

Who are good home-based care volunteers?

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ABSTRACT

Aim

The aim of the study was to describe the characteristics of volunteers who remained active in the home-based care project located in Tzaneen (Limpopo Province) and thereby assist the project leaders to improve the recruitment and quality of the service in the future.

Methodology

Structured questionnaires were completed with all the available volunteers trained during 1999. The questionnaires were quantitatively analysed manually.

Results

Ninety-six (96) people attended the introductory phase of the home-based care course during 1999. Seventy-one (71) were volunteers and 25 were people living with HIV. Forty-six (46) of the participants completed the questionnaires (44 volunteers plus two people living with HIV working as volunteers). Twenty-seven (27) volunteers could not be traced, as they were no longer active in the project.

The following factors were associated with active volunteers:

1. Married
2. Female
3. >30 years of age
4. Breadwinners themselves or have a husband/spouse who is the breadwinner.

Conclusions

Presently, most of the active volunteers are married, female, older than 30 and are the breadwinner themselves or have a husband who is the breadwinner. (*SA Fam Pract* 2004;46(1): 28-31)

BACKGROUND

In their evaluation of the TASO project, Kaleeba and others identified some characteristics of home-based care volunteers. They found that 86% were female, 50% had seven years or more of education, 37% were farmers and 21% were unemployed.¹ Catherine Marenga described that volunteers in Zimbabwe are mostly experienced women who

work in their own neighbourhoods.

They were mostly involved in health-related volunteer work before starting to do Aids support. Many were members of other self-help groups as well.²

Ross et al. found that, amongst volunteers, dropout was more associated with being overwhelmed by the stressors and burnout than with the lack of rewards.³ The rewards

of being home-based care volunteers are perceptions of personal effectiveness as well as emotional and social support. The stressors of volunteer caregivers are emotional overload, patient problems, lack of support and lack of training.

In this article, the home-based care project concerned is in the rural area with a population of 340 000 around Tzaneen, which is

Table I: Demographic characteristics of the volunteers training in 1999.

	Active Volunteers	Partially active Volunteers	No work done by volunteer	Left the project
Sex: M (23%)	4 (15%)	2 (13%)	0	11 (41%)
F (77%)	23 (85%)	13 (87%)	4 (100%)	16 (59%)
	27 (100%)	15 (100%)	4 (100%)	27 (100%)
Age: 20-30	6 (22%)	1 (7%)	2 (50%)	23 (85%)
30-40	14 (52%)	6 (40%)	1 (25%)	3 (11%)
> 40	7 (26%)	8 (53%)	1 (25%)	1 (4%)
	27 (100%)	15 (100%)	4 (100%)	27 (100%)
Marital Status:				
Single	6 (22%)	5 (33%)	2 (59%)	24 (89%)
Divorced	1 (4%)	1 (7%)	0	0
Widow	2 (7,5%)	0	0	0
Married	18 (66,5%)	9 (60%)	2 (50%)	3 (11%)
	27 (100%)	15 (100%)	4 (100%)	27 (100%)
Employed: Yes	9 (33%)	3 (20%)	0	3 (11%)
No	18 (66,5%)	12 (80%)	4 (100%)	24 (89%)
	27 (100%)	15 (100%)	4 (100%)	27 (100%)
Breadwinner:				
Self	10 (37%)	4 (27%)	0	3 (11%)
Husband	11 (41%)	6 (40%)	2 (50%)	1 (4%)
Family	6 (22%)	5 (33%)	2 (50%)	23 (85%)
	27 (100%)	15 (100%)	4 (100%)	27 (100%)
Total: 73 (100%)	27 (37%)	15 (20,5%)	4 (5,5%)	27 (37%)

The demographic characteristics of the volunteers who had left were available from the project's data list and were included.

situated in the eastern part of the Limpopo Province. Considering the fact that about 11,5% of the population in the Limpopo Province is HIV positive, there are potentially 38 000 patients who will need home-based care at some point in the next ten years. The local Aids committee decided to initiate a home-based care project. The project is a joint venture between a local NGO and public sector health workers. During the latter half of 1999, volunteers were identified through a participatory process with communities in the area. Ninety-six (96) volunteers were trained. They all attended one of the five-day introductory courses in home-based care. After six months it was noticed that many of the volunteers who were trained were no longer involved in home-

based care. It was felt that more appropriate criteria should be identified to select future volunteers to eliminate the drain of volunteers from the project. The project leaders embarked on a research project in search for an answer.

METHODS

A survey was done amongst all the volunteers who were trained in 1999. All of these volunteers who could be traced were interviewed with the aid of a structured questionnaire during July 2000. The questionnaires were analysed manually. The information from the surveys was used to identify some of the factors associated with those volunteers who were actively supporting ill patients.

