost half the women fested in Durban township are HIV positive*. Natal Mercury. September 24.

Mahlangu, E. 1999: *We will fight AIDS*. Daily News. August 16

Mbeki, T. 1999: *Mbeki's AIDS call renewed*. Daily News. October 1.

Mbeki, T. 1998: *HIV/AIDS is everybody's problem*. Mercury, December 11

Naidoo, M. 1999: *Celebrate? Too little, too late*. Sunday Tribune. September 19

Tshabalala- Msimang, M. 1999: *HIV will hit 6 million by 2005 say's Minister*. Natal Mercury. August 26

Waddington, K. 1999: *Tackling the silent AIDS crisis*. Daily News. May 6.

Waddington, K. 1999: *Students take on HIV/AIDS*. Natal Mercury. May 5

ANNEXURE A

ACHIEVEMENT BY THE GOVERNMENT TO DATE TO HIV/AIDS PROGRAMME

Sample letter written to public hospitals and clinics:

Klaarwater Clinic
Box 49
PINETOWN

05 April 2001

Deputy Director
Prince Mshiyeni Memorial Hospital
P'Bag X 10
MOBENI

Dear Madam

I am a M Cur student (part-time) at Durban Umlazi of University of Zululand. I am a Senior Professional nurse of Klaarwater clinic. I am requesting permission to conduct a research amongst Professional Nurses. I will be having 50 respondents from Primary Health Clinic and Public hospitals of KwaZulu-Natal, Region F. The focus will be to obtain information on the perceptions of Professional Nurses to Home Based Care with specific reference to HIV and Aids patients. My supervisor is Professor D. Nzimakwe of Durban Umlazi Campus of University of Zululand. I hope to finish my theses by the end of June 2001.

Thank you.

Yours faithfully

N.Z.E. Gumbi

Phone: (031) 4620967 (H)
(031) 7061774 (W)

ACHIEVEMENT TO DATE

The Department of Health has made progress from 1999 in the National AIDS Programme. Some of these achievements include:

- The launch of South African National AIDS Council established the first multi-cultural forum that is the highest body advising government on all matter relating to HIV/AIDS. The primary is to advise government as well as drive the multisectoral approach to the HIV/AIDS epidemic, advocate for the effective involvement of sectors and organisations in the implementation of response programmes and strategies.
- A primary-school life skills and HIV/AIDS education programme was developed and is currently being expanded for implementation throughout South Africa.
- Protection of right of people in living with HIV/AIDS.
- One of the partnerships to emerge in the fight against HIV/AIDS was the Civil Military Alliance (CMA), which brings together various security and defence forces, in a single police and correctional services, in a single representative body. In 1999, the South African – Civil Military Alliance was expanded to seven Provinces: North West, Northern Cape, Northern Province, Western Cape, Mpumalanga, Free State and KwaZulu-Natal.
- The department supports (NGO's) Non Governmental Organisations delivering services in the field of HIV/AIDS and in 1999 about 220 NGO's were funded, Nationally and Provincially.
- Tuberculoses (TB) is the most opportunistic infection and the largest killer of people living with HIV/AIDS. The National Aids Programme has strengthened ties with T.B. programmes at National, Provincial, Regional, and District and Community levels. Collaborative activities were initiated in the areas of advocacy, operational planning, and policy formulation. Examples includes:
 - The production and distribution of a patient – education pamphlet on TB/HIV.
 - The development and field testing of TB/HIV guidelines and
 - Operational research in TB/AIDS pilot districts.

- Emphasis is placed on society sectors' support through capacity building programmes. This includes workshop training and information resources. Most stakeholders are trade unions, traditional healers and business.
- The department has embarked on a multi-media approach that focuses on action and dialogue. The campaign targeted both the electronic and print media and research was conducted throughout the campaign. One of the biggest strengths of the campaign is the multilingual approach in both the print and electronic resources. The success is evident from 238 percent increase in calls to the toll free AIDS helpline. (Department of Health Article 1999:14)

RESEARCH QUESTIONNAIRE

This study is conducted toward meeting requirements of master's degree.

