RESEARCH ARTICLE

ATTITUDE AND MOTIVATION FACTORS TOWARDS VOLUNTEERING FOR HIV/AIDS CARE WORK IN SOUTHWESTERN NIGERIA

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ABSTRACT

Background: The use of volunteers in task shifting has helped in improving access to comprehensive HIV care in a challenging era of staff attrition, work overload and complex referral system.

Aims & Objective: The aims and objective of this study is to assess attitude and motivation factors for volunteering work in HIV care programme work in Southwestern Nigeria.

Material and Methods: This was a Descriptive cross sectional health facility based study carried out among eligible volunteers in Southwestern states in Nigeria. Ninety six (96) health facility based volunteers in Southwestern Nigeria, using multistage sampling technique. Research instruments employed were semi structured; self-administered pre tested questionnaires administered on eligible volunteers. Data was analyzed using the SPSS software version 13.0. Data was presented in form of frequency tables, while association between categorical variable was determined at a significance level of $P<0.05$.

Results: The mean age of respondents was 33.8 (±1.6) years, while 72 (75.0%) were members of HIV support group. Fifty six (58.3%) had formal training on HIV care before commencement of volunteering work. Sixty two (86.1% of support group members and 64.5% of total respondents) would like to encourage other support group members to take up volunteering work. Common motivators for volunteer job include the desire to know more about HIV 88 (91.7%), to assist the community 81 (84.4%), to assist fellow HIV positive clients 64 (66.7%) and to relieve health care workers of work overload 84 (87.5%). Thirteen (13.5%) has ever dropped out of volunteer work before. Respondents felt they could assist to reduce stigma and discrimination, give counselling and information to HIV clients and completion of referrals. Perceived challenges to volunteering work include poor training in 73 (76.0%), poor supervision by skilled health workers 68 (70.8%), poor referral feedback 65 (67.7%) and complex referral forms and tools being used 64 (66.7%). There is a significant association between receiving formal training on HIV care and willingness to encourage other support group members towards volunteering for HIV care work ($N = 42$, $\chi^2 = 3.142$, $p=0.003$).

Conclusion: Majority of volunteers were HIV peers. Empathy, human feelings and interest motivated most volunteers under study. Periodic trainings and supervision could serve as viable means of encouraging them towards a productive volunteering work.

Key-Words: Volunteers; HIV/AIDS; Referrals; Motivation Factors

Introduction

In developing countries, the scourge of HIV has continued to attract a lot of attention and concerns over the years. With donor support, HIV counselling and testing (HCT) that has always been the entry point into HIV care programmes have expanded rapidly. More targets have been reached in a quest to producing a wider coverage for antiretroviral therapy, management of opportunistic infections among other numerous integrated services.

Individuals diagnosed with HIV in developing countries are not always successfully linked to onward treatment services, resulting in missed opportunities for timely initiation of antiretroviral therapy (ART), or prophylaxis for opportunistic infections.[1] Registration of clients often become the first obstacle against easy accessibility to health care. This occurs despite financial accessibility preventing a significant lot from accessing care in established centers. The resultant effects are late initiation of ART and prophylactic treatment against opportunistic

infections, poor referral for other services, poor documentation of referrals and outcomes by service providers – all resulting in poorer prognoses for patients and an additional clinical burden on overstretched health services.[2]

Since HIV care is comprehensive, the need for a formidable intra and inter facility referral links between HCT and other HIV service delivery points including treatment is important. The World Health Organization stated that explicit mechanisms are necessary to promote referral to onward medical and psychosocial support for those testing positive.[3,4] In Tanzania, rates of referral uptake was found to be as low as 14%, representing missed opportunities for timely HIV care and ART initiation.[5] Many reasons has been identified for poor referral linkages and contributing to poor uptake of referral advice. The efficient referral system reduced delays in seeking care which may not be available at a particular treatment site, and enabled the monitoring of access to HIV treatment among diagnosed persons. Compared with developed nations, Africa generally experience inadequate number of health care professionals, high health care staff attrition rate, transfer of trained health staff and inadequate infrastructure to meet increasing demands by the growing number of clients.[6] This would hinder prompt and effective delivery of HIV care services. Health care workers are often overworked. The concept of the use of volunteers to assist in HIV service delivery is not new to Nigeria, and had been in place in many HIV care centers. Many of these volunteers could be of use in completing referrals to various service delivery points as well as deliver some health and counselling related and home visits to clients who needs care. The process of selection of volunteers, terms of references of their work, extent of training they would require and extent of task shifting desired needs to be properly identified in order to regulate their health care practice.

While several reasons have been adduced to why people don't volunteer, the attitude of some volunteers to this concept will no doubt influence their commitment at work. Programmes working in the arena of HIV care would thus find basic information provided by this study useful while planning to engage volunteers, strengthen referral linkages, as well as planning to resolve the issue of health care staff shortage which is prevalent in many developing countries. The objective of this study is to assess attitude and motivation factors towards volunteering for HIV care work in Southwestern Nigeria.

