

**CHALLENGES AND MANAGING MECHANISMS OF HA-MPHAPHULI HOME-
BASED CAREGIVERS FOR PATIENTS LIVING WITH HIV/AIDS IN VHEMBE
DISTRICT, LIMPOPO PROVINCE**

BY

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ABSTRACT

The purpose of this study was to describe the challenges and managing mechanisms of Home-Based caregivers for patients living with HIV/AIDS in Vhembe District, Limpopo Province. Finally; concrete propositions were developed for the implementation of quality community and home based care programmes in Vhembe district. HIV/AIDS is a global challenge and its impact is evident. This places a burden on hospitals and health professionals. To ease this burden there are home-based care programmes which, through home-based caregivers provide patients living with HIV/AIDS with physical and palliative care. However, these HBCGs face various challenges such as poverty, discrimination and stigma when caring for PALHIV, and their own emotional strain, which becomes burdensome without sufficient support from the home-based care centre.

The study uses both quantitative and qualitative techniques for data collection and analysis. Qualitative techniques were mostly used in that they provide the researcher with the understanding of experiences and problems faced by Home Based Care Givers. Random and purposive samplings were used for the selection of sample for the study. Both primary and secondary data were used for analysis in this study. Secondary data were obtained from government publication, research publication, and report. Primary data were obtained through questionnaires. Data was gathered through questionnaires, categorised into themes and analysed. Major findings revealed that social challenges faced by HBCGs include poverty, stigmatisation and discrimination. Emotions experienced by HBCGs include guilt, anger, hopelessness, but they have spiritual reliance through prayer as one of their coping mechanisms.

Findings revealed that the majority of the participants were concerned that they were living with HIV and AIDS. Most of them expressed anxiety, worries and fears of death. Another majority complained about the burden of opportunistic infections. Almost half of the participants felt guilty bringing misery to their families and complained of stigma and discrimination. However, a minority group of participants felt that to live with HIV and AIDS is not the end of life. Relatives were mentioned as the main care providers to HIV and AIDS patients. However, they were also

cited high as a source of stigma. Conclusions were made that women and girls are at the highest risk as they bear the burden of care.

It was therefore recommended that the Government of South Africa and all Non Governmental Organizations should develop women social economic status through promotion of education, provision of loans and provision of Gender Sensitive trainings. Formal training for care of HIV and AIDS patients should be introduced to all primary caregivers to render quality care in the homes and therefore this study has developed and pre-tested an educational program for this group.