The patient visits reported by the

volunteers on the questionnaires were used to identify the active volunteers. Volunteers who had cared for at least ten patients regularly (more than twice per week) were considered active. Partially active volunteers were those who had cared for fewer than ten patients in a week. The two other groups were those volunteers who did not care for patients at all and those who could not be traced to fill in the questionnaires.

All participants gave written consent. Approval for the study was given both by the Research, Ethics and Publications Committee of Medunsa and the Department of Health and Welfare of Limpopo Province.

RESULTS

The total number of people who

attended the home-based care training during 1999 was 96. Of these, 71 were volunteers and 25 were people living with HIV who were also invited to the courses. Forty-six (46) of them completed the questionnaires (44 volunteers plus two people living with HIV and Aids who worked as volunteers.) Twenty-seven (27) of the volunteers could not be traced.

The demographic characteristics of the volunteers are shown in **Table I**.

DISCUSSION

Most of the active volunteers in the project were married, female, over the age of 30, were themselves the breadwinner or had a spouse who was the breadwinner. A much smaller percentage of males remained active in the project: four (23%) active versus 11 (65%) who had left the project (non-active) out of the 17 males trained. Twenty-three (41%) of the 56 females trained were active and 20 (36%) had either left the project or were not yet supporting any patients.

Twenty-one (51%) of the 41 volunteers over the age of 30 were active, versus the six (19%) out of the 32 volunteers that were younger than 30.

Eighteen (56%) out of the 32 married volunteers were active versus nine (22%) out of the 41 single volunteers (including widows and divorcees) (**Figure 1**).

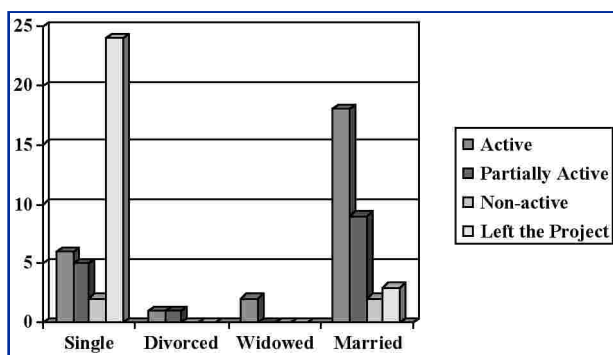


Figure 1: Marital Status of volunteers compared with their involvement in the project

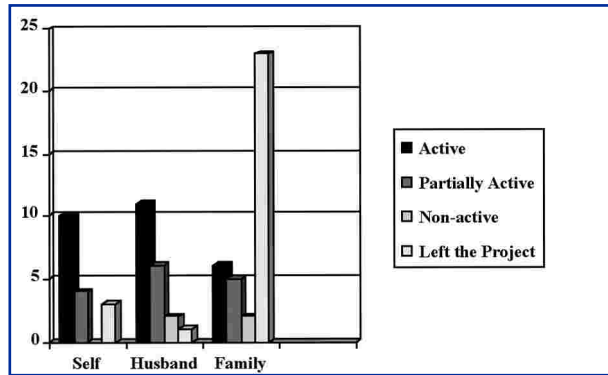


Figure 2: Income Source of volunteers compared with their involvement in the project

Twenty-one (57%) of the 37 volunteers who were either the breadwinners themselves or whose husbands were the breadwinners were active volunteers. Only six (17%) of the 36 volunteers who were dependent on other family members for a living were active (**Figure 2**).

The characteristics of volunteers have also been described in other projects. Kaleeba et al. identified caretakers as mostly female, with 37% being farmers and 21% being unemployed.¹ This corresponds well with the findings of this survey, in which most active volunteers were women and had some form of regular income (e.g. their husbands were employed). Catherine Marenga also found that most volunteers were older (experienced) women.²

A limitation of this study was that the numbers were too small to prove any statistical significance. A further drawback was the fact that a large proportion of volunteers had left the

project and could not be traced to complete the questionnaire. This survey also does not scientifically prove the characteristics that are associated with active volunteers, but it identifies some factors associated with active volunteers. The value of the results lies more

in the fact that the project coordinators can use the information when new volunteers are selected.

CONCLUSION

A high percentage of the volunteers that were trained in 1999 (42%) were no longer active as home-based caregivers. This makes careful selection of

volunteers very necessary. The chances are better that volunteers will stay and be active in home-based care projects if they are female, over 30 years of age, are self-employed or have a husband as the breadwinner. This does not mean that there could be no effective volunteers outside these criteria. Project managers should be aware that volunteers with other characteristics could need additional support to continue. ♡

References

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