EFFECTIVENESS OF HIV/AIDS SOCIAL SUPPORT COPING SKILL TO PLWHA IN KINONDONI MUNICIPALITY, DAR ES SALAAM: A CASE STUDY OF MWANANYAMALA HOSPITAL

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A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SOCIAL WORK OF THE OPEN UNIVERSITY OF TANZANIA

2019

CERTIFICATION

The undersigned certifies that he has read and hereby recommends for examination by the Open University of Tanzania a dissertation titled: ***"Effectiveness of HIV and AIDS Social Support Coping Skill to PLWHA in Kinondoni Municipality, Dar es Salaam: A Case Study of Mwananyamala Hospital,"*** in partial fulfilment of the requirements for the degree of Master of Social Work of Open University of Tanzania.

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Prof. Hossea Rwegoshora

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Date

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DECLARATION

I, **Bupe Kalonge Mwabenga,** do hereby declare that this dissertation is my own work compiled from documentary information and field data. It has never been submitted to any other Higher Learning Institution.

....

Signature

....

Date

DEDICATION

I dedicate this work to my parents Manase and Frolence Kalonge.

ACKNOWLEDGEMENT

First and foremost, I would like to thank the Almighty God for keeping me alive and energetic. I as well extend my acknowledgement to the Open University of Tanzania especially the department of Sociology and Social Work, for giving me an opportunity to study at the institution.

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ABSTRACT

The main objective of this study was to assess the effectiveness of Social Support Skill to People living with HIV and AIDS (PLWHA), in Kinondoni Municipality. The study had three main objectives which were to examine how information giving influenced the status of PLWHA, to assess how instrumental support improved the condition of PLWHA, and to evaluate how emotional support promoted the welfare of PLWHA. The study was both quantitative and qualitative in type, with a total of 112 participants, 10 staff at the clinic who were selected by purposive sampling and 102 PLWHA who were randomly selected. Data was collected using semi structured questionnaires, interviews, documentary reviews and focus group discussions. In data analysis, raw data were coded using SPSS then tabulated and supplemented by descriptive analysis. The analysis of data resulted into a number of findings which showed that after starting to attend HIV and AIDS clinics at CTC, respondents reported to have improved for the better. 96. 4% said Information Giving had influenced their status, 97.3% said that Instrumental Support (particularly ARVs) had improved their condition and 97.4% said Emotional Support had promoted their welfare. However, in instrumental support, it was found that labour time, financial assistance and nutrition were not being provided. Great commendation is given to everybody concerned for the improvement of PLWHA's health after they started to use social support skill. The recommendations are more advocacy be done so that needy PLWHA can be provided with labour time, nutrition and financial assistance so as to improve the quality of life to PLWHA in general.

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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ART	Standard antiretroviral therapy
ARVs	Antiretroviral drugs
HAART	Human Active Anti retroviral Therapy
HBC	Home Based Care
HIV	Human Immune Deficiency Virus
PLWHA	People living With HIV and AIDS
QOL	Quality of Life
THMIS	Tanzania Demographic and Health Survey
UNAIDS	United Nations Programme on HIV/AIDS
URT	United Republic of Tanzania
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Overview

This chapter consists of background of the study, statement of the problem, research questions, research objectives and significance of the study.

1.2 Back Ground Information

Human Immunodeficiency Virus (HIV) is a problem in Sub Saharan Africa and the world at large. The Joint Nations Programme on HIV and AIDS (UNAIDS) in 2012 estimated that more than two thirds of the over 35 million people living worldwide live in Sub Saharan Africa. In 2013, an estimated 24.7 million people were living with HIV, accounting for 71% of the global total. In the same year, there were an estimated 1.5 million new HIV infections and 1.1 million AIDS-related deaths, (UNAIDS 2012). The data shows that HIV/AIDS in Africa is a challenge, because as a disease, if affects human resources at the world of work, families, individuals and communities at large.

In Tanzania, 1.4 million people were living with HIV in 2015. This equates to an estimated HIV prevalence of 4.7% in 2015, 54,000 people were newly infected with HIV, and 36,000 people died from an AIDS-related illness. Over 70 percent of those infected are aged between 20-49 years, and the infection rate was higher among the younger in this group. This is the productive age group upon which families and the nation depend on for sustenance, production and development, (URT 2001). Consequently, HIV/AIDS remains to be a national challenge and its impacts affect

every individual in one way or the other. When the world of work is affected by people who should be working, it affects the economy of the country, similarly when individuals and families are affected, relationships may be inter feared.

Dar es Salaam ranks third in HIV Prevalence of HIV and AIDS with a total of 11% of all HIV and AIDS positive individuals after Mbeya which 14% and Iringa 13 % of all HIV infected individuals; out of 1.4 million people living with HIV in Tanzania by 2015, statistics which equates to an estimated HIV prevalence of 4.7% of all population (THMIS 2014) in the country. Basing on PEPFAR/T (2015) epideomiogical data of the PLWHA Ilala had 16,726, Temeke 73,638 (which is now merged into two adding Kigamboni in,) and Kinondoni (which has now been merged into two, adding Ubungo as a district) had 98,296 PLWHA respectively.

A diagnosis of HIV and AIDS carries significant and psychological implications. PLWHA commonly experience depression, fear, anger, worry, and feelings of isolation, (Abubakar et al 2014). In addition HIV/AIDS disease faces loss of income and livelihood, loss of marriage and child bearing options, withdrawal of care giving in the home, loss of hope and feelings of worthlessness, and loss of reputation. The National Policy on HIV and AIDS (2001) in Tanzania, reports that HIV and AIDS has affected workplaces through absenteeism and deaths; and led to low life expectancy, increasing the dependency ratio, reducing growth in GDP, reduction in productivity, increase in poverty, raising infant and child mortality as well as the growing number of orphans.

Abubakar et al (2014) contend that in coping with HIV/AIDS, PLHA use several positive skills, classified as Clear Knowledge and Understanding of HIV, Social

Support and Family Well-Being, Selective Disclosure, Employment Building Confidence, and Participation in Positive Networks. In addition, they seek counselling and joining support groups (Tuzie 2008). Coping skills intend to prolong life, reduce the number of HIV and AIDS related deaths; eradicate HIV and AIDS related stresses and teach PLWHA the better ways to adapt to their new life situation.

1.3 Statement of the Problem

The Back ground information proves that HIV and AIDS remains a challenge despite the social and economic efforts (Ogola et al 2014 & URT 2001). Efforts to reduce deaths, prolong life and cope with stress are made through HIV and AIDS coping skills to PLWHA (Tuzie 2008, Muganyizi 2008). Nevertheless, the devastating physical manifestation of the disease, HIV and AIDS is coupled with a number of psychological and social issues. The challenges faced by a PLWHA, be it psychological or internal, varies from individual to individual. Psychological adjustment and coping are central to HIV management because as a disease it is also associated with stress and related stressors. In Kinondoni, PLWHA are given ARVs, attend VCTs as the way of emotionally supporting them to cope with the challenges associated with HIV/AIDS (Tuzie 2008, Muganyizi 2008). One of the objectives of the National Policy on HIV/AIDS (2001) is to provide social support to PLWHA so that they can improve health and strengthen a positive living. Despite the fact that there is substantial literature regarding the coping skills of PLWHA in Tanzania, as per National Policy's objectives; there is insufficient evidence on the how effective the Social coping skill is, in coping with HIV/AIDS related stressors among PLWHA in the country.

1.4 General Objective

The general objective of this study was to assess the effectiveness of Social Support coping skills to People living with HIV and AIDS.

1.4.1 Specific Objectives

The study was guided by the following specific objectives:

(i) To examine how information giving influences the status of PLWHA

(ii) To assess how instrumental support improves the condition of PLWHA

(iii) To evaluate how emotional support promotes the welfare of PLWHA

1.5 Research Questions

The study was guided by the following questions:

(i) How does Information giving influence the status of PLWHA?

(ii) How does instrumental support improve the condition of PLWHA?

(iii) To what extent does emotional support promote the welfare of PLWHA?

1.4 Significance of the Study

The study will have various significances to different parties and users of research findings as follows: The study will be a useful source of information, literature review to the researchers who intend to research further on matters related to HIV and AIDS coping skills.

The findings will as well broaden the topic in other areas that have not been covered yet or fully explored in the study of HIV and AIDS coping skills, and on the other hand, it will help the policy makers and planners to review the existing policies on HIV and AIDS phenomenon in the country. Lastly the research will add to knowledge on HIV and AIDS coping skills to the researcher and all other stake holders.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

To fulfill the objective of the study, this chapter reviews theories related to the study with a view of developing a theoretical as well as conceptual framework which guided the study. The chapter is divided into three main parts, first, the definition of main concepts second, the discussion on coping and social support as a coping skill, and third, theoretical and empirical review, the conceptual framework and knowledge gap.

