



Original Research Article

Role of counseling services for HIV positive persons in coping with HIV/AIDS

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Abstract

Background: *'Integrated Counselling and Testing Centre' (ICTC) to provide services to all clients under one roof. An ICTC is a place where a person is counselled and tested for HIV, of his own free will or as advised by a medical provider. Counselling is supposed to help HIV positive person by providing them support and linking them with treatment facilities.*

Objective: *The objective of this study was to assess the role of counseling services provided at ICTC for HIV positive persons in coping with their HIV positive status*

Methodology: *The present study was a cross sectional study carried out at Integrated Counselling and Testing Centre (ICTC), Govt. Medical College, Amritsar from 1st Jan '09 to 31st Dec '09. The HIV positive persons who came to collect their positive reports were interviewed by the authors.*

Results: *Majority of respondents were males (61.2%), currently married (73.6%), belonged to upper lower socio economic status(64.2%). Most of them felt either depressed (62%) or sad (42.7%) after knowing their HIV positive status and they perceived it as a death sentence. After counseling session, there was a decrease in negative feelings and 77.3% reported having a more positive attitude towards life. 62.7% became aware of HIV treatment facilities available after counseling while other aspects of awareness during counseling included, modes of spread of HIV (50.9%), precautions to be taken to prevent spread (39.8%) and misconceptions about HIV (15.3%).*

Conclusion: *Counseling plays an important role in providing support to HIV positive persons in coping up with their HIV positive status.*

Introduction

When AIDS was first recognized, it did not seem to be an unusual challenge. Few years later, the disease had assumed epidemic proportions, crossing frontiers and creating profound difficulties for public health authorities worldwide

in attempting to halt the spread of the HIV virus. Its alarming spread and prevalence became widely discussed and debated in scientific, medical and public health forums¹

HIV/AIDS is not only a health problem but it has serious socio-economical consequences which

affect human rights badly.² HIV has found a wealth of opportunities to thrive among tragic human conditions fueled by poverty, abuse, violence, prejudice and ignorance. Social and economic circumstances contribute to vulnerability to HIV infection and intensify its impact, while HIV/AIDS generates and amplifies the very conditions that enable the epidemic to thrive.³

Under NACP (National AIDS Control Program), Voluntary Counselling and Testing Centres (VCTC) and facilities providing Prevention of Parent to Child Transmission of HIV/AIDS (PPTCT) services are remodelled as a hub or 'Integrated Counselling and Testing Centre' (ICTC) to provide services to all clients under one roof. An ICTC is a place where a person is counselled and tested for HIV, of his own free will or as advised by a medical provider.⁴

Counseling in the context of HIV has become important in the provision of prevention, treatment and care services over the past years. HIV counseling initially focused on prevention of HIV infection, HIV testing and dealing with the emotional and social impact of a positive HIV test. HIV counseling expanded to include counseling on prevention of parent-to-child transmission (PPTCT) of HIV, and on care for the baby. With the introduction of antiretroviral therapy (ART), the scope of counseling further expanded to include preparedness and adherence counseling for people on ART.⁵

Objective

The objective of this study was to assess the role of counseling services provided at ICTC for HIV positive persons in coping with their HIV positive status

Material and Methods

The present study was carried out at Integrated Counselling and Testing Centre (ICTC), Govt. Medical College, Amritsar. The period of study was from 1st Jan'09 to 31st Dec'09.

ICTC was located in the Department of Microbiology, Govt. Medical College, Amritsar. Before HIV testing, pre test counseling of the client was done and his/her informed consent for test was taken. Then, HIV testing was done. Three tests were performed on client's blood before declaring him/her HIV positive. These tests were performed according to NACO guidelines. First, Rapid combaid test was performed on client's serum. The serum sample which was found to be positive, was subjected to another two tests (Rapid/Simple) available at ICTC of Microbiology Department. The sample showing positive result in all the three tests was declared to be HIV positive and the person showing negative or indeterminate result in second and third tests was advised to come after one month for review.

ICTC was visited by the author thrice a week and the persons, who came to collect their positive reports on these three days of the week, were included in the study. They were informed about the purpose of the study in a language understandable to them and their written informed consent to participate in the study was taken. Every effort was made to maintain the confidentiality of the participants. The information regarding HIV positive persons like sex, marital status, educational status, occupation etc was obtained from HIV positive persons by an interview, personally by the investigator and recorded in the proforma evolved and pre tested for the purpose. They were also asked about their feelings after knowing their HIV positive status and after the counseling session. They were enquired about the change in knowledge and attitude towards life after counseling. The reasons for negative feelings and the motivational factors for better feelings after counseling were also asked.

