

Counselling and disclosure of HIV status to retropositive patients by various health regulatory bodies

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Abstract

Introduction: HIV counselling and disclosure of status play a vital role in care, treatment and support of retropositive patients. This ensures that people have the right to know their HIV status with confidentiality, and benefit from increased access to antiretroviral treatment. The study was conducted in a Non Government Organization among 61 retropositive patients. It was observed that for majority of the patients (52.5%) pre and post test counselling was not done, and also written consent was not obtained from them (55.7%) before HIV testing, at both government hospitals, private hospitals and laboratories. This kind of practice should be curtailed. Qualified medical practitioners should be trained in this regard which will motivate people to come forward for testing voluntarily.

Keywords: Retropositives, Counselling, Consent.

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INTRODUCTION

The Human immunodeficiency virus/ acquired immune deficiency syndrome (HIV/AIDS) epidemic is in its third decade and has reached to alarming proportions worldwide. Counselling and disclosure of HIV status plays a crucial role in improving behaviour, psychological well-being, commitment to the treatment and reducing risk of transmission¹. This is the early step in HIV prevention in resource limited settings². HIV testing requires both pre-test and post-test counselling³. With proper pre-test and post-test counselling, primarily, people who are aware of their HIV infection will have the opportunity to start early treatment and later they will take steps to reduce

transmission of the infection to others⁴. Besides the trained HIV counsellors, family physicians, are equally responsible to meet this demand⁵. Still patient-provider relationships like pre and post test counselling when it comes to retropositive patients, falls short of required percentage⁶. Similarly, counselling for retropositive individuals who are on constant treatment for maintaining their treatment adherence is also considerably poor⁷. This is because some of the issues faced in counselling may be provider centric, such as dealing with emotional issues surrounding HIV and doubtfulness of providing good care⁸. These barriers being faced by counsellors can be surmounted by interactive counseling, motivational interviewing and application of stages of change⁹. Protection from getting HIV/AIDS consists of abstinence, consistent and correct condom usage and having just one sexual partner (monogamy). HIV/AIDS knowledge provided to individuals does not help in generating behavioural change. Social network formation which includes communication of AIDS risk to the spouse has been proven factor to improve distribution of this change through the society¹⁰. It was also concluded in several studies that pregnancy prevention to certain extent was the drive for condom use than disease

prevention¹¹. Health education by providing information about pregnancy prevention can inadvertently increase condom use. From this it can be inferred that HIV/AIDS education related health programs are not enough for generating a behavioural change and can help in awareness of the disease only to certain extent. Furthermore, from the point of view of clarifying risk perception, one needs to provide counselling which includes risk reduction or harm reduction as its integral part¹². The purpose of this study is to address importance of counselling and to ensure proper way to disclose HIV status which plays a crucial role in preventing further transmission of the disease.

MATERIALS AND METHODS

This cross-sectional study, using simple random sampling, was carried out on 61 retropositive patients linked to a Non-governmental organization at Chennai. The purpose of the study was well explained to the patients and written consent was also obtained from them. A questionnaire which had objective type of questions, typed in English and vernacular was used to access the appropriate counselling and disclosure of HIV status to them by various health regulatory bodies.

RESULTS

Among the 61 retropositives, 29 patients (47.5%) were given pre and post test counselling and 32 (52.5%) were not counselled at any time. Among the 29 counselled patients, around 24 (82.7%) were from government hospitals, 2 (7%) were from private hospitals and 3 (10.3%) were from private laboratories. Among the 32 who were not counselled, 15 patients (47%) were from government hospitals, 16 patients (50%) were from private hospitals and one patient (3%) was from private laboratory (fig 1)

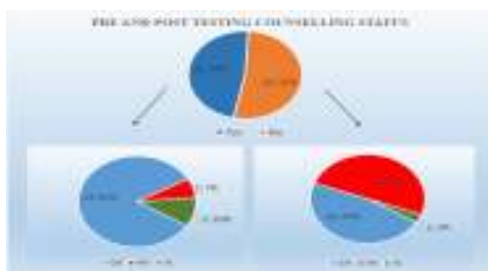


Figure 1: Pre-test and Post-test Counselling status

Among the 29 patients counselled, majority of them 26(89.7%) were counselled by qualified counsellors. Among the rest, 2 were counselled by qualified medical practitioners and one was by laboratory technician. All 61 patients in this study attended regular follow up counseling at NGO's and ICTC (Integrated Counseling

and Testing Centre). Majority i.e 52 (85.2%) of them had their follow up counseling at NGOs. Written consent for HIV testing was taken for only 27 patients (44.3%) out of 61 retropositives. For 34 patients (55.7%) written consent was not taken before HIV testing. Out of these 34, around 17 (50%) patients were tested in government hospitals and 16 (47%) in private hospitals. (Fig 2)