2.2 Definition of Concepts

In definition of concepts, the meanings of key words are provided, as in relevance to this study. The following concepts are defined:

2.2.1 Social Support Skill

In this study Social support will be understood as the physical and emotional comfort given to an individual through love, affection, empathy and value by authorities, institutions, family, friends, co-workers and others. This helps people to cope with traumatic experiences, or difficulty encounters with.

2.2.2 Information Giving

In this study Information giving will be understood as useful, relevant, up to date knowledge to an individual. It can be the provision of understanding, education, or guidance for use in managing personal and healthy- related problems.

2.2.3 Instrumental Support

In this study Instrumental Support will be understood as the provision of financial assistance, material goods, or services. It is the social support which encompasses the concrete, direct ways people assist others.

2.2.4 Emotional Support

In this study Emotional Support will be understood as the support which involves the provision of empathy, affection, love, trust, encouragement, listening, and care from the members of an individuals' community.

2.2.5 Welfare

In this study welfare will be understood as the health, happiness, and fortunes of an individual; and the availability of resources and presence of conditions required for reasonably comfortable, healthy, and secure living.

2.3 The Concept of Coping

Coping is a process of managing taxing circumstances, expending effort to solve personal and interpersonal problems, seeking to master, minimize, reduce or tolerate stress or conflict (Beehr and Mc Grath, 1966).

In coping, people tend to use one of the three main coping skills: appraisal focused, problem focused or emotion focused. Appraisal focused strategies occur when the person modifies the way they think. People using problem focused strategies deal with the cause of their problem. Emotion focused strategies involve releasing pent- up

emotions, distracting one- self, managing hostile feelings, mediating, using systematic relaxation procedures.

Problem focused coping mechanism may allow an individual greater perceived control over their problem, while emotion focused coping may more often lead to a reduction in perceived control. Coping has a temporal aspect. One can cope before a stressful event takes place, while it is happening or afterwards. Beehr and Mc Grath (1966) distinguish five situations that create a particular temporal context: Preventive Coping: Long before the stressful event occurs, or might occur; Anticipatory coping: when the event is anticipated soon: Dynamic Coping while it is ongoing Reactive coping: after it has happened (e) Residual Coping: long afterward, by contending with long- run effects.

Five coping skills were identified by Klaurer and Phillip (1993) that turned up a dimension in a factor analysis: seeking social integration, rumination, threat minimization, turning to religion and seeking information.

2.3.1 The Process of Coping

Lazurus and Folkman (1984) and others have suggested that coping process consists of four steps. The first step is appraisal, which involves determining of an event or situation and its implication for one's well being. The second step involves assessing one's coping resources and the likelihood that various coping strategies will be effective, culminating in the selection of a coping skill. The third step involves carrying out the selected coping skill; finally the fourth step involves evaluating one's

coping efforts with regard to their effectiveness in eliminating or reducing the stressor or managing one's response to stressful event (Smith and Carlson, 1997).

The fundamental component of the coping process is appraisal. Appraisal is defined as an assessment of the situation by the person facing it and includes an evaluation of both demands of the situation and the resources the person brings to bear the situation (Lazurus & Folkman, 1984). Once a situation has been appraised, evaluates what might be done about the situation, including an assessment of the available coping alternatives, the likelihood that a particular action may have the desired results, and the degree to which the individual can actually carry out the desired action.

2.3.2 Social Support as a Copying Skill

Social Support is the perception and actuality that one is cared for, has assistance available from other people, and that is part of a supportive network (Wikipedia 2017). WHO (2013) defines Social Support as the perception or experience that one is loved and cared by others. It outlines four types of Social Support commonly namely: Information Support which involves the provision of information, education, or guidance for use in managing personal and healthy- related problems. Instrumental Support involves the provision of tangible assistance, in the form of financial aid, material goods, labour, time, or any direct help. Emotional Support which involves the provision of empathy, affection, love, trust, encouragement, listening, and care from the members of an individuals' social network. In Tanzania, Social Support is one of the commonly used Copying skills. PLWHA get provided with medical supports, Information support, home based care (HBC), emotional, instrumental and appraisal support (Kaijage T & Wexler, 2010).

2.4 Theoretical Review

The theoretical review provides the rationale for conducting research to investigate a particular research problem; it establishes a sense of structure that guides the study. The review provides the background that supports the investigation and offers the reader a justification for the study of a particular research problem (Kothari, 2006). The study stands on the following theories:

2.4.1 Appraisal Theory

The theory was introduced by Arnold (1966) and elaborated by Lazurus (1966) and Launier (1978) with their idea is that emotional processes are dependent on actual expectancies that persons manifest with regard to the significance and outcome of a specific encounter. In appraisal theory emotions are extracted from evaluations (appraisals or estimates) of events that cause specific reactions in different people. Emotional appraisal emphasizes on processes by which individuals' cognitions about events predict their emotional reactions to those events. Reappraisal refers to changing the way that one thinks about events and their relationship to the self, which may then alter emotional reactions. Essentially, appraisal of a situation causes an emotional, or affective, response that is going to be based on that appraisal.

The theory forwards a theoretical explanation that social support help individuals through the reappraisal process, improving recipients' emotional state. The theory states that cognitive appraisal occurs when a person considers two major factors that majorly contribute in his response to stress. The threatening tendency of the stress to the individual, and the assessment of resources required to minimize, tolerate or eradicate the stressor and the stress it produces. A simpler explanation is that appraisal

theory implies a more specific process of cognitive appraisal to determine whether an individual believes he or she has the resources to respond effectively to the challenges of a stressor or change (Folkman & Lazarus, 1988; Lazarus & Folkman, 1987). When faced with a challenge, an individual primarily appraises the challenge as either threatening or non-threatening, and secondarily in terms of whether he or she has the resources to respond to or cope with the challenge effectively. If the individual does not believe he or she has the capacity to respond to the challenge or feels a lack of control, he or she is most likely to turn to an emotion-focused coping response such as wishful thinking distancing and if the person has the resources to manage the challenge, he or she will usually develop a problem-focused coping response such as analysis of the problem and find ways to minimize it or change the situation of the problem.

Appraisal theory insists that the relationship with the environment that the person appraises is significant for his or her well-being and in which the demand exceeds available coping resources. It points out two processes as central mediators within the person- environment transaction, which are cognitive appraisal and coping. Appraisal theory defines emotions as a process, rather than states; it relates an individual's evaluations of the environment and the person' environment interaction. In addition appraisal theory asserts that an individual's changes in appraisal may change in physiological and behavioural responses.

The strength of appraisal theory is that first, it involves an individual in appraising the situation at hand, it detects and assesses the significance of the environment for well being; significance for well being is conceptualized as the satisfaction of concerns

which include individuals' needs, attachments, values, current goals and beliefs and everything that an individual cares about. The other strength is that, it specifies variables that are most important in differentiating emotions of relevance and congruence of events for goals and event caused by oneself, someone else, or impersonal circumstances.

The major weaknesses of appraisal theory is that it so much centres on emotions and cognitions of individuals in relation to the events and underemphasises other areas of life like physical and social which can as well be stressful to individuals, of whether an individual appraises the situations or he does not.

2.4.2 Trait and State Oriented Theory

Trait and state oriented theory is a theory that uses both traits and state. Trait influences people's behaviours, leading them to do things in line with the trait. The trait theory directs at early identification of individuals whose coping resources and tendencies are inadequate for the demands of a specific stressful encounter. An early identification of the individuals offers an opportunity for establishing a selection procedure and a successful prevention and treatment programmed (Krohne 1996). State oriented on the other hand centres on the actual coping. It investigates the relationships between coping skills employed by an individual and outcome variables and following coping efforts and variables of adaptational outcome. The theory intends to lay a modificatory programme to improve coping efficacy.

The strength with trait state theory is that is it simple for a researcher to use in a framework as it provides an easy to understand continuum that provides a good deal

of information regarding a person's personality, interaction, and beliefs about the self and the world. The theory is logical and strait forward, as it does not allow subjectivity or personal experiences; and it is client based theory since it targets on selecting an individual on rehabilitation plus the process of prevention and treatment programme. The other strength of the theory is that it is objective since it relies on statistical or objective data. Its weakness is because it is based on statistics rather than theory; it provides no explanation of personality development. The theory does not argue for the development (past), the current personality (present) and provides a means for change (future); it is stuck in the present.

Both theories will be used in the study, Individuals will be asked on their opinion on how they had appraised the situation after knowing their health status in relation to how the reappraise at the time of study. Concepts in trait state theory which relate to the study at hand will be adopted, as stressor will be identified, the coping skills will be assessed, for this case it is the social support coping skill and the outcome will be examined, for this case, it is the changes noted in individuals after starting to employ the coping skill.

2.5 Empirical Review

Shebi (2006) worked on the experiences and coping skills of HIV/AIDS primary caregivers within the disadvantaged communities and found out that PLWHA had difficult in coping in their own hence needed people to take care of them at home, namely care givers. He found out that, although the services of community- based care givers are available; it was the informal care givers who provided most of the care for the sufferers. Thus, they experienced a lot of emotional, financial, physical

and social difficulty. It is due to the psychosocial challenges that the primary care givers went through, that demanded them to be helped with coping skills as well.

