

HIV/AIDS Counseling Services - A Review of Literature

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ABSTRACT

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AIDS is considered as having inflicted the single greatest reversal in human development. HIV counseling – and - testing services (VCT) services are considered as a gateway to HIV prevention, care and treatment, by increasing the preparedness of the community as a whole for effective living with HIV. The scope and challenges of VCT has changed a lot over the past decade from the time when it was being primarily used to make a diagnosis of infection in symptomatic people to help medical management, and testing was often accompanied by minimal counseling. The development of antiretroviral (ARV) treatment for people with HIV, less costly interventions to reduce the incidence of HIV- associated infections (such as tuberculosis preventive therapy and cotrimoxazole prophylaxis and relatively cheap and feasible methods to prevent PTCT have made the need to promote VCT for people with asymptomatic disease more compelling.

Keywords: HIV AIDS, Counseling and testing, Quality of services

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INTRODUCTION

The Human Development Report 2005 rightly identified AIDS as having inflicted the single greatest reversal in human development.¹ HIV counseling – and - testing services (VCT) services are considered as a gateway to HIV prevention, care and treatment, by increasing the preparedness of the community as a whole for effective living with HIV.² The scope and challenges of VCT has changed a lot over the past decade from the time when it was being primarily used to make a diagnosis of infection in symptomatic people to help medical management, and testing was often accompanied by minimal counseling. The development of antiretroviral (ARV) treatment for people with HIV, less costly interventions to reduce the incidence of HIV- associated infections (such as tuberculosis preventive therapy^{3,4} and cotrimoxazole prophylaxis⁵ and relatively cheap and feasible methods to prevent PTCT⁶ have made the need to promote VCT for people with asymptomatic disease more compelling.

Concept of Voluntary Counseling and Testing

The process of HIV testing is as follows: making the decision to be tested, accessing testing service, counseling and testing and waiting for the post test counseling and results. Of these, most consideration is accorded to the HIV test counseling process.⁷

The aim of VCT is to enable people to know and understand their HIV status, thus it is hoped that those who test sero-positive can access care and support at an earlier stage, cope better emotionally with their infection, plan for their and their dependants' futures, and prevent HIV transmission to sexual partners. The intention is also to enable HIV negative clients to make decisions about their sexual (or other risk) behavior in order to prevent infection. The counseling process is considered important in helping the positive client cope with depression and anxiety and addresses the possible stigma, discrimination and abuse that they may face when disclosing their positive status to others^{8,9}

HIV testing and counseling services are based on a rights approach. Here the client is provided with 'accurate, objective and relevant information' which will enable him/her to take a decision whether or not to test. Testing is done ethically, which means he/she is informed about the purpose of the test and its benefits; a high degree of confidentiality is ensured and there are mechanism to link the testing service with relevant treatment, care and other services.¹⁰

The benefits of VCT can be seen at the individual, community and population levels. For the individual – enhanced ability to reduce the risk of acquiring or transmitting HIV; access to HIV care, treatment and support; and protection of unborn infants. For the

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community – a wider knowledge of HIV status and its links to interventions can lead to a reduction in denial, stigma and discrimination and to collective responsibility and action. At the population level – knowledge of HIV epidemiological trends can influence the policy environment, normalize HIV/ AIDS and reduce stigma and discrimination.¹¹

Approaches and models of HIV counseling and testing

Different models of VCT are available in many different settings in developing and industrialized countries. There is no single preferred model and the choice of VCT service will depend on the needs of the community, HIV sero-prevalence, maturity of the epidemic, attitudes towards HIV, political and community commitment to VCT, available financing and existing VCT resources.^{12,13}

The most common VCT model is the classic model which includes individual pre-test, HIV testing and post-test counseling. Giving group information, opt-in individual pre- test counseling and individual post-test counseling is another widely used model, especially in resource poor settings. In a different model, usually used in ante-natal settings, there is group information, opt-out individual testing, and individual post-test counseling for sero-positives; while sero-negatives are informed of their negative status. In very high prevalent areas, yet another model that seemed to be cost-effective is a ‘shared confidentiality model’ which include giving group information, followed by opt-in couple/family pre-test counseling, and then individual/couple/family post- test counseling.