Materials and Methods

This was a descriptive cross sectional study of attitude and motivation factors among volunteers in HIV care and treatment clinics towards voluntary service provision in Southwestern Nigeria. The region consists of six states in which there were numerous health facilities providing treatment, care and support to HIV positive clients. Most of these facilities carry out various HIV services at various points within the hospitals. Facilities with some specific or limited services (non-comprehensive or stand-alone sites) were usually referring clients to comprehensive sites, usually through referral forms and a tracking system already in place. Volunteers who were already providing volunteering services for at least one year were considered eligible for this study. The stringent eligibility criteria was to ensure that only those who have been involved in volunteering job, and from which adequate and reliable data could be obtained were recruited into the study Because most HIV services are provided at secondary level health care facilities in Nigeria, primary and tertiary level care facilities were excluded from this study.

A multistage sampling method was adopted in sample selection. In stage I, random sampling method was employed in which three states namely Lagos, Osun and Ekiti were randomly selected from the 6 states (constituting western region of Nigeria) using simple balloting. In second stage, a list of secondary health facilities per state, providing HIV care was made, and four (two comprehensive and two stand-alone sites) were randomly selected using simple balloting. In stage three, all eligible volunteers encountered and who were present on two consecutive clinic days were subjected to a self-administered, semi structured and pre tested questionnaires. A total of 96 volunteers were reached. All respondents were interviewed only once.

A pretest of the research instrument was carried out among six volunteers from 2 HIV care centers in the Federal capital territory of Nigeria. Three trained research assistants were employed in data collection that spanned a period of about 4 weeks before full data could be collected. Study variables include background data about respondents, their attitude and motivational factors towards HIV volunteer work, perceived roles as volunteers as well as challenges facing volunteering work. Informed consents were obtained from individual volunteers, the project managers of selected clinics and ethical settled in other relevant and appropriate quarters including our local ethical research review committee before commencement of study.

A limitation of this study is the unavoidably low sample size despite working in three states. This could possibly be as a result of the inability of organizations to financially renumerate volunteers or incorporate them into paid work in the organization with which they volunteer.

Statistical Analysis

Data obtained was analyzed using the SPSS software 13.0 after sorting out the questionnaires. Consistency of data entered was done by double entry and random checking for outlier values. Data was presented in form of frequency tables, while association between categorical variable was determined at a significant level of $P < 0.05$.

Results

Table 1 shows personal data of respondents. The mean age of respondents was 33.8 (±1.6) years, while 25 (26.0%) were males. Six (6.3%) had primary, 43 (44.8%) had secondary while 47 (48.9) had tertiary education. About 46 (47.9%) of respondents were married.

Table 2 shows that 72 (75.0%) were members of HIV support group, while 68 (94.4%) of those who were support group members) received care at their respective health facilities. Only 56 (58.3%) had formal training on HIV care before commencement of volunteering work. However, 62 (86.1% of support group members and 64.5% of total respondents) would like to encourage other support group members to take up volunteering work. Motivators for volunteer job include to know more about HIV 88 (91.7),to assist the community 81 (84.4%), to assist fellow HIV clients 64 (66.7%), to relieve health care workers of work overload 84 (87.5%) among other responses. Thirteen (13.5%) has ever discontinued or dropped out of volunteer work before.

Table 3 shows respondent's perceived reasons for client's non adherence to antiretroviral drugs. Some of these include illiteracy in 87 (90.6%), lack of understanding of medical instructions in 64 (66.7%) and stigma and discrimination in 96 (100%). Common barriers against client's accessing prompt HIV care include cost of transportation in 48 (50%), stigma and discrimination in 91 (94.8%), complex service flow within hospital in 82 (85.4%) and the need to access care in multiple service points in 80 (83.3%).

Respondents believed they could help to reduce stigma and discrimination, give counselling and information to HIV clients and stepping up and completion of referrals. Perceived challenges to volunteering work include poor training in 73 (76.0%), poor supervision by skilled health workers in 68 (70.8%), poor referral feedback 65 (67.7%) and complex referral forms and tools 64 (66.7%). There is a significant association between receiving formal training on HIV care and willingness to encourage other support group members towards volunteering for HIV care work ($N = 42$, $\chi^2 = 3.142$, $p = 0.003$).