Ogola, L et al (2014) analysed the challenges and coping skills family givers of people living with HIV and AIDS encountered in Thika district. They found that due to care givers being on the front line in dealing with the epidemic and they needed to be cared for themselves and be supported in their work, lest they became overwhelmed by the work and despair. Due to that, care givers admitted to face challenges in caring for the HIV infected family members and adopted a number of coping skills. Skills used were improving food security, positive living, and seeking divine attention.

Khakha & Kapor (2015) in India studied the effect of coping skills on the coping styles adopted by PLWHA and found out that the mostly commonly used coping styles were acceptance and religion. The results showed that there was statistically significant increase in coping after the administration of coping skills intervention in various ways of coping. There was positive association seen between coping and quality of life. The structured coping intervention was found effective in improving coping.

Khakha and Khapor (2015) in Nigeria also argue that psychological adjustment and coping are central to HIV management. Greater use of maladaptive coping skills was associated with lower levels of energy and social functioning. A person who receives a diagnosis of HIV or AIDS often react with coping skill that may be useful in reducing psychological distress of living with a mixture of emotions including shock, depression, hopelessness, grief, anger and fear. Psychological factors such as coping and social support may affect both disease progression and quality of life (QOL).

Bako, A et al (2014) wrote on Coping Skills of people living with HIV and AIDS, and reported that the major coping skills used in Kachia were the diversification of income which helped PLWHA to engage in businesses such as sales of mangoes, yams, cassava, cocoa yam, seasonally or annually. They as well used migration in search jobs, and withdrawal of children from schools as strategies. They recommended that PLWHA be provided with grants, employment opportunities and vocational training so as to empower them financially which in the end will easy them cope with other psychosocial challenges facing them.

In addition to the findings, Bako et al (2014) argued that the HIV and AIDS led to discrimination, gender inequality, and lack of access to essential services made some populations more vulnerable than others. Additional threats as global economic situations, food scarcity and climate change affected those who were already dependent on survival economies.

Coutinho & Oling (2005) worked on Social Support Scale to support art scale up in Tanzania and found out that Tanzania had embarked on the road to universal access for Standard antiretroviral therapy (ART) for its people as a social support to PLWHA. The path had however been more complicated than planned and numbers found out that enrolled are falling below target. One of the reasons for this was the lack of a social support package to both support clients to enroll onto ART and also to subsequently support them with drug adherence. The findings revealed that Home Based Care (HBC) was only part of a social support package and could not be expected to deliver the whole package. The study recommended that there was a need to identify the additional players that could contribute to the national social support

package and set up communication and co-ordination structures at district level with the client at the center of the planning process.

Muganyizi (2008) studied the coping skills among people living with HIV and AIDS on highly active antiretroviral (HAART) therapy in Kinondoni. He contends that behaviour leading to effective utilization of HAART is a psychosocial factor which impairs effort to maintain quality of life of PLWHA on treatment. He found out that majority of PLWHA used adaptive coping skills such as praying, positive reframing, predicted good clinical outcome and patients who adopted maladaptive coping skills like denial, and behavioural disengagement predicted poor clinical outcome. He recommended that counsellors be trained on promoting psychosocial behaviours among PLWHA for good clinical progress, develop partnership with religious leaders to manage psychological factors that are important in the management of HIV/AIDS and encourage and support entrepreneurial activities for PLWHA that will boost their level of socio-economic status and keep them busy as to promote positive reframing behaviour.

Tuzie (2008) worked on nutritional status, food security and coping skills among people living with HIV and AIDS in Dar es Salaam. He found out that food insecurity was significantly higher among those without formal education and with informal employment. The most common coping skill included borrowing money or food and changing less preferred foods. He recommended that skills to control HIV/AIDS should target vulnerable households in order to avoid the negative impact of food insecurity and deaths.

2.6 The Research Gap

The existing literature show that HIV and AIDS is a challenge that called for efforts to combat it, and coping skills being one of them. Studies show that coping skills are being used to PLWHA so as to improve their welfare and quality of life. However, no literature shows how effective the coping skills are, particularly social support coping skill. Due to that, the researcher got motivated to do the study so as she can assess the effectiveness of the skill to PLWHA.

2.7 Conceptual Framework

Kombo and Tromp (2006), assert that that conceptual framework is a simplified view of the world that one wishes to represent for some purpose. It is an abstract indication of how basic concepts and constructs are expected to interact the actual setting and experiences that form the foundation of the research (Mills and Huberman, 1994).

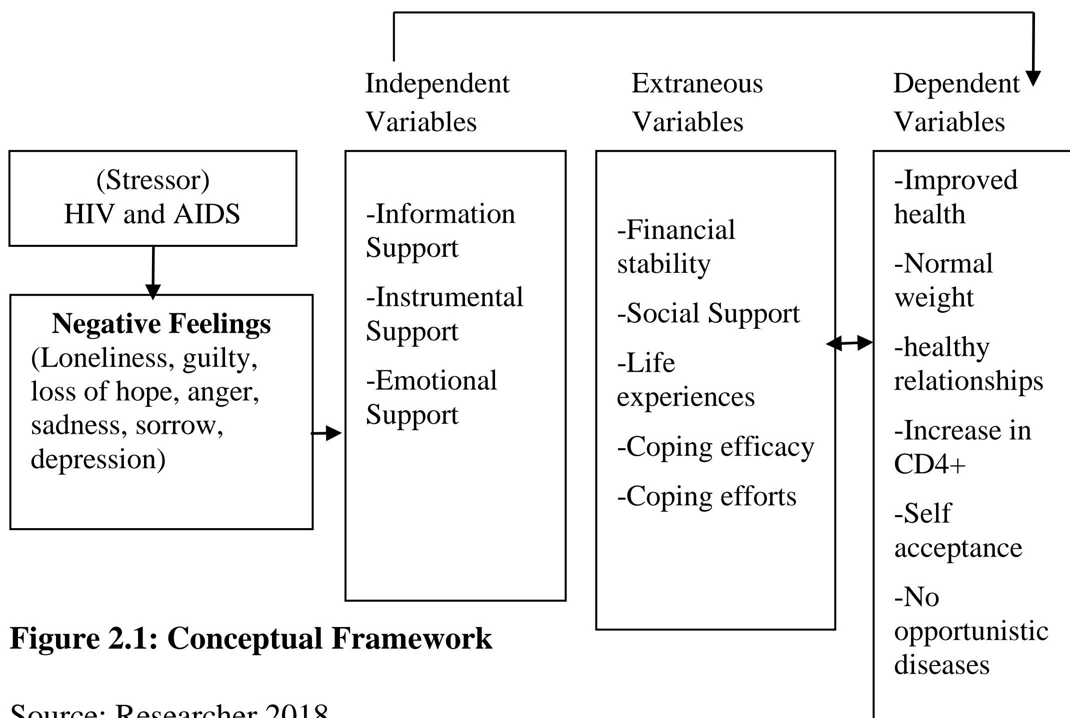

Figure 2.1: Conceptual Framework

Source: Researcher 2018

The framework was developed basing on literature review of theoretical background as well empirical research reviewed. The aim of the step was to develop a conceptual model of how HIV and AIDS may have affected the life of PLWHA and the way Social Support Coping Skill did promote their personal wellbeing.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter is about the design and methodology of the study it will cover, research design, study area, sample and sample size, sampling techniques, data collection methods and data analysis procedures.

3.2 Research Design

Kothari (2009) defines a Research Design as the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure. Kombo and Trump (2006) see a Research Design as the structure of research, a glue that holds all the elements in a research together. This study employed quantitative and qualitative study design. Data analysis process employed tabulation, percentage and description to explain the effectiveness of Social Support Coping Skill to PLWHA. The primary data collected from the field and secondary data from records, documents, files, books were used.

3.3 Study Area

The study was conducted in Kinondoni district in Dar es Salaam. Kinondoni Municipality is a district in North West of Dar es Salaam, Tanzania, others being Temeke and Ilala, to the east is the Indian Ocean, to the north and west the Pwani Region of Tanzania. The 2002 Tanzanian National Census showed that the population of Kinondoni was 1,083,913, comparably to Ilala 634,924 and Temeke which was 768,451 nevertheless it is now merged into two, Kinondoni and Ubungo, but there is no current census.

In relation to HIV and AIDS pandemic, Ilala had 16,726, Temeke 73,638 and Kinondoni had 98,296 PLWHA respectively, basing on PEPFAR/T (2015) epideomiogical data. The bigger population and having the largest number of PLWHA perpetuated Kinondoni, to be selected as the study area. Mwananyamala hospital was sampled because it is the biggest referral hospital in Kinondoni attending to the biggest number of patients in Kinondoni municipal.