In the case of STD attendees and intra-venous drug users’ treatment centers, there is no pre-test information. Screening and testing (with possibility of opting out) is followed by individual post-test counseling for persons found to be HIV- positive. A sixth model observed is in blood bank settings where there is mandatory testing. Even though very rarely used, counseling without testing is also practiced at some parts of the world.^{12,13}

Counseling, as said earlier is the most important component of VCT services. Reviewing the literature on counseling, it can be found that there are theoretically defined stages in counseling.¹² Counseling starts with the counselor establishing rapport, where in he/she gains the client’s trust; and understand the needs of the clients. In the second stage (Stage of Understanding), the counselor tries to understand the client’s problem and deals with them through compassion. The third stage which is the most crucial one involves problem

solving, where in the counselor helps the client to make possible solutions to problems, encourages him/her and gives feed back on results of client’s actions. In the last stage (stage of termination) the counselor brings an end to the counseling process by giving feed back, reviewing, summarizing and planning for follow-ups.

Three different types of VCTC settings are mentioned in the literature, based on the location and the primary objective. In a VCTC setting in clinical treatment settings, the primary objective is to test during treatment or before surgery. In special settings like antenatal clinics and STD clinics, which are points where testing and counseling services can target highly vulnerable or high risk groups respectively, the primary aim is prevention of mother-to- child transmission and early detection.³ In the usual VCTC, voluntary testing and counseling services are provided for people who are asymptomatic and wish to learn their status client initiated.¹²

Role of VCT in changing sexual behavior and promoting help-seeking

Voluntary Counseling and testing (VCT) is advocated by international organizations as an important component in any country’s HIV/AIDS prevention and care strategy.^{14,15,16,17,18} The suggestion that voluntary counseling and testing (VCT) for HIV may influence individual risk behavior has recently received much attention. Two major reviews, drawing predominantly from studies in definable risk groups in industrialized countries, suggest a “limited ability of VCT strategies alone to lead to sustained behavior change” – as measured through self-reporting or clinical endpoints.^{19,20}

A review of 35 domestic and international studies was done by researchers from CDC Atlanta, USA to assess the scientific data regarding the ability of VCT to motivate changes in risk related practices, and in promoting help-seeking behavior. Findings from many of the reviewed articles provided at least some evidence supporting the ability of VCT to motivate risk-reducing and help- seeking behavior.²¹ HIV VCT also has an important role in reducing heterosexual transmission from intravenous drug users (IDU) as shown by studies done among IDU in street drug-selling areas of Puerto Rico, USA. They are less likely to report being sexually active [odds ratio (OR), 2.41; 95% confidence interval (CI), 2.22-2.75] and more likely to use condoms during vaginal (OR, 4.43; 95% CI, 1.48-13.29) and oral sex (OR, 6.67; 95% CI, 1.42-31.33). The findings of study show the importance of encouraging IDU to undergo

periodic voluntary counseling and testing.²²

Another review of 50 studies on the behavioral effects of HIV counseling and testing noted substantial risk reduction among heterosexual couples with one infected partner and homosexual men as well as reduction in intravenous drug use and sexual risk behaviors among IDU. But the same review found that there was little evidence for the impact of counseling and testing on pregnancy and / or pregnancy termination rates for either sero-positive or sero-negative high-risk women. Findings among other heterosexuals at increased risk were scanty and mixed.²³

A study done among African American women showed that women who had undergone voluntary counseling and testing had more positive attitudes toward HIV prevention, expressed greater intentions to use condoms, and evidenced a greater commitment to self- protective behavior than women who were not voluntary counseled and / or tested.²⁴

A growing body of evidence from developing countries, where disease transmission within the general population is the norm, has shown that VCT services can influence the behaviors that place people at risk of HIV infection.²⁵ Among discordant couples in Rwanda and Zaire, increased communication between partners, more condom use and a reduction in the sero-conversion rate of the negative partner have been established when both partners underwent VCT.^{26,27} A recent multi-country trial, where participants were randomized to receive either VCT or health information alone, found significant reductions in unprotected sex with non-primary partners among both women and men in the VCT group followed over approximately 14 months. In this study, protective behaviors were concentrated among those who tested HIV- positive, and among couples where one or both of the partners were HIV infected.^{28,29}

A study conducted among male heterosexual clients (N= 6819) at two public sexually transmitted disease (STD) clinics in Pune, India to describe changes in sexual behavior and condom use after exposure to HIV counseling and testing showed that the level of consistent condom use with sex workers increased proportionately with follow-up time and that ongoing counseling and testing was positively associated with risk-reduction behaviors amongst a large proportion of men.³⁰

Effectiveness of VCT

Voluntary counseling and testing is a cost effective

intervention in preventing the spread of HIV/AIDS. Expanding available prevention strategies world wide would avert more than half of all HIV infections projected to occur between 2005 and 2015 and save \$ 24 billion in associated treatment costs.³²

