THE STATUS, PROBLEM, AND IMPLEMENTATION OF HOTLINE COUNSELING SERVICE IN THE CASE OF NATIONAL AIDS RESOURCE CENTER: ADDIS ABABA, ETHIOPIA

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ABSTRACT

Objective: A hotline is a specialized telephone service that provides an effective way to listen to and counsel callers, disseminate information, and refer callers to services and resources for further help. Hotlines are used in many countries for a variety of reasons such as crisis lines or providing information on family planning, reproductive and sexual health, HIV/AIDS, and human rights. Hotlines cannot operate in a vacuum because they rely on a network of organizations that offer face-to-face counseling, medical services, or access to more information.

Methods: An institutional based cross-sectional study design was employed to address the major objectives of the study; to assess the status, problem, and implementation of online counseling services in case of National AIDS Resource Center (NARC). The study encompasses hotline counselors, supervisors, and coordinators. Sampling techniques that used in this research is simple random probability sampling; the data collection was performed through questionnaire, interview, and document analysis was employed.

Results: The major finding of this study was there is an increment of the status of NARC, based on counselors experience of understanding the problems and interview of supervisors; there are some problems that face NARC, for instance, call abuse (prank calls), high workload in counselors, stress of work, unsuitable work environment, technological system problems such as busyness of telephone lines, silence of calls, and lack of trained supervisor to support all counselors emotionally or technically; this means that there is no statistical significance in problem that they face. There is a statistically significant difference between counselor's ways of implementation of works in NARC p<0.05.

Conclusion: There is a relatively increments of the status of the NARC in different conditions, such as in number of staff members, number of callers per year, and answered calls by counselors per year, based on counselors experience of understanding the problems and interview of supervisors; there are some problems that face NARC, for instance, call abuse (prank calls), high workload in counselors, stress of work, unsuitable work environment, technological system problem such as busyness of telephone lines, silence of calls, and lack of trained supervisor to support all counselors emotionally or technically; and there is a statistically significant difference between counselor's ways of implementation of works in NARC.

Keywords: Hotline, Counseling, Status, National AIDS Resource Center.

INTRODUCTION

In Ethiopia, counseling is offered in different settings such as in schools, NGO's, consultancy offices, on lines and hotline counseling services. The goal of counseling is to effect change in the behavior which will enable the client to live a more productive, satisfying life as he or she defines it within society's limitation. However, to be an effective counselor, one has to have adequately collected reliable and valid information on the client [1]. In Ethiopia, mostly, counseling services are offered in face-to-face (FtF); however, apart from the FtF counseling service, there is also online or phone counseling that is provided by a few organizations. The hotline services were introduced in Ethiopia by OSSA in 1995 [2]. Since then, the organization has given the service to a limited extent, and in March 2005, "Wegen Talk Line" a national hotline was launched in Addis Ababa by National AIDS Resources Center (NARC) [2]. Since 2004, Family Guidance Association-Ethiopia and Hiwot Ethiopia have been providing the online service in Addis Ababa regarding reproductive health (RH) and HIV/AIDS [3].

Johns Hopkins University, Bloomberg School of Public Health/Center for Communication Programs and the Academy for Educational Development [4] trainer's manual illustrated that hotline counselings are used in many countries for a variety of reasons such as crisis lines, gender violence, or providing information in family planning, child help, human trafficking, juvenile justice, sexual assaults, substance abuse, adolescences suicide, reproductive and sexual health, HIV/AIDS, and human right. It provides accurate information to many people quickly and anonymously. In offering anonymity, hotlines serve as a source of information that will not embarrass, label, or judge a caller. People are free from appearing uninformed or, more importantly for youth, being seen in a clinic by friends or family. As Saunders [5] points out, often people need a non-judgmental, unbiased person to talk to about sensitive subjects. Hotlines show trends in the way people think, misconceptions they may have, and how they get their information. Tracking information can lend support when evaluating ongoing programs (i.e., if callers report that program materials referred them to the hotline) and in developing new interventions (i.e., providing correct information to callers responding to rumors). Helquist and Rosenbaum [6] believe hotlines reinforce prevention messages disseminated through other channels, especially the mass media. As opposed to mass communication, hotlines reinforce messages in an interpersonal manner with person-to-person contact via phone lines. It is this interpersonal communication that can provide the basis for people to adopt new behaviors [7].