The purpose of the study is to determined perceptions of Professional Nurses regarding Home Base Care.

INDICATE YOUR RESPNSE BY PUTTING AN (X) IN AN APPROPRIATE SPACE.

1. Personal Data:

Age

Sex

2. Work Area:

Clinic

Hospital

3. Year of Experience:

1- 2 years

3 - 4 years

4 years & above

NB: For the following statements given provide the appropriate response by marking with an (x).

	Agree	Disagree	Not Sure
1. Nursing care of patients at home is the responsibility of Health Care Worker.			

2. Nursing care of patients at home is the responsibility of Nurses.			
3. Home Base Care includes physical care of the patient such as : Bathing Dressing Feeding Mouth Care			
	Agree	Disagree	Not Sure
4. Home Base Care includes psychological care: — Reassurance Counseling			
5. Discharged HIV & AIDS patients are immediately referred to the Clinic.			
6. Home Based Care services are linked to the Hospitals or Clinics.			
7. Patients with HIV and AIDS are best nursed at home than in hospitals.			
8. The system of referral of HIV & AIDS patients is effective.			
9. Such patients are best nursed by immediate relatives than Professional Nurses.			
10. Traditional Healers play an important role in caring HIV & AIDS patients.			
11. Doctors are better equipped with skills for caring for HIV & AIDS patients.			
12. A liaison is maintained by the Clinic or Home Based Care attendants with Hospital Doctors.			
13. Individual Health Education to these patients is the best.			
14. Group method of Health Education to these patients is the best.			
15. Client practice what they have been taught.			

16. It is easy to do a follow up of HIV & AIDS patients by Professional Nurses.			
17. It is always possible for the Professional Nurse to do a discharge planning.			

WHAT GUIDLINES CAN YOU RECOMMEND FOR NURSING HIV AND AIDS PATIENTS AT HOME.

1.	_____

2.	_____

3.	_____

4.	_____

5.	_____

6.	_____

7. _____

8. _____

9. _____

10. _____

INTERVIEW SCHEDULE

- What do you think Home Based Care is?
- Is it really necessary?
- Who should do Home Based Care?
- Do you favour a curriculum that incorporates Home Based Care for Basic Students?
- What should be taught to Lay Workers with regard to Home Based Care?
- How much supervision is required for Home Based Care for students and Lay Workers?
- Who should supervise the students and Lay Workers in relation to Home Based Care?
- Do you see your role as that of teaching and supervising Home based Care?
- Spell out your recommendations towards Home Based Care.

APPLICATION LETTERS

- 2. DEPUTY DIRECTOR
INNER WEST CITY COUNCIL
P.O 49
PINETOWN
3600**
- 3. DEPUTY DIRECTOR
CLAIRWOOD HOSPITAL
MOBENI**
- 4. ST MARY'S HOSPITAL
MARIANHILL**
- 5. KING EDWARD VIII HOSPITAL
P.O CONGELLA
DURBAN
4000**

ANNEXURE C

RECOMMENDATIONS AND APPROVAL TO CARRY OUT RESEARCH

KWAZULU-NATAL PROVINCIAL ADMINISTRATION
KWAZULU-NATAL PROVINSIALE ADMINISTRASIE
UKUPHATHWA KWESIFUNDAZWE SAKWAZULU-NATAL

CLAIRWOOD HOSPITAL

Ikheli Leposi: Private Bag X 04 Fax: 4621993	Ikheli Longwaqo: 1 Higginson Highway
Postal Address: MOBENI	Street Address: MOBENI
Posadres: 4060	Straatadres: 4060

Imibuzo:	Ucingo	Inkomba
Enquiries:	Telephone: (031)	Reference:
Navra: Mrs. N. G. Sosibo	Telefoon: 4515177	Your Ref:

11 April 2001

Mrs. N.Z. Gumbi
47 Dale Avenue
WOODLANDS
4004

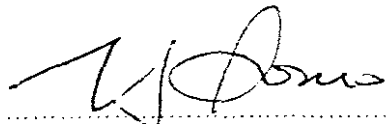
Dear Madam

Permission has been granted by Management for your research.