3.4 Target Population

The Research Population was made by all PLWHA who attended clinics at Mwananyamala hospital in Kinondoni municipal; medical doctors, pharmacists, nurses, truckers, who worked at Mwananyamala CTC. The reason to target the population was that PLWHA were target of the study, they are the ones the study wanted to study on; while the staff already had an experience with HIV and AIDS and there are those who closely worked with them in day to day lives, hence they understood issues related to HIV and AIDS pandemic at the centre, in relation to what PLWHA were going through.

3.5 Sample and Sampling Procedure

Stratified Sampling, Simple random sampling, and Purposive Sampling were used to select a sample which consisted of 102 PLWHA and 10 CTC staff. For both PLWHA and staff, it was those were found on the days of collecting data that got selected as respondents to the study. The reasons for inclusion of the samples are stated below:

3.5.1 PLWHA

People living with HIV and AIDS were considered to be a central focus in this study for the target group, expected to give the first-hand information related to their

experiences on how effective the social support skill was. PLWHA were the ones who were infected, and the ones who experienced the condition and had the knowledge on how effective the skill was. Stratified sampling was used so that both men and women get an equal chance to be involved in a sample, and thereafter simple random sampling was used, so that each individual in a group of women and men gets a probability of participating in the study.

3.5.2 CTC Staff

CTC Staff was a target because they were the ones who dealt with PLWHA from day to day; received them when that started to attend to them, and continued with the treatment, guidance, tracking them and educating them. Thus it was expected that they had substantial experiences on the progress of the patients. For CTC staff, purposive sampling was used since staff at the CTC were already known, due to the role they played at the centre.

3.6 Data Collection Instruments

In this research different techniques of data collections were used. The methods are the questionnaire, in depth interview, documentary review and focus group discussions.

3.6.1 Questionnaires

Self-administered questionnaires were conducted to 102 PLWHA. They covered aspects as bio data, social support coping skill used, and the changes noted to patients after the use of coping skills. The advantages with instrument were that it was free from bias of the researcher, because respondents were in respondents' words,

respondents had adequate time to give their answers and it was convenient in reaching PLWHA because it used less time to reach many respondents at a time, since many respondents would respond to the questionnaires simultaneously.

3.6.2 Interviews

Interviews were used with CTC staff so as ask questions targeting to get information on the study and seek clarification on matters raised by PLWHA, that needed more understanding. With the interview more information was sought from the respondents, the researcher could catch information off-guard and sought understanding on matters which needed more clarification. The interview' advantages were that the interviewer could use language that was relevant to the level of understanding of the respondent, could be asked questions by the respondent so as to be sure on what was sought by the researcher.

3.6.3 Documentary Reviews

Data from the HIV and AIDS CTC were reviewed to obtain data of the health progress of patients attending clinics and counselling sessions at the centre from when they started clinics to the time of data collection which was September 2018. In addition, documentary reviews helped to collect information related to PLWHA statistics from the CTC data base. The technique was helpful in providing information which could not be found through interviews and questionnaires on the benefits on using social support skill, since correct data was only in documents.

3.6.4 Focus Group Discussion

Focus group discussions were employed to PLWHA so as to cover detailed aspects to complement data from questionnaire and interviews. Four groups were involved in

focus group with the number of 5 members in two groups and 4 members for the other two groups. The essence of using the focus group discussion was to gather in-depth information concerning the status they had before starting the use of coping skill and the changes experienced after using the social support copying skill. Focus group discussions were useful to obtain detailed information about personal and group feelings, on the changes they underwent after starting the clinics and their perceptions and opinion on the matter, as it offered the opportunity to seek clarification.

3.7 Validity of Instruments

Validity refers to the quality that an instrument used is accurate, correct, true, right and meaningful (Guba and Lincolin, 1998). The instruments' validity was checked through face and content-validation. The items on a test (in this case a questionnaire and interview guide were assessed to see if they logically sounded to measure the variables to be measured (face validity) and the questions included in the questionnaires were evaluated to ensure they both as different items of a test combined to form a framework of the variables to be measured (content validity).

3.8 Reliability of Instruments

Reliability of instruments was checked through expertise opinion and test-retest technique. The draft questionnaire and interview guide was designed on the basis of a collection of an extensive and in-depth of literature covering a wide range of latest source material available. The materials reviewed had discussed in detail the terms of lay out, content, structure and methodology, the details that were used to guide the design of questions. Again, the questionnaires were tested before hand to a small sample group with characteristics similar to those of the study sample.

3.9 Data Processing

After data collection, quantitative data obtained from questionnaires were conducted using The Statistical Package for the Social Sciences (SPSS). The results were then quantified into numbers, figures and tables. The qualitative data of the study that were obtained from interviews and group discussion were broken up to reflect single and specific thoughts, then clustered the thoughts into similar categories that reflected the perspectives of the respondents subsequently meanings identified were used to develop overall description, which supplemented the information from questionnaires.

3.10 Ethical Consideration

In adhering to ethics, the researcher sought and obtained the permission to conduct the research from the directorate of Postgraduate Studies of the Open University of Tanzania. In dealing with respondents, informed consent was sought from respondents prior the interview, filling questionnaire and focus group discussions. In addition, respondents were given information about the procedures involved in the study. With confidentiality, information released by respondents was anonymous; no personal detail was sought in the course of research.

3.11 Limitation of the Study

For staff who got involved in the collection of data, many of them thought they would be paid after involvement in the research, thus obtaining co operation was not an easy task, after realizing there was no pay. When collecting data through questionnaire few respondents had difficult in reading well, which forced a researcher to read for them, and write an answer for them, and few requested their fellow respondents to assist them, something that hardened the exercise and caused unnecessarily delay in data

collection. To overcome the challenge the researcher used the head of department to ask for assistance of the staff to participate in an interview, and for the case of less educated PLWHA respondents, the researcher assisted them with reading of questions for them to fill the answer or be helped to fill as well, while others were being helped by their fellow respondents.

CHAPTER FOUR

FINDINGS AND DISCUSSION

4.1 Introduction

The chapter presents the analysis and discussion of field findings, the descriptions of respondents who were included in the study. The findings have been organized on sections basing on the specific objectives of the study. The data was collected at Mwananyamala Hospital in Kinondoni municipal specifically at the HIV and AIDS Care and Treatment Centre (CTC). The essence of the study was to assess the effectiveness of HIV and AIDS Social Support coping skill on PLWHA whose specific objectives were; to examine how Information Giving influenced the status of PLWHA, to assess how Instrumental Support improved the condition of PLWHA and to evaluate on how Emotional Support promoted the welfare of PLWHA.

4.2 Age Description and Gender of Respondents

Respondents made a total of 102 HIV infected individuals, (14 males and 88 females), whose age group is displayed in table 4.1 below and 10 health workers (3 males and 6 females) as shown in table 4.2. The staff included 06 nurses, 02 doctors, 01 nutritionist and 01 trucker. The age of PLWHA respondents ranged from 18 years to 80 years and the newest patient had attended for less than a year and others had attended the clinic for more than 10 years. Despite stratifying the sample that the study can have a representation of males and females, females remained to be a bigger number than males. Results presented in the study does not rely on either sex, it is basically PLWHA, and not basing on sex.

Table 4.1: Age and Gender of PLWHA Respondents

Sex	Age Group						Total
	18-30	31-40	41-50	51-60	61-70	71-80	
Males	6	4	4	0	0	0	14
Females	14	28	26	8	7	5	88
Total	**20**	**32**	**30**	**8**	**7**	**5**	**102**

Source: Field Data 2018

Table 4.2: Staff Respondents at CTC

Profession	Male	Female	Total
Doctors	0	02	02
Nurses	0	06	06
Truckers	0	01	01
Nutritionist	1	0	01
Total	**01**	**09**	**10**

Source: Field Data 2018

4.3 Care and Treatment (CTC) Procedure to Patients

The Mwananyamala Hospital is a government owned hospital which is located at Mwananyamala ward, in Kinondoni district in Dar es Salaam. It offers a wide range of affordable, top notch General Medicine services, such as: prevention, diagnosis, treatment of adult diseases and children diseases. With a renowned team of medicated medicals, they have out patients and in patients in all different departments. The hospital is open 24 hours a day and 7 days a week. The doctors and nurses work different shifts throughout the day. They attend an average of 1500 patients a day, with 70 to 90 deliveries.

The hospital has the special department that deals with HIV/AIDS Care and Treatment that is called CTC. The centre deals with PLWHA and it is only outpatients. The department has 35 staff including doctors, nurses, truckers, nutritionists, peer educators and pharmacists. The department has only one shift which ends at 3.30 pm if all scheduled patients have been attended. The centre has 6,651

patients, comprising of 2,080 males, 4,571 females of which 326 are children. In the centre, they do diagnosis and treatment of HIV/AIDS. Normally, patients are referred from out Patient department, where by, when patients go for medical services; they are advised to undertake HIV/AIDS screening. After being diagnosed positive, they start attending clinics at the Care and Treatment Clinic. Other patients opt to screen for HIV and AIDS from anywhere else and per their wish, when they are found HIV positive, they attend clinics at the centre.