As with any intervention, hotlines have its own limitations. One is the lack of follow-up to verify if callers heeded advice given and adopted new behaviors [8]. Saunders [5] also mentions a lack of continuity and the absence of visual cues as other possible drawbacks. An important aspect of hotlines is the need for an infrastructure where telephones are accessible. This tends to force hotlines to be used only in urban areas, although some programs have successfully expanded to rural areas, especially with the popularity of cellular phones.

It is only recently: The online service available has been advertised in mass-medias and promoted nationally in Ethiopia. Almost, all organizations that offer online were established with the objectives of providing information on RH and HIV/AIDS related issues, to refer callers to appropriate services available and counseling [9].

In hotline counseling services, different organizations offered counseling progress to their client. However, there are some scientific research attempts to assess their program in relation to their services, as per knowledge of researcher, there is no scientific research that attempts to study their status, problems, and implementation strategies of hotline counseling services in Ethiopia. So, as to this reason, the main objective of the current study was assessed the status, problem, and implementation of hotline counseling service in the case of NARC organization in Addis Ababa, Ethiopia.

METHODS

Research design

An institutional based cross-sectional survey design was employed with both quantitative and qualitative research method (mixed approach), so as to quantify the variables using different statistical packages. The quantitative method may help to get accurate information about workers attitude toward the status and implementation of the program. In addition to the above reasons, quantitative research method is very important to clearly indicate how much the problem was significant, and it also avoids hasty ways of giving conclusions. However, it does not mean that quantitative research method has not any limitation. Participants may fill the questionnaire carelessly; it is difficult to address workers and institutions problem using questionnaire only. Therefore, the researcher solved these limitations using a qualitative instrument-like semi-structured interview.

Study site

The area selected for this study was National AIDS Resource Center (NARC). AIDS Resource Center (ARC) in Addis Ababa, Ethiopia, was launched in December of 2002. ARC serves as Ethiopia's Premier source of HIV/AIDS information. The center (referred to as CCP/ARC) serves as a hub for a host of user-driven resources and services, such as a comprehensive multimedia reference collection, high-speed computer terminals with Internet access, audio-visual equipment, databases of information pertaining to HIV/AIDS, and a toll-free HIV/AIDS telephone hotline. In addition to its user-driven services, the CCP/ARC also supports local partners in developing strategic, targeted behavior change communication (BCC) tools, and approaches. Through both its user services and BCC activities, the CCP/ARC strives to build the capacity of its partners, with a particular emphasis on the Ethiopian government's HIV/AIDS Prevention and Control Office. The NARC is working diligently to combat HIV/AIDS, tuberculosis (TB), and sexually transmitted infections (STIs) through the introduction of innovative user-driven health communication programs. Wegen AIDS talk line, a national toll-free hotline (952), is one of the NARC's programs answering HIV, TB, and STI-related questions. Operating 7 days a week and 16 hrs a day, the talk line serves over 3500 people daily in 14 languages. The talk line has been doing a spectacular job of providing Ethiopians with this crucial service since 2004. According to the private automated branch exchange, it is a machine that counters revived calls and answering calls, the organization received 14,569,173 calls and answered 5,994,753 calls, and their service delivered for callers were 41.15% [9].

Study population and sampling techniques

Respondents for this research were workers/counselors and supervisors, who work at NARC. Using probability sampling techniques, the researcher selected participants. To determine sample size, researcher used software (G-power) that assists for how many respondents are expected to incorporate for the study by taking the assumption of the whole population and also helps to getting relevant information from sampled respondents. From the whole therapist/counselors (57) and supervisors (5), the researcher selected 20 counselors and 3 supervisors for the current study.

