



## **Counseling- An effective technique for treatment and prevention of HIV/AIDS patients**

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### **ABSTRACT**

**Background :** Counseling, care and support for people play a crucial role in preventing the spread of HIV/AIDS and also reduce its personal and social impact. WHO defines counseling as a tool to prevent the transmission of HIV infection and to provide psychosocial support to infected patients. Thus, HIV counseling and testing (HCT) stands out as paramount among the interventions which play a pivotal role both in treatment and in prevention. **Methods & Aims :** This study was carried out in a Delhi State AIDS Control Society (DSACS) to study cumulative data of HIV/AIDS patients visited at ART centres, Delhi during March 2010 to August 2012. To evaluate the current status & progress of ART centres in Delhi state. To know the effectiveness of HIV/AIDS counselling at ART centres in Delhi State. **Results :** There is significant increase in number of patient alive and on ART from 7108 in Mar2010 to 11954 in Aug2012 at ART centres due to HIV/AIDS counselling at ART centres. Patient adherence to treatment has also increased from 96.6% in Mar2010 to 97.7% in Aug2012. Number of LFU (lost to follow up) patient's has also declined at ART centres. **Conclusion:** It reveals that counseling is necessary to HIV/AIDS infected patients in order to manage and reduce stigma among them. An effective HIV counseling promotes the Adherence to the ART Treatment which is a major predictor of the success of HIV/AIDS treatment.

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### **KEYWORDS**

HIV;  
AIDS;  
Counseling;  
DSACS;  
ART centres.

### **INTRODUCTION**

The World Health Organisation (WHO) defines HIV&AIDS counseling as an ongoing confidential dialogue and relationship between the client and the counselor. The aim of which is to prevent the transmission of HIV infection and to provide psychosocial support to those who are already infected (WHO 1990:10). The conditions of the '3 Cs', advocated since the HIV test

became available in 1985, continue to be underpinning principles for the conduct of HIV testing. Such testing of individuals must be confidential, be accompanied by counseling and only be conducted with informed consent, meaning that it is both informed and voluntary.<sup>[1]</sup>

HIV counseling and testing (HCT) stands out as paramount among the interventions which play a pivotal role both in treatment and in prevention. HIV counseling and testing (HCT) is a key intervention for HIV/

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AIDS control in developing countries. HCT increases knowledge of HIV status, encourages safer sex, and is an entry point for HIV care and treatment services. The best HCT program offers pre and post-test counseling, HIV prevention, care, support and treatment<sup>[2]</sup>. HIV counseling helps people to cope with personal stress and make decisions related to HIV. It enables an individual or a couple to evaluate their risks of contracting or transmitting HIV and helps them avoid it. Counseling helps people to deal with the stigma and discrimination associated with HIV.

Adherence to ART is a major predictor of the success of HIV/AIDS treatment. It is a major predictor of the survival of individuals living with HIV/AIDS<sup>[3]</sup> and poor adherence to treatment remains a major obstacle in the fight against HIV/AIDS. From the perspective of public health and service delivery, treatment non-adherence undermines the efficient distribution of resources (Burgoyne et al., 1983; Bebbington, 1995). It also has negative impact on the effectiveness of therapeutic interventions in HIV/AIDS management, and contributes to the disease progression (Weiser et al., 2003). The factors that influence the adherence to antiretroviral therapy (ART) falls into three categories as (1) patient-related factors (psychosocial and educational), (2) patient-provider factors (interaction with physicians and other health workers and access to medication) and (3) clinical factors (pill burden, dosing frequency and adverse effects of medications).<sup>[4]</sup>

Appropriate counseling is inseparably linked to HIV testing. Because of the stigma and discrimination associated with HIV/AIDS, many people do not wish to know their status. Community mobilization for HIV testing and counseling must therefore address stigma, discrimination and fear of disclosure as well as people's perceptions of the benefits of HIV testing and counseling. Among the interventions HCT increases the acceptance of HIV as a community issue, reducing denial, stigma and discrimination and increasing the uptake of ARV treatment and prevention. A study was conducted at the University of Maiduguri Teaching Hospital to investigate the need for guidance and counseling in the de-stigmatization of HIV/AIDS-infected patients. It revealed that counseling was necessary to HIV/AIDS infected patients in order to manage and reduce stigma among them. About 80% counselors were of the opinion that guidance and counseling helps the

HIV/AIDS infected person to come to terms with the realities of HIV/AIDS and act in a balanced way.<sup>[5]</sup>