The data thus collected was compiled, statistically analyzed and suitably presented. Valid conclusions were drawn.

Results

Table 1: Socio demographic characteristics of HIV positive persons

Socio demographic characteristic	N	Percentage
Sex		
Male	248	61.2%
Female	157	38.8%
Marital Status		
Unmarried	42	10.4
Currently Married	298	73.6
Widow/Widower	60	14.8
Divorced	5	1.2
Education		
Illiterate	90	22.2%
Literate + primary	90	22.2%
Middle	136	33.6%
Secondary + higher secondary	79	19.5%
Graduate & above	10	2.5%
Socio economic status		
Upper middle	28	6.9%
Lower middle	107	26.4%
Upper lower	260	64.2%
Lower lower	10	2.5%

Table 1 shows that most of the respondents (61.2%) were males. Majority of them (73.6%) were currently married while 14.8% were widows or widowers and 10.4% were unmarried. Almost one third (33.6%) had education upto middle school, 2.5 percent were graduates or post graduates and 22.2% were illiterates. Most of them belonged to upper lower socio economic status (64.2%) according to kuppuswami socio economic scale while only 6.9% belonged to upper middle class. None of the respondents was from upper class.

As far as occupation is concerned, out of 248 HIV positive males, majority were either truck drivers (30.6%) or farmers (29.8%). Among the females, out of 157, a majority, 134 (85.4%) were housewives.

Table 2 Distribution of HIV positive persons according to their feeling immediately after knowing their HIV positive status and after counseling at ICTC*.

Feeling	Immediately after knowing HIV positive status		After counseling at ICTC	
	Number	Percent	Number	Percent
Surprised	58	14.3%	38	9.4%
Depressed	251	62.0%	227	56.0%
Angry	23	5.7%	2	4.9%
Sad	173	42.7%	174	42.9%
Anxious	13	3.2%	8	1.9%

*Multiple options were allowed

Table 2 shows that 251 (62%) of respondents felt depressed after knowing their HIV positive status, 173 (42.7%) felt sad, 58 (14.3%) felt surprised, 23 (5.7%) felt angry and 13 (3.2%) felt anxious. After counseling session, there was a slight decrease in people who felt depressed (56%) and a marginal increase in those who felt sad (42.9%). The proportion of respondents who were surprised (9.4%), angry (4.9%) and anxious (1.9%) also decreased.

The main reason for negative feelings after knowing HIV positive status was stated that they perceived it as death sentence and feared that they would lose their lives very soon. Also, the fear of stigma and discrimination from society bothered them and they were afraid to reveal that they were

HIV positive. A small proportion (6.7%) of participants were not willing to disclose their HIV positive status to anyone.

Table 3 Distribution of HIV positive persons according to change in attitude towards their HIV positive status after counseling

Change in attitude towards HIV positive status	Number	Percent
More positive attitude towards life	313	77.3%
Very little or no change	92	22.7%
Total	405	100.0%

Table 3 shows that most of respondents, 313 (77.3%) said that they are having a more positive attitude towards life after pre test counseling while

92(22.7%) said there is very little or no change in their attitudes.

The main factor which motivated them during the counseling session was reported to be the knowledge that treatment facilities are available free of cost which can help them lead a reasonably good health.

Table 4 Distribution of HIV positive persons according to increase in knowledge regarding HIV after counseling*

Increase in knowledge	Number	Percent
Modes of spread	206	50.9%
Misconceptions	62	15.3%
Precautions to be taken	161	39.8%
Treatment option	254	62.7%
No increase	14	3.5%

*Multiple options were allowed

Table 4 shows that a majority of respondents (96.5%) gained some knowledge about HIV/AIDS during the counseling session. More than half (62.5%) got knowledge about treatment option, 50.9% about modes of spread of HIV, 39.8% about precautions to be taken and 15.3% about misconceptions associated with HIV/AIDS.

Discussion

HIV testing and counseling services are a gateway to HIV prevention, care and treatment. People affected by HIV/AIDS need care. They need support to face the challenges of illness and meet the needs that arise. The aim of HIV/AIDS care and support is to improve the quality of life of people living with HIV/AIDS, their families and communities.

In the present study, we have found that most the respondents were males (61.2%), currently married (73.6%) and belonging to upper lower socio economic status (64.2%). Almost one third (33.6%) had education upto middle school level.