Instruments

To obtain sufficient and relevant information for the study, the researcher used the following data collection tools: Questionnaires, unstructured interview, and document review. The questionnaire was contain mainly both open-ended and close-ended type that had background information and information about the service that given by the organization, so as to understand the problem and implementation of the organization. These questionnaires were presented to counselors in NARC.

The unstructured interview was used to know the status, problem, and implementation of NARC. These interviews were presented for supervisors in NARC, so as to understand their way of implementation, different types of problems, and current status of their organization. Document review helps the researcher to know the current status, problem, and implementation of NARC by comparing different activities and reports (monthly and yearly) of the organization from different departments in previous years work.

Ethical consideration

While conducting this study, there was some ethical consideration that taken into account by researcher. The followings are some of them; anonymity; maintaining record so that nobody can identify which individuals is associated with which character or set of data, the instrument and procedures used in this study will not cause any harm to the study subjects, and subjects have the right to discontinue/give up from providing information at any time.

RESULTS

The data obtained from the questionnaire were analyzed and interpreted using Statistical Package for Social Sciences version 18. Statistical techniques that were employed to analyses collected data were percentage, mean, frequency, and Chi-square and for qualitative data; the researcher employed thematic analysis, to assess the current status, problem, and implementation of NARC in Wegen AIDS talk line program service.

Socio-demographic data of counselors/phone therapists

A total of 20 study subjects were participated in the study giving a response rate of 100%. According to the data, 55% of respondents of research were male, and 45% of respondents were female.

The mean age distribution of the subjects was 29.15. 23-28 years respondents were 45%, from 29 to 34 years were 30%, and the rest 25% of respondents were filled by the age group 35-40 years.

Regarding the educational level, 25% of respondents were diploma holders, the majority of respondents were BA/BSc holders, they account 50% of the total sample size, and the rest 25% of the respondents were MA holders. Relating to that of their filled of study or specialization area 35% of respondents were nurses, sociologists, and social workers accounted 25%, and the rest 40% were filled by psychologists and counseling psychologists.

Findings in relation to work experience of counselors in NARC center illustrates that the mean work experience of subjects were 2.5 years. This means that 1 year were 10%, 2 years were 35%, 3 years were 35%, and the rest 15%; and 5% of respondents were filled by work experience of 4 and above 4 years, respectively.

Information about the service

From the total number of 20 respondent, more than half of them were worked 5 days/week, 16 (80%) and 4 (20%) of the respondents were respond as 6 days/week they work.

In relation to working hours per day by counselors, total respondents of the research were responded as they work 6 hrs/day 100%. Other items did not choose by respondents of the research.

Out of 20 study subjects, 7 (35%) of the respondents were said that they serve 51-80 clients/day, whereas 13 (65%) of the respondents were said that they serve >80 clients/day in their work hours or days.

As Table 5 indicated that from the total number of respondents, 19 (95%) were answered that 18-25 age groups are mostly they give counseling service, and the rest 1 (5%) of the respondents answered that age group of 25-30 are take counseling services from the counselors.

According to the information that present in Table 6, the total number of respondents out of those who answered by said males take a leading the position by taking counseling services are 17 (85%), whereas 3 (15%) of the respondents respond as there is no sex difference between male and female in taking counseling services.