People who test seropositive may experience a range of emotions from denial and anger to despair and suicidal ideation. These emotional responses are normal, but counseling can help people cope with their emotional reactions and prevent serious or long-term, intractable problems. Emotional problems were found to be common in a study of 307 people who had attended VCT from six centres in Nairobi. Accessing emotional support has been shown to help people cope more easily with the psychological sequelae of testing seropositive. Family counseling, where families can be involved in counseling this can be of great benefit in helping the person with HIV is more accepted and supported by his/her family.<sup>[6]</sup>

One of the greatest challenges faced by India is HIV/AIDS and no other STI has greater impact on sexual behaviour or created havoc and fear in the mind of people other than AIDS<sup>[7]</sup> HIV&AIDS counseling process involves both pre-test and post-test counseling. Pre-test counseling would be a counseling process that is undertaken before the test. It is normally done before an antibody test. A client is strongly encouraged to go for pre-test counseling before doing an HIV antibody test. Post-test counseling can be defined as a counseling process that is undertaken after the test. Although in many settings, HIV counseling is available without testing. This option is cheaper and does not require a laboratory infrastructure and distribution system for test kits and has the potential to reach large numbers of people. In rural Uganda a community-based counseling service was established to offer HIV counseling without testing. Attendance rose from 80 per month in 1993, to 400 per month in 1995. Counseling centred on safer sex advice and condoms were distributed by the project. Uptake of condoms also increased considerably during this period.<sup>[8]</sup> The number of integrated counseling and testing centres increased from 982 in 2004, 1476 in 2005, 4027 in 2006, 4567 in 2007 and 4817 in 2008 (till September, 2008). The number of persons tested in these centres has increased from 17.5 lakh in 2004 to 37.9 lakhs in 2008-09 (August, 2008).

### Hypothesis

- 1 There will be significant increase in patient adherence to treatment at ART centres due to HIV/AIDS counselling at ART centres.

- 2 There will be significant increase in number of alive patient's due to patient adherence to treatment at ART centres.
- 3 There will be significant decrease in LFU (lost to follow up) patient's due to HIV/AIDS counselling at ART centres.
- 4 There will be significant increase in LFU tracked back patient's due to HIV/AIDS counselling at ART centres.

## MATERIAL AND METHOD

This study was carried out in a nationally designated Delhi State AIDS Control Society (DSACS). DSACS is an autonomous body under Govt. of Delhi which became functional from 1st November, 1998. Delhi has been implementing AIDS Control programme since 1992. The main objective of the society is to prevent and control HIV transmission and to strengthen state capacity to respond to long-term challenge posed by the epidemic. To stop and reverse the epidemic in Delhi over the next 5 years, the third phase of National AIDS Control Programme, a four-pronged strategy, was launched from 6th July, 2007. The key components of NACP III include:

- 1 Prevention of New Infection
- 2 Care Support & Treatment of PLHAs: through Anti Retroviral Treatment (ART) centers, Community Care Centers & Drop in centers
- 3 Strengthening of Infrastructure & Capacity building
- 4 Strategic Management Information: Computerization of all service outlets, nationwide common reporting format

## Sample

The purposive sample comprised of cumulative data of HIV/AIDS patients visited at ART centers, Delhi during March 2010 to August 2012. It includes the status & progress of ART centres in the Delhi state under ART Services.

## RESULTS

Out of the various services being organized under DSACS, the total number of centres functioning and number of counselors appointed were 156 and 206 respectively. Out of all the number of ICTC, ART, STI

and Blood bank centres were 96, 9, 29 and 20 with number of counselors appointed were as 134, 23, 34 and 15 respectively (TABLE 1).

**TABLE 1 : Services & counselors appointed under Delhi State AIDS control society**

Sr. No.	Services under Delhi State AIDS Control Society	Number of Center	Number of Counselor Appointed
	Integrated		
1	Counselling and Testing Center	96	134
2	Anti Retroviral Treatment	09	23
3	Sexually Transmitted Infection	29	34
4	Blood Bank	20	15
	Total	156	206

The number of positions for counselors is defined as per the number of patients visiting ART centers. In current scenario, the approved positions for counselors were 1, 2, 3, 4, 4 and 4 for 500, 500-1000, 1000-2000, 2000-3000, 3000-4000 and 4000 number of patients visiting ART centers respectively (TABLE 2). The Job Responsibilities of a Counselor is also well defined in the NACO's guideline. The Total number of Counselors at ARTCs is 23 in Oct 2012. Counselors are regularly trained through Induction & Refresher training sessions of Five days (TABLE 2).