Reaching the centre, the first exercise is to check for BMI (Body mass Index) which is supposed to be between 19-24.5. The weight is categorized as normal, moderate, severe and overweight. For the moderate, severe and overweight patients get counselled on controlling their weight so that they can avoid getting the non communicable diseases like blood pressure and diabetes. Normal weighing patients are advised to take care of their weight so that they do not become mal nutritious or over weight.

The normal logistics to start the clinic, after the weight checking is registration, where the file is opened, then a patient gets into the nutritionist's room for the nutrition class, then to the doctor's room where he/she is checked for the CD4+ and viral load and ends in the pharmacy for the drugs. After being checked, the patient whose CD4+ are above 350 and viral load is less than 20 copies can proceed to Service Delivery Models (SDM) services, while the ones who are not, have to be educated about their health status, check for the opportunistic diseases, be scheduled for weekly clinics, then attend clinics after every two weeks, then be placed on monthly clinics; all that is done to monitor their CD4, their viral load, their general health, and the bodies'

general response to the administered medicine. After the doctors are satisfied by the progress of the clinics attended, they then start attending clinics after two months, if successful; they get placed in SDM programme where they get fast truck treatment services until after six months, when they have to test for CD4+ and viral load again. Normally, there are two groups, the first one especially the SDM get treated early in the Morning, and the second group get attended to, from 10 am in the Morning.

4.4 HIV and AIDS Related Stressors

Out of 102 respondents who filled in questionnaires, 96 which is 94.1% reported to have got shocked after they had received the HIV positive results, and 91% said they had gone to check because they felt their body were often weak. In a focus group discussion with a researcher, respondents gave different feelings they started developing after knowing they were positive. The feeling listed were mood swings, frequent anger, feelings of loneliness, sadness, sorrow, guilt consciousness, stress and a few of them reported depression.

In a focus group discussion, one man narrated ‘nilijichukia kwa jinsi ambavyo nimemsaliti mke wangu, na nikakumbuka jinsi nilivyokuwa nikiwaambia wale wanawake tutumie kinga, wanakataa eti zinawaletea fungus’. He literally said, he felt as a betrayal to the wife, and remembered his moments of unsafe sex. The other woman said she felt very bitter and angered because she did not have multiple partners, hence, she was angry at that one man who she was having a sexual relationship with. 6 out 102, which is 5.9% PLWHA said they were not shocked by the results since, they had risky behaviours, however, they reported to have needed the correct knowledge on what they were supposed to do, maintain their health status.

Reasons which were mentioned to make them develop the sad feelings were: they felt they were betrayers, they felt they had been betrayed by the lovers, they felt they had lost hope, they felt they were dying, they were leaving their children alone through death, they feared they would be isolated by relatives, fear to be stigmatized. After being asked if Social Support Coping skill made a difference, 97% agreed and said it had made the change for the better physically and emotionally.

The results revealed the practical implementation of one of the objectives of the National Policy on HIV/AIDS (2001) which is to provide social support to PLWHA so that they can improve health and strengthen a positive living. However, they complained of staying long at the clinic and unfriendly treatment of few workers at CTC. The following is an analysis of the findings as per specific objectives.

4.5 Information Giving's Influence on the Status of PLWHA

As Table 4.7 illustrates, in Information Giving, results found out that 98% of PLWHA responded to have been positively influenced their status and it had made them feel better in thinking, handling themselves and the way of relating to others. On the other hand the 2%, said no because, they were being distracted by long waiting for services after the troublesome transport, and unfriendly treatment of few staff at CTC, thus, thought services could have improved for the better. They complained of hunger and tiresome. Information giving comprised of knowledge on HIV superinfection, adherence to proper and timely use of medicine, knowledge on proper nutrition, knowledge on weight management and knowledge on prevention and timely treatment of opportunistic diseases as discussed below.

4.5.1 Knowledge on HIV Superinfection

From Table 4.3, 59.8 % of PLWHA respondents strongly agreed and 40.2 % agreed that they had been provided with the information giving on avoidance of HIV superinfections and their implication it had to their status, thus the knowledge helped them to be more keen and safer from developing superinfections or dual infection.

In the questionnaire, respondents listed that they had leant what super infection is and how to protect themselves from them. In an interview with the doctor, she said that HIV is not one type of virus; it is comprised of a multitude of different strains and variants. HIV superinfection (also called HIV reinfection) is a condition in which a person with an established HIV infection acquires a second strain of HIV (dual infection- person infected with 2 or more different HIV-1 strains) often of a different subtype.

The condition occurs when an individual with HIV becomes infected with a new, phylogenetically distinct viral HIV strain, thus, someone who is already HIV positive becomes infected with a new strain of HIV. According to CTC doctors, super infections would increase the chance to quickly develop to AIDS which would endanger the health of PLWHA, Superinfection is a concern because it may be a way for PLWHA to acquire drug resistance, and it may lead to more rapid of AIDS disease progression.

Thus, the information giving in knowledge at CTC helped PLWHA to influence their status for the better, because they were helped to avoid developing dual infections which would lead to drug resistance and endanger their health by rapidly developing to AIDS.

4.5.2 Knowledge on Adherence to Proper Use of Drugs

From Table 4.3, 55.9% of PLWHA respondents strongly agreed and 44.1% agreed that they had been provided with knowledge on adherence to proper use of medications. In the questionnaire, respondents mentioned that they had learnt the importance of consistence in the drugs taking time. When asked on how the knowledge helped them, respondents wrote, they then became more careful on the taking drugs timetable, became more serious on attending the clinics on their scheduled days routinely, observed if they had any complication related to drugs.

In an interview with the pharmacist, he said non adherence to medicine would increase the chances to develop to AIDS, and would lower CD4+ count which would weaken the immunity system and inculcate opportunist disease and lead to AIDS, then endanger their health. Despite the fact that PLWHA were being administered with ARVs drugs, without proper adherence to the timetable and lack of seriousness taking them would threaten their health status that is why, information giving was so useful to the stability of their status, and by avoiding superinfection, they had avoided progress to AIDS and had prolonged life, thus positively influenced their health status.

4.5.3 Knowledge on Proper Nutrition

52.9% strongly agreed and 47.1% agreed that they had been receiving knowledge on eating balanced food and proper nutrition. In the questionnaire, they mentioned that knowledge at the centre helped them to know what to eat, know when to eat, know how to cook and take care of the meal time table. In a focus group discussion, PLWHA acknowledged that to them, eating started with taste first, not on the importance of food and they admitted that they had always knew about balanced diet

but they had not known the relationship between what to eat and increase or decrease of immunity, thus, they had not put any emphasis on following the proper diet. Through information on proper nutrition, the PLWHA's status was able to change for the better because they then had given emphasis on eating more fruits, vegetables, and other food groups they were recommended to take, which were essential for their immunity system. From the interview with the nutritionist, he said that, the HIV virus attacks the immune system which may lead to other infections such as fever and diarrhoea, as a result PLWHA need proper nutrition, so as to aid the immunity system to be stable. The nutritionist said, proper nutritional status is very important from the time a person is infected with HIV. Nutrition education at early stage gives the person a chance to build up healthy eating habits and to take action to improve food security.

These infections can lower food intake because they both reduce appetite and interfere with the body's ability to absorb food. As a result, the person becomes malnourished, loses weight and is weakened, which can lead to rapid progress to AIDS, consequently knowledge on proper nutrition is vital for improvement of PLWHA's status. "A healthy and balanced diet, early treatment of infection can fasten recovery after infection had reduced the weight loss and saves from the impact of future sickness. When a person is receiving treatment for the opportunistic infections or a combination therapy for HIV; the treatments and medicines may influence eating and nutrition, so good nutrition reinforces the effect of the drugs taken. When nutritional needs are not met, recovery from an illness takes longer; that is why good nutrition is also vital to help maintain the health and quality of life of the person suffering from AIDS'', said the nutritionist in an interview with the researcher.

4.5.4 Knowledge on Weight Management

Basing on results on Table 4.3, 57.8% of PLWHA respondents strongly agreed and 42.2 % agreed to have been receiving knowledge on weight management. . In the questionnaire, respondents reported to have leant the dangers of having obesity, how to control from obesity and how to avoid developing underweight.

As reported in 4.2, the first thing that happened to PLWHA after registration was to check their weight and start training on weight management knowledge. The nutritionist said that underweight (HIV)-infected people who are on antiretroviral therapy, complicates the management of HIV infection and may contribute to mortality, while overweight increased the risk of cardiovascular diseases. He explained that the prevalence of obesity among PLWHA contributed to health-related complications, including hypertension, diabetes, cardiovascular disease, kidney disease, and cancers. It was the reason that CTC kept much emphasis on helping PLWHA control their weight because it reduced the chances of developing non communicable diseases which were a threat to their health. In a focus group discussion respondents admitted that the knowledge had helped them a great deal, and some of them said, they had started cardio exercises after starting clinics at CTC. The information is so useful in improving their status, since good eating habits were positively related to stable health.