For the question that presents for counselors, what are the major problems that you face as a counselor in NARC? The respondents

Table 1: Frequency distribution of socio-demographic characteristics of study subjects

S. No.	Variables	Response	Frequency (%)
1	Sex	Male	11 (55)
		Female	9 (45)
2	Age	23-28	9 (45)
		29-34	6 (30)
		35-40	5 (25)
3	Educational level	Diploma	5 (25)
		BA/BSc	10 (50)
		MA	5 (25)
4	Field of study	Nurse	7 (35)
		Sociology and social work	5 (25)
		Psychology and counseling psychology	8 (40)
5	Work experience in NARC	1 year	2 (10)
		2 years	7 (35)
		3 years	7 (35)
		4 years	3 (15)
		Above 4 years	1 (5)
	Total		20 (100)

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Table 2: Frequency distribution of workers work of days per week

Items	Frequency (%)
4 days/week	0 (0)
5 days/week	16 (80)
6 days/week	4 (20)
7 days/week	0 (0)
Total	20 (100)

Table 3: Frequency distribution of hours they work per day

Items	Frequency (%)
5 hrs/day	0 (0)
6 hrs/day	20 (100)
7 hrs/day	0 (0)
8 hrs/day	0 (0)
Total	20 (100)

Table 4: Frequency distribution of the numbers of clients they give service per day

Items	Frequency (%)
<30	0 (0)
31-50	0 (0)
51-80	7 (35)
>80	13 (65)
Total	20 (100)

respond as there are different problems that face but the most ones are uncomfortable work environment, burnout and stress, abuse calls (prank callers), lack of rest in gap between two callers, routine of work, less training on work-related, lack of referral organization, network problem such as telephone line problem hung up and silent call and deficiency to know the non-verbal expression of the patient, people's expectation about short cut solutions rather than finding solution by discussing the issue.

From the Table 7, 45% of respondents respond as yes, they face a problem out of their capacity, they put the reasons as some problems are psychiatric problem, if the problem is need child counseling, drug and alcohol addicted counseling related to HIV/AIDS prevention and positive living practice, and the question is RH related. Moreover, the rest 55% of research respondents respond as they did not face any problem out of their capacity or knowledge.

Questionnaires to assess counselors experience related to types of problems that they face and their way of implementation
Based on Table 8, the opinion of counselor's respondents on item 1.1, 1.2, 1.4, and 1.6 are relatively high, i.e., 80% (average and above) responded that they have a problem in call abuse (prank), workload, stress of work environment, and patience when the call is abuse. 100% of counselor respondents respond as there is the high stress of work. 75% of respondents respond as there is low problem in communicating with clients.

The degree of freedom for all items is 2. The Chi-square value of each item at α=0.05 level of significance is 5.99. The Chi-square observed value of each item is less than the Chi-square critical value of 5.99 except item 1.5 (16.31). This shows that there is no significance difference between the perceptions of respondents. Hence, relatively they have high problems in each item of the problem of work based on counselor's personal experience.

As shown in Table 9, questions related to implementation of work in counselors personal experiences, all items except item 2.2 and 2.4 that present for research study subjects are relatively high, i.e. 84.38% (average and above) responded that they have a relatively high work

Table 5: Age group of clients that gets service by counselors

Items	Frequency (%)
<12	0 (0)
13-17	0 (0)
18-25	19 (95)
25-30	1 (5)
>30	0 (0)
Total	20 (100)

Table 6: Frequency distribution of sex that taken counseling service by counselors

Items	Frequency (%)
Male	17 (85)
Female	0 (0)
No difference	3 (15)
Total	20 (100)

Table 7: Frequency distribution related to problems above their capacity

???	Items	Frequency (%)
Have you faced any problem above your capacity?	Yes	9 (45)
	No	11 (55)
	Total	20 (100)

Table 8: Data related to problem by counselor respondent or research respondent

| No. 1 | Questions regarding problem of work in counselors personal experience | F (%) | | | χ^2 |
| | | Choice | | | |
		High	Medium	Low	
1.1	Call abuse (prank)	7 (35)	7 (35)	6 (30)	0.11
1.2	Workload	9 (45)	9 (45)	2 (10)	4.9
1.3	Stress of work	10 (50)	10 (50)	0 (0)	3.34
1.4	Stress of work environment	6 (30)	7 (35)	7 (35)	0.099
1.5	Problem in communicating with clients	1 (5)	4 (20)	15 (75)	16.31
1.6	Patience when the call is abuse	9 (45)	8 (40)	3 (15)	3.1