Table-1: Personal Data of Studied Volunteers (n=96)

Parameters		Frequency	Percentage
Age (Years)	11 – 20	0	0
	21 – 30	24	25.0
	31 – 40	64	66.7
	41 – 50	8	8.3
	51 – 60	0	0
Sex	Male	25	26.0
	Female	71	74.0
Education	Primary	6	6.3
	Secondary	43	44.8
	Tertiary	47	48.9
	Other	0	0
Marital Status	Single	30	31.3
	Married	46	47.9
	Separated	16	16.7
	Widowed	0	0
	Divorced	4	4.1

Table-2: Motivation Factors towards Volunteering Work (n=96)

Variable	N	%
General Status of Volunteer		
Volunteer is a member of support group	72	75.0
Volunteer also received care in this facility	68	94.4
Became volunteer after a selection process	55	57.3
Had formal training on HIV care before commence volunteer work	56	58.3
Would encourage other support group members to volunteer	62	64.5
What Motivated Respondents to Volunteer		
Wants to know more about HIV	88	91.7
Wants to assist the community	81	84.4
To assist fellow HIV clients	64	66.7
To be part of the health delivery system	60	62.5
To gain job related experience	72	75.0
To keep oneself busy	73	76.0
To reduce clients idle waiting time	92	95.8
To relief HCWs of work overload	84	87.5
Has ever dropped out of volunteer work before	13	13.5

Table 3: Roles and Challenges to HIV Care Volunteering Work (n=96)

Variable	N	%
Why do You Think Clients Don't Adhere to ARVs		
Illiteracy	87	90.6
Lack of understanding of medical instruction	64	66.7
Poor reading skills	42	43.8
Stigma and discrimination issues	96	100.0
Non challant attitudes	75	78.1
What Barriers Do You Think Hampers Clients Accessibility to Care		
Cost of transportation	48	50.0
Fee associated with treatments	56	58.3
Stigma and discrimination	91	94.8
Complex service flow within facility	82	85.4
Need to get to multiple care points	80	83.3
Bad attitude of HCWs	26	27.1
Poor health care infrastructure	54	56.3
Inadequate human resources	77	80.2
Where Do You Think You Could be of Help		
Promoting attendance at services (stigma)	58	60.4
Providing information on all aspect of care ARVs	96	100.0
Providing support in general (stigma)	72	75.0
Providing adherence assistance and support	96	100.0
Home visit	56	58.3
Invite others to join support group	82	85.4
Assist to complete referrals and ensure quick and prompt service access	84	87.5
Challenges to Your Volunteer Work		
Poor training	73	76.0
Poor or no financial motivation	80	83.3
Poor referral feedback	65	67.7
Complex referral forms	64	66.7
Poor supervision and technical support from other HCWs and facilitators	68	70.8

Discussion

In this study, most of the volunteers were HIV positive clients and members of facility support group, and majority receives care in that facility. This may suggests that they are used to the HIV care system and various points of service within the facility. They could therefore be very important resources in completion of referrals as they could follow clients to various points of services. This would reduce the long waiting time that clients often pass through in accessing care. This supports another study in which majority of volunteers were HIV peers, and peer presence was found essential not only in the treatments but also as support to patients' care, rights, access to information and medication as well as understanding of the various needs.[7] These peers could be useful in rendering quality services such as counseling, encouragement of partner notification and adherence to ARVs.

The fact that respondents gave empathy and feelings for fellow clients as reasons for motivation can be supported by other studies. Motivators for volunteerism include the desire to help others, feeling of empathy, altruism and religious conviction, and monetary incentives in very few volunteers in a study.[8] In yet another study, common motivation factor for volunteering were said to learn more about HIV, to give something back to affected communities, and for gaining job-relevant experience.[9] Contrary to findings from this study in which dropout rate was very low, discontinuation turnover rate in a study was high, with half the volunteers dropping out in their first year.[9] Common reasons why a volunteer could opt out could be programmatic if they are no longer needed at work or not competent. It could be due to dissatisfaction with programmes as a result of no or poor financial or material remunerations, and family or other influences to opt out of work.

It should be noted that very few volunteers in this study gave monetary incentives as motivation factors. In this environment, most volunteers are not paid salary, though there may be indirect incentives such as giving T shirt and food etc. when available. This could not be said to be a strong motivational factors in settings like Nigeria where many believed that it is only God that can reward them, and that they are contributing their own quota to the community and health system. These arguments could also explain the low dropout rate among volunteers in this study in the

past one year. Though nonpayment of incentives and salary may be a reason for drop out, monetary incentives may be counterproductive for someone enjoying what he or she was doing, as it may fail to improve performance.[10]

Other rationales for the use of volunteers are clear. AIDS patients often have difficulties adhering to antiretroviral therapy. Illiteracy and lack of understanding of medical instructions are common causes of non-adherence.[7,11] Taking advantage of the idle time that patients spends in the waiting room in Nigerian HIV care clinics, specially trained volunteers with proper orientation could be helpful to the health systems and relives work load on workers. Since most of the volunteers are also on treatment they can easily detect accessibility problems and at the same time give tips to find ways to improve adherence.[12]

Conclusion

Volunteers are mostly HIV peers and were motivated to work by various factors. HIV care systems would benefit a lot from them through their participation in counselling, completion of referrals and improving access to other HIV care services within and outside caring health facilities. Proper identification and periodic trainings and supervision could serve as viable means of encouraging them towards a productive volunteering work

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