However patients rights should not be violated and confidentiality to be maintained.

We would appreciate to be informed about the research tool as well as the results.

Yours faithfully



DEPUTY DIRECTOR NURSING

Inner West City Council
Department of Health
Box 49
Pinetown
3600
20 March 2001

Mrs. N.Z. Gumbi (3040)
Klaarwater Clinic
Pinetown

Dear Mrs. Gumbi

This is to grant you permission to conduct research study amongst Professional Nurses within Inner West City Council Primary Health Care Clinics on their knowledge and perceptions to home Based Care with specific reference to HIV/AIDS patients.

Wishing you all the best in your studies.

Mrs. R.J. Ngubane
Nursing Service Manager
Pinetown Clinic – I.W.C.C.

ST. MARY'S HOSPITAL MARIANNHILL

BMM 028 2001

05 April 2001

Mrs N Gumbi
C/o Klaarwater Clinic
P O Box 49
PINETOWN
3600

Dear Mrs Gumbi,

APPLICATION TO CONDUCT A RESEARCH STUDY

In response to your application dated 04 April 2001 in respect of the above, we confirm that it will be in order for you to conduct research amongst five of our Professional Nurses as per the Research Questionnaire attached to your application.

Yours faithfully

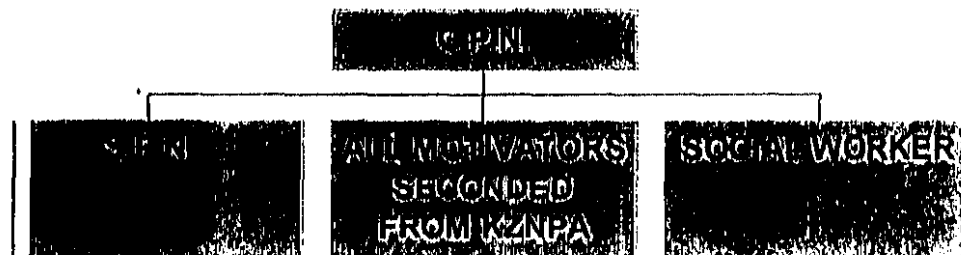
St Mary's Catholic Mission Hospital Trust
Operating as: **ST MARY'S HOSPITAL**

ST. MARY'S HOSPITAL
PRIVATE BAG X16
ASHWOOD 3605

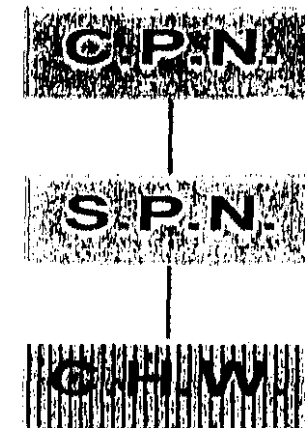
B.M. Madlala

B.M. Madlala [Mrs]
Asst. Dir. Nursing Services

EDUCATION AND TRAINING



AIDS - I.W.C.C.



The existing organogram portrays community health workers reporting to the clerks. In reality the community health workers interact with the SPN in the Aids/Home Based Care programme.