Table 9: Data related to implementation of work by counselor respondents or research respondent

| No. 2 | Questions regarding implementation of work in counselors personal experience | F (%) | | | χ^2 |
| | | Choice | | | |
		High	Medium	Low	
2.1	Routine of work	13 (65)	5 (25)	2 (10)	9.71
2.2	Different trainings	0 (0)	9 (45)	11 (55)	3.65
2.3	Burn out management	1 (5)	12 (60)	7 (35)	9.11
2.4	Follow up of clients	1 (5)	9 (45)	10 (50)	7.3
2.5	Reward of jobs/work	3 (1)	11 (55)	6 (30)	4.9
2.6	Supervision	11 (5)	8 (40)	1 (5)	7.91
2.7	Satisfaction of salary	7 (3)	11 (55)	2 (10)	6.11
2.8	Interest to work	14 (7)	6 (30)	0 (0)	8.15
2.9	Giving refer to the client to another person/place	5 (25)	8 (40)	7 (35)	0.7
2.10	Receiving feedback from supervisor	11 (55)	9 (45)	0 (0)	3.65

implementation in regard to routine of work, burn out management, reward of job/work, supervision, satisfaction of salary, interest to work, giving refer to the client to another person/place, and receiving feedback from supervisors. In another hand, different training that given by organization is low, i.e.. 55%, and there is medium follow-up of the client in the organization, i.e., 50%.

The degree of freedom for all items is 2. The Chi-square value of each item at α=0.05 level of significance is 5.99. The Chi-square observed value of item 2.2, 2.5, 2.9, and 2.10 shows that there is no significance difference between the perceptions of the respondents, but in items 2.1, 2.3, 2.4, 2.6, 2.7, and 2.8, it shows that their calculated value is greater than table value. This shows that there is a significance difference between counselor's responses. Therefore, the majority of the respondent has statistically significance difference among their personal experience.

Qualitative analysis of interview for supervisor
From the eight total supervisors, the researcher randomly takes three supervisors and performs an interview. The interview is takes place in their lounge. Amazingly, all supervisors are females; their educational levels were two of them have a bachelor of art in sociology and the rest one has MA in counseling psychology. All of the respondents have 2 years and above experience in the position as a supervisor.

For question that present for them, "would you tell me the motto/ objectives of your organization?" All of the respondents respond as provide on-going technical assistance on developing strategic health communication program for all HIV/AIDS stakeholders, giving quality of information related to preventing HIV/AIDS, giving counseling service for nation callers to gain behavioral change.

For question "would you tell me the current status of your organization?" the research respondents respond as there is high increments of status in their number of workers/staff, good feedback from clients, and increase of knowledge in counselors counseling concept and performing quality.

For question "in what way you lead the counselors to implement actions?" the respondents respond as there is a technology (ICT) system that controls counselors activity and by giving technical and emotional supports, by two-way communication through email, discussion, meeting, and giving feedback.

For question, "what are the major problems you faced as a supervisor in NARC hotline counseling center?" for this question, the research respondents respond as there are different problems relating to youngster of their organization but the most ones are there is call abuse, lack of updated information through different times because of time to time change of knowledge about HIV/AIDS and STI, and lack of supervisors to support all counselors.

For interview question, "how can you fulfill the need of your clients those who speak different languages and have you taken short- and long-term training for this position?" For these question, the supervisors respond as to address different language speaker callers; there are different language speaker counselors to address this type of problem but if the counselor did not speak the same language with client/callers, using the technology the counselor transfer to another counselor who speak the same language with clients. The supervisors take different short-term training to be supervisor and all of them take counseling supervision training for 3 months as long-term training to be a supervisor.