According to NFHS- III, the prevalence of HIV infection in 15-49 year age group is higher (0.36) in males than in females (0.22). The female to male infection ratio is 0.61.¹ Similarly, in another study by Kumar A on the profile of clients attending VCTC in Karnataka, it was found that

male population constituted 64.7% of the total study subjects.⁶

MS Zaheer, in his study on Clinical and Demographic Profile of AIDS patients in and around Aligarh found that male to female ratio was 2.4:1.⁷ which was found to be 2.3:1 in a study on HIV positive patients in Trivandrum by SP Nair.⁸

Megha Gupta found that in VCTC of a district hospital, 78.4 % of the clients were married and 21.6 % were unmarried. 11.1% males and 44.4% females were widowed, divorced or separated.⁹ Similar results have been found in a study in Aligarh by MS Zaheer et al that 77.1% were married and out of these, 73.5% were males and 85.7% were females.⁷ Anil Mahajan et al, in their study in VCTC at Jammu, observed that 13% respondents were widows or widowers.¹⁰

A high proportion of HIV positive widows found in the study might be the widows of HIV positive persons who died due to AIDS.

Kumar A, in his study on profile of clients tested HIV positive in VCTC in Karnataka, found that 21.4 % were illiterates while only 5% of clients had education upto college level or above.⁶

GK Joardar, in his study in VCTC in west Bengal found that 40.9 % of attendees were illiterates, 23.6% had education level upto class IV, 28.5% had education level from class V to X and only 6.9% had education level above class X¹¹

Majority of respondents were from lower socio economic class. This shows that most of the persons utilizing Govt health facilities were from lower socio economic status.

As far as occupation is concerned, out of 248 HIV positive males, majority were either truck drivers (30.6%) or farmers (29.8%). Among the females, out of 157, a majority, 134 (85.4%) were housewives. Drivers are recognized as a high risk group in AIDS. Commercial sex work is an important source of HIV infections in India and long distance truckers form a majority of clients of CSWs. Also they are more exposed to other high risk behaviors like IV drug abuse. In a study by S Chaturvedi on sexual behavior among long

distance truck drivers, 57.24% drivers gave history of exposure to CSW.¹² A larger percentage of farmers may be because of the fact that majority of persons included in this study were from rural areas and agriculture is an important occupation for rural people. According to Punjab Development Report, agriculture is the major employer of Punjab workforce and it accounts for 39.4% of total workforce.¹³ This also shows that AIDS is spreading from high risk groups to general population.

Among females, most are housewives and they might be infected by their HIV positive husbands. Similar findings have been reported from other studies as well. MS Zaheer, found that 29.4% of males studied were drivers and out of females, 64.3% were housewives who had contracted HIV infection from their already infected husbands.⁷

Knowing their HIV positive status acts as a major shock for people. 62% of respondents felt depressed after knowing their HIV positive status, 42.7% felt sad, 14.3% felt surprised, 5.7% felt angry and 3.2% felt anxious. After counseling session, there was a slight decrease in all the categories. In a study conducted in six high prevalence states of Andhra Pradesh, Tamil Nadu, Karnataka, Maharashtra, Manipur and Nagaland, it was found that almost 70% respondents were shocked, about 20% felt embarrassed and about one third couldn't believe that they are HIV positive when they came to know about it (Basanta K. Pradhan, Ramamani Sundar).¹³

HIV positive people had negative feelings at the time of diagnosis because they had the fear of death. Similar finding have been reported in a qualitative study done in Uganda, where testing for HIV was perceived as soliciting a death warrant.¹⁴ In our study, the fear of stigma and discrimination from society bothered the respondents and they were afraid to reveal that they were HIV positive. 6.7% of participants were not willing to disclose their HIV positive status to anyone. This shows that a majority of people were willing to disclose their HIV positive status. In a study conducted by Basanta K. Pradhan and

Ramamani Sundar in six high prevalence states of Andhra Pradesh, Tamil Nadu, Karnataka, Maharashtra, Manipur and Nagaland in 2004-05, about one fourth of respondents did not disclose their HIV positive status to anyone in the community.¹³ The proportion of people willing to disclose their HIV positive status is quite large in the present study. The reason might be that stigma and discrimination associated with the disease are decreasing and also because of availability of treatment, people are now more likely to disclose their HIV positive status.

Almost three fourth of our study subjects said that they are having a more positive attitude towards life after pre test counseling while almost one fifth subjects felt very little or no change in their attitudes. This shows that counseling is playing an important role for HIV positive persons by developing positive attitude towards life in them. However, there is one section of society whose attitude is difficult to change and repeated counseling sessions are required for that.

The main factor which motivated them during the counseling session was reported to be the knowledge that treatment facilities are available free of cost which can help them lead a reasonably good health. Hence, people living with HIV require repeated reassurance that support systems are there for them and they should not get disheartened that they will spend rest of their lives in pity.

