SOCIAL AND CULTURAL ASPECTS OF HIV/AIDS IN NAMIBIA

University of Namibia partnership with the University of Toronto
The 2005 Canadian-Namibian Interns
Background

- Population ~ 2 million (CIA Factbook, 2005)
- Prevalence rate 18.2 – 24.7 % (UNAIDS, 2004)
- People living with HIV/AIDS 210,000 (CIA Factbook, 2001)
- HIV/AIDS deaths 16,000 (CIA Factbook, 2003)
Namibia
Windhoek, Namibia
Katutura
Impact of HIV/AIDS on Nurses and Nursing Students in Windhoek, Namibia

Research conducted by:
Jing Jing Liu and Nashitye Ndjaleka
Objectives

- Assess attitudes and knowledge of nurses and nursing students towards their profession in the context of HIV/AIDS epidemic
- Perceptions of nurses and nursing students on risk of HIV/AIDS transmission and patient care
Nurses in Katutura Hospital
Direct Impact:
shortage of nurses

- shortage of nurses due to government policies regarding resource allocation to other HIV/AIDS programs ie. HAART, PMTCT and VCT
  - low salaries, stagnant hiring, job dissatisfaction, added workload, inability to provide adequate patient care

- High patient to nurse ratio: 1 nurse to 40 patients
- “Not one week passes by that a nurse is not resigning” – elder sister
Direct Impact:

Prevalence rate among nurses

- Nurses infected and affected at rate comparable to that of the general population
- Culturally perpetuated stigma overrides knowledge and training
- One nursing student refused to seek medical attention after pricking herself with a needle after an immunization injection because “she wasn’t concerned and didn’t feel like she needed to be tested”
Indirect Impact:
HIV patients require more care

- Psychological support
- Increased monitoring of HIV women in labour
- Appropriate facial expressions
- “I took care of a patient with constant diarrhea and vomiting for a week, but after that, I would hide whenever I was paged to avoid my duties with him” – young nurse
Hospital Beds
Indirect Impact: Psycho-emotional stress

- Occupational burnout that is from interpersonal natures, stress in workplace, chronic emotional exhaustion, depersonalization & reduced sense of personal accomplishment (Cordes & Dougherry, 1993) is the most damaging impact of HIV/AIDS to the nursing profession in Winhoek, Namibia.
Nursing Faculty - UNAM
Interaction between nurses and nursing students – source of stress

- “more students means more work load”
- “1st years are a waste of time” - nurses
- “nursing professionals are reluctant to teach nursing students” – UNAM lecturer
Recommendations

- Implement counseling programs for nurses
- More collaboration between NGOs and MoHSS
- Address the shortage of nurses
- Expand and standardize in-service training programs
Home-based HIV/AIDS care

Eine Sirongo & Nidhee Jadeja
Home Based Care

- What is it exactly and why is it important?
- The status of HBC in Namibia.
Our Research

- Objectives of our study:
  - What are the experiences and challenges that volunteers face?
  - How do these affect the quality of care given?
The HBC Volunteer
Findings

3 Critical Volunteer Challenges:

- Difficult Clients
- Economic Costs
- Burnout
Concluding Remarks
Questioning Faith in a Time of HIV/AIDS

Nadia O’Brien

And

Bonnita Hileni Nakanyala
Why Study Faith?

21.3% of Namibians are HIV positive

90% of Namibians adhere to Christian Beliefs

CAA-Catholic AIDS Action is the largest HIV/AIDS agency in the country

How do these two factors intersect?
Main Findings

- The church is slowly changing its views on HIV/AIDS
- FBO’s are becoming involved in their fight against AIDS
- FBO’s are well positioned to help with this crisis
- FBO’S follow the ABC’s of AIDS prevention to varying degrees
- Namibians are incredibly divided on this issue of faith and AIDS
Main Findings

- FBO’s initiate programs that benefit communities as a whole
- Spirituality and faith is a large component of living positively for HIV positive individuals
- Faith can act as a motivator for those working in FBO’s
- Discourses of Morality promoted by the church contribute to the social stigmatization of HIV/AIDS
Recommendations

- Faith is not a cure for AIDS
- Church should be used as an educational space
- Prevention programs should teach condoms as a viable option
- FBO’s programming should not be affected by foreign donor contributions
Questioning Faith
Building Resilience in HIV/AIDS Infected and Affected Children

Research conducted by:
Ilona Kosova & Leevi Komeya
Combating HIV/AIDS at Tertiary Institutions in Namibia: A Closer Look at Services and Student Groups

Research Conducted by: Ayaana Jean-Baptiste, Michael Shirungu and Simon Iilongo
Methodology

- Formal interviews with HIV/AIDS coordinators on each campus, Nurse sisters in clinics, Student Representative Council (SRC)/Training Representative Council (TRC)
- Informal interviews with students, some tape recorded
- Examination of HIV/AIDS policies on each campus
Methodology

- Met with HIV/AIDS clubs on campuses
- Hosted a Call-in radio show on University of Namibia (UNAM) radio station
Findings:

- Students are often unaware of HIV/AIDS programs and policies in place.
- The majority of the institutions make their students aware of HIV/AIDS related services only during orientation.
- The SRC/TRC are generally dominated by male students.
- Several of the institutions have active HIV/AIDS awareness clubs.
Findings:

- New Start Clinic Testing Sites being made available on some campuses
- Students tend to respond higher to “motherly figure” counselors
- At some locations, lecturers are trained in counseling services
- HIV/AIDS clubs find it difficult to keep students involved in following years
Recommendations:

1. Encourage senior student participation
2. More professional social workers at each institution
3. Form main HIV/AIDS society at each institution
4. Create one representative HIV/AIDS club for all institutions
5. Incorporate nursing student participation in HIV/AIDS initiatives, in particular with peer counseling services.
6. Based on our high response with the UNAM call-in radio show, it seems practical to consider a weekly call-in show on HIV/AIDS, relationships, and health issues
Men, Masculinity and the Transmission of HIV/AIDS in Namibia

Research Conducted by: Fotis Kanteres and Job Iyambo
“I don’t show my manhood with my fists.”

—Abdallah Hussein Mwakembeu, Director and co-founder of NAMEC
Findings

- Masculinity defined by biological traits and division of labor
- Definition problematic in urban setting
- Relationship success influences social status
- Multiple partners classed into roles, usually hierarchical (1, 2, 3, etc)
- Negative views of women used to justify promiscuity
- Promiscuity coupled with negative views on condom use
- Women in committed and in unequal relationships have less say in condom negotiation
- Alcohol usage a major factor
- HIV/AIDS has a female face
Masculinity

- Defined by biological traits and division of labor
- ‘Rural’ and ‘Urban’ definitions
- Definition problematic in urban setting (both actually)
Relationship success influences social status

Multiple partners classed into roles, usually hierarchical (1, 2, 3, etc)

Negative views of women used to justify promiscuity

Women in committed and in unequal relationships have less say in condom negotiation

Promiscuity coupled with negative views on condom use

Alcohol usage a major factor
Related Issues

- Alcohol usage a major factor
- HIV/AIDS has a female face
Recommendations

- More support and funding for director and staff, more funding, and open branches in other key centers of the country
- Outside evaluations, staff training
- Support group for HIV+ men
- More focus on home based care workshops by NAMEC
- Alcoholic support group partnerships with HIV organizations
- Forum for discussion about rural and urban culture and their interactions
Sport, AIDS and Development: More than “Fooling Around”

Research Conducted By:
Alex Teleki and Rachel Mbango
Final Forum – July 21st, 2005, UNAM