**TABLE 2 : Currently approved staffing pattern for ART centre**

Number of Patients on ART	500	500-1000	1000-2000	2000-3000	3000-4000	4000 & above
Position of Counselors	1	2	3	4	4	4

The current status & progress of ART centres in the Delhi state shows that the number of patients who were alive and on ART was significantly increased from 7108, 8711 and 10822 to 11954 in month of Mar2010, Mar2011, Mar2012 and Aug 2012 respectively. Similarly, the number of patients adhering to Anti-retroviral Therapy has shown significant increase from 6867, 8139 and 10156 to 11689 in month of Mar2010, Mar2011, Mar2012 and Aug 2012 respectively. The number of lost to follow-up (LFU) patients tracked back was 124, 224 and 338 from Mar2010 to Mar2012. It shows the effectiveness of HIV/AIDS counselling at ART centres

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TABLE 3 : Effectiveness of HIV/AIDS counselling at ART centres in Delhi State

Year	Currently Alive & On ART (A)	LFU for the year (B)	Adherence (A-B)	Adherence %	LFU Tracked back
Mar 2010	7108	241	6867	96.60945414	124
Mar 2011	8711	572	8139	93.43358971	224
Mar 2012	10822	666	10156	93.84586953	338
Aug 2012	11954	265	11689	97.78316881	117

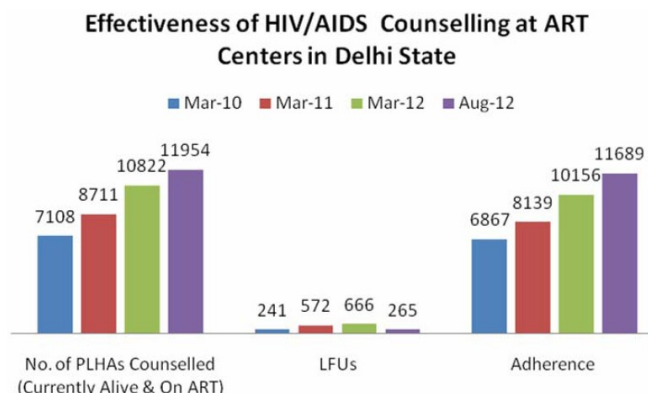


Figure 1 : Effectiveness of HIV/AIDS counselling at ART centers in Delhi State

(TABLE 3 & Figure 1).

### DISCUSSION

To counsel means ‘to advise, to recommend, to advocate, to exhort, to suggest, to urge’ (*Oxford Dictionary* 1996:131).<sup>[9]</sup> Counselling as a concept, as observed by Miller and Bor (1991) is directions towards assisting people to take decisions, to effect a change, to prevent problems or crises or to manage them when they arise. Thus, counselling, care and support for people play a crucial role in preventing the spread of HIV/AIDS and also reduce its personal and social impact.<sup>[10]</sup> Counselling focuses on preventing infection among those who are not infected. Included here are people who are at risk of infection (knowingly or unknowingly). The focus of counselling is, 1) discussing behaviours that put people at risk of HIV infection and 2) reviewing ways of managing individual change.<sup>[11]</sup> This type of counselling can take place in classrooms, youth clubs, sports organisations, church groups and informal gatherings.<sup>[12]</sup> Emphasis is on helping clients adopt actions that are consistent not only with enhancing the quality of life but also with increasing life expectancy as well. A project from the Ukraine has demonstrated that by involving the families of people with HIV they were better able to accept and understand the

problems of their HIV family member and to help that member cope following counseling.<sup>[12]</sup> In Chaing Mai, Thailand it has been proposed that post-test counseling should be carried out in a family setting to facilitate disclosure and hence long-term support and normalization. Preliminary investigation has shown that this may be a feasible option.<sup>[13]</sup> An effective HIV counseling promotes the Adherence to the ART Treatment which is similar to our findings of effectiveness of counselling at ART centres in Delhi State. Thus, Quality HIV Counseling and testing is critical for achievement of prevention, care and treatment objectives of National AIDS Control Programme (NACO)-III (2007 – 2012).<sup>[14]</sup>

### CONCLUSION

Counseling may not be the treatment of HIV/AIDS, it certainly is one of the most important thing for adherence of the HIV Treatment. Counseling not only impacts client’s life significantly, it also plays a major role in understanding of the disease process for the relatives. It reduces the psychological trauma and helps maintain the self esteem of the client to certain extent. With its vital role in adherence of the HIV treatment, counseling has become an indispensable part in the HIV/AIDS treatment globally.

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