A multi-site trial by Johns Hopkins University to assess the impact, cost, and cost-effectiveness of HIV- VCT in less-developed country settings found that HIV-1 VCT was estimated to avert 1104 HIV-1 infections in Kenya and 895 in Tanzania during the subsequent year. The cost per HIV-1infection averted was US \$249 and \$ 346, respectively, and the cost per DALY saved was \$12.77 and \$17.78. The intervention was most cost-effective for HIV-1 infected people and those who received VCT as a couple. The cost-effectiveness of VCT was robust, with a range for the average cost per DALY saved of \$5.16-27.36 in Kenya, and \$6.58-45.03 in Tanzania.³²

A study to determine the efficacy of HIV-1 voluntary counseling and testing (VCT) in reducing unprotected intercourse among individuals and sex-partner couples in Nairobi Kenya), Dar-e-Salaam (Tanzania), and Port of Spain (Trinidad) found that the proportion of individuals reporting unprotected intercourse with non-primary partners declined significantly more for those receiving VCT than those receiving health information (men, 35% reduction with VCT us 13% reduction with health information; women, 39 % reduction with VCT versus 17% reduction with health information), and these results were maintained at the second follow-up.³²

Evaluation of HIV VCT services

Because VCT has multiple goals, the evaluation of its effectiveness is a complicated task. Worldwide, a broad range of ethical, social, policy, technical and economic issues encompass this HI prevention activity.³³ Evaluation of the VCT services has been done in many African countries. Various international organizations have developed evaluation which varied substantially across, and within, study populations and were often limited by considerable methodological weaknesses.³⁴

Focus groups discussions, in-depth interviews of clients, observation of the counselor- client interaction, facility check-lists and non- participant observations are the various tools by previous researches in this field.³⁵ In an attempt to evaluate the VCT services, UNAIDS/ WHO have developed a protocol for “the evaluation of the supportive benefits of counseling” which has been used in several developing and middle- income countries.^{36,37,38}

Utilization of VCT services

a) Reasons for attending VCT services

Studies on motivation to attend VCT reported factors such as: feeling sick, experiencing family events e.g. marriage or new partner, fear of having been exposed to HIV by the actions of one's spouse or partner and job circumstances e.g. scholarships.³⁹ A study in an Asian public HIV counseling and testing centre in Bangkok showed that reasons for requesting an HIV test were high-risk behavior (21%), feeling unwell (20%), checking a previous HIV test result (18%), a planned marriage or new relationship (10%), and planning a baby (5%).⁴⁰ Teens who have had multiple sexual partners and who do not believe condoms are effective in preventing transmission, were most likely to have used VCT.⁴¹

b) Factors which affect utilization

One study by university of Washington⁴² found that "Individual factors (fear of death and change), system factors (anonymous test availability, convenience), and counseling and testing factors (rapid results, counseling alternatives) interact to determine whether an individual does not test ("apprehension") or does test (action"), and ultimately, tests routinely ("integration"). These findings suggest several strategies to improve HIV test acceptance: acknowledge fears, address system barriers, utilize available test technologies, and expand counseling options.

Studies done in Kenya⁴³ to see whether cost is a factor for low utilization of VCT services found that clients would be willing to pay some portion for the service, but if the full cost of the service were charged to the client very few clients will be willing to pay for the service. Integrating the service with the existing health service can help in reducing the incremental cost.

Another study examined the influence of rapid tests on utilization of VCT services. An analysis by CDC in 1995 to quantify the potential advantages and disadvantages of using rapid tests for VCT showed that replacing the enzyme immunoassays (EIAs) with rapid tests to detect HIV antibody will potentially increase the overall effectiveness of VCT.⁴⁴ Since return rates for the second visit are low, the more rapid tests present an opportunity to improve the efficiency of HIV counseling and testing. This analysis showed that in 1995, of the 0.5 million people tested, 25 % of persons testing HIV – positive and 33 % of persons testing HIV – negative at publicly founded clinics did not return for their test results mostly because of the delay

in getting the results.⁴⁴ Since over 90 % of the clients in most clinics will test negative, the rapid counseling and testing procedure allows the vast majority of clients to be counseled and tested and to receive their results and post – test counseling in one visit. However, in the case where the goal of HIV counseling and testing is to focus only on infected individuals, if information regarding a positive result from the rapid screening test is not given to clients at the initial visit before a confirmatory test is performed, then the rapid counseling and testing procedure is not more cost-effective than the current procedure.⁴⁵