For question "what are your dreams for the better improvement of this organization?" The research respondents respond as all of them has a dream for expansion of this hotline counseling service for different missions, and they want to present hundred percent quality counseling service provider.

DISCUSSIONS

Hotline counseling is used in many countries for a variety of reasons. It cannot operate in a vacuum because they rely on a network of organizations that offer FtF counseling, medical services, or access to more information. As Saunders [5] points out on the finding, often people need a non-judgmental, unbiased person to talk to about sensitive subjects. Furthermore, hotlines can be excellent tracking systems. On this system of information delivery system, there are different problems faced by the users like made a prank call and so on. These findings also supported by the current study fining, based on result in Table 8, the opinion of counselor's respondents on questions item 1.1, 1.2, 1.4, and 1.6 are relatively high, i.e. 80% (average and above) responded that they have a problem in call abuse (prank), workload, stress of work environment and patience when the call is abuse. 100% of counselor respondents respond as there is the high stress of work. 75% of respondents respond as there is low problem in communicating with clients.

The degree of freedom for all items is 2. The Chi-square value of each item at α=0.05 level of significance is 5.99. The Chi-square observed the value of each item is less than the Chi-square critical value of 5.99 except item 1.5 (16.31). This shows there is no significance difference between the perceptions of respondents. Hence, relatively they have high problems in each item of the problem of work based on counselor's personal experience.

Helquist and Rosenbaum [6] believe hotlines reinforce prevention messages disseminated through other channels, especially the mass media. As opposed to mass communication, hotlines reinforce messages in an interpersonal manner with person-to-person contact via phone lines. It is this interpersonal communication that can provide the basis for people to adopt new behaviors.

As with any intervention, hotlines have limitations. One is the lack of follow-up to verify if callers heeded advice given and adopted new behaviors. Saunders [5] also mentions a lack of continuity and the absence of visual cues as other possible drawbacks.

As the study found that there is a problem in the follow-up of the callers, call abuse or silent calls, lack of updated information through different time because of time to time change of knowledge about HIV/AIDS and STI, and lack of supervisors to support all counselors. In relation to the implementation of hotline counseling, mostly they use technology to implement the activities via e-mail, and discussion, through meeting. There is low training that given to counselors. As the four components of hotline counseling, telephone technology, human resource, training, and information resources, so as to enhance the capacity of the organization, the concerned body focus on these areas.

CONCLUSION

The major objectives of the study were to assess the status, problem, and implementation of online counseling services in case of NARC. Findings that revealed using frequency, percentage, and Chi-square test showed that there is a relatively increments of the status of the NARC in different conditions, such as in number of staff members, number of callers per year, and answered calls by counselors per year, based on counselors experience of understanding the problems, and interview of supervisors; there are some problems that face NARC, for instance, call abuse (prank calls), high workload in counselors, stress of work, unsuitable work environment, technological system problems such as busyness of telephone lines, silence of calls, and lack of trained supervisor to support all counselors emotionally or technically, and there is a statistically significant difference between counselor's ways of implementation of works in NARC. In light of the finding and conclusion reached, the following recommendations are forwarded: First, since there is stress of work, the talk line provides practical training to counselors on attitude and self-awareness, potential stressors, motivation to work, and dealing with difficult calls in the highest manner they present. Second, to avoid stress of work environment, the organization provides different mechanisms such as putting too much ventilators to avoid hot atmosphere or find another suitable offices and implementing different techniques such as deep birthing, self-massaging and/or massaging by others, relaxation exercise, meditation, so as to reducing stress and bur out of the counselors by enabling them adjust their attitude and expectations as well as to develop coping skills. Third, to increase the effectiveness of the organization more than current status, the organization fosters its activity in different services such as providing group FtF education, discussion on HIV/AIDS, TB, and STIs, fostering its telephone line from 24 lines at a time to more, foster its service on online internet, radio, and television programs.

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