HOME BASED CARE TRAINING PROGRAMME

THEORY AND PRACTICE

MODULE 1

INTRODUCTION

The meaning of Home Based Care

Objectives of Home Based Care

Examples of patients who need Home Based Care

BASIC HUMAN NEEDS

- Personal identity
- Hygiene needs
- Bed bath
- Baby bath
- Mouth care and care of dentures

MODULE 2

COMMUNICATION NEEDS

- Point of entry in the home
- Initiating communication
- Importance of developing a trusting relationship
- Nurse patient relationship
- Verbal and non verbal communication
- Barriers of communication
- Ethics and professional practice
- Professionalism
- Spiritual care
- Psycho-social care

MODULE 3

COMFORT NEEDS

- Bed making
- Changing bedlinen with patient in bed
- Nursing positions
- Use of bed accessories
- Pressure sore attention to pressure areas
- Insouma and its relief
- Pain and its relief

MODULE 4

HOMEOSTATIC NEEDS

- Taking of body temperature
- Abnormalities and relief
- Pulse
- Respiration and relief of abnormalities
- The blood pressure
- Oxygen therapy
- Oxygen Administration

MODULE 5

NUTRITIONAL NEEDS

- Ordering and serving of patients meals
- Well balanced diet, special diets
- Feeding of patients who are helpless
- Artificial feeding
- Passing of a naso-gastric tube and feeding

MODULE 6

MORBILITY NEEDS

- Complication of immobility (bedrest) and prevention
- Ambulation and taking patients out of bed

MODULE 7

SAFETY NEEDS

- Medico legal risks, causes and prevention
 - a) In children's ward and at home
 - b) Adult ward and at home
 - c) Geriatric wards and at home
 - d) Prevention of cross infection in wards and at home
 - e) Principles of aseptic technique and preparation for sterile procedures

MODULE 8

ELIMINATIONAL NEEDS

- Giving of bedpans and urinals
- Nourishment normal and abnormal
- Nursing measures to relieve retention of urine
- Urine testing- physical properties and chemical abnormalities

- Vulval swabbing - insertion of creams and pessaries
- Collection of urine specimens
- Care of a patient on indwelling catheter
- Bladder training

MODULE 9

DEFAECATION - NORMAL AND ABNORMAL

- Relief of constipation and insertion of rectal suppository
- Normal and abnormal stool
- Bowel washout
- Care of an incontinent patient - faecal and urinary
- Vomiting and vomits
- Intake and output record
- Care of vomiting patient
- Collection of sputum specimen
- General causes of illness and disability
- Administration of medicine
- Care of and keeping of medicine
- First aid treatment
- History taking of the patients
- Referral to clinic or hospital

MODULE 10

WOUND DRESSING

- Type wounds
- Dressing of wounds
- Aseptic technique in dressing of wounds

MODULE 11

SKELETO MUSCULAR EXERCISES

- Exercise of the joints and muscular
- Exercise in bed
- Ambulation of patient
- Deep breathing exercises