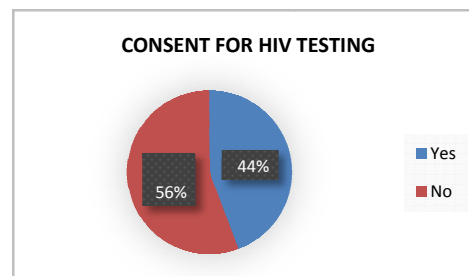


Figure 2: Consent for HIV testing

HIV status was revealed by qualified medical practitioners for 37(60.6%) of the retropositive patients. Qualified counselors revealed the HIV status in 19 (31.1%) and in 5 (8.2%) laboratory technicians revealed the HIV status to the patients (Fig 3)

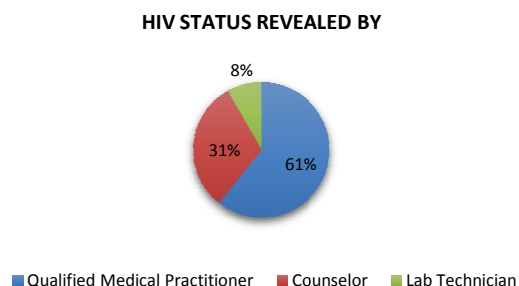


Figure 3: Disclosure of HIV status

In majority of the patients 51 (83.6%) the HIV status was revealed to them, though in few cases 8 (13.1%) their status was disclosed to their friends and relatives (Fig 4)

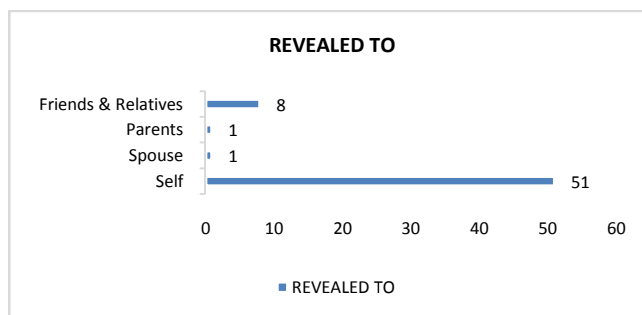


Figure 4: Disclosure of HIV status

DISCUSSION

HIV prevention counselling is a very important mode of behavioural intervention especially in the absence of an

effective vaccine or curative treatment. Prevention counselling consists of risk reduction counselling, Pre-test counselling and post- test counselling. Counselling the infected individuals for safer sex is used in individuals who are HIV infected to prevent further transmission of the disease¹³. In our study majority of the patients (52.5%) were not given pre and post test counseling both in government hospitals, private hospitals and laboratories. Among the counselled patients (47.5%) majority of them were from government hospitals (82.7%). Counsellors were mostly dealt by qualified counsellors. This implies that counselling practices should be improved in all health regulatory bodies like government hospitals, private hospitals and laboratories. The world health organization also recommends that HIV testing and counselling should be offered whenever a patient shows signs or symptoms of HIV infection or AIDS². Consent for HIV testing was also not obtained from majority (55.7%) of the patients. It is essential that informed consent processes are used when providing HIV testing. Also for few patients (13.1%) the HIV status was revealed to friends and relatives. This practice should be stopped as it will discourage the patients to come for voluntary testing. Hence, multiple approaches have to be used in providing care to the retropositive patients in terms of pre and post test counselling, regular follow-up counselling, maintaining confidentiality of HIV status of retropositive patients etc. The findings of this study suggests that health care facilities should improve the care to retropositives by increasing attention to consent, counselling and confidentiality. Also health policy makers need to address more on confidentiality to protect the rights of retropositive patients.

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