4.5.5 Knowledge on Prevention and Timely Treatment of Opportunistic Diseases

From Table 4.3, 70.6% of PLWHA respondents strongly agreed and 29.4% agreed that they had received knowledge on prevention and timely treatment of opportunistic diseases. The advantages they listed are: signs and symptoms that one might be

developing opportunistic diseases and the importance of early treatment. Many respondents 91% as reported in 4.2 reported that they had voluntarily gone to test for HIV, after their body became weak, and felt sick often, which explains that their immunity system had been compromised. The CTC doctor said, with HIV, a weakened immune system increases vulnerability to a number of opportunistic infections, cancers, and other conditions. Becoming knowledgeable about the mentioned health risks is the first step in protecting against them. The important knowledge encouraged them to check their general body health regularly, use condoms during sex so as to avoid super infection, be consistent with antiretroviral drugs so as to maintain viral suppression and treat any disease, immediately it erupted, which increased the stability to PLWHA' status.

Table 4.3: PLWHA' Response on Information Giving's Influence on the Status

Factor	Strongly Agree		Agree		Disagree		Strongly Disagree		I do not Know		Total	
	F	%	F	%	F	%	F	%	f	%	F	%
I get provided with knowledge on new HIV infections	61	59.8	41	40.2	0	0	0	0	0	0	102	100
I get provided with knowledge on adherence to proper use of drugs	57	55.9	45	44.1	0	0	0	0	0	0	102	100
I get provided with knowledge on eating balanced food and proper nutrition	54	52.9	48	47.1	0	0	0	0	0	0	102	100
I get provided with knowledge on weight management	59	57.8	43	42.2	0	0	0	0	0	0	102	100
I get provided with knowledge on prevention and timely treatment on opportunistic diseases	72	70.6	30	29.4	0	0	0	0	0	0	102	100

Source: Field Data, (2018)

4.6 Instrumental Support's Improvement on the Condition of PLWHA

Table 4.5 shows that 85.5% strongly agreed and 14.3% agreed that they had been provided with antiretroviral drugs. The drugs improved PLWHA's condition by

increasing their CD4+ and suppressing the viral load. Table 4.4 shows the way PLWHA's CD4+ changed if compared from the first day of clinic to the last check in the file. However the results in Table 4.5 show that there were challenges in nutritional support, financial support and labour time. The following is the analysis of Instrumental Support as related to provision of ARVs, provision of nutrition, financial assistance and provision of labour time.

4.6.1 Provision of ARVs

The researcher found that 85.3% had strongly agreed and 14.3% had agreed that ARVs were being provided at CTC, which accounts for 100%. When asked if ARVs had improved their condition, 97.3% said yes, and 2.7% said no. The improvements listed were increase in the number of CD4+ count, decline of opportunistic diseases, maintenance of body weight, increase in happiness, peace of mind, general body strength and settlement of their daily routine, which without doubt showed that ARVs had improved the condition. The findings relate to those of Muganyizi 2008, who found out that HAART (Highly Antiretroviral therapy in Kinondoni), improved PLWHA's health and reduced the possibility for pooertunistc diseases.

In an interview with the doctor, she said ARVs have proved to improve PLWHA' condition over years. She explained that ARVs fight infections and keep viral load low in PLWHA, delaying or preventing the onset of symptoms or progression to AIDS, thereby prolonging survival in people infected with HIV. For this case, in instrumental support social coping skill, ARVs had proved to be efficient in improving PLWHA's condition. A random sample of 30 patients files were analysed to find out the status of CD4+ count. Table 4.4 shows that out of 30 PLWHA whose

files got analysed 25 which makes 83% showed that their CD4+ count increased after they had started using ARVs. That proves that, ARVs were very vital in improving the condition of PLWHA. Increase in CD4+ means in increase of the body immunity system, stability in health and decrease or alleviation of opportunistic disease.

Nevertheless, few patients complained that there were times that ARVs were not given in full dose, because they were insufficient, hence you had to come and add when they are brought. They as well complained of the long waiting when in need of services, since they averagely had to wait for 3 to 5 hours, and few reported to spend more than five hours each day of clinics. When interviewed the nurse on duty, she said, ARVs on lower dose, was not a regular happening, only when they had not arrived, that is when they would be given few, and after they were brought they would come for the remaining drugs. For the long waiting, she said that those were normal logistics for those who were not in SDM programme, since every time they came, they needed to check on their weight, get group training on knowledge of HIV related information, then go for drugs.

Concerning the achievement on ARVs, it was discovered that the success was so much dependant on information giving, since for a person to remain healthy, he/she needed to adhere to proper eating, take medicine on time and prevent superinfection. That was discovered after the interview with one of the doctors, after the researcher asked why the 2.7% patients reported not to improve with ARVs. The doctor said, among them it was because they did not adhere to knowledge given on eating, following the proper time to eat, while for the few, it was just their body which resisted to drugs, hence they continued changing for them, until they found the type

suitable for them. Normally patients started with drugs of the first – line ART, if they did not respond well to the body, they got changed to second- line ART. For rare cases, they might get a combination of the drugs. For the few, especially those who started clinics with viral load so much low or had already developed to AIDS, their recovery was not as fast as the once that did not, Table 4.4, justifies the fact. Some patients 16% who were recorded in Table 4.4 did not show improvements in the CD4+count.

Table 4.4: CD4+Count Progress Check

S/N	First Date Checked	CD4+Count	Latest Date Checked	CD4+Count
1.	08/04/2014	314	28/01/2015	333
2.	27/01/2015	112	24/05/2018	406
3.	12/08/2018	164	15/04/2018	637
4.	12/08/2017	120	20/06/2017	417
5.	3/10/2018	231	18/06/2018	142
6.	5/5/2013	350	20/06/2018	375
7.	6/7/2015	220	4/4/2018	503
8.	5/2/2016	114	6/5/2018	745
9.	3/8/2014	550	10/08/2018	361
10.	9/01/2018	14	8/7/2018	361
11.	10/05/2017	145	15/4/18	92
12.	2/2/2018	111	4/9/2018	92
13.	1/2/2018	245	3/10/2018	552
14.	2/2/2014	92	6/4/2018	105
15.	1/5/2015	148	7/3/2018	50
16.	12/8/2017	122	8/4/2018	567
17.	21/10/2010	92	4/4/2018	48
18.	20/10/2010	102	18/4/2018	570
19.	5/8/2013	202	2/5/2018	108
20.	4/4/2002	54	23/3/2017	250
21.	3/4/2017	312	10/5/2018	350
22.	14/7/2012	102	8/4/2018	507
23.	5/5/2007	9	10/8/2018	435
24.	1/3/2012	541	15/6/2018	958
25.	20/5/2017	241	14/8/2018	410
26.	30/1/2O18	94	20/7/18	550
27.	22/5/2017	112	18/7/2018	312
28.	11/2/2015	9	14/8/2018	771
29.	25/3/2017	112	18/7/2018	445
30.	4/4/2017	5	17/4/2018	302

Source: CTC Documents (2018)

The doctor said there were several reasons, first, some had already developed to AIDS by the time they were starting clinics at CTC, hence they needed to be treated the opportunistic diseases while improving on their CD4+ count that is why their progress became slow. In spite of the few cases of either challenges in responding to drugs or very weak body, generally, ARVs proved to improve the condition of PLWHA.

4.6.2 Provision of Nutrition

Table 4.5 shows that 0% of PLWHA respondents had been provided with nutrition. That means the CTC did not provide for nutrition to the HIV infected needy individuals. 56% of PWLHA respondents recommended in their questionnaires that there should be help for those poor patients who needed help. The CTC nutritionist department said, it was a policy that for the patients that reported for the first time, and whose health condition was very weak, CD4+ count were low, they were supposed to be put under nutritional provision (plumpy nuts) until they had improved their health condition for easy administering of drugs, but nutrition was not being provided by the respective authority, hence delaying the improvement process. The results reveal that in instrumental support, the issue of provision of nutrition remains as a challenge. The case is similar to the findings by Tuzie, 2008 who worked on the nutritional status, food security and coping strategies among PLWHA. He found out that there was no nutritional provided to PLWHA, and recommended that PLWHA from poor households be assisted with nutrition.

4.6.3 Provision of Financial Assistance

In Table 4.5, 82.2% strongly disagreed and 11.8% disagreed to have been provided with either financial support or any knowledge related to finance. 86.4% of PLWHA

recommended in their questionnaire that the CTC should solicit the possibility to enable patients with financial assistance. Very unfortunately, many of the patients who came with very weak condition are the ones who were financially not well, thus complicating a recovery process; nevertheless Mwananyamala CTC did not offer any financial assistance. In a focus group discussion, PLWHA said finance caused a challenge to poor patients because when they were prescribed drugs to treat opportunistic diseases, which they were supposed to buy in their own, which caused a challenge because few, who were poor, could not afford the costs of the prescribed drugs.

