



Review Article

HIV/AIDS COUNSELLING A HOLISTIC APPROACH

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ABSTRACT

After almost a decade of working in silence, counseling is getting its due recognition in intervention with the persons living and affected with HIV/AIDS. There is an expressed need to have counseling services that gives them accurate information and ongoing psychological support. Hence the focus has to be on community and home based interactions. Home based interactions; HIV counseling is here to stay. The need is to put it in place and work out conditions that are suitable for local conditions.

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INTRODUCTION

With the increasing spread of the HIV epidemic, the realization that HIV affects psychological, cultural and political aspects of communities and countries is gaining significance. While the issues that people living with HIV disease face, are in some ways similar to those faced by people with diseases, such as cancer, the complex socio-cultural aspects of HIV disease and its transmission make it distinctly a different experience. The predominantly sexual mode of transmission, the young people and the already marginalized groups affected the progressive nature of the infection and the associated stigma and discrimination are aspects that are uniquely associated with the infection. HIV infection has come to become a developmental problem. Although it may enter the family through one parent or member, it also affect the health, social, and psychological, economical and spiritual well being of the other members of the nuclear family and often those of the extended family as well.

A Preventive Approach

It is being realized that comprehensive and ongoing counseling is an important dimension to prevention and control of the spread of infection. Counseling the individual and family through networking with other support groups and self help

groups is seen as important. (Bharat, 1996) Counseling has been increasingly proven to be an effective component of intervention with the individual who are both infected and affected by HIV. After almost a decade of working in silence counseling is being slowly given its due recognition in intervention with persons living and affected with HIV/AIDS. There is an expressed need to have counseling services that gives them accurate information and ongoing psychological support. Counseling services encourages people with HIV infection to come forward and take responsibility for their own behavior, support them to assess risk, make necessary life style changes and develop effective coping mechanisms.

Counseling centers without a continuum of services attached to them need not necessarily be effective behavior change agents as a part of the Indian population is still not sensitive to understand this form of intervention. The perception of risk behavior is very negligible hence to be empowered by an HIV counseling session is asking for too much. Empowerment. Is along drawn process, which has to necessarily break into the cycle of poverty. The national strategies can be served as a guiding force but organizations that work with various groups and communities need to create flexibility to practice based on their differing context. It is essential to sensitise and stress on local models and locally workable solutions. Condom as a safe sex practice to avert HIV transmission is being promoted yet not yet widely understood. Next to abstinence that is difficult to follow in reality. Condoms have been the better-known option. Its been increasingly seen that usage of condoms is

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very entwined in the socio-cultural mindset of the individual as is seen in the case of married women who have been forced by their families or by their own social grooming to bear children. This makes us question the whole practice of usage of condom as a safe sex practice. When the relationship is considered intimate, the tendency to practice unsafe sex is lowered and this happens even in short term relationship. Studies have also shown that a significant population does not use condoms and the predominant form of contraception is withdrawal and abstinence. Under such conditions to only address sexual behavior is like shooting an arrow in the dark. The family planning programmes have promoted condoms as means for contraception and hence women who have undergone tubectomy operations, women beyond reproductive age groups and older men do not see the reason for using condoms. The lack of private space at place of residence or in the place where sex is being practiced the power dynamics in the relationships and the social context of the act can hamper practice of safe practices.

The need of the hour is not just distributing condoms but planning and implementing psychological intervention that are based on adequate assessments. Experience has shown certain stumbling block, which in turn affects the output of the counseling sessions. Among the sex workers, it is seen that the "gharwalli" or the brothel owner controls the lives of the woman in prostitution. This limits her access to health education and care. The situation gets further complex in male prostitution and children who are exploited for sex trade. Women in single partner relationship do not have greater negotiation or decision making for usage of condoms, access to services or control over their own bodies. Interventions focusing on mother to child transmission (MTCT), the information given has been largely clinical and does not place the woman in her social context within the culturally prescribed gender roles that she is forever bound.

Awareness Building

It is a fact that people affected by HIV suffer isolation, discrimination and ostracism in society. It's the counselor's responsibility to create an awareness of the rights of in society. Because of the sensitiveness and complicatedness of the issues being addressed within the counseling room; it is essential to work out certain generic monitoring standards. The quality of HIV/AIDS counseling delivered is determined by several characteristics including appropriate staff, the skill acquired in the training, the resources and the time available the existing policies, the nature of community support and the personal qualities of the service provides. HIV/AIDS counseling service delivery is also determined by several factors including the appropriateness of its aims, the problems addressed and the content of resources in which it is taking place. Therefore, the measurement of the quality of counseling is a complex process. Confidentiality and partner notification are two important issues in counseling and both are beset with problems in the Indian settings. In context where shared confidentiality is practiced where in there is an inclusion of a third person a family member, a friend or community members during the counseling process, its implication should be explained and the person should be chosen by the client. Organizations that have provided HIV/AIDS services in isolation would have more blocks to address issues holistically simply because of the overload of stigma that already shrouds the infected. For an