MODULE 12

SPECIFIC CARE TO SPECIAL CONDITIONS

- **Stroke patient**
 - a) Handling

d) Bandaging

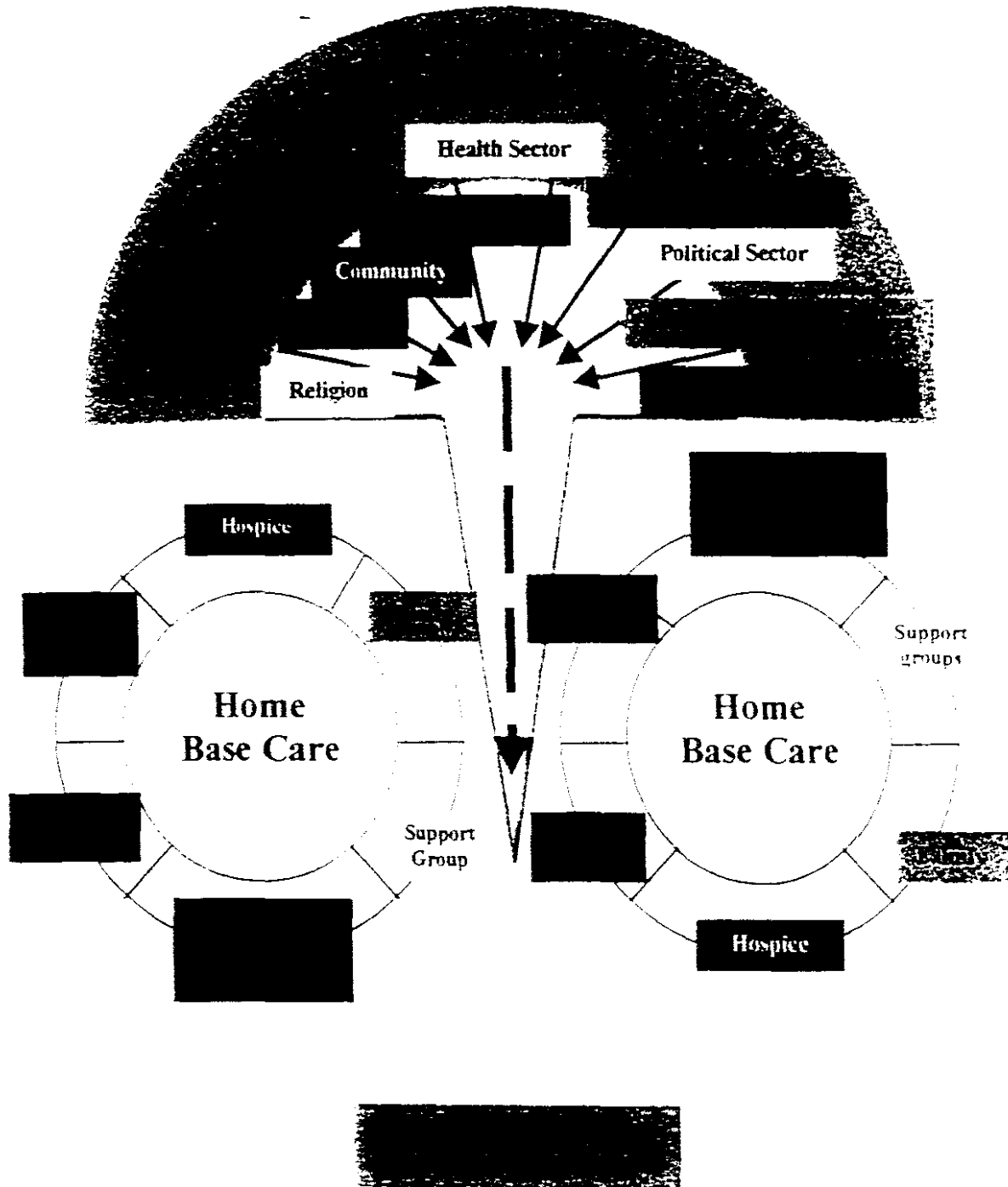
- **Care of AIDS patients**

- a) Care of patient
- b) Psycho-social care
- c) Feeding

- **Care of a dying patient**

- a) Care
- b) Positioning
- c) Referral
- d) Notification
- e) Minister of religion