Despite many findings mentioning of the need for financial aids, grants and support on entrepreneurial activities (Muganyizi, 2008, Tuzie 2008, Bako et al, 2014) the problem still remains to have not been worked for. In the National Policy on HIV and AIDS, it is well stipulated that poverty has in many ways created vulnerability to HIV infection, and it called for house level and national level efforts to combat the HIV epidemic in the area of finance. Part 3.2 (d) (iv) articulates the need to establish a framework for coordinating fund raising activities, budgeting, and mobilization of human and material resources for activities in HIV and AIDS throughout the country. Nevertheless, there were no such efforts at CTC of either donations, nor grants, nor loans nor any financial related information; that remains a challenge to PLWHA at Mwananyamala CTC.

4.6.4 Provision of Labour time

As Table 4.5 shows, 25.5 % strongly disagreed, 61.8 % disagreed to have been provided with labour time and 12.7% of PLWHA respondents showed to be unaware

of what labour time is, and there was no such related policy to PLWHA, hence there was no provision. For people who worked, just asked for permission at work, to come for the clinics and few who were on SDM, came early in the Morning took their drugs and left for work. The absence of free labour time to HIV patients causes challenges for them at work places, since they minimally have to attend clinics for once a month and more than once when they have any other medical attention. Thus, lack of a policy which gives them labour time to attend clinics without counting it as a regular absenteeism, remains a challenge to HIV patients who are workers.

Table 4.5: PLWHA' Response on Instrumental Support's Improvement on the Condition

Factor	Strongly Agree		Agree		Disagree		Strongly Disagree		I do not Know		Total	
	F	%	F	%	F	%	F	%	f	%	F	%
I get provided with ARVs	87	85.3	15	14.3	0	0	0	0	0	0	102	100
I get provided with nutrition	0	0	0	0	18	17.6	84	82.4	0	0	102	100
I get provided with financial assistance	0	0	0	0	12	11.8	90	82.2	0	0	102	100
I get provided with labour time	0	0	0	0	26	25.5	63	61.8	13	12.7	102	100

Source: Field Data, (2018)

4.7 Emotional Support's Promotion to the Welfare of PLWHA

Emotional Support entailed helping to lift PLWHA to higher ground so they can see their way through the difficulty. It centred on the support which involves the provision of empathy, affection, love, trust, encouragement, listening, and care from the members of an individuals' community. As Table 4.7, 97. 4% said emotional support had promoted their welfare and only 2.6 % said no. At Mwananyamala CTC, Counselling Services, Selective disclosure, Care and Support and listening to PLWHA helped in promotion of PLWHA's welfare in Emotional Support. 97.4 reported to

have felt more positive in thinking about their health than before. 2.6% said they were not very comfortable because of some of the workers way of treating them, were getting tired of staying long in the ques and few said hunger, destructed them when they were waiting for services. The following describes emotional support's promotion of PLWHA's welfare.

4.7.1 Counselling Services

As table 4.6 shows, 57.8% strongly agreed and 42.2% agreed to have had access of counselling services. When asked of how important it was, the improvements they had were: they had been helped to accept themselves more, they came to self realization that HIV was a disease like all others, and even apprehended that they are diseases whose risk is more that HIV and AIDS. The doctor on duty said that Counselling Services they had helped them to facilitate immediate access to treatment when a person was diagnosed with HIV; to support adherence to treatment in order to attain viral suppression for people living with HIV, to encourage them to own their health and to prevent infecting other people with HIV; to enhance the prevention and management of HIV-related infections; and to enhance coping with the challenges of living with HIV.

In a focus group discussion, PLWHA explained that, Counselling sessions made them change the way they looked at the whole infection of HIV and AIDS. They said that, the psychological noises they had in the beginning was so much diminished by the sessions they had spent in counselling with the nurses at CTC. They said they then felt healthier and wealthier and they felt a purpose to feel alive again, which is a promotion to their welfare, a sense of living, peace of mind and increase in happiness.

4.7.2 Selective Disclosure

In selective disclosure, all respondents reported to have disclosed to their chosen family members, so as their relatives knew they had had the infection, receive the care and need when needed. In a focus group discussion, one man reported on how neglected he had felt in the beginning, because the wife had not psychologically accepted the fact that the husband was HIV positive, she felt she had been betrayed.

After he talked to the counsellor at CTC, she talked to the wife in a phone, explained to her the importance of affection and empathy to the husband and she changed her behaviour ever since. The husband said the acceptance and care he received from the wife gave him new emotional strength to move on, and now he was investing more on his children who are studying at the University. And many more said, the relatives they had chosen to disclose to them had became their close friends which gave them a sense of belonging and felt warm.

4.7.3 Care and Support

In Table 75.5 % strongly agreed and 24.5% agreed to have been provided with the Care and Support at CTC, and the care had added to sense of worth they in the beginning felt to have lost it. One old woman, 70 years old said, she had attended the clinic for over ten years. After losing the husband through death, she started feeling sick more often then she decided to test for HIV and AIDS. She remarked that, after testing HIV positive and remembered that she was a widow, she completely lost hope. She said after telling it to her sister and brother, they consoled her, became by her side plus the care and support she felt at CTC, she felt worth again and until the time of study, she was fine and firm. That was the experience to many PLWHA at CTC, Care

and Support added to their feeling of importance of life. In addition, the researcher found through the interview with the trucker at CTC, that one work was to truck files of PLWHA who had skipped their appointments to the clinic by making phone calls to them, thus adding up to care that PLWHA needed, that motivated them to come for clinics.

4.7.4 Being Listened to

Table 4.6 shows that 82.2% strongly agreed and 11.8% agreed that they been being listened which reduced many of the questions that had about HIV and AIDS. PLWHA reported that getting listened had been useful to them since, it gave an opportunity for them to express themselves to counsellors when they had anxiety, ask questions when they needed more understanding on issues, and give their views when they needed someone to talk to. At the family level, they were being reminded the time to take drugs, were encouraged that they are loved and few reported to receive financial assistance for fare to the clinic, when they had nothing. The 2.1% said they were not very happy with few workers who sounded rude to them, hence felt like their zeal to be listened were being jeopardized.

Table 4.6: PLWHA' Response Emotional Support's Promotion to the Welfare

Factor	Strongly Agree		Agree		Disagree		Strongly Disagree		I do not Know		Total	
	F	%	F	%	F	%	F	%	f	%	F	%
I get provided with counselling services	59	57.8	43	42.2	0	0	0	0	0	0	102	100
I have chosen selective disclosure	74	72.5	25	24.5	3	2.9	0	0	0	0	102	100
I get care and support	77	75.5	22	21.5	3	2.9	0	0	0	0	102	100
I get listened to	98	86.1	12	11.8	2	2.1	0	0	0	0	102	100

Source: Field Data, (2018)

Table 4.7: PLWHA' Responses on Influence on Status, Condition and Welfare

Factor	Response			
	F	**%**	**F**	**%**
In general Information giving has influenced my status	98	96.4	4	3.6
In general Instrumental Support has improved my condition status	99	97.3	3	2.7
In general Emotional Support has promoted my welfare	99	97.4	3	2.6

Source: Field Data, (2018)

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary Findings

The study found out that Social Support Coping Skill was effective to PLWHA. Out of 102 respondents who filled in questionnaires, 96 which is 94.1% reported to have got shocked after they had received the HIV positive results. The feelings reported by PLWHA that they had developed after being found HIV+, were mood swings, quick anger, feelings of loneliness, sadness, sorrow, guilt consciousness, stress and a few of them reported depression. After starting to attend HIV and AIDS clinics at CTC, respondents reported to have improved for the better. 96. 4% said information giving had influenced their status, 97.3 said that instrumental (particularly ARVs) had improved their condition and 97.4 said emotional support had promoted their condition. The new improvements mentioned were increase in happiness, feeling of sense of belonging, low level of opportunistic diseases, stability in general body condition. However, in instrumental support, it was found that labour time, financial assistance and nutrition were not being provided. Few respondents complained of long waiting for services, and unfriendly treatment from few staff.

5.2 Conclusion

The results show that the social support skill used at Mwananyamala was effective. Patients' status, welfare and condition had improved, thus the study seeks to commend on the good job done by the donors, government and workers at the centre in promoting the psychosocial needs of HIV/AIDS patients in the country. Nonetheless, fewer things remained a challenge, fewer workers not being amicable,

time spent at the CTC being long, fewer workers' facilities for treatment and cure and treatment for opportunistic diseases were unaffordable to few poor PLWHA.

5.3 Recommendations

In this study the following recommendations were drawn:

5.3.1 The Government

(i) It is recommended that efforts be made to increase the number of workers at the centre. The average time of 3 to five hours for patients waiting for services might be an inconvenience to other related areas of life for a person who regularly visits the hospital.