We have found an increase in knowledge regarding HIV/AIDS in the respondents after counseling at ICTC. A large majority of respondents (96.5%) gained some knowledge about HIV/AIDS during the counseling session. More than half (62.5%) got knowledge about treatment option, 50.9% about modes of spread of HIV, 39.8% about precautions to be taken and 15.3% about misconceptions associated with HIV/AIDS.

Although this increase in knowledge should ideally be 100% but still there was a large proportions of participants who did not mention any gain in knowledge in various aspects and a

small proportion (3.5%) said there is no increase in their knowledge after the counseling. The reason for this may be the fact that some respondents were very disturbed after knowing their HIV positive status, so they may not be able to register all that is being told to them during counseling session or they may not be able to recollect it at the time of interview. Also, they were asked about gain in knowledge after counseling session. So, if they already had some knowledge regarding HIV/AIDS and the same was being told by the counselor, it was not considered to be acquisition of additional knowledge.

A Research done in Africa shows that counseling for HIV positive persons was effective in transmitting information about HIV and sexual risk. Also, counseling was found to be effective in debasing myths about HIV.¹⁵

62.7% respondents became aware about the treatment facilities available for HIV/AIDS which they did not know earlier. Thus, ICTC is playing an important role in linking HIV positive persons to treatment facilities.

Conclusion

HIV positive persons have negative feelings after knowing their positive status and they feel relatively better after counseling at ICTC. Most of the respondents reported having a more positive attitude towards life after the counseling session. They also gained knowledge regarding various aspects of HIV/AIDS including treatment options available for them. Thus, counseling plays an important role in providing support to HIV positive persons in coping up with their HIV positive status.

References

1. Rashed A. Knowledge, attitudes, beliefs and practices of population in Kuwait about AIDS. In: Eastern Mediterranean Health Journal 1995;1(2):235-40.
2. Dolla CK, Bhat J, Yadav R. Priorities for Preventing HIV Epidemic in Low

- Prevalence States in India. In: Indian Journal for practicing doctor 2008;5(3).
3. The Impact of HIV and AIDS on Children, Families and Communities. [Online]. Available from: URL:www.undp.org/hiv/publications/issue_s/english/issue30e.html
4. Integrated Counselling and Testing Centre. [Online]. 2007; Available from: URL:http://www.nacoonline.org/National_AIDS_Control_Program/Services_for_Prevention/Integrated_Counselling_and_Testing_ICT/
5. NACO. HIV counseling. In: HIV counseling training module for VCT, PPTCT and ART counselors. Byword editorial consultants; 2006. p. vii.
6. National AIDS Control Organization. Women and HIV and AIDS. In: Mainstreaming HIV and AIDS for Women's Empowerment. Government of India; 2008. p.5-6
7. Kishore J. National AIDS Control Program. In: National Health Programmes of India. 7th ed. New Delhi: Century Publishers; 2007. p 203-07.
8. Sudha RT, Vijay DT, Lakshmi V. Awareness, attitudes, and beliefs of the general public towards HIV/AIDS in Hyderabad, a capital city from South India. In: Indian Journal of Medical Sciences 2005;59:307-16.
9. Dolla CK, Bhat J, Yadav R. Priorities for Preventing HIV Epidemic in Low Prevalence States in India. In: Indian Journal for practicing doctor 2008;5(3).
10. The Impact of HIV and AIDS on Children, Families and Communities. [Online]. Available from: URL:www.undp.org/hiv/publications/issue_s/english/issue30e.html
11. UNAIDS, WHO. Global Summary. In: AIDS epidemic update. Geneva: UNAIDS and WHO; 2009. p. 1,37.

12. National AIDS Control Organization. Introduction. In: Annual Report 2009-10. New Delhi: Ministry of Health and Family Welfare; 2010. p. i.
13. Basanta K. Pradhan, Ramamani Sundar. Stigma and discrimination. In: Gender impact of HIV and AIDS in India. New Delhi: New Concept Information Systems Pvt. Ltd; 2006. p. 5, 68-72.
14. Nyanzi-Wakholi B, et al. The role of HIV testing, counseling and treatment in coping with HIV/AIDS in Uganda: a qualitative analysis. *AIDS Care* 2009;21(7).
15. Witzel TC, Lora W, Lees S, Desmond N. Uptake contexts and perceived impacts of HIV testing and counseling among adults in East and Southern Africa: A meta-ethnographic review. *PLOS ONE* 2017;12(2):p e0170588.