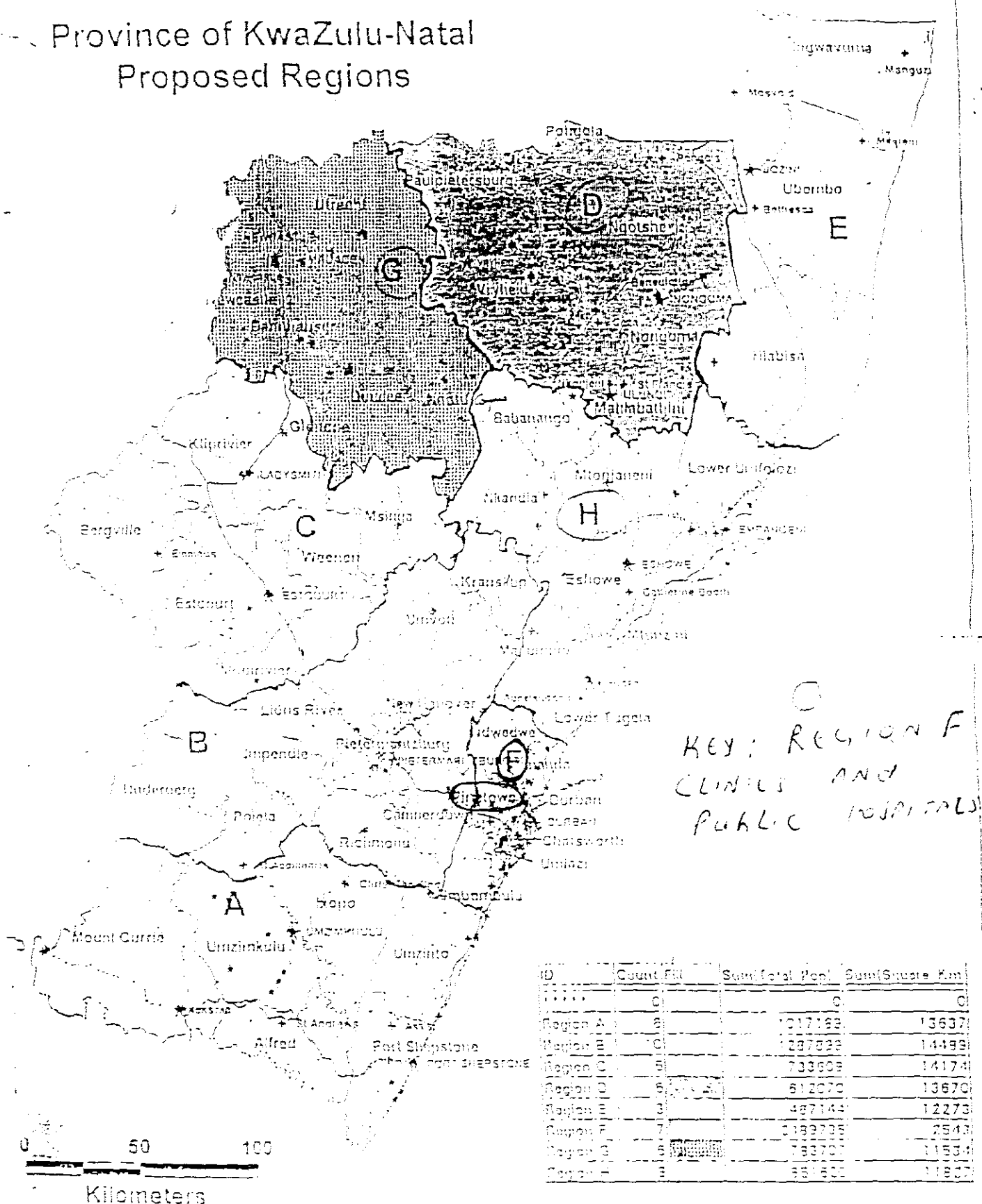
AIDS MODEL



ANNEXURE F

MAP OF REGIONS OF KWAZULU-NATAL

Province of KwaZulu-Natal Proposed Regions

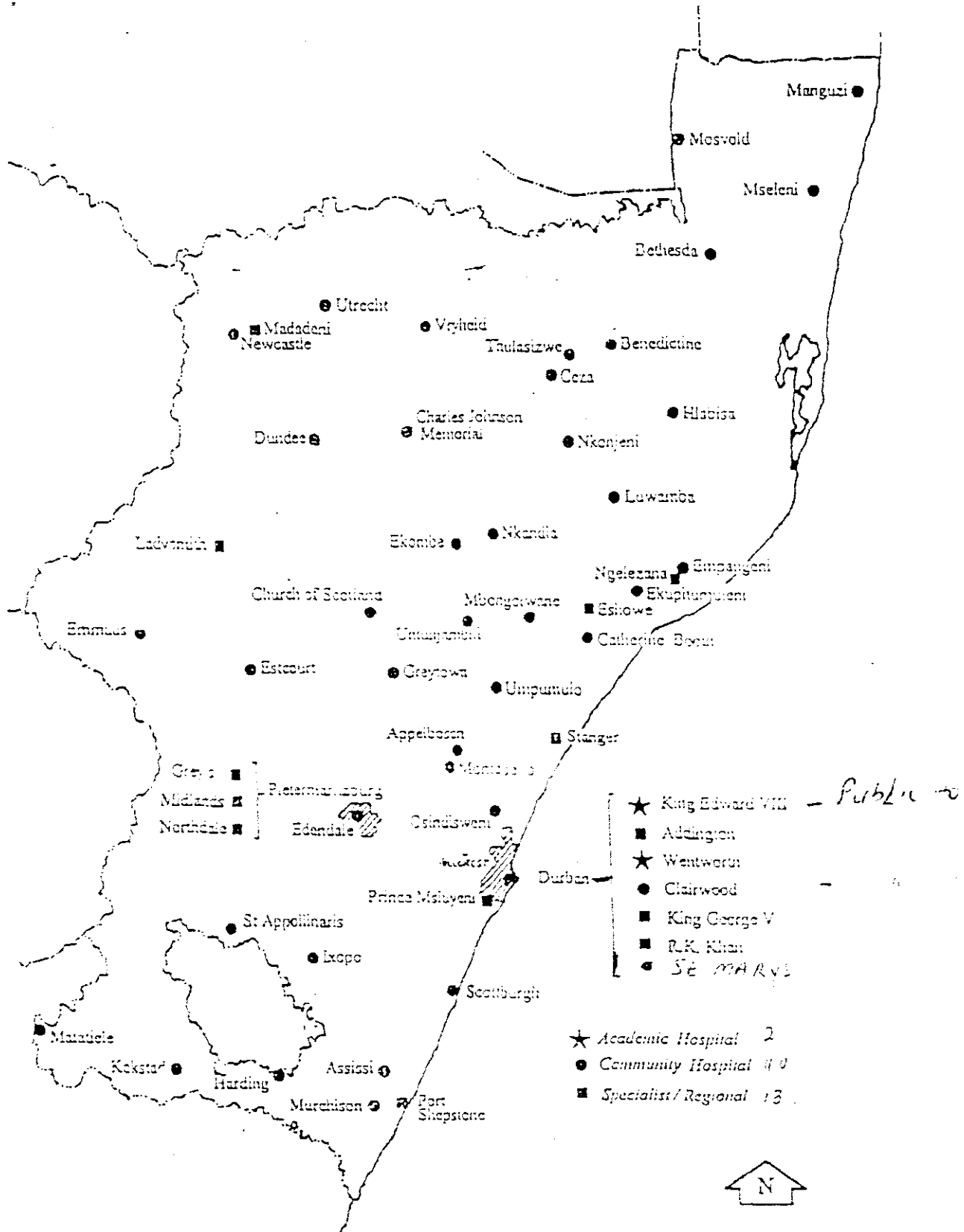


ANNEXURE G

MAP OF KWAZULU – NATAL PROVINCE

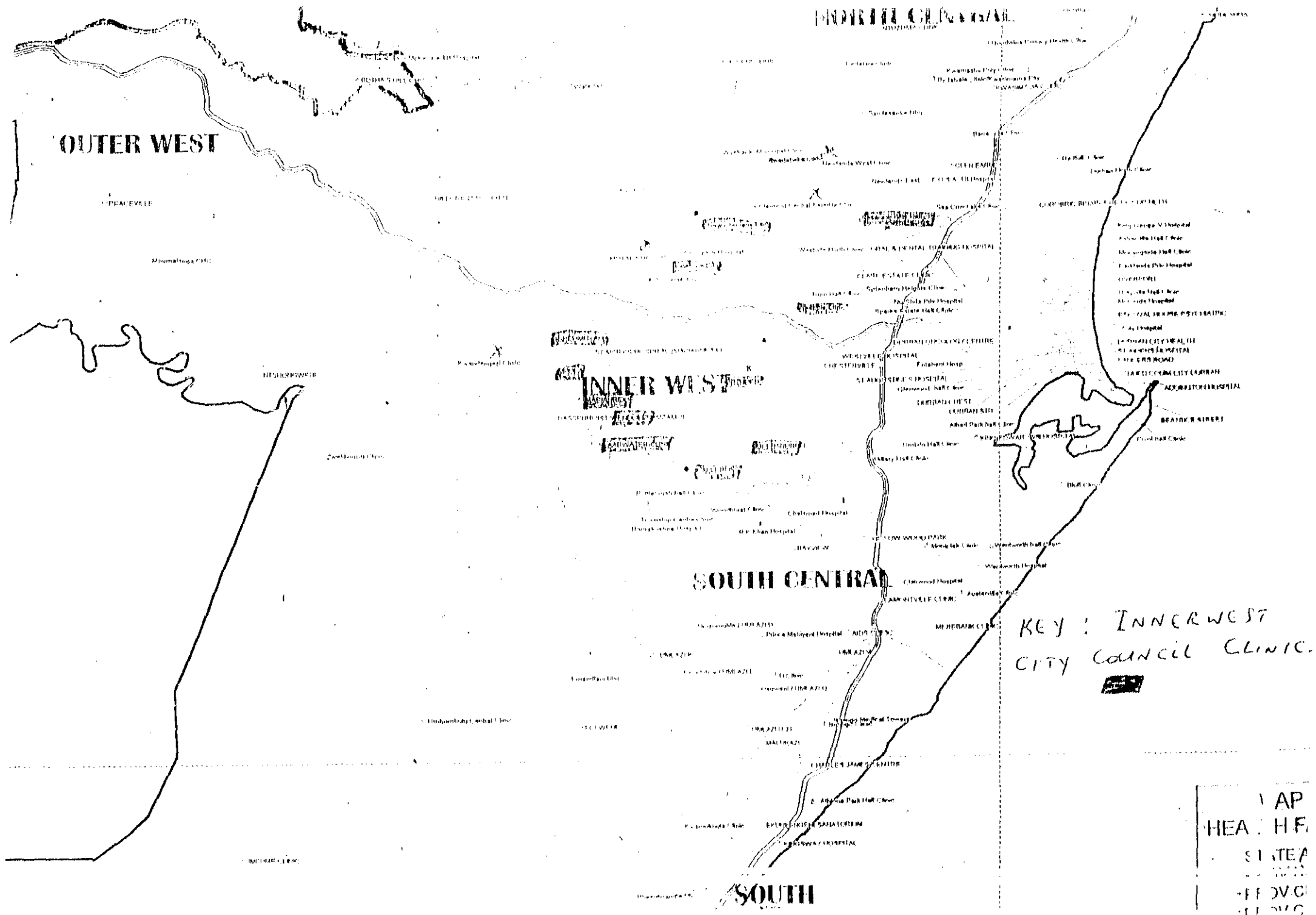
HOSPITAL DISTRICTS

KWAZULU - NATAL



ANNEXURE H

MAP SHOWING BOUNDARIES OF HOSPITALS AND CLINICS



UNIVERSITY OF ZULULAND

DURBAN-UMLAZI CAMPUS

Faculty Of Arts

TO WHOM IT MAY CONCERN

EDITING OF DISSERTATION

This is to certify that I have edited this dissertation to the best of my ability and declare it free of language errors.

DR M M SPRUYT
BA Hons MA D.Litt (Cognitive Linguistics)

February 2001

ST. MARY'S HOSPITAL

MARIANNHILL

BMM 028 2001

05 April 2001

Mrs N Gumbi
C/o Klaarwater Clinic
P O Box 49
PINETOWN
3600

Dear Mrs Gumbi,

APPLICATION TO CONDUCT A RESEARCH STUDY

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Yours faithfully

St Mary's Catholic Mission Hospital Trust
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ST. MARY'S HOSPITAL
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B.M. Madlala

B.M. Madlala [Mrs]
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Fax
27 31 7003375
E-mail:
smhill@iafrica.com