(ii) It is recommended that policy makers should now see the importance to introduce and put into practice, the issue of labour time. For patients who will be willing to disclose to their employers, be allowed minimally one day a month so as they attend clinics without fear of regular absenteeism at work, or going very late at work each time they visit the clinics.

5.3.2 To Non Governmental Organizations

(i) It is recommended that efforts be made to assist PLWHA with financial aids, grants and or entrepreneurial support so as for the ones who are in financial crisis be able to meet their basic needs like foods and transport and drugs which are not catered for at the centre so as to smoothen the exercise of managing their health.

(ii) It is recommended that efforts be done to establish the provision of nutrition to the needy poor PLWHA if in need of nutrition, while helping them for sustainable way to improve their financial situation.

5.3.3 To HIV/AIDS Workers

(i) It is recommended that staff put empathy in the fore front during services so as to remove the hard feelings to PLWHA, and encourage them to feel easy, when attending the clinics.

(ii) Create more than one shift for workers as it is done to other medical departments and open the centre on Sundays and Saturdays so that less time is spent at the clinic and create more convenience to working PLWHA.

5.3.4 To the Community Members

It is recommended that everybody should remember it is his/ her primary duty to give all the necessary support to PLWHA, by not deliberately entertaining to be the cause of new infections, by assisting them on any needed resources and being empathic to them without any discrimination, and say no to HIV related stigma.

5.3.5 To PLWHA

It is recommended that they should remain optimistic about their general living, be careful not to entertain HIV superinfections, attend clinics regularly, be consistent on the proper use of drugs, eat well, exercise and remain relaxed.

5.3.6 To Upcoming Researchers

It is recommended that new researchers come up with more researches on the matter, find out what can be done to help poor PLWHA on either financial related knowledge or assistance, and examine how the nutrition issues can be resolved to the better, that services being done at the centre and in the nation at large.

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APPENDICES

Appendix 1: Dodoso kwa Watu Waishio na VVU /UKIMWI

"Ufanisi wa Huduma/Msaada Utolewao ili Kukabiliana na VVU/UKIMWI kwa Watu Waishio na VVU/UKIMWI Katika Manisapaa ya Kinondoni, Dar es Salaam"

Salaam,

Ninaitwa Bupe Kalonge Mwabenga, Ni mwanafunzi wa shahada ya uzamili ya Ustawi wa Jamii Chuo Kikuu Huria cha Tanzania. Ninafanya utafiti kama sehemu ya uhitaji wa shahada yangu katika chuo tajwa.

Kwa heshima na taadhima, ninakuomba uwe sehemu ya kushiriki katika kutoa maoni, ili kukidhi lengo la utafiti huu.

Majibu yako yatachakatwa na kubaki kuwa siri na matokeo kutolewa bila kutoa utambulisho wako. Kam utakuwa na swali ama maoni, wakati wowote wa utafiti huu, waweza kutumia mawasiliano haya (+255 754379720/718615384) ama kwa barua bebe bupemwabenga@ gmail.com

Asante sana kwa ushirikiano wako.

SEHEMU A: MASWALI YA JUMLA

Umri ________________ Jinsi: Mwanaume/ Mwanamke________

1.Ni kwa nini uliamua kwenda kupima VVU?(i)---

----

2. Ulijisikiaje baada ya kujua kuwa una maambukizi ya VVU? VIBAYA [ ] VIZURI [ ]

(i) Kama jibu ni vibaya eleza ulivyojisikia ---

(ii) Ni kwa nini ulijisikia hivyo---

SEHEMU B: MASWALI YA UFANISI WA MSAADA UTOLEWAO

Ifuatayo hapo ni chini ni orodha ya maelezo yanaolezea imani wezekana juu ya huduma na msaada na huduma wa kukabiliana utolewao kwa watu waishio na VVU/UKIMWI. Tafadhali, soma maelezo kwa umakini na kisha ujibu kwa kuendana na imani yako bila kumshirikisha mtu mwingine. Weka alama ya vema, kwenye jedwali lenye jibu linaloelezea imani yako. Jedwali litakuwa na ama "nakubali kabisa" "nakubali", "Sikubali" "Sikubali kabisa" "sijui" na ama ndiyo au hapana.

Hoja	**Kiwango cha Kukubali**				
	Nakubali Kabisa	**Nakubali**	**Sikubali**	**Sikubali Kabisa**	**Sijui**
Napata elimu kuhusu maambukizi mapya ya VVU					
Napata elimu kuhusu matumizi sahihi ya dawa za VVU					
Napata elimu kuhusu ulaji sahihi na bora					
Napata elimu juu ya kutunza uzito wangu wa mwili					
Napata elimu sahihi ya jinsi ya kuzuia magonjwa nyemelezi na kuyatibu kwa muda sahihi					
Ninapata huduma za Dawa za virusi vya UKIMWI					
Ninapatiwa chakula nina popaswa kupewa					
Ninapatiwa elimu kuhusu					

fedha na msaada wa kifedha					
Ninapewa siku kazini ya kuhudhuria kliniki					
Napata huduma za ushauri nasaha					
Nimewaambia ndugu zangu kuhusu maambukizi yangu					
Napata uangalizi wa karibu kwa upendo					
Nasikilizwa					

SEHEMU C

Jibu ndiyo au hapana, kutokana na jinsi msaada na huduma za VVU na UKIMWI vilivyoboresha maisha yako

Hoja	Ndiyo	Hapana
Kwa ujumla huduma na msaada wa kielimu kuhusu VVU umekusaidia?		
Kwa ujumla huduma na msaada dawa na vitu unanisaidia?		
Kwa ujumla msaada wa kihisia umenisaidia kuniimarisha		

Kama ni ndiyo, msada wa kielimu umekusaidiaje...

....

Kama ni ndiyo Msaada wa dawa na vitu umekusaidiaje..

....

Kama ni ndiyo Msaada na huduma za kihisia umekusaidiaje..

....

Andika maoni mengine yoyote uliyo nayo..

....

Appendix 2: Maswali ya mjadala kwa watu waishio na VVU

Ufanisi wa huduma/msaada utolewao ili kukabiliana na VVU/UKIMWI kwa watu waishio na VVU/UKIMWI katika manisapaa ya Kinondoni, Dar es Salaam

1. Kwa nini uliamua kupima una maambukizi ya VVU?
2. Ulisijikiaje ulijua una maambuki ya VVU?
3. Ni kwa nini ulijisikia ulivyojisikia?
4. Je elimu kuhusu VVU imekusaidiaje?
5. Je ushauri unasaha umekusaidiaje?
6. Je msaada wa vitu umekusaidiaje?
7. Changamoto gani unakutana nazo wakati wa kupata huduma?
8. Nini maoni yako kuhusiana na huduma/msaada uupatao hapa?

Appendix 3: MASWALI YA MAHOJIANO NA WAFANYAKAZI KITUONI

1. Unafanya kazi gani?
2. Je Huduma ya elimu ya maambukizi ya VVU zinawasaidiaje watu waishio na maambukizi?
3. Je ushauri nasaha unawasaidiaje watu waishiyo na VVU?
4. Je msaada wa kihisia unawaimarishaje watu waishio na VVU?
5. Ni changamoto gani mnakutana nazo wakati wa kutoa huduma?
6. Nini maoni yako katika kuboresha huduma za watu waishio na VVU?

Appendix 4 Clearance Letter

THE OPEN UNIVERSITY OF TANZANIA

DIRECTORATE OF POSTGRADUATE STUDIES

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Our Ref: PG201507929

Date: 20th August, 2018

Mwananyamala Hospital,

P .o Box 61665

Dar es salaam.

RE: RESEARCH CLEARANCE

The Open University of Tanzania was established by an act of Parliament No. 17 of 1992, which became operational on the 1st March 1993 by public notice No. 55 in the official Gazette. The act was however replaced by the Open University of Tanzania charter of 2005, which became operational on 1st January 2007. In line with the later, the Open University mission is to generate and apply knowledge through research.

To facilitate and to simplify research process therefore, the act empowers the Vice Chancellor of the Open University of Tanzania to issue research clearance, on behalf of the Government of Tanzania and Tanzania Commission for Science and

Technology, to both its staff and students who are doing research in Tanzania. With this brief background, the purpose of this letter is to introduce to you **Ms BUPE KALONGE MWABENGA, Reg No: PG201507929** pursuing **Master of Arts in Social Work (MSW).**We here by grant this clearance to conduct a research titled ***"Effectiveness of HIV/AIDS Social support copping skills to PLWHA in Kinondoni Municipality Dar es salaam.''*** *He* will collect his data at Kinondoni District in Dar es salaam region from 23rdAugust 2018 to 30th October 2018.

In case you need any further information, kindly do not hesitate to contact the Deputy Vice Chancellor (Academic) of the Open University of Tanzania, P.O. Box 23409, Dar es Salaam. Tel: 022-2-2668820.We lastly thanks you in advance for your assumed cooperation and facilitation of this research academic activity.

Yours sincerely,

Prof. Hossea Rwegoshora

For: VICE CHANCELLOR

THE OPEN

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