Many studies in developing and developed countries also have described the barriers to access to VCT as: distance, cost for the services, fears of knowing one's status, self-efficacy expectation and stigma, which itself in other terms influence the quality of care.⁴⁶

Barriers to uptake VCT services include stigma, fear of loss of confidentiality.⁴⁷ There were reports of barriers to HIV testing because of the perceived stigma associated with a diagnosis, the lack of services and interventions available to those who tested sero-positive, particularly for women, following testing.^{47,48} Without correcting these problems the quality of care cannot be improved and adverse consequences, socio cultural and attitudinal factors fostering social rejection of the sero-positive individual is a major obstacle to effective counseling for improved education and behavioral change. Joint sessions with partners, groups' sessions, and repeated exposure to a counselor are effective strategies to overcome this problem.⁴⁹

Factors affecting quality of service

a. Factors related to location, infrastructure, resources and facilities:

Several studies and reports have pointed out that location of the VCT site-the accessibility and convenience, privacy, availability of adequate waiting area, confidentiality, linkages with medical, social and emotional, family planning services, STI services, ante natal services, home based care services and palliative care services, spiritual services and traditional healers, PLHA support groups, community groups and NGOs, quality of HIV testing methods, reducing or abolishing fees for testing, services for special and vulnerable groups are all important determinants of quality of VCT service delivery.^{49,50}

b. Factors related to the counseling given

Extensive study done in Zambia⁵¹ demonstrated

that VCT service standards are not very high: 45 % of observed counseling sessions did not meet an acceptable standard in terms of the tasks carried out. It found that the counselors follow a “standard formula” for what they say and when they say it, rather than adjusting the content and sequence to client needs, the issue of client centered risk reduction is the most powerful way of encouraging behavior change.

Patients value client-centered counseling and social consequences of the disease than with the technical facts of AIDS. The findings indicate that confidentiality is central and that hospital counselors must balance the fact-giving approach with a person-centered approach, exploring the client’s problem conception and identifying who in the client’s network can give the further necessary psychosocial support.⁵²

An investigation by Oslo University⁵³ in HIV-infected pregnant women in Moshi, Tanzania showed that the infant feeding advice as recommended by UNAIDS/WHO/ UNICEF Guidelines were seriously compromised by the actual advice given, because of directive counseling, lack of time to cope with a positive HIV test result, and lack of follow-up support, regardless of socio-economic status. This emphasizes the importance of additional training needed for counselors in non-directive counseling.

A qualitative study on informational, social and emotional needs and problems of newly diagnosed sero-positive patients attending public health services in Zimbabwe⁵ showed the common short-cuts in counseling like giving brief information before and after the HIV test are seriously flawed as a strategy to prepare clients for effective coping and that comprehensive pre-and post-test counseling is an essential preparation for coping effectively during and immediately after testing.

Counselor’s role

Studies done in Africa on counselor’s role and experiences in VCT, reported that counseling job is rewarding and stressful. In addition to their obligations in the counseling responsibilities like providing information, protecting confidentiality and being non judgmental, they perceived pressure to provide information and be good models in their community.⁵⁴

Counselors’ stress might be reduced and their effectiveness and retention improved by (1) allowing work flexibility; (2) providing supportive, non- evaluative supervision; (3) offering alternatives to client behavior change as the indication of counselor performance; (4)

acknowledging and educating about ‘emotional labour’ in counseling; (5) providing frequent information updates and intensive training; and (6) encouraging counselor participation in the development of research protocols.⁵⁵

Many counselors experience considerable stress as a result of full time counseling for HIV.^{56,57} Counselors may be able to function more effectively if they alternate their counseling with other activities. In order to minimize “burnout”, and avoid losing valuable and experienced staff, regular support and supervision should be planned and provided.⁵⁷

CONCLUSION

VCTCs are meant to be a starting point in the whole spectrum of prevention diagnosis and treatment services related to HIV/AIDS and are one of the key components propagated by the National AIDS control programs globally. Quality of these services is assessed in terms of accessibility, infrastructural facilities, availability and timeliness of services; behavior of the staff; privacy and confidentiality; and content of counseling. There is a large body of evidence available globally covering various aspects of VCT services, especially from Africa. However very few literature is available from Indian sub-continent. This points to the need for having more studies to understand, document and evaluate the counseling and testing services for HIV/AIDS in countries like India

END NOTE

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