effective service, there needs to be a planned intervention linked to a continuum of services. For many projects HIV intervention is a secondary objective to other interventions such as management of sexually transmitted infections or interventions for sexuality or treatment of opportunistic infections. There is a need to take interventions on a war footing if behavior change is the essential outcome of HIV counseling. The necessitates that one needs to move on beyond the medical model to understanding the socio-cultural contexts of the individual who is being engulfed by the epidemic. The person perspective would bring out more effective strategies than is currently available. The increase in HIV infection rates and AIDS is an enormous strain on the public health care with its already low patient-bed proportions and financial constraints. Hence the focus has to be on community and home based interventions. Home based interventions are possible only when the client and the family have been undergoing ongoing counseling which enables long term support and care. In cases where it is not possible the counselor may feel the need to advocate active state interventions and development of support systems. However as of today counselors are not in apposition to influence policy level intervention.

Despite the right to health is a fundamental right; it has been repeatedly found that the health sector is a major cause of stigma and discrimination. In case where there has been a refusal to take in patients, the counselor needs to have a back up through patient redressal committees where the counselor could address the issue. This could serve as a non-threatening audit process of existing practices. However, most hospitals do not have a systematized mechanism for it. In such circumstances, the only mechanism available is to address the issue to the Head of Department /Dean of the concerned hospital when treatment was refused. While one can approach the secretary (Health) in the State Government or file a petition in the High Court for infringement of Right to Life under Article 21 of the Constitution of India, most counselors do not feel empowered enough to take these issues to court. Counseling is still a micro level intervention although it has macro level implications.

However, it is important, for those managing counseling services to ensure that they are delivered as was planned and that activities are performed according to locally set standards or norms. By observing and /or measuring some essential characteristics of counseling, supervisors can determine the extent to which predetermined standards are met and not use these findings to make decisions about improving the service. In addition, studies to evaluate the impact of some counseling-related interventions have been based on the delivery of this yet quantifiable intervention of counseling need more attention. Such research has so far yielded inconclusive results, probably due to difficulties of standardizing the intervention. In this case, it will be crucial to assure that counseling is delivered to a degree of an accepted standard required for the particular purpose of research.

A Local Perspective

There is also a need to look at the existing counselors. How equipped are they to handle the issue surrounding the epidemic? Do they provide a sympathetic and supportive health care delivery system for HIV/AIDS patients? Are strict protocols developed and followed for counseling? Is there any

attempt made to shift focus of infection transmission from target groups to risk behaviors that includes every individual? In order to be accepted better in the community, the existing counselors and community workers need consolidated training in basic counseling skills so that the interventions are well integrated. The training programmes that are carried on for counseling, more specifically for HIV, have no system of follow up of the trainees. Due to constraint of funds, the only monitoring and evaluation mechanism is that of a pre and post training questionnaire, which is an immediate feedback of the training programmes. There is no onsite supervision of the trainees when they get back to their settings. In current conditions, a refresher training workshop of all trained counselors which addresses various counseling and counselor issues will be an effective way of consolidating the current skill levels and arresting the high turnover of counselors facilitate networking between trained personnel, need of PLHAs and organizations. The physical setting of the counseling site coupled with easy accessibility for the clients is often not given much importance. It has been seen in various medical and other settings that there is a lack of privacy for the counseling session. In a field where there has been series of meetings to address the ethical issues, the ground reality has not changed much.

The Newness of the setting, the lack of privacy and the inherent power of the professional sitting on the other side likely to make the client nervous and hesitant, thus defeating the very purpose of the session. Although a separate room would be a luxury for most settings, a secluded corner with a screen as a partition and comfortable seats for the clients waiting can go a long way in making the atmosphere more congenial. The counseling facility is integrated with the regular system or as a part of other interventions. The inherent stressful nature of work of the HIV/AIDS counselor, it is essential to build in mechanisms to build the morale of the counselor. Added to that is that there should be a clear organizational structure with roles and responsibilities clearly spelt out. The high turnover ratio amongst the trained counselors is a reason for concern in a source stepped country like ours when HIV counselors are an asset to the community in doing immense service in curbing the epidemic. In spite of this, issues of burnout are still not part of the national strategy. Salaries are also an important factor that needs to be given more tension. To retain quality counselors then should become a priority agenda for NACO in the new management strategy. Depending on the context, there could be clear assertions of the roles, responsibilities, positioning and the setting for grass roots and professional counselor.

Conclusion

HIV counseling is here to stay. The need is to put it in a place and work out conditions that are suitable for local conditions. There has been a lot of literature generated through studies from general counseling and that holds true in HIV counseling. The national Commitment asserted through NACO through its regional training programmes, the testing policy and the national HIV control strategy needs to be consolidated into programmes. More so, it is necessary to look at practical realities to bring about more commitment to counseling. With the phase II programme, each of the district hospital would have a VTCT with a counselor

and help would be easily available. Modifying the VTCT to locally suitable conditions lies in the hands of the community and the concerned professional. It is also important to evaluate the impact of counseling. The successes and lessons learnt can help in moving forward while the limitations can be good anchors for change.

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